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# population program assistance



Aid to  
developing  
countries by  
the United  
States, other  
nations, and  
international  
and private  
agencies



- Information
- Training
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Agency for  
International  
Development

Bureau for  
Technical  
Assistance

Office of  
Population

Washington, D.C.  
20523

**OCTOBER  
1969**

# **POPULATION PROGRAM ASSISTANCE**

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October 1969

**Agency for International Development  
Bureau for Technical Assistance  
Office of Population  
Washington, D.C. 20523**

## FOREWORD

This publication has been prepared by the Office of Population, Bureau of Technical Assistance, A.I.D., with the assistance of the Agency's five Regional Bureaus—Latin America, Near East-South Asia, Africa, East Asia, and Vietnam—and the Department of State. Preparation was under direction of Dr. R. T. Ravenholt, Director, Office of Population. Supervisory editors were W. Bert Johnson and Kay O. Patterson, of that Office's Field Support Division.

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The demographic statistics preceding each country were prepared by the International Demographic Statistics Center, Population Division, U.S. Bureau of the Census; and the Statistics and Reports Division, Office of Program and Policy Coordination, A.I.D., in cooperation with the Analysis and Evaluation Division, Office of Population.

These statistics are subject to various qualifications and often represent approximate orders of magnitude rather than precise measurements. Further, in this issue of "Population Program Assistance," demographic data may reflect changes in sources, methods of estimation, and use of entirely new statistical series, compared with data in the 1968 issue, and therefore may not be entirely comparable with similar data shown in the previous issue.

In addition to national sources, the principal bases of sources of data used were: United Nations, "Demographic Yearbook" and "Population and Vital Statistics Reports, Statistical Papers, Series A;" International Labor Office, "Yearbook of Labor Statistics;" Keyfitz and Flieger, "World Population;" and Coale and Demeny, "Regional Model Life Tables and Stable Population." For Latin America, important sources were: Economic Commission for Latin America, "Statistical Bulletin for Latin America;" and Centro Latinoamericano de Demografia (CELADE), various Series A country publications. For Africa, important sources were: Brass et al, "The Demography of Tropical Africa;" Caldwell and Okonjo, "The Population of Tropical Africa;" Economic Commission for Africa, "Demographic Handbook for Africa, 1968;" and Institut National de la Statistique et des Etudes Economiques (France), "Afrique Noire, Madagascar, Comores, Demographic Comparee." U.S. Embassy and A.I.D. Mission reports from many countries were also used.

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# The Population Problem

The present rapid increase in world population constitutes one of the most formidable challenges confronting mankind. If the present annual growth rate of 2 percent continues unchecked, the world's population of 3.5 billion will be doubled by the year 2000.

The effects of this growth pervade every aspect of life: housing, schools, the supply and distribution of food, pollution and destruction of world resources, employment, rising expectations that remain unfulfilled, and unrest among the young. The economic development of nations is hindered.

In the developing world, major cities are rapidly increasing in population as more rural people move in each year. A high percentage of the male labor force is unemployed, or underemployed. Each year the number of illiterate adults is rising by the millions.

Technically and socially, the world is now better equipped to deal with population problems than in the past. Recent research has produced new and better methods of contraception; an increasing number of nations has initiated and expanded family planning programs. Improvement in the world food supply has bought some additional time in which answers can be found to high fertility and the economic and social problems it engenders.

A major question is, however, whether man will limit his reproduction promptly enough—whether his government and institutions will bring to bear the initiatives and action required to enable this—producing meanwhile the resources necessary to meet basic human needs for food, shelter, and employment—and for essential improvements in levels of living and social services. For much of the world, even now these needs are far from being met.

Many warn against failure to assess

and recognize the impact of high population growth rates on the whole spectrum of economic development.

The A.I.D. Administrator, Dr. John Hannah, cautions: "Overpopulation and underdevelopment go hand in hand. The nation with population growth equal to or in excess of economic growth is in real trouble. Unless poor countries with too high birth rates do something about reducing them, it will be impossible to solve the problem of development."

World Bank President Robert S. McNamara advised in September 1969 against overestimating the importance of economic development as a possible offset to population increase: "No achievable rate of economic growth can be sufficient to cope with an unlimited proliferation of people on our planet."

Demographers and economists warn that no country has been able to modernize, or reach an advanced economic level, with sustained high fertility.

Countries with large and rapidly growing populations must spend a high proportion of their income to provide adequate basic social services, and find it next to impossible to accumulate capital for future investments in growth. The Government of India, for example, has estimated that its annual increase in population (above 12 million each year) demands 12,500 additional schools, 400,000 teachers, 2.5 million houses, and 4 million jobs each year.

President Nixon has said that to house the 100-million person increase expected in the U. S. population by the year 2000, it would be necessary to build a new city of 250,000 persons each month from now until the end of the century—or, in other words, a city the size of Tulsa or Dayton every 30 days for 30 years.

Problems associated with population growth are not uncommon even in the

more advanced countries, despite their relatively low rate of population increase. In the United States, the requirements of a growing and affluent population have stimulated the output of agriculture and industry, but side-effects have been pollution of air and water, crowded schools and highways, and urban sprawl.

The world—developed and less-developed—has now reached a population

total that already presses heavily upon available economic and social resources—and the pressure is growing.

The birth rate and the death rate must be brought into balance. "Only massive birth control," according to Gen. William H. Draper, Jr., of the Population Crisis Committee, "operating effectively throughout the world, can possibly restore the balance and save what is a deteriorating situation."

## World Demographic Trends

How fast, and by how much, is the world's population increasing? And what are the patterns by age group and sex? Firmer and more precise answers than have ever been available will come in the early 1970's, when over 100 nations simultaneously conduct population censuses.

Much is known about the pace of population increase as a whole, as many countries have had censuses or detailed surveys in the last decade. However, some of the less-developed nations have not had them for many years, if ever. Essential detailed data on population dynamics are therefore weak or missing altogether.

Even so, the broad facts on population trends are flashing danger signals to all. Over the last century in particular, world population has been racing upward at an unprecedented rate both in percentages and numerically.

In 1650, according to sparse statistics, the world had not more than a half billion people. By the turn of the 20th century, during 250 years, population rose to 1.5 billions. Then, in the next 50 years on the coattails of the industrial revolution, the explosion began. Between 1900 and 1954, one billion people were added, bringing the world total to 2.5 billion. The growth rate, meanwhile, soared from 0.4 percent per year to over twice that figure. Going into 1969, the rate of increase was 2 percent per year, and population was 3.5 billions.

If the world birth rates were to remain at 1960 levels and mortality rates continued to decline, a United Nations' projection indicates population in the year 2000 would total 7.5 billions. This would be 4 billions above the 1969 total—the largest number ever added in so short a period.

Actually, a moderate overall decrease in birth rates by year 2000 is viewed as "reasonable" by the U. S. Bureau of Census. The Bureau adds, however, that this assumes family planning programs will be expanded and intensified and that the world economy will continue to show buoyancy.

With world population at its present level, the current increase of 2 percent per year would result in a fantastic burgeoning of numbers within a relatively short period, a doubling every 35 years.

For example, in 1969 alone, 70 million people will be added if current estimates prove correct. That means a 1-year increase equal to the combined populations of West Germany and Greece. In any case, the years ahead will be marked by burdensome increases in the number of people, even as population programs work toward lower birth rates.

Before 1950, the technologically advanced nations grew faster in population than the less advanced. However, the rate of population rise in the developed nations has now slowed to around 1 percent annually. Meanwhile, the figure for

less developed countries has continued to climb—to more than 2 percent in 1969.

## Latin America

The population of Latin America—currently about 270 million—is growing more rapidly than that of any other major region of the world. By the year 2000, Latin America is expected to have 756 million people under the U.N.'s high projection of constant fertility, and 638 million under the medium projection. Even the medium projection represents a 160-percent increase in population during the 1965-2000 period.

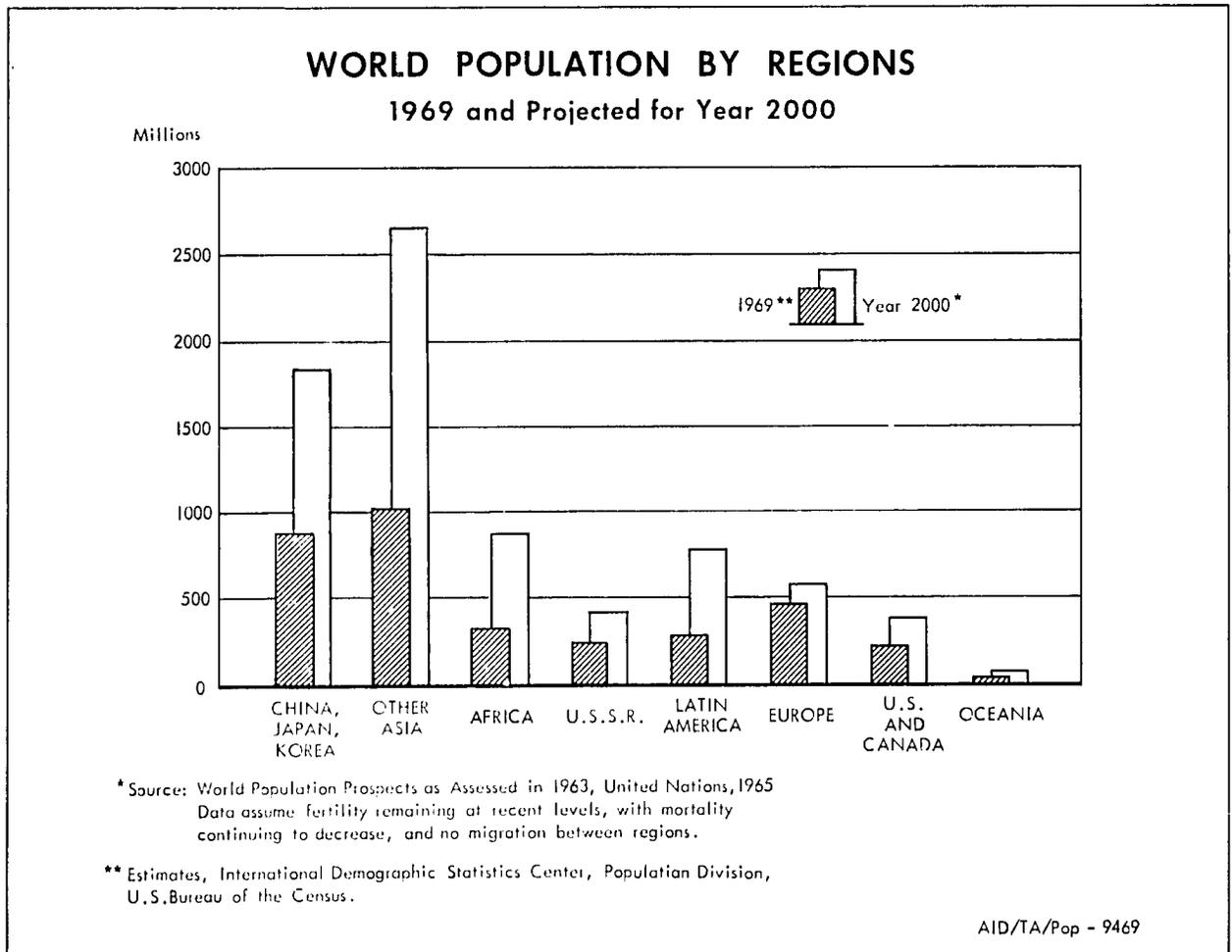
Birth rates in Latin America currently average slightly over 40 per thousand, while crude death rates average only about 12 per thousand—resulting in an exceptionally high rate of growth of

almost 3 percent per year. In a half dozen countries the growth rate approaches 3.5 percent. Since 1950, mortality levels in Latin America have dropped sharply, in contrast to high and relatively constant birth rates. Rapid growth rates have been reflected in a large proportion of young people, with about 42 percent of the total population being less than 15 years old against only 30 percent in North America and 25 percent in Europe.

## Asia\*

The bulk of the world's population growth will take place in Asia. Its population at the beginning of 1969 was nearly 2 billion, and was increasing at an average annual rate of 2.0 percent, or nearly 40 million people.

\*Including South Asia and Mainland China.



There is considerable variation in the rate of growth among the Continent's regions. Eastern Asia (mainly the Republic of China, Communist China, Japan, Korea, and Hong Kong) is expected to grow by only 50 percent during the next 30 years. The annual rate of growth is about 1.5 percent. The countries of South Asia, however, with an annual increase of 2.5 percent, would about double its present approximately one-billion population by the year 2000. In two of the largest countries in this region, India and Pakistan, the governments are engaged in large-scale programs to effect fertility reduction.

The Philippines, at the upper range of growth rates, is currently increasing at an annual rate of 3.5 percent. Its population of 36.5 million will double to 73 million by the year 1990, if the present rate of growth continues.

The population of Mainland China is in the range of 780-820 million, according to estimates of the U. S. Bureau of the Census. However, this is based on China's only population census taken in 1953, which placed the population at 583 million. (If, as seems likely, the census understated the population, the upper range limit may be as high as 950 million; for general purposes, the population may be taken as 850 million, plus or minus 100 million.)

Vital registration in a predominately urban sample of areas in Mainland China—with some 30 million inhabitants—reportedly showed a national birth rate of 37 per thousand, death rate of 17, and natural increase rate of 20 for 1952 and 1953. Subsequent annual reports, derived from a universal system of population registers set up during 1954-1956, indicated declining birth and death rates and rising natural increase rates through 1957. Thereafter, regular population reports were disrupted.

Despite efforts to reduce the birth rate—by promoting the adoption of contraception, sterilization, abortion, and deferred marriage—it is doubtful whether fertility levels in Mainland China have declined significantly since 1953.

The reason is that several campaigns to reduce birth rates were not consistently waged. The first, which tentatively began in 1954, did not fully get under way until August 1956. The campaign was virtually abandoned by June 1958. A second campaign began in the spring of 1962, but by June 1966 and the "cultural revolution," birth control and delay of marriage were no longer considered desirable by political leaders.

## Africa\*

Fragmentary data on the countries of Africa necessitate the basing of population estimates on sample surveys, scattered censuses, and rough estimates of fertility and mortality. Africa's growth rate is probably mid-way between that of Asia and Latin America, or 24 per thousand. The birth rate for the 1960-67 period was estimated at 46 per thousand and the death rate at 22 per thousand. The estimated 1969 population for Africa is 340 million. This would increase to 860 million by the year 2000 under the United Nation's constant fertility projection, and to 768 million under the medium population projection.

## North America

(United States and Canada)

The population of North America—224 million at the start of 1969—is increasing by 1 percent per year, considerably slower than the less developed regions. Declining birth rates have been largely responsible. Under the UN's medium projection, the total population would reach 354 million by the year 2000 or 66 percent above the level of 1965.

In the United States, the birth rate fell from 23.8 per thousand in 1960 to an all time low of 17.4 in 1968, and was unchanged as of mid-1969. The death rate since 1960 has held virtually constant at around 9.5 per thousand. Total population went from 181 million in mid-1960 to 202 million as of July 1, 1969—an increase of 12.4 percent. A 1-percent

*\*Including United Arab Republic.*

growth rate, if continued, would result in a doubling of population in 70-72 years.

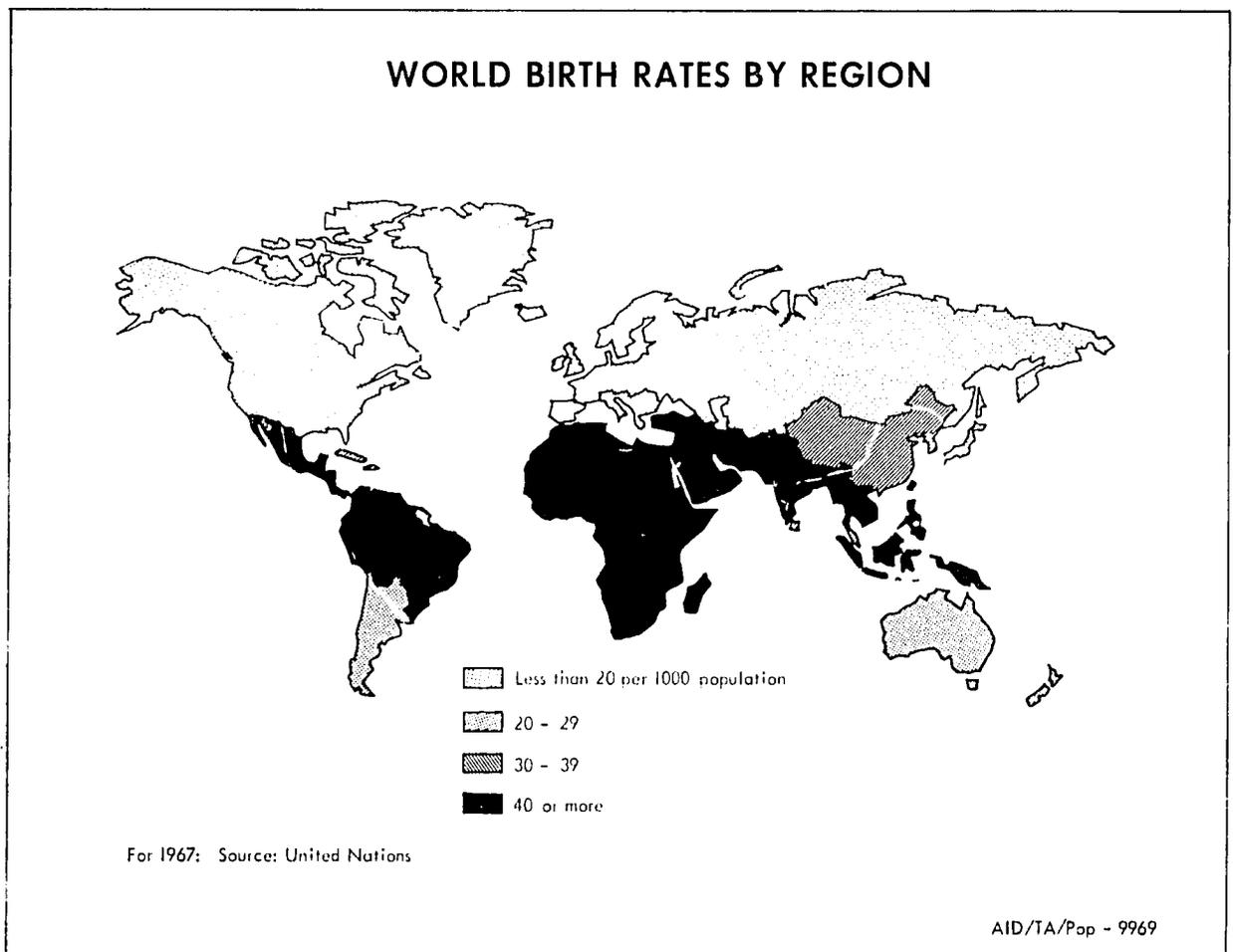
Whether this low growth rate will be maintained is debatable. The postwar baby boom, which peaked in 1957, only now is being felt in the high percentage of women reaching childbearing age (41 million between the ages of 15 and 44 in 1968 versus 36 million, 10 years earlier). Some observers, however, believe that a change in attitudes about family size has occurred in recent years. Sample data from a January 1969 Population Survey indicate that women in the 25-29-year age group may have fewer children than those in the next higher age bracket.

### U.S.S.R.

Population trends in the Soviet Union are marked by a continuing decline in the crude birth rate, which dropped from

24.9 per thousand in 1960 to 17.3 in 1968. The crude death rate during this period increased slightly, from 7.1 per thousand to 7.7. Total population, which had increased by about 2.3 million during 1968, reached nearly 239 million by the start of 1969. The increase during 1968 was smaller than that for any other year during the 1960's due to the lower birth rate and slightly higher death rate. (Migration has been a less significant factor than formerly.)

An increasing concern of Soviet policy planners and demographers is a substantial variation in growth rates of the various republics in the U.S.S.R. It is believed that during the decade since the last census, birth rates have declined, particularly in the R.S.F.S.R. (Russian Soviet Federated Socialist Republic)—which reportedly has a lower birth rate than most Western developed countries—



as well as in Ukraine, Belorussia, Latvia, and Estonia. But in the remaining republics, birth rates are outstandingly high, notably in Central Asia where Muslim fertility is among the world's highest.

Indicative of this range is the 1967 birth rate for the four republics of Central Asia of 33.1 per thousand, with the Turkmen S.S.R. reporting a rate of 35.6 per thousand. At the other extreme, the 1967 birth rate for the Central region of the R.S.F.S.R. was only 12 per thousand.

Of all U.S.S.R. rural families, less than 7 percent had five or more children under 16 years of age; the percentage in Central Asian republics, however, was more than 22 percent.

According to projections prepared by the U. S. Bureau of the Census in April 1969, the total population of the U.S.S.R. by 1990 is expected to number between 275 million and 311 million.

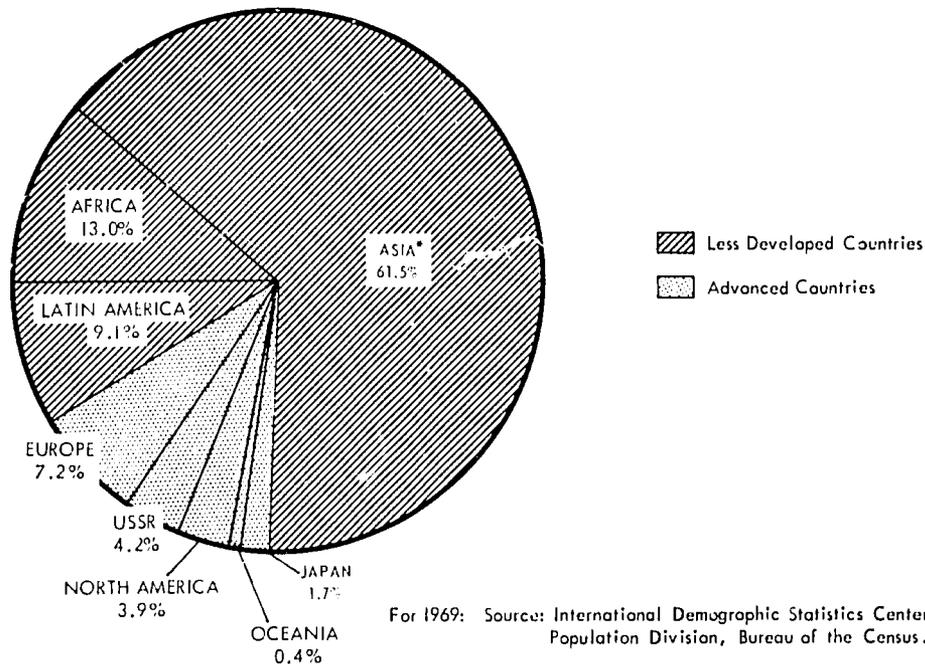
## Europe

Europe's population—an estimated 475 million at the start of 1969—is growing the slowest of any other major region of the world. By 1967, the average birth rates in each subregion of Europe had dropped below 20 per thousand. A relatively aging population and only slowly declining mortality levels are expected to result in a moderate increase in the crude death rate over the next several decades.

Thus, current population structure and low fertility rates of Europe do not presage a sizable expansion in population. According to the U.N.'s constant fertility projection, Europe's population in the year 2000 would be 571 million. Using the U.N.'s medium projection, the population would be 527 million, or only 20 percent larger than in 1965.

### WORLD BIRTHS

Percentage of Total by Regions



For 1969: Source: International Demographic Statistics Center, Population Division, Bureau of the Census.

\*EXCLUDING JAPAN

AID/TA/Pop - 9669

# World Concern

Recognition of the economic and social effects of burgeoning world population, present and future, has aroused a ferment of concern and new initiatives around the world.

On July 18, 1969, President Richard M. Nixon delivered the first special message on population from a U. S. Chief of State. It was a message to Congress reaffirming U. S. support of family planning and population programs around the world, and directing the attention of the American people to their own population problems. Calling population growth "among the most important issues we face," the President asserted it can only be met with much advance planning, and "the time for such planning is growing very short." He urged the United Nations and other international bodies to assume the leadership in responding to the problem, an effort which would receive the full cooperation of the United States. Increasing U. S. support would be given to efforts initiated by individual governments. . . "provided always that the services we help to make available can be freely accepted or rejected by the individuals who receive them."

The President specifically recommended the formation of a Commission on Population Growth and the American Future; increased research to develop new birth control methods; a family planning office within the Department of Health, Education, and Welfare; and high priority for population assistance in the U.S. foreign aid program.

Another evidence of growing U. S. concern was the large number of bills involving population offered in both houses of the 91st Congress. By mid-October 1969, nearly 40 bills had been introduced to create a Commission on Population and the American Future that would "properly establish criteria which can be the basis for a national policy on

population." Other legislation, co-sponsored by some 90 lawmakers, would establish a National Center for Family Planning in HEW to oversee domestic family planning programs.

In one House subcommittee, the lawmakers heard a group of U.S. scientists testify in September that the President should declare as a patriotic goal that families limit themselves to two children.

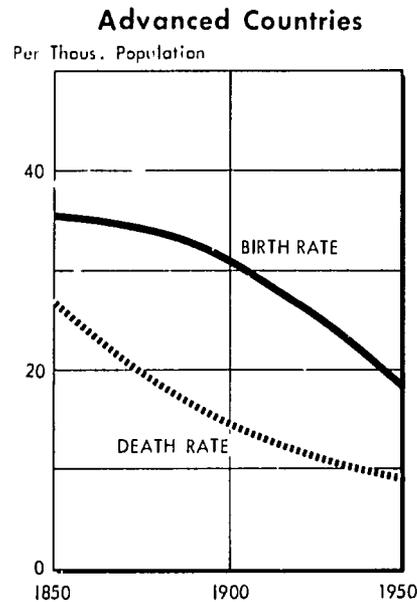
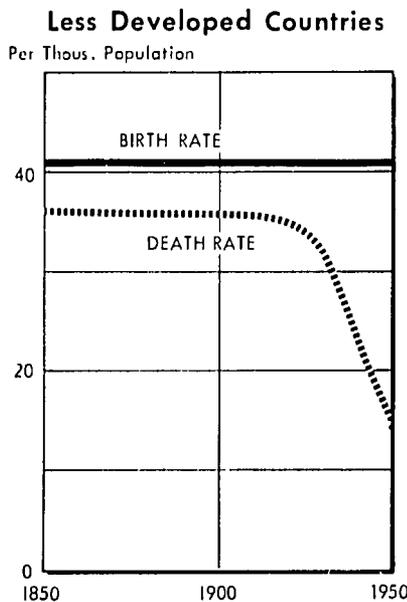
The World Bank in 1969 assumed widened responsibilities in extending support to programs of population control. The Bank has set up a Population Projects Department to which nine countries have directed requests for assistance. Bank missions have been sent to five of these to investigate possible projects.

In May 1969 the first National Policy Panel on Population, a blue-ribbon commission established by the United Nations Association of the United States and chaired by John D. Rockefeller 3rd, declared the U. N. system "has a legitimate concern with the population problem and is uniquely qualified to make an important practical contribution." The panel recommended the appointment of a Commissioner for Population within the United Nations Development Program, to coordinate assistance to the population programs of member governments. The Commissioner would have responsibilities for supporting or sponsoring family planning projects, principally personnel training, family planning health facilities, the use of communication techniques, manufacture of contraceptives, and special population study centers. The panel also proposed that the U.N.'s Population Trust Fund be enlarged from \$1.5 million to \$100 million within a 3-year period.

Earlier, in January 1969, Secretary-General of the United Nations U Thant said, "The task of providing opportuni-

## BIRTH AND DEATH RATES

Overall Patterns, 1850 — 1950



Source: Population Reference Bureau

AID/TA/Pop - 9869

ties for the world's yet unborn children . . . appears in a number of countries well-nigh insuperable, unless action is taken to moderate the population growth rate." He repeated his invitation to governments and non-governmental organizations to contribute to the U.N. Fund for Population Activities—through which the U.N. family might broaden its activities in the field of population and include types of assistance not so far provided.

Secretary-General Galo Plaza Lasso told Ambassadors to the Organization of American States (OAS), in May 1969; "In most of Latin America the problem is too fast a rate of population growth that creates the problem of feeding, housing, and educating the rising population." Population growth, he indicated, has greatly hampered the efforts of the Alliance for Progress in building

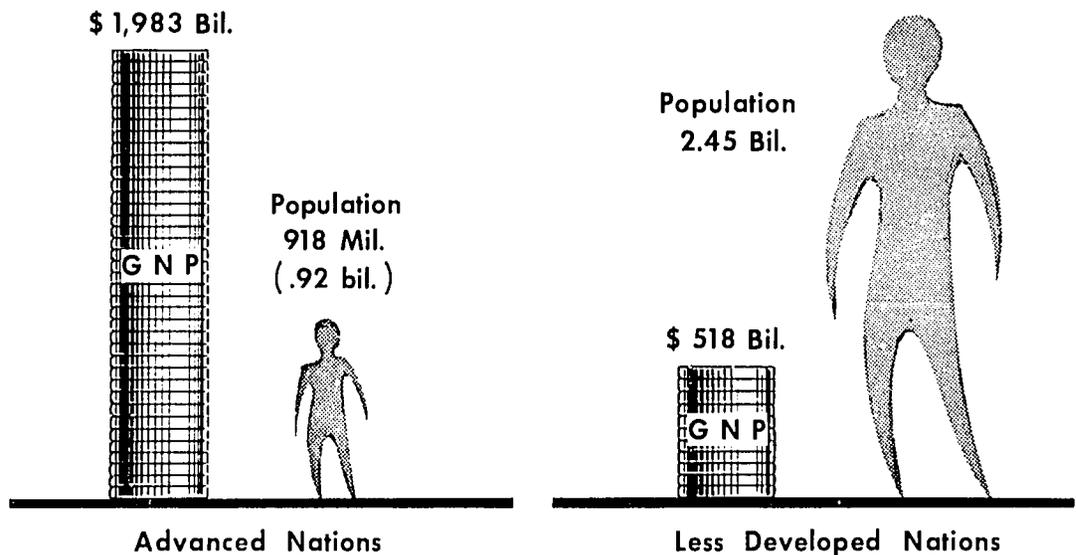
houses and schools. "We are not anywhere near our goals. With the population today, what will it be tomorrow?"

An increasing number of individual governments—in addition to those already active like that of Sweden—are rendering multilateral and bilateral assistance to population programs in other countries. Latest is Japan, whose Overseas Technical Cooperation Agency has just begun to support family planning activities in Indonesia, Taiwan, and Nepal—and to assist the International Planned Parenthood Federation.

The Government of Canada in August 1969 repealed legislation forbidding the sale of contraceptive devices and dissemination of information on family planning. It is now considering initiation of assistance to other countries. West Germany is also examining the possibility of giving population assistance.

In Two Worlds

**POPULATION AND G. N. P.\***



\* Gross National Product

For 1966: Source: Population Reference Bureau

AID/TA/Pop - 9569

Important landmarks were actions taken by Ghana and the Philippines. The Government of Ghana in April 1969 established an official policy on family planning, and became the first country in West Africa to have a state position on the population question. In the Philippines, the President established a Population Commission to study the population problem and make recommendations; the two major private groups united to expand their efforts.

Religious leaders are also addressing themselves to the problem of population and its effect on family welfare.

For the first time in the United States, a major church group has called for a two-child family. In mid-1969, the United Methodist Church said in a letter to some 30,000 Methodist ministers that "the family size required to establish a zero rate of population is two children.

Nothing less than a zero rate of population growth will alleviate the problem."

One year after the Vatican's announcement of the "Humanae Vitae" encyclical ("Of Human Life") Pope Paul VI in July 1969 reaffirmed the Catholic Church's opposition to artificial contraception. The Church does, however, endorse responsible parenthood and permit use of the rhythm method.

In the Philippines, Catholic Bishops released a statement of policy that expressed their concern about the demographic problem faced by the Philippines and the "human values at stake." They called for open discussion and education and recognized the need for the government Commission on Population. The Bishops asked that the government role be supportive, and that initiative and action in the field of family planning be left to the private sector.

# **Assistance to Developing Countries**

Many developing countries—increasingly aware of the crippling effects of rapid population growth—have begun population and family planning programs. But, because of the many demands on their resources, they have asked for assistance to expand these programs from the Agency for International Development, other countries, the United Nations, the World Bank, and private and international organizations.

# Agency for International Development

A.I.D. support of population and family planning programs in developing countries has expanded sharply since 1965, along with the growth of program action in these countries.

For fiscal 1969, the Agency extended population program assistance totaling \$45.4 million, plus the equivalent of \$30 million in U.S.-owned local currencies, largely generated by food aid. This compares with 1965 assistance of \$2.1 million. By June 30, 1969, direct A.I.D. assistance was going to 31 countries including Afghanistan, Ghana, India, Indonesia, Kenya, Korea, Liberia, Morocco, Nepal, the Philippines, Pakistan, Thailand, Tunisia, Uganda, and 17 countries in Latin America and East Asia. Support was also going to population/family planning activities in numerous other countries through such organizations as the International Planned Parenthood Federation, the United Nations, the Pathfinder Fund, and the Population Council.

In this period new programs have come into being, existing ones have expanded, and research efforts have been intensified.

## Chronology of U.S. Assistance

The support—both public and official—that has made possible the marked advances of the last several years has developed only slowly, but in depth.

The statements of U. S. presidents mirror the changing attitude of most Americans towards family planning in the past decade.

In 1959, President Eisenhower—although he later became a strong supporter of family planning action—said that birth control was not the business of the Federal Government. Later, he with President Truman became Honorary Co-Chairmen of Planned Parenthood.

By 1961, President Kennedy was

calling the magnitude of the population problem “staggering,” and in 1965, President Johnson told the U.S. Congress in his State of the Union address: “I will seek new ways to use our knowledge to help deal with the explosion in world population and the growing scarcity in world resources.”

Then, in 1969, President Nixon became the first U.S. president to make the population problem—both worldwide and domestic—the subject of a separate Message to Congress.

A.I.D. analysts had long noted the weakening of development progress in countries where population increases tended to wipe out the needed per capita gains. By 1962, A.I.D. had begun to work with interested officials and groups to develop possible outlines of U.S. Government aid to family planning programs.

In 1963, the United States strongly endorsed a United Nations resolution calling for a study of the population problem; A.I.D. Missions were directed to assist, on request, host governments in responding to the U.N. Population Commission questionnaires. U. S. representatives also participated in the U. N. Economic and Social Council Ad Hoc Committee of Experts in the Field of Population, attended the 15th Colombo Plan Consultation Committee Meeting, and participated in the ECAFE Asian Population Conference in December 1963, in New Delhi.

In January 1964, A.I.D. established a special population unit in its Latin America Bureau, the first within the Agency. A.I.D. also began to set up training programs for its staff. Shortly thereafter, the Latin America Bureau contacted all A.I.D. Missions in Latin America recommending aid for establishment of population/family planning programs within the structure of exist-

ing health institutions. The message also suggested that each Mission appoint a "high official" to be responsible for population programs and to explore attitudes of host government officials.

In mid-1965, an A.I.D. statement was issued regarding Agency policies in this field: A.I.D. was not to be an advocate of any particular method of family planning; programs of developing countries would be eligible for assistance only if individual participants have complete freedom of choice as to participation and as to methods preferred, in accordance with individual beliefs; official family planning programs would not be a criterion for receiving U. S. aid; and assistance would be provided on request only.

The U. S. Congress in 1966 indicated in two laws its support of assistance to voluntary family planning efforts overseas. Both the Foreign Assistance Act of 1961, as amended, and the Food for Peace Act of 1966 added specific provisions concerning the use of U.S.-owned or controlled foreign currencies, largely accrued through sale of U. S. commodities abroad, to provide assistance to population programs.

At the end of 1966, the Secretary of State, the A.I.D. Administrator, the Acting Director of the Peace Corps, and the Director of the U. S. Information Agency, in a joint statement, announced that their agencies would give high priority to helping country efforts to limit excessive rates of population growth and increase food production. U. S. Ambassadors and Mission Directors were instructed to consider the problems and requirements of the population crisis among their principal concerns and responsibilities.

### Population Service Established

Then, in 1967 the Office of the War on Hunger was established within A.I.D., including establishment of the Population Service. These actions were taken to focus increased attention on the problems of population, food production, health, and nutrition.

The Population Service was assigned the task of technical guidance and leadership for A.I.D.'s work in the population field. Simultaneously, expansion of the Population Service staff to 28 was authorized, compared with only four in this work at the beginning of 1967.

The Agency designated population officers in A.I.D.'s Regional Bureaus in Washington, and in A.I.D. Missions and U.S. posts abroad. Each Mission gave new consideration to population problems and family planning as a basic part of A.I.D.'s overall assistance. By the end of fiscal 1968 there was a total of 55 A.I.D. professional personnel devoting all or most of their time to population and family planning assistance activities.

### Action on Contraceptive Supplies

In May 1967, an important step toward effective population action was taken in adoption of an A.I.D. policy making contraceptives eligible for financing in assistance programs, along with equipment for their manufacture. These had previously been ineligible as foreign aid items. In the September following, it was announced that the first shipment of contraceptives would go to India, at its request.

The new policy enabled the Agency to help developing countries meet their needs for scarce supplies of contraceptives—supplies without which effective programs could not be developed. In addition, consolidation of orders enabled appreciable economies in purchasing.

Also in September 1967, A.I.D. issued "Guidelines for Assistance to Population Programs," an official document (Manual Order 1612.57) setting forth the Agency's requirements relating to voluntary participation in assisted programs, assigning leadership responsibilities, describing the types of assistance available and enumerating certain priorities.

High among these priorities was to "give principal attention to types of family planning assistance that promise the greatest impact and effectiveness for population policy development and for re-

duction in population growth rates." Each request for assistance was to be assessed for its short- and long-term effect on population policy, program development, and population growth, as well as its potential for "achieving self-generating progress" and potential usefulness in other countries.

The document noted A.I.D.'s intention to work through United Nations agencies and other multilateral bodies.

Finally, it blueprinted responsibilities for action within A.I.D. The Population Service (now Office of Population) was identified as the "principal staff element responsible for providing leadership, initiative, coordination, technical guidance, and assistance in the development and conduct of population/family planning activities." Regional Bureaus were to initiate and carry forward project plans and arrangements for assistance to regional and country activities

and serve as sources of technical, administrative, budgetary, and other help to Missions in their areas. Missions were, through their Population Officers, to assist country governments and institutions to develop country population programs, facilitate action on requests for A.I.D. assistance, and encourage appropriate action in the population field.

#### 1968 Legislation Landmarks

An important advance marking fiscal 1968 was passage of the amended Foreign Assistance Act of 1961. In it, by "Title X - Programs Relating to Population Growth," the U. S. Congress gave a specific mandate—through the appropriate executive agencies and the foreign aid program—to help developing countries and institutions to carry out programs in population/family planning.

Here, for the first time, A.I.D. funds

#### For Population Programs

### A.I.D. ASSISTANCE - FISCAL 1969 \*

#### Country and Regional

Country Programs



Regional Programs



#### World and Interregional

Technical Services \*\*



Population Research



United Nations



TOTAL

\$45.4 MIL.

\* Dollars obligated during year. In addition, U.S.- owned local currencies equivalent to \$30 million were obligated for population programs.

\*\* Includes training, commodities, other. Voluntary organizations receiving inter-regional grants assisted programs in over 50 countries.

were earmarked—in the amount of \$35 million—specifically for assistance to family planning and population programs. Also, needed latitude was given in types of funding.

In addition, the 1968 P.L. 480 Act extending the Food for Peace program earmarked funds for population-related programs. It provided that “not less than 5 percent of the total (local currency) sales proceeds received each year shall, if requested by the foreign country, be used for voluntary programs to control population growth.” The so-called “self-help” section of the Act was amended to read: “. . . the President shall consider the extent to which the recipient country is . . . carrying out voluntary programs of population control” among the self-help measures that the President should consider before entering into an aid agreement, thus making family planning an important factor to be considered in extending aid to a country under the P.L. 480 act.

By the end of fiscal 1968, A.I.D. had committed \$34.7 million for population assistance, compared to less than \$11 million for the previous 3 years. Direct help was going to 26 countries and the groundwork was laid for 1969 and beyond.

By the end of fiscal 1969, professional staff personnel in A.I.D. involved in population work in Washington and around the world had grown to 79. Although this was considerably more than the handful who began work in 1967-68, there was still a vital need for trained staff both in Washington and in the field. Indeed, insufficient trained staff was hampering population work by public and private organizations—U.S. and foreign—throughout the world.

### A New Administration

The change of national administration in 1969 showed that the new U.S. leadership was determined to maintain and to step up the pace of population program assistance. To place greater emphasis on technical aid, the Bureau of Technical Assistance was set up in October 1969, and the Population Service

was established within it as the Office of Population.

In June 1969, the new A.I.D. Administrator, Dr. John Hannah, in testifying before the House Committee on Foreign Affairs, said, “The critical imbalance in too many developing countries between food production and population requires our highest priority.”

### President’s Message to Congress

Then, the following month, President Richard Nixon became the first U. S. President to send a Message to Congress specifically directed at the population problem, both foreign and domestic. He said in part:

“Population growth is a world problem which no country can ignore, whether it is moved by the narrowest perception of national self-interest or the widest vision of a common humanity.

“It is our belief that the United Nations, its specialized agencies and other international bodies should take the leadership in responding to world population growth. The United States will cooperate fully with their programs.

“In addition . . . the United States can help by supporting efforts which are initiated by other governments. Already we are doing a great deal in this field.

“We are making important efforts to improve these programs. In fact, I have asked the Secretary of State and the Administrator of A.I.D. to give population and family planning high priority for attention, personnel, research, and funding among our several aid programs. Similarly, I am asking the Secretaries of Commerce and Health, Education and Welfare, and the Directors of the Peace Corps and the U.S. Information Agency to give close attention to population matters as they plan their overseas operations. In all of these international efforts, our programs should give further recognition to the important resources of private organizations and university research centers. As we increase our population and family planning efforts abroad, we also call upon other nations to enlarge their programs in this area.”

## Major Areas of A.I.D. Assistance

### Research

A.I.D.'s research in the population/family planning field put increased emphasis in fiscal 1969 on improving the means of fertility regulation and on extending its practice. In addition, A.I.D. continued to finance research and studies geared to the needs of specific regions and countries.

Grants totaling \$6 million were made to support biological and contraceptive research. This research aims at development of new and improved means for controlling fertility. There is urgent need for added means which are effective, safe, inexpensive, and suited to the varying circumstances of the world's population.

One of these grants—\$1.3 million—was to the Pathfinder Fund, to support its International IUD Program.

During the brief span of 2 years since A.I.D. made an initial grant of \$200,000 for its development, the International IUD Program of the Pathfinder Fund has achieved leadership in the eval-

uation and development of new and improved intrauterine devices. A Center of IUD Competence has been established, which surveys the world IUD scene, selects IUDs with promising characteristics, combines desirable characteristics, and, thus, facilitates rapid evolutionary improvement of IUDs.

The International IUD Program utilizes the services of more than 100 collaborating investigators in over 40 countries. Meaningful measurement is obtained by highly standardized research methodology, including standard data collection forms, "double-blind" techniques to eliminate patient and physician bias, and central collation and analysis of data.

In its first year of full operation, the International IUD Program introduced an important improvement in IUD technology, the "M-213" device. According to the publication, "IUD Performance Patterns"—presented at a meeting of collaborating investigators at Bristol, England in July 1969—the "M-213" has virtually overcome the problem of spon-

### IUD Performance Patterns

#### Lippes Loop C and M-213 — In Three Israeli Centers

LOOP C				M-213		
Per 100 Users (6-month period)				Per 100 Users (6-month period)		
Clinics	Pregnancy	First Expulsion	Removal*	Pregnancy	First Expulsion	Removal*
A	0.7	8.2	4.4	0	0.4	3.1
B	0	5.9	4.6	0	1.7	4.6
C	1.1	10.1	10.1	1.1	1.1	9.8
Cumulated	0.7	8.0	6.3	0.2	0.9	5.0

*\*For medical reasons.*

*Source: International IUD Program, Pathfinder Fund, Study by Dr. N. Lancet, Dr. N. Beu Aderet, and Dr. T. Vago. (Analysis by Dr. Roger Bernard)*

taneous expulsion from the uterus.

The device's characteristics relative to pregnancy, bleeding, and discomfort, appear to be similar to those of the Lippes Loop-C. Although further refinements in IUD design may be expected, investigators are obtaining good results with the Lippes Loop and the "M"—and a great improvement in fertility control could be obtained if an adequate number of expert clinicians were available in less developed areas to administer the devices, along with oral contraceptives and other means.

A new dimension in A.I.D.'s contraceptive development program in fiscal 1969 was major support for research aimed at an ideal means of fertility control: (a nontoxic and completely effective substance or method which, when self-administered on a single occasion, would ensure the nonpregnant state at the completion of the monthly cycle.) If such a Once-a-Month Pill could be developed, control of fertility in developing coun-

tries could be attained more quickly, with greater reliability, and at a much lower cost than with current methods.

For this purpose, A.I.D. obligated \$4.5 million from fiscal 1969 funds for corpus luteum and antiprogesterational investigations: \$3 million to the Population Council for a 4-year program of research; and \$1.5 million to the National Institute of Child Health and Human Development to finance 28 approved-research projects in this field.

#### Reversible Sterilization

Another approach to fertility control being explored is reversible sterilization. The University of North Carolina received \$79,000 in initial A.I.D. support to investigate whether the suspension of fertility and its reversal can be accomplished by technically simple procedures. Research includes studies on the biologic effects of vasectomy; the de-

### A.I.D. POPULATION FUNDS USED FOR RESEARCH IN FISCAL 1966-69

Subject	1966	1967	1968	1969
<u>Population Dynamics</u>				
Descriptive Demography	64,000	-	-	-
Pregnancy Outcome	-	-	-	194,000
Study of Family Structure	-	239,000	96,000	-
Population Growth in Latin America	-	200,000	300,000	993,000
Other Studies	140,000	-	435,000	216,000
<u>Operational Research</u>				
Postpartum Study	-	300,000	-	300,000
Utilization Study	-	-	-	262,000
<u>Improved Contraceptives</u>				
IUD Studies (Pathfinder Fund)	-	194,000	-	1,289,000
<u>Once-a-Month Pill</u>				
Worcester Foundation	-	-	109,000	-
Population Council	-	-	-	3,000,000
National Institute of Child Health and Human Development	-	-	-	1,510,000
Reversible Sterilization	-	-	-	79,000
Totals	204,000	933,000	940,000	7,843,000

velopment and preclinical evaluation of vasocclusion devices; and preclinical studies in female tubal occlusion. If reversal can be readily achieved, individuals who wish to regulate their fertility through sterilization could subsequently have children if desired. The technique would be accessible to many people throughout the world.

Considerable research was carried on in fiscal 1969 to extend the practice of fertility regulation with current means. Also, A.I.D.-supported projects focused on developing techniques for reliable demographic measurements, and data for use in determining country population policies, as well as developing information for more effective implementation of action programs and use of services.

One project in this area, carried on by the Bowman Gray School at Wake Forest University, is research in several developing countries to find out what types of attitudes and values husbands and wives hold that contribute (or do not contribute) to utilization of available family planning services for birth spacing and limitation. Variables connected with the administration of family planning services will be investigated, in addition to attitudinal and motivational factors. Knowledge on this subject will assist in more efficient conduct of family planning programs.

The Population Council received A.I.D. assistance in fiscal 1969 to intensify its research on the impact of a demonstration postpartum program in selected maternity hospitals in more than 15 countries—both on mothers while hospitalized and on the communities at large following the release of patients. This research, which will aid in maximizing the program's impact, covers 10 areas of investigation, including the extent of participation, age-parity patterns, characteristics of acceptors, measurement of fertility rates, and measurements of costs and of cost-effectiveness.

Information on abortions is being developed through an A. I. D.-supported project at Johns Hopkins University, which is conducting epidemiological

studies in several countries. Technicians hope to determine the incidence of induced abortions (which is believed to be higher than official statistics indicate) and how this relates to health, fertility levels, and other socioeconomic factors.

To improve the reliability and predictive value of data for population and family planning assistance programs, the University of North Carolina is helping to establish population laboratories at universities and research institutions in various countries with A.I.D. financial assistance. This project, started in fiscal 1969, includes surveys, development of experimental data-collection systems, and research on the effectiveness and validity of data-collection techniques.

#### U.S. and Foreign Institutions

A.I.D. in fiscal 1969 gave continued support to U. S. and foreign universities and foundations to strengthen and expand their programs for biological research, and research on determinants and consequences of fertility control.

As part of its intensified effort to build a research base for population and family planning, A.I.D. will increasingly seek the advice and participation of the academic community. An initial step in this direction was the formation in fiscal 1969 of an A.I.D. Committee of Experts for Population Research, made up of prominent scientists and educators in this field.

A.I.D. also financed a broad spectrum of research projects that are designed to meet the special needs of geographical areas and countries.

The Latin American Center for Demography in Santiago, Chile—which both trains demographers and carries on research in population—is conducting a number of studies on migration, population growth, abortion, and fertility in the Latin countries.

Similar work is being done at the Latin American Center for Studies of Population and Family Planning, which conducts research in sociology, psychology, and anthropology as related to family size and population growth.

Regional research for application in Near East-South Asia includes a study of integration of family planning and rural health services being carried on by Johns Hopkins University; and a survey of demographic patterns and family planning policies, specifically in Middle East countries, conducted by the University of North Carolina. In addition, research projects constitute a part of A.I.D. assistance to family planning programs in individual countries within the NESAR region.

In the East Asia area, the Population Council, under a \$1.3-million A. I. D. grant, investigates a wide range of subjects associated with family planning and population. In the Philippines at Cebu, Notre Dame University is engaged in a study of the factors influencing family organization and attitudes.

Much of research in Africa is on a country basis. In Ghana, the University of California (Los Angeles) has begun an A.I.D.-financed project that will test and demonstrate methods and techniques for providing a comprehensive family planning program; also to be examined are patterns of medical care utilization in villages. In the Congo, the Pathfinder Fund recently started a project involving compilation of statistics relating to the distribution and utilization of family planning contraceptives and clinics. In Uganda, the Fund has also initiated a study of women using various methods of contraception.

## Manpower Training

The spread of population and family planning programs throughout the world is generating an acute need for training and employment of additional manpower with diverse skills. To help meet this need, A.I.D. is putting major emphasis on identifying specific manpower requirements and on providing assistance for training programs both in the United States and in developing countries.

Training activities in the United States were significantly expanded during fiscal 1969, when nearly 900 trainees

were enrolled in the multidisciplinary programs of A.I.D.-assisted institutions. More than three-fourths of the participants represented foreign countries, the others being U.S. Government personnel concerned with overseas family planning programs.

### Broad Training Programs

This training covered a wide range of specialized areas, including medical and biomedical services; planning and organizing family planning programs; program evaluation and administration; data collection and analysis; education and mass communication; making population projections for use in planning economic development; and assessing the sociological and psychological factors associated with family planning programs.

Some 300 other persons received interdisciplinary training in fiscal 1969 at the Universities of Johns Hopkins, North Carolina, and Michigan, A.I.D. grants, which had been made to these institutions the previous year, helped strengthen their programs for such training and for research.

The East-West Center, utilizing the facilities of the University of Hawaii, launched a new 5-year program financed by A.I.D., specifically for trainees from Far Eastern countries. This program offers a wide range of training opportunities, and will be expanded in 1970.

Planned Parenthood in Chicago, with A.I.D. support, provided courses in family planning for 70 persons from the Near East-South Asia region. Participants included physicians, nurses, nurse-midwives, social workers, and administrators. A similar project is planned for 1970, with participation from other regions.

In Washington, D. C., the U. S. Census Bureau with A.I.D. assistance held the first in a series of workshops in 1969 to train people who will be conducting the 1970 World Census of Population and Housing. The 9-week workshop—attended by 63 participants from 33 countries—

provided instruction in designing questionnaires, census taking, data processing, and compilation, analysis, and publication of findings. Two more workshops are planned for 1970. Followup training will be carried on through correspondence between the Bureau and statistical agencies of the countries. Expertise developed by this training activity will help assure accuracy of the census data, and provide a reliable statistical base for population and family planning programs. (The 1970 World Census will include more than 100 developing nations.)

The Census Bureau, in cooperation with A.I.D., also carried on the first Demographic Sample Survey Workshop for the African region. This training course, held in Washington, D. C., was attended by 10 persons from six African countries.

Year-long training programs for 26 A.I.D. employees began in fiscal 1969 at the Universities of Harvard, California (Berkeley), Chicago, North Carolina, Duke, Michigan, and Johns Hopkins. Areas of study include popula-

tion dynamics, family planning, administration, sociology, demography, economics, and associated subjects.

In addition, an 8-week course in population and family planning was given for 16 selected A.I.D. administrative personnel from 11 countries and the Washington headquarters. Through the facilities of the U.S. Foreign Service Institute, 1-week orientation courses were held for 113 U. S. Government officials who will be associated with overseas work in population.

#### Overseas Training

Manpower training was also carried on outside the United States in an effort to strengthen training resources in the less-developed countries, and provide training geared to local conditions. Training programs covered disciplines ranging from medical and paramedical to demographic and statistical.

In Latin America, A.I.D.-supported training programs placed increased emphasis on clinical aspects of family planning, while training continued at a high

#### Trainees in A.I.D.-Supported U.S. Institutions in Fiscal 1969

##### By Courses and Training Agencies<sup>1/</sup>

Type of Training <sup>2/</sup>	Census Bureau	NCIHS <sup>3/</sup>	UH <sup>4/</sup>	Planned Parenthood Chicago	JHU <sup>5/</sup>	UM <sup>6/</sup>	UNC <sup>7/</sup>	A.I.D.
Demography	23	-	-	-	-	-	-	-
Vital Statistics	-	7	-	-	-	-	-	-
Census and Surveys	49	2	-	-	-	-	-	-
Family Planning Administration	-	-	-	17	-	-	-	-
Nurse-Midwife Training	-	-	-	9	-	-	-	-
Clinical Training	-	-	-	24	-	-	-	-
Population Dynamics	-	-	9	-	7	-	-	-
Behavioral Science	-	-	-	5	-	24	50	-
Family Planning Studies	-	3	10	-	70	40	-	16
Communications/Education	-	-	-	7	-	-	-	-
Health Sciences	-	-	-	-	-	-	50	363
Orientation	-	-	20	9	62	-	-	-
TOTAL	72	12	39	71	139	64	100	379
GRAND TOTAL	876							

<sup>1/</sup>Includes long- and short-term training regardless of sponsorship or nationality of the trainee.

<sup>2/</sup>The category of training represents a description of the major emphasis of the training taken. In some instances, such as family planning, several subject areas are covered but no attempt is made to separate these into individual courses.

<sup>3/</sup>National Center for Health Statistics. <sup>4/</sup>University of Hawaii; includes East-West Center and School of Public Health.

<sup>5/</sup>Johns Hopkins University. <sup>6/</sup>University of Michigan. <sup>7/</sup>University of North Carolina.

level in demography and social sciences. In fiscal 1969, further progress was made by countries of the region in establishing their own training institutions for personnel working in population and family planning programs.

A.I.D. plans to increase its efforts to make specialized training available to overseas technicians and administrators. During the next 3 years, a number of workshops and seminars will be held on family planning evaluation in Asia, Africa, and Latin America. Conducted by the University of Chicago with A.I.D. support, the training will be carried on under cooperative arrangements with other universities and national and international government agencies. Specialized training will be extended as well to nurse-midwives.

Under an agreement signed in fiscal 1969, the Population Council will train African demographers and statisticians during fiscal 1970. Also in 1970, a major seminar will be held to consider the incorporation of family planning into the curricula of Africa's medical schools.

Further research on training needs and resources is prerequisite to the sound development of population programs and the creation of training facilities. In 1970 and subsequent years, A.I.D. intends to sponsor such research in cooperation with national governments and international agencies.

## Communication Support

Public awareness and information about the population problem and family planning are preconditions for effective population action. Broad-scale adoption of family planning by individuals, as well as development of needed policies and programs, depends heavily on public understanding of the benefits of family planning, on knowledge of methods, and on information about locally available services and supplies.

Recognizing the importance of public knowledge in this field, A.I.D. encourages and assists programs in developing coun-

tries to provide adequate information, education, and communication (IE&C) services. In fiscal 1969, aid for public information activities was provided the programs of India, Pakistan, Korea, Tunisia, and others. Also, help was extended regionally and interregionally through assistance to the information work of the International Planned Parenthood Federation, the Population Council, the Pathfinder Fund, and other institutions. In addition, international and country IE&C action on the population problem was stimulated through increasing work with the United Nations and its specialized agencies, other donor countries, U.S. foundations, and educational institutions.

### India's Direct Mail System

Direct IE&C assistance to country programs ranged from provision of audiovisual equipment for the Tunisian program, to supplying selected radio and motion picture assistance, to furnishing advisory services, equipment, and supplies to assist the Indian program in establishing a direct mail system.

The direct mail system planned by the Indian Government seeks to enable effective program communication with 23 key categories of recipients—program personnel, physicians and nurses, village leaders, business leaders, educators, news media leaders, and others.

Help to the direct mail system has been provided in the form of advisory aid, plus approximately \$150,000 worth of equipment and supplies for offset printing and for machine addressing and mailing. A.I.D. is also supplying rupee funding for the services of two Indian technicians. The Swedish International Development Authority is providing major printing equipment and other items for this mailing system.

At mid-1969, the system had some 300,000 addresses on mailing plates, and initial mailings had been made. Attractive reconditioned quarters had been provided by the Government of India, the addressing and mailing units were in opera-

tion, and the Swedish printing presses were being installed.

The Indian program plans to have a total of 1 million names on the 23 lists within 2 years and a mail-out level of about 1 million pieces per month. The mailing total is expected to reach a volume of over 2 million pieces per month within 4 years.

In addition to direct help for information projects, assistance through regional and interregional channels has contributed significantly to IE&C activities of such organizations as the International Planned Parenthood Federation, the Population Council, and the Pathfinder Fund. The interest of national youth groups in the population problem has also been stimulated through assistance to the World Assembly of Youth. A grant to World Education, Inc., initiated wider input of family planning information into national literacy programs.

### Seminars and Workshops

An example of information/education/communication aid at the interregional level is provided by the IE&C training seminar-workshop held at Bangkok in December 1968. Participating were 125 representatives from 15 countries of East Asia and Near East-South Asia regions, plus delegates from Ghana. The 2-week seminar was conducted by the University of North Carolina under an A.I.D. contract. UNESCO, the Population Council, the Ford Foundation, and the Pathfinder Fund were also represented.

At the seminar, each country team of participants developed draft plans of IE&C work they believed would stimulate understanding and support of family planning in their countries. These draft plans have facilitated action in several countries, including Thailand, the Philippines, Indonesia, and Ghana. The Government of Thailand's official endorsement of family planning as part of the maternal and child health program was issued during the seminar itself. Ghana's official program was launched shortly following the workshop.

Based on the Bangkok experience, representatives from Ghana and other African countries have indicated interest in a similar IE&C seminar-workshop, to be conducted under international auspices. In mid-1969, UNESCO was giving consideration to the need for this seminar. In June 1969, UNESCO itself held a general seminar in Paris on mass communication support for population programs.

Other interregional and regional IE&C seminars were held under varying auspices.

Meantime, needed interchange of population program information between regions, countries, and relevant institutions has received continuing attention. The present publication, "Population Program Assistance," is one aspect of this activity.

As another part, technical, informational, and training materials are obtained, reviewed, and distributed to Population Officers in A.I.D. Missions and cooperating specialists. Mission requests and needs for technical reports, motion picture prints, and prototypic audiovisual materials have increased sharply. In recent months, mailings of these from Washington have totaled about 3,000 copies per month. In addition, the Regional Technical Aids Centers for Latin America and Africa have supplied materials in Spanish and French for use of Missions in those regions. Publication sources drawn upon included the United Nations, World Bank, the International Planned Parenthood Federation, the Population Council, the Carolina Population Center of the University of North Carolina, the Population Crisis Committee, the Pathfinder Fund, and other institutions.

### Communication Essential

At present, overall action to meet the public information requirements of program development is still at a beginning level. This applies to developing countries, as well as to assisting agencies and institutions. However, the experience of existing field programs underlines the need for expanded

information and education, including effective use of mass media and other broad-reach channels of communication and motivation. As a result, more programs and agencies are giving attention to information services and means for their improvement. The contributions to program advancement being made by mass media and broad-reach channels of communication in countries such as India, Pakistan, Japan, and the Philippines have been widely noted.

For the future, as present and additional family planning programs mature and confront more directly the task of enlisting wide public adoption of new practices, increased attention to information/education/communication support will be essential. In numerous countries of the developing world, the informational, adult educational, and communication tasks required are beyond the present range of country experience and resource capabilities.

### Requisites to Sound Programs

Every successful program will require effective, continuing, and low-cost dissemination of information through mass media and other "multiplier" channels—radio, motion pictures, publications, television where available, newspapers, direct mail, audiovisual aids, exhibits, posters, wall newspapers, public meetings, song and drama groups, field work by extension educators, promotional cooperation by public agencies and private organizations, and school room instruction. Also necessary will be communications staff training, research, and evaluation.

Depending on specific country situations and needs, increasing requests are to be expected for U.S. and other assistance in the form of IE&C advisory services, training, and equipment and supplies.

Improvements will be needed also in facilities for program transportation and for better communication through telephone, telegraph, and radio. The present isolation of field workers from

headquarters supervision, and from relatively nearby villages is so pronounced in many countries as to be almost inconceivable to advanced societies. The lack of communication and transportation further intensifies basic shortages of medical and other personnel.

Although only one segment of the task of reducing birth rates and population growth, a massive and continuing program of information is essential.

## Program Analysis and Evaluation

To improve the effectiveness of population programs, and A.I.D.'s assistance to them, is a necessary goal. As guides to this improvement, continuing analysis and evaluation are carried forward by each assisted project itself—international, regional, or country—and by A.I.D. specialists in Washington, and in country Missions.

These activities have increased sharply along with the overall expansion in program action. During fiscal 1969 they included basic analyses of economic and social factors in relation to population growth, studies of the effects of birth control practices on birth rates, and evaluations of particular program activities, interregional and country. Analysis of action priorities and next steps in assistance also received major attention.

Since programs and U.S. assistance in this field are still new, much knowledge, data, and experience are yet to be acquired. In the present period, analysis of population situations, program aspects, and priorities require the collection, formulation, and interpretation of key information not previously available or not available in the forms now required.

The past year has been marked by intensive effort to meet these needs. Analysis of birth rates in Taiwan and Korea by the Population Council, for instance, showed small but significant declines in birth rates as early results of those countries' family planning pro-

grams. Other projects included: a study on adoption-and-continuation of birth control pills in a pilot program in India—and analysis of the first stage of massive condom distribution in India; country program studies of public knowledge, attitudes, and practices regarding family planning; initiation of a study on incentives for adoption of contraceptive practices; analyses of adoption and continuation rates for several contraceptive methods; and cooperation with numerous countries in their efforts to improve census data and vital statistics.

Within A.I.D., the Office of Population provides services and leadership in analysis and evaluation work. In 1969, the Office of Population has devoted principal concern to the following aspects of analysis and evaluation:

- Definition of the nature and magnitude of the population problem as a whole, and in selected regions and countries; assessment of action priorities and next steps. As an example, the Office of Population completed this year a preliminary analysis of interrelationships between economic development and population increases in developing societies. Demographic effects of health services and of abortions were also studied.

- Development of methods of evaluating demographic trends, program needs, program activities, and the assistance of A.I.D.; also promotion of the application of these methods by A.I.D. and assisted programs. An example was the Office's development of a widely usable method (numerator analysis) for reflecting, on the basis of scarce data, the fertility patterns of mothers in various age groups. Another example was the creation of a chart showing the multifactor development status of numerous individual countries. Also, a series of indicators was developed for use in program evaluation—indicators of program coverage, public acceptance, and of the progress, effectiveness, and efficiency of program activities.

- Design, demonstration, and testing of alternative methods of supplying

family planning services, commodities, and information under varying conditions. This activity was initiated during 1969 and is in the early stage. Much of the present work is being carried out under contract with cooperating agencies and institutions.

- Provision of consultative services to A.I.D. in Washington and A.I.D. Missions abroad. These services were provided to five Missions in assisted countries, in addition to staff service in Washington.

In the year ahead, the Office of Population will emphasize the need for evaluation of program activities as an ongoing part of their performance. In field programs particularly, continuing adjustment of activities is required.

## Commodities

About half of the \$45.4 million obligated by A.I.D. in fiscal 1969 for assistance to population/family planning programs is expected to be used for procurement of program commodities. Of this total, approximately \$7.5 million is for contraceptive supplies. Almost all the commodities involved will be purchased in the United States.

A.I.D. policy and specifications require that A.I.D.-financed contraceptives be bought in the United States through the General Services Administration. Oral contraceptives must also be approved by the Food and Drug Administration.

In addition to the instructions in English required by FDA, A.I.D. specifications for oral contraceptives require that instructions, including the precautions to be taken, also be provided in local languages. These instructions are available in over 50 languages. A.I.D.-financed contraceptives, all types, are dispensed on a voluntary basis by local facilities, private and government. Policies are developed by local officials and medical authorities, and administered by medical and paramedical personnel.

Procurement of oral contraceptives

increased substantially in fiscal 1969. To facilitate ordering, accelerate deliveries, and encourage competition among suppliers, the General Services Administration executed two term-contracts which together supply six types of cycle packages containing 21 tablets, or 28 tablets (seven of which are placebo spacing tablets or contain small amounts of iron). The cycle packages are available in two dosages: estrogen with 1 mg. or 0.5 mg. progestational content.

The demand for IUDs, condoms, foams, and foaming tablets has also increased. Although the last three methods are considerably less effective in preventing pregnancy than pills or IUDs, they do not require medical care and are not accompanied by the side effects sometimes associated with the other methods.

Information-education equipment and supplies are also in increasing demand for public information activities, technical training, and educational programs. Printed and audiovisual materials are mostly locally prepared, based on indigenous cultural patterns.

The extension of clinical services and information/education work has increased the need for program vehicles.

Jeeps and wagoneers are required in many program aspects, including administration, the provision of mobile clinic services, information and motivation activities, and field transportation of workers and patients. Scooters and bicycles are being used by workers to make home visits for motivational and followup purposes.

### Medical Equipment

Program expansion and greater emphasis on record-keeping for followup, evaluation, and administration have increased the requirements for office equipment and related supplies. Also, the expansion of existing clinics and establishment of additional centers have called for procurement of a variety of medical supplies and equipment. A stainless steel medical kit, for instance, specially designed for family planning clinics by the

International Planned Parenthood Federation, provides the physician, nurse, or midwife with needed clinical items—speculums, forceps, scissors, sounds, sterilizers, lamps, gloves, and other items.

The extended dock strike in the middle of fiscal 1969 played havoc with delivery schedules for commodities. In many cases it was necessary to shift from surface to air shipments to avoid serious delays and actual interruptions in family planning services. Initially, difficulties in obtaining duty-free entry permits created problems for private programs in some countries.

## Use of Local Currencies

Family planning programs are heavily dependent on the amount of funds the country makes available to them. Even where a country has adopted a national population policy and wishes to conduct a vigorous family planning program, adequate funding support may be difficult to obtain owing to the competing demands of other programs. The difficulties here are substantial and sometimes insurmountable.

Some easing of this situation is possible in those countries where local currencies have been generated by sales of commodities supplied through U. S. assistance. Under Public Law 480, the Agricultural Trade and Development Act, grants of local currency proceeds from agricultural commodity sales may be used for population programs. However, new sales agreements under P. L. 480 are calling progressively for payment to the United States in dollars. Consequently, this source of local currency financing is drying up in most countries.

In the few countries where there are uncommitted local currencies generated through P. L. 480 shipments—and the U.S. Treasury Department has determined that its supply of such U.S.-owned currencies is in excess of normal requirements—P.L. 480 local currencies can be an important source of local financing for population programs, if country

policies permit their use. However, the amount of such local currencies used directly for population/family planning programs has not been as large as had been expected. Funding from this and other sources, as made available to the programs by assisted governments, has been less than needed. This is true even for countries like India and Pakistan where U.S.-owned local currencies are considerably in "excess" of normal U.S. requirements. The desire of these countries to hold country budgets within long term planning totals is a dominant factor.

In fiscal 1968, for example, the total amount of aid-generated local currencies actually obligated or committed directly for population/family planning programs totaled nearly \$11 million. In fiscal 1969, obligations and commit-

ments of local currencies for this purpose amounted to \$31 million. Additionally, U.S. contributions of P.L. 480-generated currencies and other local currencies from U.S. sources to national budgets have helped indirectly with the funding of population programs.

In countries where public population family planning policies and programs have not been activated, limited local funds are raised through the efforts of private voluntary organizations. These funds are used to finance the local costs of public educational projects, technical training and for the conduct of pilot family planning activities. Locally raised funds are supplemented in a number of countries by assistance made available by the United States and other governments, and by foundations and other private and international organizations.

## Frontiers in Assistance

During the past several years of enlarged U. S. assistance for population programs, A. I. D. has been blazing new trails in the field of massive program aid and action—new alike to the Agency and to the countries seeking help.

During this period, the numerous projects listed on pages 28-47 have been developing. The rise in assistance funding from \$4.7 million in fiscal 1967 to \$45.4 million in fiscal 1969 reflects the marked acceleration of Agency action and the increasing concern of developing countries with the population problem. These are shown, too, by the increase in number of countries receiving direct A.I.D. assistance in this field—from 12 in fiscal 1966 to 31 in fiscal 1969—and by the many where action is being stimulated and supported through international and other organizations.

It was in this period also that the present structure for the Agency's population program aid was established. Agency policies and guidelines for the new activities were developed; technical personnel were recruited for Washington

and A. I. D. Missions abroad; assistance with contraceptive supplies became a possibility, with procurement from U.S. suppliers and distribution of supplies to more than 40 countries; manpower training activities were expanded by U.S. institutional grants and other means; research was started in the contraceptive field and in various program aspects; significant beginnings were made in mass communication and public education aid. Also, program analysis and evaluation, including improvement of demographic data, got under way in Washington and the field; continuing efforts were made to encourage the interest and action of many countries with regard to population problems; and broad cooperation was instituted with other U.S. agencies, the United Nations, international private organizations, other assisting countries, and numerous other institutions, U. S. and foreign.

Field action on the population problem to date, however, must be viewed as a beginning. In relation to the urgency of the population problem, the impact of ex-

isting programs is as yet far too weak, and far too many countries have neither population policies nor programs. In many cases, program action is restricted by lack of resources and by gaps in technical and administrative support.

At the same time, international and non-U. S. assistance is still relatively small. Hopefully, U. S. leadership in such assistance will contribute to rapid growth of aid by other advanced countries and international bodies. This is a major frontier for development.

The broadening action that is required, worldwide, calls for expanding cooperation and assistance from many sources. Massive help will be needed in some cases, and for significant spans of time. However, the central need will continue to be for self-help leadership and action by individual countries. Assistance from the outside is at times vitally necessary, but it cannot substitute for self-help.

Looking to fiscal 1970 and beyond, much expansion and improvement of population programs will be necessary. Many kinds of changes are likely to be needed, both in population programs and in foreign assistance to them.

For the future, many new paths and directions will require exploration. Among the principal ones now in evidence, those listed below deserve particular attention. They are:

Assistance by the United Nations, its Specialized Agencies, and Advanced Nations. These institutions and countries should be continuously encouraged and supported to undertake broader leadership in the population field.

Trained Personnel and Training. Since family planning and population programs are new, training activities require expanded and continuing emphasis, both in assisted countries and in the United States. All country programs need more trained personnel than are presently available. At the same time, U.S. technical assistance must look to U.S. institutions to train needed U.S. population program specialists, now in short

supply. Recruitment and employment of trained program workers and specialists call for vigorous action at all levels.

Availability of Contraceptives. Contraceptives are essential for limiting reproduction, yet nowhere are they as readily available to the public as the urgency of the population problem demands. This is a promising frontier, only partially explored. In the developing countries where population pressure is greatest and mounting fastest, contraceptives are least available to the majority of the people. In these, overall supplies and general availability of contraceptives are restricted by varying factors. These include at times such factors as lack of funds, lack of information regarding the availability of supplies, difficulties in importation of such supplies, limited and sporadic distribution services, inadequate personnel and facilities, and even legal barriers in some cases. In all less-developed countries, strengthening of clinical services and their extension to additional areas are needed. Also, very wide availability and accessibility of contraceptives such as oral pills, IUDs, condoms, and foams should be sought. This goal could be attained in a relatively short time, if backed by sufficient determination and resources. At the same time, of course, research for improvement of contraceptives and development of added means, techniques, and education are continuing needs.

Mass Communication and Public Education. Because the multitudes that need information and education for family planning are large and the numbers of personnel in country programs are small, wider and more effective dissemination of information must be made through the media and channels of mass communication. The radio, press, motion pictures, and television where available, are especially important. Appropriate communication of the family planning message through school systems, now in the budding stage, should also be developed.

Resources for Program Action. For population programs to achieve the

sought-for impact on birth rates, adequate resources are essential. In effect, this means setting aside such resources from competition with the many other urgent needs in developing countries. These resources include funds, personnel, equipment, space, supplies, and high-quality administration. A.I.D. assistance can be important as pump-primer for these advances. Vigorous administration is essential if program needs as a whole are to be met with the required sense of urgency and priority.

Improvement in Demographic Data and Vital Statistics. Fuller and more current data on population numbers, sex composition within age-groups, and rates of natural increase are needed in developing nations. The projected 1970 censuses in over 100 countries will provide

much information that is not now available, particularly in the several countries where censuses have not been held for many years. In addition, vital statistics registration calls for substantial improvement in many countries.

Program Evaluation and Analysis. Analysis of population trends and their economic and social effects provides basic information required for stimulation and guidance of population policies, programs, and assistance actions. The horizons of usefulness here are very wide. Evaluations of manifold program approaches and activities, as well as of assistance actions, are vital as contributions to guidance of policies and activities at all levels. Expanding attention to evaluation and analysis is inherent in the growth of effective population programs.

**Summary of A.I.D. Dollar Obligations  
For Population and Family Planning Projects**  
(Fiscal year obligations in \$ thousands)

<u>NONREGIONAL</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
Office of Population	808	746	525	10,513	17,340
Office of Program and Policy Coordination				110	24
Office of International Training	26	65	41	38	40
A.I.D./W Other	58	61	405	435	1,426
U.N. Fund for Population Activities				500	2,500
Nonregional Total	<u>892</u>	<u>872</u>	<u>971</u>	<u>11,596</u>	<u>21,330</u>
 <u>LATIN AMERICA</u>					
Country Missions	92	269	1,178	5,457	3,072
Regional Projects	1,105	565	1,191	2,468	7,255
Latin America Total	<u>1,197</u>	<u>834</u>	<u>2,369</u>	<u>7,925</u>	<u>10,327</u>
 <u>NEAR EAST—SOUTH ASIA</u>					
Country Missions		2,100*	337	9,031**	3,336
Regional Projects				655	1,011
Near East—South Asia Total		<u>2,100*</u>	<u>337</u>	<u>9,716**</u>	<u>4,347</u>
 <u>AFRICA</u>					
Country Missions	10	9	4	404	983
Regional Projects			30	259	457
Africa Total	<u>10</u>	<u>9</u>	<u>34</u>	<u>663</u>	<u>1,440</u>
 <u>EAST ASIA</u>					
Country Missions	35	77	334	3,475	6,388
Regional Projects			350	1,325	1,608
East Asia Total	<u>35</u>	<u>77</u>	<u>684</u>	<u>4,800</u>	<u>7,996</u>
 <u>VIETNAM</u>					
Country and Regional Total	<u>1,242</u>	<u>3,020</u>	<u>3,474</u>	<u>23,154</u>	<u>24,110</u>
GRAND TOTAL	<u><u>2,134</u></u>	<u><u>3,892</u></u>	<u><u>4,445</u></u>	<u><u>34,750</u></u>	<u><u>45,440</u></u>

\*A development loan to Turkey, originally for \$3.6 million, signed October 1966.

\*\*Includes \$2.7-million loan to India for program vehicle parts.

# A.I.D. Projects in Population and Family Planning

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>NONREGIONAL</b>					
<p><u>Population Dynamics Unit.</u> Grant to Johns Hopkins University to establish an academic unit within the Division of International Health, develop needed manpower in population and related disciplines; design improved procedures for program implementation; and provide consultants. Original Grant extended in FY 1969 to carry out population research in selected overseas areas. Office of Population. Project 931-11-570-813; csd-841.</p>	475	-	-	-	-
<p><u>Center for Population Studies.</u> Grant to University of North Carolina to establish the Carolina Population Center to provide both short- and long-term training facilities and consultative services to A.I.D. for development and implementation of population programs. Office of Population. Project 031-11-570-814; csd-1059.</p>	268	-	-	Completed June 1968	
<p><u>Training Program for Vital Statistics and Measurement of Population Change.</u> PASA* with National Center for Health Statistics, U.S. Health Service, HEW, to develop and administer a training program in vital statistics registration, and analysis and estimation of current population change, including training. Office of International Training. Project 915-11-570-038; IT-1-68.</p>	26	65	41	38	40
<p><u>Support to Regional Conference.</u> Grant to International Planned Parenthood Federation to assist in supporting the Western Pacific Regional Conference held in Korea, May 1965. Project 946-11-590-735; csd-825.</p>	2	Completed June 1965			
<p><u>Training Resources for Nurses and Midwives.</u> PASA* with Children's Bureau, Welfare Administration, HEW, to develop and administer a training program for foreign nurses, nurse-midwives, and professional midwives. Office of International Training. Project 915-11-990-039; TCR-12-65.</p>	12	28	Completed June 1966		
<p><u>Study of the Effect of Population Growth on A.I.D. Goals.</u> Contract with the University of Pittsburgh to prepare a report on the impact of alternative foreseeable population trends upon economic development prospects and assistance needs of less developed countries, utilizing data for Pakistan. Project 946-11-590-735;csd-751.</p>	11	Completed January 1965			

\*Participating Agency Service Agreement

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>NONREGIONAL</b>					
<p><u>Conference on Population Dynamics.</u> Contract with Johns Hopkins University to conduct a conference to orient selected A. I. D. personnel in population dynamics, including planning and implementation. Project 946-11-590-735; csd-833.</p>	13		Completed June 1965		
<p><u>Demographic Studies.</u> PASA* with U.S. Bureau of the Census to prepare a report on the population of Pakistan including population projections, demographic data, and analysis. Project 946-11-590-735; TCR-3-65</p>	27		Completed January 1965		
<p><u>Family Planning Studies Unit.</u> Grant to University of Hawaii to establish a family planning studies unit within the School of Public Health to provide training facilities for foreign participants; develop and conduct short- and long-term courses; and develop and maintain institutional capacity to provide consultant and advisory services. Office of Population. Project 931-11-570-822; csd-1439.</p>		325	-	-	-
<p><u>Development of Methodology for Estimating Birth and Death Rates, and Population Changes from Interview Data.</u> Research PASA* with National Center for Health Statistics, U. S. Public Health, to develop techniques and methodology by which birth and death rates, and population changes can be estimated from interview data where no detailed census information is available or no registration, or incomplete registration, is in effect. Office of Population. Project 931-17-570-450; RA-1-66.</p>		64	Completed August 1967		
<p><u>Evaluation of Family Planning Programs.</u> Contract with Population Council to produce a series of manuals to facilitate use of service statistics, knowledge-attitude-and-practice statistics, and vital statistics for evaluation of family planning programs. Office of Population. Project 931-11-580-815; csd-1185.</p>		329	-	-	-
<p><u>Demographic Methods Handbook.</u> PASA* with the U. S. Bureau of the Census to prepare a book on statistical methods which will fill demand by demographers and statisticians and serve as a basic text for training foreign demographers. Office of Population. Project 931-11-570-802; WOH(CA)-7-67.</p>			28	58	-

\*Participating Agency Service Agreement

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>NONREGIONAL (Continued)</b>					
<p><u>Prototype Pamphlets on Family Planning Programs.</u> Contract with Jay Richter and Associates to provide an informational pamphlet on A.I.D.'s population program assistance, and a program data bulletin prototype. Office of Population. Project 946-11-590-735;csd-1948.</p>			3		
			Completed April 1967		
<p><u>Research on Family Planning - Pathfinder Fund.</u> Research contract with the Pathfinder Fund to establish a Family Planning Evaluation Center to study data collected by 100 cooperating physicians in 40 countries on women with IUDs. Study of the effectiveness of devices and methods is a basic part of this research. Office of Population. Project 931-17-580-478; csd-1573.</p>			194	-	1,289
<p><u>Evaluation Studies of an International Postpartum Family Planning Program.</u> Research contract with the Population Council to test, through a large-scale experimental project, the effectiveness of the Council's international postpartum family planning program of providing family planning education and techniques to mothers following childbirth in large hospitals. Office of Population. Project 931-17-580-479; csd-1565.</p>			300	-	300
<p><u>International Planned Parenthood Federation.</u> Worldwide grant to strengthen IPPF's support of family planning associations and affiliates in less developed countries and provide contraceptives, medical supplies, vehicles, and audiovisual and office equipment. Office of Population. Project 931-11-580-838; csd-1837.</p>				3,500	4,000
<p><u>Family Planning Services - Pathfinder Fund.</u> Grant to augment Pathfinder's capacity to make small grants in selected countries to initiate and support family planning activities including contraceptives and related equipment. Office of Population. Project 931-13-580-807; csd-1870.</p>				700	2,500
<p><u>Multivariate Factors Influencing Fertility.</u> Contract with Harvard University to study in several countries with distinct cultures, the degree to which changes in the level of living, fertility, and mortality are interdependent. Office of Population. Project 931-13-570-818; csd-2153.</p>				61	-

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>NONREGIONAL (Continued)</b>					
<p><u>Rationale for Population Policies.</u> Contract with National Academy of Sciences to conduct symposia to explore and define interactions between population change, national development, and economic and social development as a basis for developing a comprehensive rationale for appropriate population policies that would be more generally understood and accepted in less-developed countries. Office of Population. Project 931-11-570-817; csd-1925.</p>				72	40
<p><u>Demographic Services.</u> PASA* with Bureau of the Census, International Demographic Statistical Center, to store, retrieve, tabulate, analyze, and project data, so that analyses of the socioeconomic implications of alternative demographic policies will be based on more accurate projections of available data. Office of Population. Project 931-11-570-810; WOH(CA)-10-68.</p>				17	393
<p><u>Cost-Benefit Analysis of Pilot Family Planning Programs.</u> Contract with Pennsylvania State University to undertake an empirical study of actual costs and benefits of family planning in terms of service statistics and demographic implications to learn how the effectiveness and efficiency of various technical and administrative approaches vary in different cultural, economic, and demographic contexts. Office of Population. Project 931-11-570-806; csd-1884.</p>				92	6
<p><u>Expansion of Postpartum Family Planning Program.</u> Grant to Population Council to support the rapid expansion of postpartum family planning to more large maternity hospitals in less-developed countries. Office of Population. Project 931-13-580-812; csd-2155.</p>				500	750
<p><u>Proceedings of Population Symposium.</u> Contract to edit proceedings of population symposium of the Pacific Science Congress, held in Tokyo in 1966. Office of Population. Project 931-11-570-003.</p>				2	
<p><u>Development Center Population Project.</u> Grant to the Organization for Economic Cooperation and Development (OECD) to help support establishment of a Population Center at the OECD Development Center. Office of Population. Project 931-11-570-827; csd-2166.</p>				109	-
				Completed November 1967	

\*Participating Agency Service Agreement

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>NONREGIONAL (Continued)</b>					
<p><u>New Florencia Workshop.</u> PASA* with Bureau of the Census to improve 1970 censuses in the LDCs by creation of a 1970 Population and Housing Census procedure model for developing countries; and by a worldwide workshop program using the model. Office of Population. Project 931-11-570-808; WOII(CA)-9-68.</p>				15	158
<p><u>International Training Seminar in Communication Aspects in Family Planning Programs.</u> Contract with University of North Carolina for a 2-week seminar in 1968 for family planning information leaders from the NESAs, East Asia, and Vietnam areas with intensive training in structuring and carrying out communication support for family planning. Office of Population. Project 931-11-580-809; csd-1914.</p>				76	Completed December 1968
<p><u>FSI Course on Population Matters.</u> Agreement with Foreign Service Institute to organize and conduct 1-week courses on population matters for selected State, A.I.D., USIA, and Peace Corps personnel. Project 931-11-580-833.</p>				6	**
<p><u>Population Information.</u> Support for consultant expenditures and other backstopping costs, including purchases of technical films and publications. FY 1968 funding included activities such as two population workshops held in Africa in August 1967 and a survey by a three-man team to assist various Missions in Africa develop initial population/family planning programs. Office of Population. Project 931-11-570-002.</p>				42	13
<p><u>Population/Economic Growth Analysis.</u> Contract with General Electric Co. to formulate suitable analytical models to assist A.I.D. Missions and host country organizations to analyze consequences of birthrates and other demographic rates. Office of Program and Policy Coordination. Project 901-11-570-016; csd-1936.</p>				110	24
<p><u>Human Fertility Patterns - Determinants and Consequences.</u> Research contract with Rand Corporation to analyze determinants and consequences of human fertility patterns, for use in formation of A.I.D. policy. Office of Program and Policy Coordination. Project 931-17-570-824; csd-2151.</p>				143	-

\*Participating Agency Service Agreement

\*\*Now handled by Office of Personnel and Manpower, A.I.D.

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
NONREGIONAL (Continued)					
<u>Institutional Grant to the University of North Carolina.</u> Grant* to develop within the University of North Carolina specialized competency in the population and family planning field. Office of Population. Project 931-11-570-102; csd-1940.				2,400	-
<u>Institutional Grant to Johns Hopkins University.</u> Grant* to develop within Johns Hopkins University specialized competency in the population and family planning field and in international health. Total amount of grant \$1.8 million of which \$1.3 million is for development in population and family planning. Office of Population. Project 931-11-570-101; csd-1939.				1,300	-
<u>Institutional Grant to the University of Michigan.</u> Grant* to develop within the University of Michigan specialized competency in population planning in developing nations. Office of Population. Project 931-11-570-101; csd-2171.				1,250	-
<u>Research for Development of Once-a-Month Birth Control Pill.</u> A research contract with the Worcester Foundation for Experimental Biology to develop a chemical or substance, which when administered as a single capsule would ensure the nonpregnant state at end of monthly cycle. Office of Population. Project 931-17-580-493; csd-2169.				109	-
<u>Laboratories for Population Studies - Phase I.</u> Contract with University of North Carolina to prepare detailed proposals for establishing two or more population studies laboratories overseas, to test population measurement instruments and obtain information under controlled population conditions. Office of Population. Project 931-11-570-825; csd-2161.				61	-
				Phase I completed.	
<u>Laboratories for Population Studies - Phase II.</u> Task order with the University of North Carolina, to establish laboratories for population studies in collaboration with academic and research institutions overseas to be administered by local nationals. The laboratories will collect population data and experiment with data collection techniques. Office of Population. Project 931-11-570-861; csd-2495.					353

\*Authorized under Section 211(d), Foreign Assistance Act of 1966.

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>NONREGIONAL (Continued)</b>					
<p><u>Conference on Social Work Responsibility Relating to the Dynamics of Population and Family Planning.</u> Contract with the Council on Social Work Education, New York City, to plan, organize, and conduct a 4-day international conference in the United States in March 1970 on the role of the social worker in population and family planning. Office of Population. Project 931-11-580-862; csd-2483.</p>					160
<p><u>Programmatic Grant to the Population Council.</u> Project to make use of the experience and competence of the Population Council in population/family planning to assist A.I.D. to develop and implement approved programs; public information and communication activities; knowledge and insight to socioeconomic factors in determining population policies; effects of population growth on economic planning and educational goals; and need for additional and better trained specialists in population/family planning programs. Office of Population. Project 931-11-570-863; csd-2508.</p>					1,000
<p><u>Improvement of Population Program and Policy Design.</u> Contract with the University of North Carolina to analyze and evaluate current systems of delivering family planning services, and to test alternative approaches in order to more effectively reach rural populations not yet receiving conventional services. Office of Population. Project 931-11-570-856; csd-2507.</p>					435
<p><u>Situation Reports on Population Problems, Policies, and Programs.</u> Contract with the California Institute of Technology to establish regional observers and compare the economic and social context of population policies and family planning programs as a sequel to the rationale for population policies under contract with the National Academy of Sciences. Office of Population. Project 931-11-570-858; csd-2515.</p>					405
<p><u>Methodology for Evaluating Family Planning Programs.</u> Contract with Columbia University for incremental costs of an expanded central facility at Columbia, and a series of field teams, to develop systems of evaluation for use in family planning programs of cooperating host countries upon their request. Office of Population. Project 931-11-580-855; csd-2479.</p>					88

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>NONREGIONAL (Continued)</b>					
<p><u>Accelerated Feedback for Family Planning Programs.</u> PASA* with the National Communicable Disease Center, U.S. Public Health Service, to field test an experimental system to accelerate the feedback of service statistics to guide programmed responses by the field staff of family planning programs. Office of Population. Project 931-11-570-853; WOH(HA)-7-69.</p>					6
<p><u>Training in a System of Evaluation - "Rapid Feedback for Family Planning Improvement."</u> Contract with the Community and Family Study Center, University of Chicago, to design, and conduct short-term training courses abroad on evaluation-improvement systems for family planning programs. Office of Population. Project 931-11-580-842; csd-2251.</p>					175
<p><u>International Union for Scientific Study of Population.</u> Grant in support of the general conference of the International Union for Scientific Study of Population held at the School of Economics, London, in September 1969. Office of Population. Project 931-11-570-839; csd-2258.</p>					10
<p><u>Family Planning Education Through Adult Literacy Programs.</u> Contract with World Education, Inc., of New York City to encourage and implement use of population/family planning information in functional literacy programs throughout the developing world. Office of Population. Project 931-11-580-820; csd-2456.</p>					53
<p><u>World Assembly of Youth (WAY) Family Planning Conferences.</u> Grant to the World Assembly of Youth in Brussels to support national and local conferences of young people to promote family planning, primarily in rural areas in the less developed countries. Office of Population. Project 931-11-570-850; csd-2271.</p>					55
<p><u>The Epidemiology of Outcome of Pregnancy in Diverse Cultures in Selected Countries.</u> Research contract with Johns Hopkins University to conduct epidemiological studies in several countries to ascertain the epidemiology of induced abortions and its relationship to health, fertility levels, fertility control measures, demographic and socioeconomic variables. Office of Population. Project 931-17-570-496; csd-2246.</p>					194

\*Participating Agency Service Agreement

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>NONREGIONAL (Continued)</b>					
<p><u>Determinants of Family Planning Attitudes and Practices.</u> Research contract with Harvard University to conduct studies of the determinants of fertility patterns and family planning practices as a basis for the formulation and evaluation of policy and program planning. Office of Population. Project 931-17-570-497; csd-2478.</p>					106
<p><u>Contraceptive Development: A Method to Prevent Pregnancy by Direct or Indirect Antiprogestational Activity.</u> Research contract with the Population Council for research in order to develop "a nontoxic and completely effective substance or method that when self-administered on a single occasion would ensure the nonpregnant state at completion of one monthly cycle." Office of Population. Project 931-17-580-512; csd-2491.</p>					3,000
<p><u>Research into the Corpus Luteum Function.</u> Research PASA* with the Center for Population Research, NIH/HEW, to study ways of controlling the function of the corpus luteum leading towards the development of an effective and safe once-a-month contraceptive. Five major areas of study are being covered in 28 separate activities. These areas include such factors as 1) development of methods, 2) the role of female sex hormones in the initiation and maintenance of early pregnancy, 3) specific areas of control of corpus luteum function, 4) target effects of products of the corpus luteum, and 5) the quantitative description of the menstrual cycle. Office of Population. Project 931-17-580-509; RA (HA) 8-69.</p>					1,510
<p><u>Utilization of Family Planning Services.</u> Research contract with the Bowman Gray School of Medicine, Wake Forest University, to ascertain and evaluate factors contributing significantly towards participation in fertility limitation, and those contributing to indifference and to strong resistance to family planning; and to experiment with nonclinical health-oriented models for family planning programs. Office of Population. Project 931-17-580-510; csd-2512.</p>					262

\*Participating Agency Service Agreement

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>NONREGIONAL (Continued)</b>					
<u>Research on Reversible Sterilization.</u> Research contract with the University of North Carolina to explore simpler and more reversible sterilization procedures by (1) undertaking studies on the biologic effects of vasectomy, (2) by developing vasocclusion devices and evaluating them preclinically, and (3) conducting preclinical studies in female tube occlusion. Research will be conducted on animals. Office of Population. Project 931-17-580-498; csd-2504.					79
<u>U.N. Fund for Population Activities</u>				500	2,500
<u>A.I.D./W Other</u>	58	61	405	435	1,426
<b>NONREGIONAL TOTAL</b>	<b>892</b>	<b>872</b>	<b>971</b>	<b>11,596</b>	<b>21,330</b>
<b>LATIN AMERICA</b>					
<u>Regional</u>					
<u>Latin America Demographic Center.</u> Grant to the Latin American Demographic Center (CELADE), Santiago, Chile, to strengthen demographic research in L.A. institutions, support field studies and research projects and teach demography to Latin American trainees. (598-15-570-459; AID/1a-200 and AID/1a-603)		100	140	294	361
<u>Demographic Research and Training.</u> Grant to the University of California to provide consultation, technical advice, and assistance by performing research in demography and improving the quality and increasing quantity of demographic expertise. (598-15-990-438; AID/1a-247)	164	-	Completed		
<u>Sociological Study of Family Structure.</u> Grant to the University of Notre Dame to provide assistance to selected institutions in developing and conducting studies in population dynamics and family structures. (598-15-570-455; AID/1a-309)	178	-	239	96	Completed
<u>Assistance to Latin American Family Planning.</u> Grant to the International Planned Parenthood Federation (IPPF) Western Hemisphere to support family planning organizations and programs in Latin America. (598-15-580-457; AID/1a-308 and AID/1a-523)	121	150	75	500	1,964

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>LATIN AMERICA (Continued)</b>					
<u>Regional (Continued)</u>					
<u>IPPF Conference.</u> Grant to International Planned Parenthood Federation for partial costs of International Conference in Family Planning held in Chile April 1967. (598-15-990-457; AID/1a-468)			100	Completed	
<u>Research and Analysis of Population Growth in Latin America.</u> Grant to the Population Council to expand analytical activities relating to population growth problems and to sponsor research studies, pilot projects, consultation on problems of research design, and data collection and analysis. (598-15-570-456; AID/1a-286, AID/1a-549 and AID/1a-604)	200	-	200	300	993
<u>Assistance to Country and Regional Postpartum Projects.</u> Grant to the Population Council to expand its support to hospitals providing postpartum family planning information and services. (598-15-570-456; AID/1a-550)				525	619
<u>Research Training in Population Dynamics with Relation to Public Health and Medical Care.</u> Grant to the Pan American Health Organization (PAHO) to develop and carry out a program in population dynamics and its relationship to public health and medical care and support development. (598-15-570-470; AID/1a-430, AID/1a-547, AID/1a-551, and AID/1a-552)		175	-	-	2,346
<u>Study of Family Size and Family Growth.</u> Grant to the Latin American Center for Studies of Population and Family (CELAP) to conduct research in sociology, psychology, and anthropology focused on family size and population growth. (598-15-570-460; AID/1a-266)	400	-	160	200	230
<u>Research, Training and Production of Educational Audiovisual Materials.</u> Grant to the Colombian Institute for Social Development (ICODES), a private, nonprofit organization, for production of movie film and two film strips on the role of family planning in social development. (598-15-990-438; AID/1a-298)	40	-	-	Completed	-

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
LATIN AMERICA (Continued)					
Regional (Continued)					
<u>Communications Techniques in Population Programs.</u> Contract with Design Center, Washington, D. C., to furnish a report on communications channels and techniques as related to population program support. (598-15-990-425;AID/1a-232)	2	Completed			
<u>Sociological Research in Rural Areas.</u> Grant to the Federation of Institutes for Sociological Research of Latin America (FERES), a private, nonprofit organization to carry on research in the rural areas among the clergy, community leaders, and women of various social levels. (598-15-990-438;AID/1a-417)		140	-	-	Completed
<u>Translation and Distribution of Population/Family Planning Informational Materials.</u> Allotment of funds to Regional Technical Aids Center (RTAC) to translate and distribute informational materials region-wide. (598-15-580-477)				100	56
<u>Advisory Services.</u> (598-15-570-438)			34	29	50
<u>Assistance for ROCAP (Regional Organization for Central America.)</u> Program for Health and Demographic Studies (596-15-570-023) and the Improvement of Statistics and Census (Central American Household Survey Program.) (596-15-780-008)			243	424	186
<u>Assistance to Latin American Family Planning Services.</u> Grant to the Pathfinder Fund to increase support to interested nonaffiliated institutions and individuals by making available small amounts of financial assistance and contraceptive supplies. (598-15-570-471; AID/1a-599)					300
<u>Demographic and Family Planning Training and Development of Audiovisual Materials.</u> Grant to the Panamerican Federation of Associations of Medical Schools to conduct seminars in the teaching of demography in medical schools (inclusive of family planning) throughout the region, to conduct workshops in teaching of family planning in obstetrics and gynecology courses, and to develop audiovisual materials for teaching population dynamics and family planning medical schools curricula. (598-15-570-456;AID/1a-605)					150

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>LATIN AMERICA (Continued)</b>					
<u>Country Missions</u>	92	269	1,178	5,457	3,072
Country Missions Total	92	269	1,178	5,457	3,072
Regional Total	1,105	565	1,191	2,468	7,255
<b>LATIN AMERICA TOTAL</b>	<b>1,197</b>	<b>834</b>	<b>2,369</b>	<b>7,925</b>	<b>10,327</b>
<b>NEAR EAST-SOUTH ASIA</b>					
<u>Country</u>					
<u>Pakistan</u>					
<u>Family Planning.</u> To assist the Pakistan family planning program through a grant for: commodity purchases; support for U.S. training in family planning; and the financing of five technical advisors to serve on the A.I.D. staff as an advisory unit for the Pakistan Government. (391-11-580-256)			210	1,031	2,297
<u>Turkey</u>					
<u>Family Planning.</u> A development loan to purchase U.S. vehicles for use by the Turkish family planning program in rural areas; and for vehicle maintenance and audiovisual equipment. (Loan 227-H-068)		2,100*			
<u>India</u>					
<u>Family Welfare Planning.</u> To assist India develop its national family planning program through a 10-man U.S. advisory staff; family planning training in U.S. universities; by providing dollars (both grant and loan) for equipment and supplies for pilot programs; and by use of local currencies for key research and demonstration activities. (368-11-580-332)			127	7,721**	730
<u>Nepal</u>					
<u>Family Planning.</u> To assist Nepal establish a family planning board to develop a national family planning program; provide family planning equipment and commodities; finance a fertility study in Nepal; provide family planning training in U.S. universities. (367-11580-096)				299	222

\*A development loan to Turkey, originally for \$3.6 million, signed October 1966.

\*\*Includes \$2.7-million loan to India for program vehicle parts.

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
NEAR EAST-SOUTH ASIA (Continued)					
<u>Country (Continued)</u>					
<u>Afghanistan</u>					
<u>Family Planning Training.</u> To train key Afghans in family planning by acquainting them with programs carried out in other developing countries. (306-11-570-110)				10	87
<u>Regional</u>					
<u>Family Planning Expansion.</u> Grant to Pathfinder Fund to assist private organizations in India to expand family planning operations. (298-15-580-019)				350	270
<u>Postpartum Program in India.</u> Grant to Population Council to initiate a postpartum family planning program in 150 hospitals. (298-15-580-019)				100	-
<u>Family Planning Training.</u> Grant to Planned Parenthood Association, Chicago, training program to provide training in Chicago to family planning professionals at varying levels of education and competence. (298-13-995-015)				200	
<u>Middle East Population Center Study.</u> Grant to American University in Beirut to study possibility of a population center in Middle East. (298-13-995-015)				5	-
<u>Leadership Training and Symposium, CEN TO.</u> To finance a study by nine opinion leaders from Iran, Pakistan and Turkey of family planning programs in Pakistan, U.S., and several Asian countries. Also, a CEN TO Demographic Statistics symposium in Karachi, Pakistan. (298-15-580-019)					50
<u>Colombo Plan Advisor.</u> To support a Population Advisor to the Colombo Plan countries. (298-15-580-019)					30
<u>Family Planning and Health Services.</u> A 2-year study by Johns Hopkins University on integration of family planning with rural health services in India. (298-15-995-017)					575

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>NEAR EAST-SOUTH ASIA (Continued)</b>					
<u>Regional (Continued)</u>					
<u>Middle East Survey.</u> To survey demographic patterns, socioeconomic factors and family planning policies in Middle East countries. (298-15-995-017)					86
Country Missions Total		2,100*	337	9,060**	3,336
Regional Total				655	1,011
<b>NEAR EAST-SOUTH ASIA TOTAL</b>		<b>2,100*</b>	<b>337</b>	<b>9,716**</b>	<b>4,347</b>
 <b>AFRICA</b>					
<u>Country</u>					
<u>Ethiopia</u>					
<u>Study of Births and Deaths.</u> Portion of Public Health Demonstration and Evaluation Project dealing with registration of births and deaths in sample households. (663-11-530-055)	10	9	4	-	-
<u>Ghana</u>					
<u>Family Planning and Demographic Data Development.</u> Three-year project to provide technical and financial support for sample demographic survey, University of Ghana. (641-15-570-051)				130	98
<u>Danfa Rural Health-Family Planning Program.</u> Contract with the University of California (Los Angeles) to establish a demonstration family planning/MCH program at Danfa. (641-11-680-055)					21
<u>Tunisia</u>					
<u>Family Planning.</u> Joint support by the Government of Tunisia, Ford Foundation, Population Council, U.S. Public Health Service, and A.I.D. for project to reduce population increase by developing institutional capacity for family planning through a National Family Planning Bureau. The program includes family planning services utilizing all standard contraceptive techniques. (664-11-580-224)				260	223

\*The loan, originally for \$3.6 million, was signed October 1966.

\*\*Includes \$2.7-million loan for vehicle parts.

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>AFRICA (Continued)</b>					
<u>Country (Continued)</u>					
<u>Kenya</u>					
<u>Population Dynamics.</u> To provide an audio-visual expert, a demographer, and a computer programmer for the family planning program in Kenya. (615-11-580-141)					133
<u>Morocco</u>					
<u>Population/Family Planning.</u> Project provides equipment and supplies to MCH/family planning program and health education, and also to provide services of a cartographer, a demographer, and a computer programmer. (608-11-580-089)					156
<u>Uganda</u>					
<u>Agreement with the Bureau of the Census</u> to provide a data processing specialist for 2 years. (617-11-780-051)					73
<u>Liberia</u>					
<u>Demographic Household Survey.</u> A 5-year project to develop demographic data by household surveys. (669-11-570-109)				14	184
<u>Maternal Child Health/Family Health Training.</u> Agreement with HEW to provide a public health nurse and a nurse-midwife supervisor for the MCH/family health program. (669-11-580-110)					95
<u>Regional</u>					
<u>Participation in IPPF Conferences.</u> Support by certain country missions for participants to attend the International Planned Parenthood Federation conferences in Copenhagen in 1966 and in Santiago in 1967.			30	Completed	
<u>Translation of Informational Materials.</u> Translation of population/family planning publications from English to French. (698-11-580-166)				9	-
<u>Pathfinder Fund Activities.</u> Support for family planning activities carried on by Pathfinder Fund in a number of African countries. (698-11-580-189)				250	-

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>AFRICA (Continued)</b>					
<u>Regional (Continued)</u>					
<u>Regional Population Planning and Support</u> . Provides A.I.D. backstopping for field activities, translation of informational materials, and a regional population officer covering all of Africa, stationed in Ghana. (698-11-580-166)					24
<u>Regional Demographic Survey Workshop</u> . Agreement with the Bureau of the Census to carry out demographic sampling survey workshops for training of African statisticians. (698-11-570-337)					97
<u>Census Data Analysis</u> . Contract with Northwestern University to analyze data obtained in census of Douala and Younde, Cameroon. (625-11-570-512)					36
<u>African Demographic, Census, and Family Planning Programs</u> . Grant to the Population Council to assist African programs in demography, census and family planning programs. (698-11-580-346)					300
Country Missions Total	10	9	34	404	983
Regional Total				259	457
<b>AFRICA TOTAL</b>	<b>10</b>	<b>9</b>	<b>34</b>	<b>663</b>	<b>1,440</b>
<b>EAST ASIA</b>					
<u>Country</u>					
<u>Indonesia</u>					
<u>Family Planning Program</u> . To support a national family planning program by integrating family planning services into existing health facilities. Major organizations receiving support include the National Family Planning Institute, Armed Forces Medical Division, Indonesian Planned Parenthood Association, Muhammadiyah Council of Churches, and the Ministry of Health. (497-15-580-188)				270	1,500

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>EAST ASIA (Continued)</b>					
<u>Country (Continued)</u>					
<u>Korea</u>					
<u>Health and Family Planning.</u> To assist Korean family planning program by providing funds for direct hire of family planning technicians, consultants in vital statistics training, public school education, and teaching methodology; commodities for training of public health; and participant training. (489-11-580-649)		52	99	1,491	1,200
<u>Philippines</u>					
<u>Reprints and Travel.</u>	35	25	-	-	-
<u>Population Planning.</u> To fund family planning activities through the Asian Social Institute; City Health Departments in Angeles City, Davao City, and Manila; Project Office of Maternal and Child Health of the Department of Health; Philippine National Land Reform Council; Philippine Rural Reconstruction Movement; U.P. Population Institute; U.P. College of Medicine; U. P. Institute of Hygiene; Institute of Maternal and Child Health; Silliman U. Medical Center; and the Province of Laguna. (492-11-570-220)			210	1,064	1,400
<u>Thailand</u>					
<u>Family Planning Clinics.</u> To provide equipment for 40 family planning research clinics in provincial hospitals.			25	-	-
<u>Family Planning.</u> To provide family planning technicians, commodities, participant training, and improved and expanded family planning training. Services were provided in 20 provincial hospitals and health centers in 1968, were expanded to 24 additional provinces in 1969. (493-11-580-209)				650	1,298
<u>Other</u>					
<u>Regional</u>					
<u>Family Planning Seminar.</u> Grant to Economic Commission for Asia and Far East (ECAFE) for family planning seminar.			25	-	-
<u>Asian Family Planning Assistance.</u> To assist the Population Council to expand its family planning program in East Asia and Vietnam. (498-11-580-200)			325	325	525

# A.I.D. Projects in Population and Family Planning (Continued)

Description and Purpose	Fiscal Year Obligations (in \$ thousands)				
	1965	1966	1967	1968	1969
<b>EAST ASIA (Continued)</b>					
<b>Regional (Continued)</b>					
<u>Asian Population Dynamics Study</u> . To establish in East-West Center, University of Hawaii, a program for Asians and Americans to study population dynamics in Asia and the Pacific area. (498-11-580-200; ea-32)				1,000	1,083
Country Missions Total	35	77	334	3,475	6,388
Regional Total	-	-	350	1,325	1,608
<b>EAST ASIA TOTAL</b>	<b>35</b>	<b>77</b>	<b>684</b>	<b>4,800</b>	<b>7,996</b>
<b>VIETNAM</b>					
<u>Family Planning — Population Council</u> . To finance Vietnam portion of the East Asia-Vietnam contract, enabling Population Council to expand its training, conference, and assistance programs in Vietnam. (703-11-590-200; ea-8)			50	50	-
<b>VIETNAM TOTAL</b>			<b>50</b>	<b>50</b>	<b>..</b>
 <b>SUMMARY</b>					
<b>TOTALS</b>					
REGIONAL AND COUNTRY TOTAL	1,242	3,020	3,474	23,154	24,110
NONREGIONAL TOTAL	892	872	971	11,596	21,330
<u>GRAND TOTAL</u>	<u>2,134</u>	<u>3,892</u>	<u>4,445</u>	<u>34,750</u>	<u>45,440</u>

## **Assistance by Other U.S. Government Agencies**

Although the President and Congress have vested in the Agency for International Development primary responsibility for U.S. assistance to family planning and population programs in developing countries, other U.S. agencies carry on important supplemental efforts. In addition to the U. S. Department of State, these include the Department of Health, Education, and Welfare, the U.S. Information Agency, and the Peace Corps.

In his message to Congress of July 1969, President Nixon called on these agencies to "give close attention to population matters as they plan their overseas operations."

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## U.S. Department of State

Policy on population matters is a major area of interest of the Department of State in which the several bureaus of the Department and Embassies abroad are directly involved. An office of Special Assistant to the Secretary for Population Matters was established by the Secretary of State in June 1966 to serve as the focal point for policy and coordination on population matters of concern to the Department of State. Population Officers are designated in each regional bureau of A.I.D. and in each U.S. Embassy where there is no A.I.D. Mission.

The Special Assistant for Population Matters consults with the officers in State, A. I. D., U. S. Information Agency, and the Peace Corps who have responsibilities in the field. He also maintains liaison—and facilitates the exchange of information on developments in population and family planning—between the Department and U. S. Embassies, particularly those in the less developed countries, to encourage them to focus atten-

tion on population matters as directed by President Nixon. In addition, he maintains liaison with U. S. Government agencies and private organizations active in the field.

The Special Assistant has, among other things, organized a Working Group on Population Matters involving representatives of State Department Bureaus and key officials of A.I.D., as well as USIA and the Peace Corps, and an Inter-Agency Committee on Population Matters involving 14 agencies of the Government with activities abroad relating to population matters. These organizations help coordinate the activities of their several bureaus or agencies.

The Office of the Special Assistant has also joined with the appropriate bureaus of the State Department and A.I.D., and A.I.D.'s Office of Population to work with multinational agencies and the various bodies of the United Nations to increase cooperative activities in population matters.

## U.S. Department of Health, Education, and Welfare

Research affecting population and family planning in developing countries is carried on by the Department of Health, Education, and Welfare, largely by agencies under the Public Health Service. Some research in this field is also conducted by HEW's Social and Rehabilitation Service.

Under the Public Health Service, the Center for Population Research of the National Institute of Child Health and Human Development, the Health Service and Mental Health Administration, and the Consumer Protection and Environmental Health Service are conducting research both in the United States and abroad in aspects of population and family planning that have importance for family planning activities in developing countries. The

Center for Population Research also acts as the coordinating point in the Public Health Service for developing a population research program in certain countries where the United States owns excess local currencies—funds derived from U.S. exports under P.L. 480.

In January 1969, the Center initiated a long-term contraceptive development research program. Its purpose is to develop an array of contraceptive methods that are effective, safe, reversible, inexpensive, and suited to the diverse requirements of the world's varied population groups. Development of such contraceptive methods is in four phases; fundamental research in reproductive biology; development of potential new means of fertility control; determination

of the medical effects of such potential contraceptive methods; and continuous refinement and improvement of available methods.

In fiscal 1969, the Center placed several research contracts, totaling \$1.2 million for work concerned with the medical effects of existing contraceptives. Contracts for reproductive biology research, directed toward contraceptive development, totaled about \$2.9 million. Of this amount \$1.5 million was for 28 subcontracts funded by A. I. D., while \$1.4 million was for 38 subcontracts funded by the Center. In addition, research grants in contraceptive development totaled \$3.5 million in fiscal 1969.

The Center's research program in behavioral sciences, like that of contraceptive development, is pursued in four general areas: the antecedents, processes, and consequences of population structure, distribution, and change; trends in fertility and related variables; population policies; and family structure, sexual behavior and the relationship between childbearing patterns and child development. Of the \$1,015,000 devoted by the Center to this program, \$470,000 was spent on seven projects relating to population programs in developing countries. Examples of these projects are the awards to the Population Council, American Institutes for Research, the University of Colorado, and the University of Michigan for these respective projects: "Survey of manpower and training requirements for population and family planning;" "Research on effects of population policies (Europe);" "Demographic transition without urbanization (Philippines);" and "Fertility and family planning in West Malaysia."

#### FDA Studies

The Food and Drug Administration of the Consumer Protection and Environmental Health Service supports research to evaluate the effectiveness of all contraceptives and their side effects. In fiscal 1969 FDA spent \$843,000 in such research.

The Health Service and Mental

Health Administration supports research in mental health and behavioral aspects of fertility and family life, as well as in the operational aspects of family planning services. In fiscal 1969 HSMHA spent \$702,500 in research in the behavioral sciences and \$99,700 in the operational aspects of family planning services.

#### P.L. 480—Funded Research

In fiscal 1969, the Public Health Service expanded its program for population research supported by P. L. 480 funds in India, Pakistan, and Yugoslavia. The equivalent of \$2 million was obligated for some 13 new projects. Nine projects, begun prior to fiscal 1969, and for which excess currency funds had previously been obligated, were continued as well. Of the total 22 projects, 16 are in India, one in Pakistan, and five in Yugoslavia. The National Institutes of Health and HSMHA are the major sponsors of these projects.

The Social and Rehabilitation Service supports a program of research in the operational aspects of family planning activities. In fiscal 1969, research supported by SRS in this field totaled almost \$2 million. SRS also conducts two population projects financed with P. L. 480 funds in Yugoslavia and the United Arab Republic. One project deals with social welfare aspects in family planning. Project objectives encompass studies of knowledge, attitudes, and practices of various segments of the population with respect to contraception and related issues, and followup studies of those seeking the services included in the action program.

The second project is concerned with the effect of intensive and extensive application of contraception on the abortion rate. The aim is to determine whether the provision of freely available family planning services can reduce the rate of abortion in a group of women who have used abortion as a means of controlling the size of their families. Studies of morbidity and mortality, it is expected, will be included.

## U.S. Information Agency

The United States Information Agency (USIA), which provides informational support for the Government policies overseas, will be giving significant program emphasis to problems of population growth and family planning.

USIA disseminates information in many countries, especially to opinion leaders, to encourage greater awareness and understanding of population problems and family planning. In developing countries with population programs it endeavors by informational means to strengthen public interest in and support for these programs. In each country, the extent and nature of USIA's efforts are determined by country policies and sensitivities.

USIA initially concerned itself with population problems as they relate to questions of food supply and nutrition. This emphasis still exists, but is being broadened. Population growth is recognized as a world problem, with demographic trends affecting a wide range of economic and social factors in the United States and other industrialized countries as well as in developing countries. Increasingly, USIA informational activities relate population problems to housing, education, health, and to the ability of countries to achieve development goals and better living conditions.

Emphasis is placed on the initiatives and activities of international agencies, notably those connected with the United Nations, and of other countries' organizations.

To support U. S. policies and programs, USIA has prepared, both in Washington and at field posts, a variety

of informational materials dealing with population and related problems. These materials include press and radio news, feature and commentary output; interviews with leading authorities; special book lists and translations; special exhibits, publications and photo materials; and motion picture and television productions. In addition, USIA, in its posts and libraries abroad, makes available copies of pertinent speeches, publications, articles, films and other materials prepared by other U. S. Government agencies, by other governments, by international institutions, or by private groups and experts.

## The Peace Corps

Peace Corps Volunteers have been working in family planning since December 1966, when a group of 57 arrived in India at the request of the Indian Government.

Approximately 100 of these volunteers now work full-time in officially sponsored family planning programs in India, Tunisia, Tonga, Malaysia, and the Dominican Republic. They help organize family planning centers, perform informational and administrative duties, assist public health officers, and train local personnel. Some participate in direct counseling of mothers through health care facilities.

All PC Volunteers—about 10,500 in 1969—unless they have personal objections or the policies of the host country are opposed, are given reference materials to help them respond accurately to requests for family planning information from friends and co-workers.

# Assistance by Private Organizations

## International Planned Parenthood Federation

The International Planned Parenthood Federation assists the formation and effective operation of family planning associations in all countries; encourages the training of medical and paramedical workers; and promotes and organizes international and regional meetings and conferences. The Federation also stimulates appropriate scientific research in the fields of biology, demography, and sociology, as well as in methods of contraception, fertility and subfertility, sex education, and marriage counseling.

Established in 1952, IPPF is an association of autonomous national family planning associations. One nongovernmental family planning association from each country is eligible for full membership provided it is a national organization. In countries where no full member has been recognized, nongovernmental organizations are eligible as associate members. Government organizations or agencies are eligible as affiliate members. In 1969, there were 57 members, including associate members, and two affiliates. Information and assistance have also been given to non-member associations in more than 70 countries. There are six regional offices: Singapore, Rawalpindi, Tokyo, Nairobi, London, and New York.

IPPF is financed largely by foundations and individuals, and through grants by governments such as those of Sweden, the United States, the United Kingdom, Denmark, Norway, and for the first time in 1969, Japan. Indicative of the growth of the Federation in the last 5 years is the increase in its annual budget from \$325,000 in 1962 to \$8.4 million in 1969.

VICTOR-BOSTROM FUND. The Victor Fund was established in 1965, fol-

lowing the death of Alexander F. Victor, who bequeathed almost his entire estate to encouragement of birth control. The Fund's initial purpose was to get contributions of at least \$3 million for support of the International Planned Parenthood Federation during 1966, 1967, and 1968. The Fund, which sought individual contributions of \$150,000 or more, was oversubscribed, and was instrumental in enabling IPPF to support projects and programs in more than 40 countries during those years.

In order to rebuild the Fund for the years 1969, 1970, 1971, a donation of \$300,000 was made by Harold Bostrom, on the condition that a minimum of another \$3 million be raised. By the spring of 1969, the Fund had received \$4.5 million. The present objective is to increase this amount to \$6 million, to expand the Fund's support of IPPF.

## The Population Council

The Population Council, a private, nonprofit organization established in late 1952 by John D. Rockefeller 3rd, promotes research, training, and technical assistance in the social and biomedical sciences. It serves as a center for the collection and exchange of information on significant ideas and developments related to population questions.

Initially confining its activities largely to small demographic and biomedical research grants, the Council in the early sixties began technical assistance to family planning projects in developing countries.

Operating on an \$11.3-million budget in 1968, the Council draws support from the Rockefeller and Ford Foundations and, additionally, from A.I.D. It has a staff of 150, of whom 25 serve in 15 foreign countries.

Through its Technical Assistance Division, the Council provides support to family planning programs in Ceylon, Colombia, India, Iran, Kenya, Morocco, Pakistan, South Korea, Taiwan, Thailand, Tunisia, and Turkey.

The Demographic Division assists three United Nations Demographic Centers in Bombay, Cairo, and Santiago, and national centers of population studies in Algeria, Argentina, Colombia, India, Kenya, Peru, Pakistan, South Korea, Thailand, and Tunisia. Other grants have been made to various university departments and study centers in 12 countries.

The Bio-Medical Division has focused much of its resources upon research in various methods of contraception. In 1967, it began a project to establish fertility regulation by continuous progestin therapy. The progestin—in this instance, megestrol acetate—is being field-tested in Brazil, Chile, and Colombia. The Council's Cooperative Statistical Program, now in its seventh year, is a main source of information on the comparative effectiveness of IUDs. Basic research on reproductive biology and other aspects of fertility regulation is being conducted.

The Council started the International Postpartum Family Planning Program in 1966 in 25 hospitals in 14 nations around the world. Since that time the program has grown to include 88 hospitals and clinics operating in 14 nations in Asia, Africa, Latin America, and the Near East. Thirty-two additional hospitals and clinics are being proposed for participation in the program.

The Postpartum Program is an international demonstration effort to provide family planning information and services to urban women of low socioeconomic status, in settings where delivery is institutionalized in public hospitals and clinics. Involving large maternity hospitals in diverse urban settings throughout the world, this program is the first coordinated attempt to evaluate the effectiveness of such an effort. An increasing number of institutions wish to participate.

## The Pathfinder Fund

The Pathfinder Fund—a pioneer in the field of family planning—is currently helping to support 218 projects around the world. Seventy-five of these are in Asia, 44 in Africa, and 68 in Latin America.

The Boston-based, private organization began its family planning activities in the United States in 1929, expanded its efforts in 1952 to concentrate on assistance to developing countries. The Fund has been supported for many years by the Gamble family and others and more recently has also received A.I.D. grants.

Pathfinder works in individual countries to encourage and assist local people, groups, and institutions to provide family planning services. Support is usually given for a limited period until a strong family planning association or local government assumes responsibility.

Specific Pathfinder objectives are to initiate family planning activities and form family planning associations in new locations; to provide these associations with educational materials; to encourage new contraceptive clinical services under the direction of local doctors, by providing contraceptive supplies and initial funds; to assist local studies of the acceptability and effectiveness of present contraceptive methods; to search for more efficient, simpler, and cheaper contraceptive techniques; and to help develop training programs.

As an outgrowth of its intracountry family planning activities—particularly its introduction and provision of IUDs beginning in 1963—Pathfinder has become an international clearinghouse for new developments in IUD technology. In late 1967 an International IUD Program was inaugurated, using the latest computer technology to provide scientific, timely evaluation of the various IUDs in existence and of new ones.

This IUD program is carried out through a cooperative network of 100 selected doctors in 40 countries. The doctors, whose data have proven to be of

high statistical quality, send monthly reports to Pathfinder headquarters. The Pathfinder Fund supplies each doctor with appropriate IUDs and literature, plus expert analytical backstopping.

Two volumes of "IUD Performance Patterns"—a table from one appears on page 15—have been published. The swifter evolution of new and improved devices is greatly facilitated by this International IUD Program.

### The Ford Foundation

The Ford Foundation, largest foundation in the world, has contributed more funds to population work than any other private or governmental agency. Since 1952 it has committed about \$115 million for this purpose, and has been an important force in three areas concerned with problems of population: research and training in reproductive biology; establishment and expansion of university population centers in the United States; and assistance to family planning programs in developing countries.

Major emphasis has been on reproductive biology, with some \$64 million in grants going primarily for fundamental research and training programs. Thirty-six institutions in the United States, 21 in Europe, 12 in Asia, eight in Latin America, and four in the Middle East, including Israel, have received assistance for their work in this field.

Grants totaling more than \$11.6 million had been made by late 1968, to a dozen university centers focusing on population problems. While two-thirds of Ford Foundation's population expenditure have gone to American institutions, the activities supported therein are in the main directed toward population problems in developing countries. An example: The Population Studies Center at the University of Michigan—largely responsible for the design and evaluation of successful family planning programs in Taiwan and Korea—received \$1.7 million during 1968 to prepare students for careers in family planning, to study the relationships of population and health,

and to provide technical assistance in the United States and abroad.

During the past 6 years, resources devoted to assisting population work in developing countries have grown significantly. The Ford Foundation has financed family planning work in 26 developing countries either directly, or through the Population Council (which received 42 percent of its 1954-68 budgets from the Foundation), or through other grant recipients. Since 1959, aid to programs in Asia, particularly India and Pakistan, has amounted to more than \$14.7 million; to the Mid-East and Africa, \$2.5 million; and to Latin America and the Caribbean, \$4.9 million. In Asia and Africa, the Ford Foundation is engaged in assisting family planning action programs as well as training and research. In Latin America, emphasis is placed upon study of population problems and reproductive biology.

### The Rockefeller Foundation

Although the Rockefeller Foundation was giving support to biomedical research in fertility control in the early 1930's, it was not until the late 1950's and early 1960's that the Foundation made major commitments to solving population problems. Since 1963 it has provided a total of \$22.2 million, including \$3.9 million in 1968, and \$2.1 million for the first quarter of 1969. In 1968, \$331,100 went to overseas-oriented projects.

To achieve population stability, the Rockefeller Foundation is concentrating increasingly on the interaction of social, medical, and biological sciences. It is financing research, training, and experimental programs in a broad range of fields relevant to population, and like the Ford Foundation, it is making a major effort to stimulate basic research in reproductive biology. An instance of this effort is the Rockefeller Foundation grant of \$2 million to the University of North Carolina made in early 1969. The grant will be used to finance the research of eight to ten scientists applying tech-

niques of modern cellular and molecular biology to problems of fertility control.

Increasing assistance to improve family planning services and fertility control procedures, and continuing support to technical assistance programs in family planning abroad, are provided through action-oriented programs. The Rockefeller Foundation has been a principal supporter of the Population Council since its beginning.

Other recent major recipients of Rockefeller Foundation funds in the field of population and family planning include seven U. S. universities, the Planned Parenthood Federation of America, and universities in Chile, Colombia, and Turkey.

### Population Reference Bureau

The Population Reference Bureau works to focus public attention on the facts and implications of trends in population growth. An informed public, the Bureau believes, is essential to rational decisions and action on the population problem.

For over 40 years the Bureau has published articles and periodicals for worldwide distribution in English, Spanish, and Portuguese, including—"Population Bulletin," "Profiles," "Selections," and "World Education Data Sheet." Recently the Bureau began publishing textbooks for primary and secondary schools, the first entitled "People!" for seventh grade readers.

The Bureau's Latin American Department, based in Washington, D. C., has a regional office in Bogota, Colombia. Besides distributing books and publications, the office uses radio, TV, and films to tell the demographic story.

The Bureau participates in numerous population conferences and forums, and also holds its own seminars ("Population Dialogues") to which Latin American opinion leaders are invited. Since 1968, the Bureau has worked with the Inter-American Regional Organization of Workers in co-sponsoring annual seminars on the population problem.

### Population Crisis Committee

The Population Crisis Committee, Washington, D. C., is a private, nonprofit organization established in 1965 to stimulate and expand public understanding of the critical nature of the population crisis and of the urgent need for positive and effective action directed toward a balance between people and resources in the world.

The Committee holds meetings and discussions related to population problems, and acts as a catalyst in cooperation with other organizations with similar and related goals. It aims to reach an ever-widening audience through the production and distribution of publications and the use of other public media.

### Church World Service

The Planned Parenthood Program of Church World Service—the overseas relief and rehabilitation agency for major U. S. Protestant and Orthodox denominations—assists Christian hospitals abroad in making family planning an integral part of health services. It also attempts to stimulate recognition by local Protestant groups of the need for family planning programs and to assist these groups in beginning programs.

Emphasis is on the encouragement of leadership training, development of motivational materials, conferences and seminars for leaders, and first-stage implementation of contraceptive pilot programs.

Church World Service is supporting cooperative family planning activity in 51 countries, and maintains contact with 1,000 Christian-supported hospitals in 81 countries, and with 600 doctors and overseas personnel. The value of literature and materials, including contraceptives, made available in 1968 was more than \$1.5 million. The largest CWS family planning program is carried on in India, where 450 church-related hospitals are cooperating.

## World Neighbors

Since 1952, World Neighbors has been engaged in self-help programs of community development in villages of Asia, Africa, and Latin America. Since 1964, family planning has been second only to food production in emphasis and funding. In fiscal 1968, \$152,665 was allocated to family planning. A wide variety of training programs and materials has been developed for use in project areas, particularly audiovisual "packages" used for training programs. The work is conducted mainly by local personnel.

## Lutheran World Relief

Although Lutheran World Relief has shipped family planning supplies to missionary hospitals for a number of years, it was not until September 1964 that a specific family planning project received support. At that time Lutheran World Relief began providing funds to Korea for a mobile medical unit as a pilot project in family planning. Then in 1967 funds were authorized for family planning in India. Help has also been given to support the family planning work of the Shuang Yang Christian Social Service Center in Taipei, Taiwan.

## Mennonite Central Committee

The Mennonite Central Committee has family planning activities in Indonesia, India, South Vietnam, South Korea, and to a more limited extent, in Haiti and Paraguay. In the Latin American countries family planning work is being done in conjunction with a broader medical program.

## CARE

CARE gives assistance to family planning in India, the United Arab Republic, Jordan, and Hong Kong.

CARE officially entered the field of

family planning in late 1965 when a policy was approved to render technical and educational aid to family planning programs overseas as part of its regular assistance activities. In countries where CARE maintains missions, help for family planning may be given if national policies and leadership attitudes permit

## Unitarian Universalist Service Committee, Inc.

The Unitarian Universalist Service Committee, a private nonsectarian voluntary social service agency, is currently developing family planning components in both its Jamaican and Biafran, Nigerian programs. In March 1966, a program was begun in Haiti, where there are now 36 staff members involved in family planning activities.

## Oxford Committee for Famine Relief (OXFAM)

OXFAM, a voluntary British relief organization, began giving financial assistance to family planning projects in 1965. A nonoperational group, OXFAM renders this assistance either through the International Planned Parenthood Federation, or individual country family planning associations.

Between February 1965 and April 1969, approximately \$351,226 in OXFAM assistance went to programs in Asia, Africa, and Latin America.

## Milbank Memorial Fund

The Milbank Memorial Fund's work in population began in the 1930's. In 1936, the Fund helped establish the Office of Population Research at Princeton University, to which it continues partial support. Since the mid-forties, Milbank Fund conferences have been increasingly devoted to demographic aspects in developing countries—particularly in Latin America. The "Milbank Memorial Fund Quarterly" is concerned with various aspects of population.

# Aid by Multilateral Agencies

## The United Nations and Specialized Agencies

During the past few years all major U. N. agencies have adopted resolutions giving them authority to undertake action programs in population and family planning. In 1969 several of these agencies reached the stage for developing and pursuing effective operational programs.

The first steps in this direction were taken with the projects being funded by the U. N. Fund for Population Activities, which was created in mid-1967 by Secretary-General U Thant to support an expanded U. N. program in population. Administration of the Population Fund was turned over in 1969 to the United Nations Development Program (UNDP), as the central technical assistance and development assistance agency of the U. N. system.

As of October 1969 approximately \$3.7 million had been contributed to the Fund, of which \$3 million has been provided by the United States. Other contributors have been Sweden, Denmark, Finland, Norway, the United Kingdom, Netherlands, Trinidad and Tobago, and Pakistan. In August 1969 the United Nations made an appeal to some 32 countries, including the United States, for additional contributions to the Fund to finance the expanding U. N. population program.

### Population Officers Assigned

So far about \$2.3 million of the Fund's resources has been spent or obligated for projects. These projects include the use of a \$500,000 contribution from the United States in fiscal 1968 earmarked for the funding of a field staff of 10 population officers for a period of 18-24 months. In March 1969 these officers began to help developing countries iden-

tify and prepare action projects for submission to the Population Fund and other external sources for financing. These new regional officers—specialists in demography, economics, sociology, statistics, and public administration—are stationed in Accra, Nairobi, Dakar, Beirut, Teheran, New Delhi, Djakarta, Bangkok, Santiago, and San Salvador.

In addition, plans have been made to use approximately \$1.3 million from the Fund for the expansion of population programs in several of the U. N. regional economic commissions, in Africa (ECA), Asia and the Far East (ECAFE) and Latin America (ECLA), and in the U. N. regional economic office at Beirut (UNESOB).

### Program Expansion in 1970

A further expansion of the U. N. population program is expected during the coming year, as the Population Fund begins to respond to action projects already requested by governments. Additional requests for funding are expected to be generated by developing countries, with the assistance of the population program officers now in the field. Within the U. N. family itself, several of its specialized agencies have developed plans to expand their activity in the population/family planning field.

The Food and Agriculture Organization (FAO) proposes to undertake, with assistance from the Fund, a program to extend, through its rural home economic extension activities, information and advice regarding family planning services, including a pilot project in East Africa for experimental and developmental purposes.

The U. N. Educational, Scientific, and Cultural Organization (UNESCO) has entered the population field with a number of small projects, and is now developing programs of studies regarding the

effects of population pressures on educational systems, and the communication of education and family planning knowledge. Proposals for funding these programs will be submitted to the Population Fund.

Undoubtedly the most significant development for the U. N. population program will be the beginning in the near future of a major family planning program by the World Health Organization (WHO), an organization expected to play a key role in carrying out an effective U. N. population/family planning effort. WHO has prepared a 3-year program to introduce family planning services as a component of maternal, maternal-child, and general health services in member countries and to train the necessary staff for these purposes. A large part of the funding for this program, estimated to cost approximately \$10 million for the first 3 years, is expected to come from the Population Fund.

In the area of demographic training and research, 12 fellowships in demography and in social economic aspects of family planning were funded at the Demographic Training and Research Center in Bombay. Expansion of the Center is currently under review. This is one of three such centers—the others are in Chile and the United Arab Republic—where basic training facilities are provided. The U. N. is also providing, from regular budgetary sources, for ad hoc training and inservice programs of the Cairo center to aid in the evaluation and assessment of basic demographic data and characteristics of the populations of a number of countries.

#### Advisory Missions

The Population Fund has also financed a number of U. N. population advisory missions to developing countries during 1969. At the request of the U.A.R. Government, a consultative mission on family planning spent 3 weeks in that country in early 1969 identifying assistance needs. The mission consisted of representatives from the U. N. Secretariat, UNESCO, WHO, and the U. N.

Children's Fund (UNICEF). Later in 1969, the Fund financed a joint U. N.-WHO mission to Algeria to advise on population policy in relation to national development and on maternal and child health including family planning. A U.N.-UNESCO family planning mission to Malaysia was also supported by the Fund in mid-1969.

A U. N. Mission, consisting of U.N., UNESCO, and Population Council experts, spent 3 months in India in early 1969 evaluating that Government's family planning program in relation to India's overall plans for economic and social development.

In June 1969 two meetings, held in Addis Ababa, were financed by the Population Fund: a seminar on the Application of Demographic Statistics and Studies in Development Planning, and the first preparatory committee meeting for the African Population Conference to be held in 1970.

## The World Bank

The World Bank has moved with increasing strength into the area of population and family planning in the year following Bank President Robert McNamara's pledge of commitment in 1968.

The Population Projects Department was set up late in 1968 to consider future World Bank financing of specific population control programs submitted to it by member countries. So far, nine countries have approached the Bank for assistance in this field, and World Bank missions have been sent out to five of these to examine the projects concerned.

Also in the past year, World Bank economists have stepped up research into the negative effects of steep population increases on development. Their findings have been summarized in several publications and made available to economic planners around the world.

Mr. McNamara chose in his first public address as President of the World Bank to emphasize the implications of the current population explosion and to publicly pledge the Bank to assist requesting

member governments in their population programs. In this speech, at the 1968 annual meeting of the Governors of the World Bank, he proposed three courses of action:

“First: to let the developing nations know the extent to which rapid population growth slows down their potential development, and that, in consequence, the optimum employment of the world’s scarce development funds requires attention to this problem.

“Second: to seek opportunities to

finance facilities required by our member countries to carry out family planning programs.

“Third: to join with others in programs of research to determine the most effective methods of family planning and of national administration of population control programs.”

Mr. McNamara elaborated his views on the population question in May 1969 in a major address at the University of Notre Dame, and again in September before the Bank's Board of Governors.

## The Development Assistance Committee (DAC)

The Development Assistance Committee (DAC)—principal policy-coordinating body in the Organization for Economic Cooperation and Development for economic assistance by the developed nations—set up in 1968 a Population Unit within the OECD Development Center. This followed official recognition by the OECD in April 1968 that population dynamics is an integral part of economic development.

Sparked by two of DAC’s 15 member nations, Sweden and the United States, the Population Unit was established to facilitate the coordination and exchange of information on population and family planning programs, policies, and needs.

The Unit organizes conferences and seminars, develops research on special problems posed by the DAC’s Secretary-General, by governments of member countries, or by other organizations. Since it began functioning in October 1968, it has held a conference of donor governments and private foundations in the population field as well as a conference of recipient countries.

Initial funding support for the Population Unit has come from Sweden and the United States, each of which gave \$109,000 in June 1968 for the first 18 months. At a later date, Norway earmarked \$15,000 to help support the Unit’s work through the end of calendar 1969.

# Assistance by Governments Other than U.S.

International concern with population growth in developing countries is reflected in increased contributions to population assistance programs by a number of developed countries. Most recently, Japan has initiated such a program, and West Germany and Canada are considering what steps they might take to help.

## Sweden

Sweden was the first Government to provide family planning assistance, and remains one of the most active. It began assistance in 1958 to Ceylon, and in 1961 to Pakistan—assistance that between fiscal years 1959-1962 totaled \$366,000. For 1969 alone, Swedish aid totaled \$6.2 million, and allocations for 1970 are about \$11 million.

Swedish aid is made available through the Swedish International Development Authority (SIDA) to Algeria, Ceylon, Costa Rica, El Salvador, Guatemala, India, Indonesia, Kenya, Malaysia, Mauritius, Pakistan, South Korea, Trinidad and Tobago, Tunisia, and Turkey. These countries have all received equipment and commodities including contraceptives. One of SIDA's primary objectives is to train nations to carry out family planning programs themselves, and Swedish technical personnel are working toward this end in Government programs in Ceylon, Kenya, Pakistan, and Tunisia. About half of Sweden's assistance goes to India and Pakistan.

Sweden collaborates with the International Planned Parenthood Federation to support training, information, and clinical and research activities in Chile, Colombia, Ghana, Hong Kong, Kenya, Liberia, Mexico, Nepal, Nigeria, the

United Arab Republic, and Tanzania. In fiscal 1969 SIDA allocated approximately \$600,000 to IPPF.

SIDA has also contributed to the United Nations population programs, through the U. N. Trust Fund for Population Activities, and to the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD), in which it played a principal role in the establishment of the Population Unit. Working with the U.N. Relief and Works Agency, a Swedish Health Center in the Gaza Strip has provided family planning assistance and training since 1966. The project follows the World Health Organization's policy to integrate family planning into maternal and child health programs. SIDA also makes grants for family planning conferences and seminars, and for research in reproductive biology.

## United Kingdom

Although assistance by the United Kingdom is given largely through IPPF, the U. K. Government began some bilateral family planning assistance in 1964. In August 1968 the Ministry of Overseas Development established the Population Bureau to implement family planning programs overseas. The Bureau's initial task is to establish professional cadres and services needed to assist overseas family planning.

The United Kingdom, which has supported family planning activities since 1964-65, allocated a total of \$237,000 for the purpose during the year ending March 1969. The greater portion was for multilateral aid given through IPPF and the United Nations. IPPF received \$121,000 and the U. N. Trust Fund for

Population Activities, \$96,000. Bilateral aid went to the Seychelles, India, Nepal, and Malta. Budget allocations for 1970 have been increased to \$384,000—\$144,000 to IPPF and the remainder as bilateral aid to Kenya, the Seychelles, and Trinidad and Tobago.

## **Denmark, Norway, Japan, The Netherlands**

Denmark began assistance in 1965 when funds were made available to IPPF for its International Family Planning Conference in Chile in 1967. Denmark has provided some bilateral assistance to India and the United Arab Republic, although the greater part of Danish assistance has been multilateral. In late 1968 Denmark made a 5-year grant to IPPF of \$645,000; the U. N. Trust Fund received \$100,000.

Norway, through the Norwegian Agency for International Development, has given direct assistance to projects in Singapore and Kenya. In 1969, \$200,000 was allocated the U. N. Trust Fund, and \$15,000 for OECD's Development Assistance Committee. Norway, which has helped support family planning efforts since 1964-65, intends to increase its population program assistance.

Japan has more recently entered into overseas family planning assistance programs. Aid is extended through the Government's Overseas Technical Cooperation Agency (OTCA), and the Japanese Organization for International Cooperation in Family Planning, a private organization founded in April 1968.

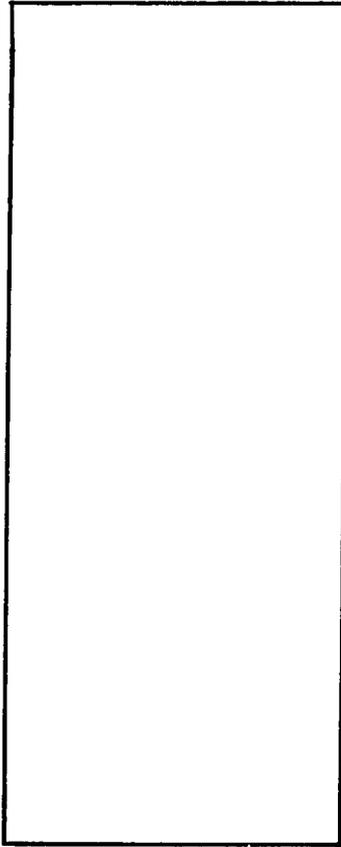
In 1967 OTCA organized an annual family planning training seminar primarily for representatives from Asian countries. The Japanese Organization for International Cooperation in Family Planning has so far provided a total of about \$60,000 to Indonesia, Taiwan, and Nepal. Japan expects to contribute \$100,000 to IPPF in 1969.

The Government of The Netherlands has contributed to the Development Assistance Committee and to the U. N. Trust Fund. In 1968, the Netherlands maintained two mobile family planning training and research teams in Kenya. More recently, it has begun a joint program with the Indonesian Government to establish a national training center in Indonesia that will include family planning training. In 1967 the Netherlands gave 12 travel grants to Latin American family planning leaders to attend the IPPF international conference in Chile.

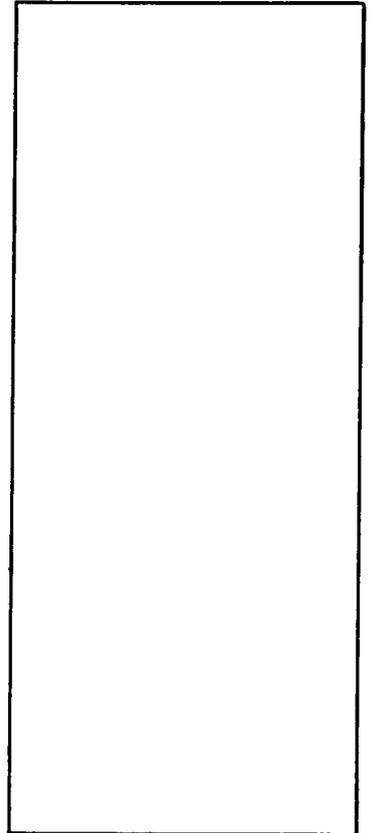
## **West Germany, and Canada**

During 1969, in the light of the increasing international interest in family planning, the West German Government considered how it could meet requests for assistance that might come from developing countries. No firm policy has been established. In midyear the Government held the view that its assistance should be given on a multilateral basis.

In Canada, following removal in mid-1969 of legislative prohibitions affecting family planning activities, the Government began consideration of population assistance in developing countries.



# latin america



# LATIN AMERICA

## (Regional)

The basic characteristic of population in Latin America is its speed of growth, says Carmen Miro, Director of the Latin American Demographic Center. Population, currently about 270 million, is increasing at a faster percentage rate than in any other region. Well before the year 2000, the present rate of increase would double the region's population.

Annual birth rates in Latin America now average slightly over 40 per thousand, while crude death rates average only about 12 per thousand. The result is an exceptionally rapid growth rate of almost 3 percent a year. In about six countries the growth rate approaches 3.5 percent a year. Since 1950, mortality levels in Latin America have dropped sharply in contrast to relatively constant and high birth rates.

As a result of rapid natural increase, Latin America has a very young population. About 42 percent of its people are less than 15 years old, as contrasted with about 30 percent in North America and about 25 percent in Europe.

Economic development is retarded by the region's high rate of population growth. Annual gains in per capita income, over 2 percent per year in the 1950-55 period, had fallen to 1.8 percent by 1969. Concerned about this situation, a number of Latin American nations have begun efforts to reduce the growth rate of their populations. Organized public or private family planning programs and/or related population studies are underway in all Latin American countries.

Although only a few Latin American countries have official population policies or programs, almost all extend some cooperation or assistance, directly or indirectly, to the family planning work

of various institutions and organizations. The need for family planning is frequently recognized in terms of maternal and child welfare—especially to prevent induced abortion. Several governments have established committees or departments in the population field. In countries where there is no Government involvement in family planning, private family planning associations are functioning. In some cases, these associations are permitted to use official health facilities.

In the absence of national family planning programs in many Latin American countries, voluntary organizations are a principal resource for family planning action. Family planning associations in 25 nations in Latin America and the Caribbean are receiving assistance from the International Planned Parenthood Federation.

Public interest in the population problem—and real concern—is increasing throughout Latin America. This fact is documented by a Cornell University survey between January and July 1967 of 3,000 Latin American newspaper articles dealing with economic and social development. More than 2,000 of these articles cited population or birth control as a key factor in development. Since then there has been significant growth in newspaper coverage related to population, both pro and con.

The number of seminars, workshops, and conferences concerned with population is also increasing. Two major conferences on population were held in 1967. In April 1967, IPFF held its Eighth International Conference in Santiago, Chile—the first of its kind in Latin America. In the following September, a regional conference to explore the im-

fact of population on economic development was held in Venezuela. This was sponsored by the Pan American Health Organization, the Organization of American States, the Population Council, and the Aspen Institute. The Population Reference Bureau, the U. N.-sponsored Latin American Demographic Center (CELADE), and the Panamerican Federation of Associations of Medical Schools have also sponsored and participated in seminar/conference projects.

#### A.I.D. Assistance

The population and family planning activities conducted in Latin America by international and regional organizations, and by Latin American educational institutions, have been strengthened through A.I.D. assistance to several of these organizations and institutions. They include the International Planned Parenthood Federation; the Population Council; the Latin American Demographic Center; the Latin American Center for Studies of Population; the Pan American Health Organization; and the Panamerican Federation of Associations of Medical Schools.

A.I.D. assistance has been given to two U.S. universities, the University of California and the University of Notre Dame, to undertake collaborative studies and to provide technical advisory services in Latin America.

A.I.D.'s Regional Office for Central America and Panama (ROCAP), in Guatemala, provides technical advisory services to regional and national organizations, and supports programs of the Organization of Central American States (ODECA). ROCAP also supports the regional training programs of the Salvadorean Demographic Association.

A.I.D. funding support for population and family planning activities in the Latin American region since 1965 is:

	1965	1966	1967	1968	1969
	(in \$ thousands - fiscal years)				
Country Missions	92	269	1,178	5,457	3,072
Regional	1,105	565	1,191	2,468	7,255
Total	1,197	834	2,369	7,925	10,327

#### Other Assistance

Ford Foundation assistance in Latin America has focused on population studies and research in reproductive biology. Ford grants to Latin American universities and institutions totaled \$5 million between 1962 and June 1969. Recipients of Ford assistance include institutions in Argentina, Brazil, Chile, Colombia, Jamaica, Mexico, and Peru.

The Rockefeller Foundation has actively supported several family planning programs in Latin America, particularly in Colombia and Chile. It is also funding demographic studies in Mexico and assisting the St. Lucia Planned Parenthood Association in establishing a clinic.

The Population Council has made large grants to various types of population programs in Latin America. Nineteen recipient countries received assistance for university research, demographic studies and training, and postpartum programs. In 1968, the Council provided support for several new programs: biomedical testing of the contraceptive megastrol-acetate in Brazil, Chile, and Colombia; activities of large maternal child health centers in Chile and the Dominican Republic; and a postpartum IUD insertion program in Chile.

The Council gave 22 fellowships in 1968—six more than the previous year. Grants for the translation, publication, and distribution of Spanish and Portuguese editions of English language books on population were also made.

On a regional basis in 1968, financial support was given by the Council to the Central American Assembly on Population held at the University of Costa Rica, and for the Pan American Conference held in Bogota in June, to encourage the inclusion of family planning in medical school curricula. The Seventh International Planning Conference in Lima, Peru, received Council support, as did the Regional Training Program in El Salvador.

The International Planned Parenthood Federation has been active in assisting in the formation of demographic/family planning associations in Latin

America and the Caribbean area. It has also sponsored numerous national, regional, and international training courses, conferences, and seminars. In 1969 IPPF supplied assistance to 22 family planning associations in Latin America and the Caribbean. An important factor in encouraging Latin American acceptance of family planning programs was the IPPF conference held in Chile in 1967. IPPF grant assistance to family planning associations in these countries in 1969 totaled \$2.5 million.

The Pathfinder Fund has helped leaders and groups in numerous countries to begin family planning activities, including the initial organization of private associations. Its help has included technical and financial assistance, contraceptive supplies and literature. Pioneering groups in almost all Latin American countries have received Pathfinder aid. The IUD programs in Nicaragua and Panama are included in the Pathfinder Fund's international IUD program.

In 1965 the Population Reference Bureau created a Latin American Department to carry out its program of developing public awareness concerning population trends and their implications. Bureau publications in Spanish and Portuguese are distributed from its regional office in Bogota, Colombia. In addition to encouraging dissemination of population information through the press and radio, the Bureau began in 1967 to produce audiovisual materials in Spanish.

The Bureau sponsors and participates in many conferences and symposia on population and related subjects. For example, it has organized three "Population Dialogues" for high level Latin American officials, for top officials in the various development organizations concerned with the region, and for Latin American newspaper editors. A fourth "dialogue" is planned for industrialists. Beginning in 1968, family planning seminars for labor unions have been held jointly with the Inter-American Regional Organization of Workers.

The National Institutes of Health have provided grants for biomedical re-

search in reproductive physiology in Argentina and Uruguay.

Church World Service is contributing to family planning programs in a number of Latin American countries and in the Caribbean area where a family consultancy service has been started for the Leeward Islands. Recently, Church World Service has begun family planning assistance to programs in Costa Rica.

World Neighbors contributes to family planning programs in Bolivia, Brazil, Colombia, Ecuador, Guatemala, Haiti, Paraguay, and Peru. It cooperates with local family planning associations, international organizations, and individuals engaged in family planning work.

The Mennonite Central Committee includes family planning in its medical program. The Committee is currently funding programs in Haiti and Paraguay.

The Oxford Committee for Famine Relief, through family planning associations, has provided financial assistance to several Caribbean countries.

During 1968-69 the Swedish International Development Authority (SIDA) began assistance in the form of IUD clinic



equipment and contraceptives to family planning programs in Trinidad and Tobago, Costa Rica, Guatemala, and El Salvador. This support has amounted to \$202,000. IPPF assistance funded by SIDA has also gone to voluntary associations in Chile, Colombia, and Mexico.

The Government of the Netherlands provided 12 travel grants in 1967 to the IPPF Conference in Chile for family planning representatives from Bolivia, Brazil, Ecuador, El Salvador, Honduras, the Netherlands Antilles, Panama, Paraguay, Peru, and Venezuela.

The Government of the United Kingdom has allocated funds in 1970 for family planning assistance in Trinidad and Tobago, as well as in Nicaragua.

#### United Nations and Regional Organizations

The U.N. Economic Commission for Latin America (ECLA) is responsible to the U.N. Economic and Social Council and receives some assistance from the U.N. Development Assistance Committee for population activities. ECLA, under an agreement with the Chilean Government,

organized the Latin American Demographic Center (CELADE) in Santiago, Chile, in 1957. The Center offers courses in demography and statistics, conducts demographic research, and makes technical and demographic assistance available to national governments.

A subregional center of CELADE was established in 1967 in San Jose, Costa Rica, to assist in demographic training and research in the Central American region. The subcenter also makes assistance available to other countries.

The Pan American Health Organization, the regional arm of the World Health Organization and a specialized agency of the Organization of American States, provides technical assistance related to population and family planning in Latin America.

The Latin American Center for Studies of Population and Family (CELAP) in Santiago, Chile, conducts studies of economic, religious, cultural, and social factors related to population growth. CELAP has assisted other organizations in undertaking similar studies such as the Ecuadorean Institute for Planning and Social Development, and the Central American Institute for Population and Family in Guatemala.

The Institute for Population and Family in Guatemala was established in 1967 by the Central American Institute for Economic and Social Development, to carry out studies of attitudes toward family responsibility and family planning.

The Panamerican Federation of Associations of Medical Schools is working to have population and family planning included in medical school curricula.



*Chilean women attend a family planning lecture in Santiago, where almost all hospitals and health centers have family planning services. Throughout Chile there are some 200 family planning centers. Photo: By Ted Spiegel, courtesy Rockefeller Foundation Quarterly.*

To accomplish this goal, the Population Studies Unit in the Association conducts demographic seminars and workshops that include family planning; carries on the introduction of family planning techniques in obstetrics/gynecology courses; and develops audiovisual materials for teaching family planning in medical schools.

The Organization of Central American States established the Office for Coordination of Health Programs in 1966 as the focal point for all regional health and population activities. The Office has compiled and published information on the effects of population growth on economic and social development.

## Argentina

### Demographic Information

<i>Population according to census of</i>	
<i>Sept. 30, 1960</i>	20,941,000*
<i>Estimated population, Jan. 1, 1969</i>	23,790,000
<i>Births per 1,000 population, 1968</i>	22
<i>Deaths per 1,000 population, 1968</i>	8
<i>Infant deaths per 1,000 live births, 1967</i>	58
<i>Rate of natural increase, percent, 1968</i>	1.4**
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	46
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1963</i>	10
<i>Median age of women registering births, 1963</i>	27
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total</i>	
<i>population, 1960</i>	74
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1960</i>	19
<i>Per capita gross national product, 1967</i>	\$649
<i>Literacy rate, percent</i>	91

\*Adjusted for estimated 4.4 percent underenumeration.

\*\*Estimated net immigration results in a growth rate of 1.5 percent.

### Population and Family Planning Activities

There are no legal regulations pertaining to the import, manufacture, distribution, advertisement or use of contraceptives in Argentina.

The Family Planning Association of

Argentina, formed in 1966, operates 26 family planning clinics, 12 of them in Buenos Aires. The Association has conducted roundtable discussions at the various family planning centers, and has sponsored provincial and regional family planning seminars.

The Association, with faculty members from the University of Buenos Aires and the School of Public Health, has begun a series of one-month concentrated courses that include demography, physiology of reproduction, the prevention of abortion, sex education, sterility, cancer detection, genetics, and contraception. Four of these courses are scheduled in calendar 1969. About nine doctors and three social workers or midwives attend each course.

Early in the year, the Rawson Municipal Hospital in Buenos Aires conducted a 1-week course in family planning techniques for graduate physicians.

The first Argentine Congress on Family Planning, Demography, and the Prevention of Abortion was held in Buenos Aires in August 1968.

### External Assistance

The International Planned Parenthood Federation during 1969 assisted various activities of the Family Planning Association.

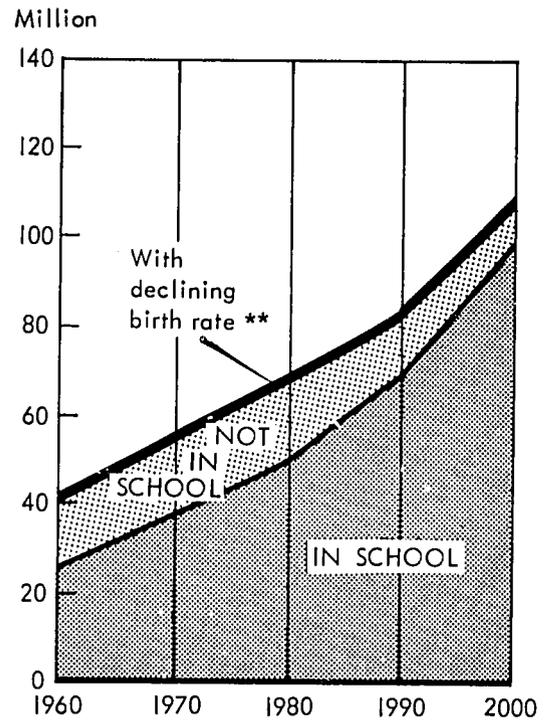
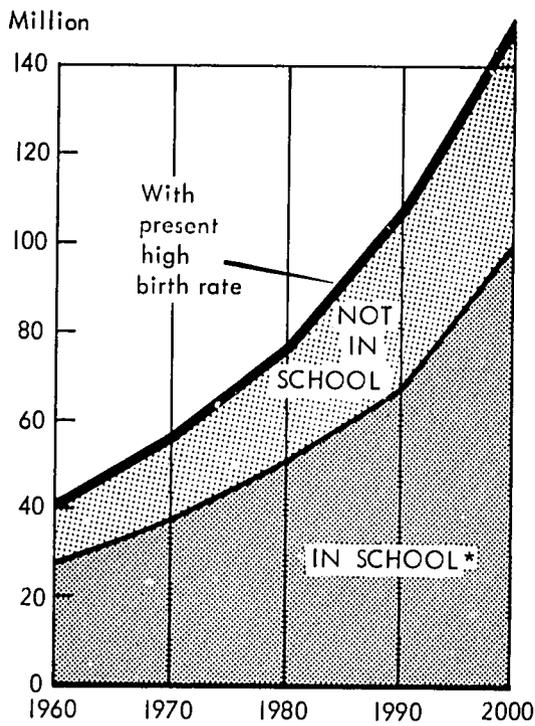
During 1965-69 the Ford Foundation made grants totaling \$863,000 to the University of El Salvador in Buenos Aires to carry out studies of the effects of anovulatory drugs, and for training and research in reproductive biology and demography.

By 1968 the Population Council had provided grants amounting to \$197,000 to laboratories and universities to support research on the physiology of reproduction. The Council has also supported demographic studies and given fellowship grants.

For 6 years the National Institutes of Health have provided grants for biomedical research related to reproduction at the Institute of Medical Research in Cordoba. The NIH grant for fiscal 1969 was in the amount of \$10,000.

# SCHOOL AGE POPULATION IN LATIN AMERICA

Ages 7 - 14 with Projection to Year 2000



\* Based on maintaining 1968 rate of school enrollment.

\*\* If declined each year after 1968, attaining cumulative decrease of 30 percent from present rate by 2000

AID/TA/Pop - 9769

## Bolivia

### Demographic Information

<i>Population according to census of Sept. 5, 1950</i>	3,019,000*
<i>Estimated population, Jan. 1, 1969</i>	4,516,000
<i>Births per 1,000 population, 1968</i>	44
<i>Deaths per 1,000 population, 1968</i>	20
<i>Infant deaths per 1,000 live births, 1966</i>	108
<i>Rate of natural increase, percent, 1968</i>	2.4
<i>Number of years to double population at present rate of natural increase</i>	29
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births, 1958</i>	28
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1950</i>	35
<i>Labor force in agriculture, percent of total labor force, 1967</i>	48
<i>Per capita gross national product, 1967</i>	\$164
<i>Literacy rate, percent</i>	32

\*Adjusted for estimated 8.4 percent underenumeration.

### Population and Family Planning Activities

The National Family Center (CENAFa) was established in late 1968 by presidential decree as an autonomous agency with membership from the Ministries of Health and Planning, university medical schools, and the Chamber of Commerce. The Center is the coordinating body for all efforts in the population/family planning field in Bolivia. It has proposed several projects designed to begin family planning services, and to combat abortion and cervical cancer.

Within the Ministry of Health, a Department of Family Protection has been established that will initiate maternal and child health services and concern itself with family planning.

The recently established Department of Preventive Medicine at the University of San Andres Medical School includes courses in practical training in community medicine, demography, and population/family planning. A field station serves as a natural laboratory for

carrying out demographic, statistical, epidemiological, and environmental sanitation studies.

The Center for Population Studies (CEP) has completed a study on "Socio-Cultural Factors Conditioning Fertility in Bolivia."

### External Assistance

A.I.D. assists CEP, CENAFa, and the university programs.

UNICEF has provided funds for a 5-year period for extension and rehabilitation of the health services and of the environmental sanitation activities of the Ministry of Health.

The Population Council has supported demographic studies in Bolivia. World Neighbors and Church World Service are supporting limited family planning activities.

The Government of the Netherlands financed travel of a family planning leader to the International Planned Parenthood Federation International Conference in Chile in 1967.

## Brazil

### Demographic Information

<i>Population according to census of Sept. 1, 1960</i>	70,270,000*
<i>Estimated population, Jan. 1, 1969</i>	89,500,000
<i>Births per 1,000 population, 1968</i>	41
<i>Deaths per 1,000 population, 1968</i>	9-11
<i>Infant deaths per 1,000 live births, 1968</i>	92
<i>Rate of natural increase, percent, 1968</i>	3.0-3.2
<i>Number of years to double population at present rate of natural increase</i>	22
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1960</i>	46
<i>Labor force in agriculture, percent of total labor force, 1960</i>	52
<i>Per capita gross national product, 1967</i>	\$347
<i>Literacy rate, percent</i>	61

\*Adjusted for double counting in the census and includes an estimated 150,000 jungle Indians.

## Population and Family Planning Activities

The Sociedade de Bemestar Familiar (BEMFAM), a private family planning group, was formed in 1965. It operates 41 clinics, 28 of them pilot clinics within universities; the remainder of the clinics are located throughout the country.

BEMFAM conducts clinical research and experimental programs in conjunction with university medical schools, and monthly training courses for medical and paramedical personnel, as well as other interested people, including clergymen and journalists. It has also sponsored two seminars for Government and church leaders, providing them with family planning information.

The University of Sao Paulo offers training in demography and conducts population research programs. The Universities of Rio de Janeiro and Bahia conduct research in reproductive biology.

### External Assistance

The International Planned Parenthood Federation primarily assists BEMFAM's clinical and training programs.

The Population Council has made grants totaling \$116,670 to various Brazilian institutions for research, including a study of male attitudes towards fertility and family size at the School of Politics and Sociology in Sao Paulo. The Council also has assisted the Laboratory of the Physiology of Reproduction at the National Faculty of the University of Rio de Janeiro where oral contraceptive tests are being conducted.

The Ford Foundation in 1966 made a 5-year grant of \$476,500 to the Federal University of Bahia, for basic and clinical research in reproductive physiology, research on the incidence of abortion, and demonstration family planning clinics.

The Foundation made a 2-year grant of \$122,000 in 1967 to the Federal University of Rio de Janeiro to conduct a research program on the effects of contraception at the BEMFAM family planning clinic at the University. In 1967, a 2-year grant of \$212,440 was given to BEMFAM to establish an experimental

program of "satellite" clinics.

World Neighbors works with BEMFAM in Sao Paulo to support the family planning program of Jardim das Oliveiras. Also in Sao Paulo, World Neighbors assists Servico de Orientacao de Familia by providing educational materials and visual aid equipment. In the states of Bahia and Maranhao, World Neighbors' public health work includes family planning.

In Sao Paulo, Church World Service helps to finance the Family Guidance Service, which provides marriage and family planning counseling by a well-trained group of social workers and doctors.

The Government of the Netherlands financed travel of a family planning leader to the IPPF International Conference held in Chile in 1967.

## Chile

### Demographic Information

<i>Population according to census of</i>	
<i>Nov. 29, 1960</i>	7,860,000*
<i>Estimated population, Jan. 1, 1969</i>	9,319,000
<i>Births per 1,000 population, 1968</i>	29
<i>Deaths per 1,000 population, 1968</i>	10
<i>Infant deaths per 1,000 live births, 1968</i>	100
<i>Rate of natural increase, percent, 1968</i>	1.9
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	37
<i>Percent of registered births, first-born, 1964</i>	23
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1964</i>	11
<i>Median age of women registering births, 1964</i>	27
<i>Median birth order of registered births, 1964</i>	3.1
<i>Urban population as a percent of</i>	
<i>total population, 1960</i>	68
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1960</i>	28
<i>Per capita gross national product, 1967</i>	\$599
<i>Literacy rate, percent</i>	84

\*Adjusted for estimated 5.4 percent underenumeration.

### Population and Family Planning Activities

The Association for the Protection of the Family cooperates with the National Health Service in conducting almost 200 family planning clinics through-



*In a postpartum program, Chilean mothers learn about family planning from a social worker.  
Photo: By Ted Spiegel...  
Courtesy Rockefeller Foundation*

out the country. In early 1969 family planning services existed in almost all Santiago hospitals and in numerous health centers.

Impetus to family planning work in Chile was given in 1962 when prominent medical specialists from the University of Chile and Catholic University organized themselves as the Chilean Association for the Protection of the Family in an effort to reduce the high rate of in-

duced abortion. 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 services.

Each year the Association for the Protection of the Family, in cooperation with the National University, conducts several training courses on the theory and practice of family planning for medical and paramedical personnel from Chile and various other Latin American countries.

Other training courses sponsored by the Association include annual training given to recent medical school graduates who will work throughout the country, a special training course for nurses and social workers from Paraguay, and a special course for top personnel in the Ecuadorean Army and Government Health Service. In addition, the Association conducts an active education and motivation program utilizing nationwide mass media as well as conferences and seminars.

The Latin American Demographic Center (CELADE) in Santiago, sponsored by the United Nations, provides demographic training. Courses are conducted by the Department of Public Health at the Medical Faculty for doctors concerned with family planning. The courses include lectures on health and population dynamics, the physiology of reproduction, and human fertility control. The Ministry of Education is conducting a teacher-training and family-living program.

The Association, the University of Chile, and other institutions are carrying out major IUD studies. One of these is a project, begun with Rockefeller Foundation assistance in 1967, to extend family planning services into rural areas. Included in the project, which is located in the Central Valley of Chile, south of Santiago, is a demonstration program on the feasibility and effectiveness of IUDs.

#### External Assistance

The Population Council has made grants amounting to \$534,000 to the Uni-

versity Austral de Chile; the Catholic University of Chile; the University of Chile, and to CELADE. The Council supports the University of Chile's postpartum program and evaluation of the program for prevention of abortion. Santiago's San Juan de Dios Hospital is a member institute in the Council's postpartum program.

The Rockefeller Foundation, through Harvard University, provided a grant of \$42,000 in 1964 toward the costs of a family planning study in Santiago. The study was carried out by Harvard's School of Public Health and the Department of Preventive Medicine at the University of Chile. In 1965 the Foundation provided a grant of \$34,000 to the same department at the University of Chile for population research and family planning programs; an additional \$200,000 was granted the University in 1969 to expand its family planning work. In 1966 a total of \$450,000 was provided to study the feasibility and effectiveness of an expanded family planning program outside Santiago, and for a postpartum family planning program. An additional \$25,000 was provided for this purpose through Harvard, in 1968.

A.I.D. has provided assistance for the programs of the Ministries of Health and Education.

IPPF has assisted the Association for the Protection of the Family from its beginning.

The Pathfinder Fund pays the salary of a nurse in an active family planning clinic, and has provided one travel grant, and has furnished contraceptives and literature to private clinics serving low-income patients. Under current consideration are projects for expanding family planning facilities in a rural clinic near Santiago (where young doctors and nurses receive training) and for furnishing audiovisual aids to several clinics and institutions that have been working in the field of sex education.

In 1964 the Ford Foundation made a 3-year grant for \$170,000 to the University of Chile for research and training in reproductive biology.

## Colombia

### Demographic Information

<i>Population according to census of July 15, 1964</i>	17,484,508
<i>Estimated population, Jan. 1, 1969</i>	20,135,000
<i>Births per 1,000 population, 1968</i>	43
<i>Deaths per 1,000 population, 1968</i>	11
<i>Infant deaths per 1,000 live births, 1966</i>	80
<i>Rate of natural increase, percent, 1968</i>	3.2
<i>Number of years to double population at present rate of natural increase</i>	22
<i>Percent of registered births, first-born, 1964</i>	27*
<i>Percent of registered births born to women less than 20 years old, 1964</i>	9*
<i>Median age of women registering births, 1964</i>	27*
<i>Median birth order of registered births, 1964</i>	3.1*
<i>Urban population as a percent of total population, 1964</i>	53
<i>Labor force in agriculture, percent of total labor force, 1964</i>	47
<i>Per capita gross national product, 1967</i>	\$288
<i>Literacy rate, percent</i>	73

\*Underregistered.

### Population and Family Planning Activities

Family planning activities in Colombia are carried out through two major organizations: the Association of Medical Faculties; and the Asociacion Pro-Bienestar de la Familia Colombiana (PROFAMILIA). In addition, the Ministry of Health has initiated a broad program in maternal and child health in existing public health clinics, primarily in rural areas.

The Population Division of the Association of Medical Faculties, organized in 1964, plans and coordinates the training of doctors, nurses, and non-professional family planning workers. Under its auspices, there is a Population Department, including a family planning clinic, within the medical faculties of eight universities. All newly graduated doctors practice for 2 years in health services including family planning in rural health centers. The Population Departments of the universities evaluate this work.

At the University of Valle, which has

received large Rockefeller grants for research in reproductive physiology, the family planning program is part of a university-wide Population Studies Center. The Center, in addition to its research, is responsible for training doctors involved in the national family program. It is experimenting with ways to provide family planning services to rural populations through comprehensive community health services in outlying clinics such as the Candelaria Community Health Project.

PROFAMILIA, formed in 1966, provides family planning services at 20 private clinics, particularly in urban areas. It conducts a postpartum program in social security hospitals, and operates an education and information program, which includes a pilot project of radio spot announcements begun in 1969.

#### External Assistance

The Rockefeller Foundation has given two grants in 1965 and 1967, amounting to \$19,700, to the University of the Andes for organizational and administrative costs of the Colombian Association for the Scientific Study of Population. The Foundation has given \$291,725 in grants since 1964, the most recent in 1968, to the University of Valle for research in reproductive physiology, and for the support of population studies and action programs; in 1969 a small grant was made to enable a University professor to study research methods at the New York laboratories of the Population Council.

In 1968 through mid-1969, the Population Council made grants totaling \$867,755 to various institutions and organizations in Colombia. The Colombian Associations of Medical Schools received 8 of these grants amounting to \$574,793. Of this total \$181,741 was made for a postpartum program involving 18 universities or university-affiliated hospitals. It is expected that the program will eventually involve 30 hospitals in Colombia. Another \$208,214 was made for support of the Associations' Division of Popula-

tion Studies. Sums were allocated to cover operating costs of the Division's central and regional offices involved in setting up training courses, followup studies, and other population-related research. The balance of the Associations' grant money was allocated for such projects as improvement of administration, support of a Council residential advisor, publication of population materials in Spanish, and studies of urban population.

Other grants totaling \$292,962 have been made to various institutions such as the University of the Andes to establish a demographic training and research program; the University of Valle to support studies on the effects and results of microdose progestin contraception; and to the Panamerican Federation of Associations of Medical Schools to expand its conference program in the teaching of demography and family planning in medical schools.

The Ford Foundation made a 3-year grant in 1965 for \$330,000 and a 2-year grant in 1967 for \$290,000 to the Colombian Associations of Medical Faculties for a division of population studies, fellowships, seminars, and for research in social demography and family planning.

IPPF assists PROFAMILIA. Supporting grants were made in 1969.

The Pan American Health Organization provides technical and financial assistance for clinical services in small towns and rural areas.

World Neighbors, working with PROFAMILIA, supports the total costs of the San Jose Clinic and half the costs of the new clinic.

Church World Service is supporting a limited family planning program. Pathfinder Fund continues to supply family planning literature and contraceptives to selected recipients.

The Population Reference Bureau's regional office is in Bogota. All of the Bureau's Spanish and Portuguese publications are printed and distributed from there.

Various U.S. universities, such as Cornell and the University of Chicago, are aiding the Associations of Medical Faculties in its research program.

## Costa Rica

### Demographic Information

<i>Population according to census of</i>	
<i>April 1, 1963</i>	1,379,900*
<i>Estimated population, Jan. 1, 1969</i>	1,677,000
<i>Births per 1,000 population, 1968</i>	41
<i>Deaths per 1,000 population, 1968</i>	7
<i>Infant deaths per 1,000 live births, 1966</i>	70
<i>Rate of natural increase, percent, 1968</i>	3.4
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	21
<i>Percent of registered births, first-born, 1964</i>	16
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1964</i>	13
<i>Median age of women registering births, 1964</i>	27
<i>Median birth order of registered births, 1964</i>	4.1
<i>Urban population as a percent of total</i>	
<i>population, 1963</i>	35
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1963</i>	49
<i>Per capita gross national product, 1967</i>	\$421
<i>Literacy rate, percent</i>	84

\*Adjusted for estimated 3.2 percent underenumeration.

### Population and Family Planning Activities

The Population Office, set up in the Ministry of Health in April 1967, coordinates the efforts of the various departments of the Ministry involved in population and family planning. These are the Department of Health Education; the Department of Health Units; the Department of Maternal and Infant Care; the Department of Mobile Units; and the Office of Supervision of Nursing.

A comprehensive study and work plan was prepared by the Population Office in November 1967 outlining the objectives and targets of a national population program. Beginning in January 1968, family planning was included in the national maternal and child health program. Of the target 100 family planning clinics, 42 were operational in 1968.

The Costa Rica Demographic Association (CRDA) was established in 1966 and became an affiliate of the International Planned Parenthood Federation in

1967. The Association carries on informational and motivational activities at all educational levels, utilizing conferences, seminars, publications on family planning and related subjects, radio, television, and the press. The Association also provides technical and material support for family planning services within Government health centers.

The Association supports a sizable family planning clinic—the busiest in Costa Rica—located within the Clinica Biblica in San Jose.

The Center for Social and Population Studies (CESPO) of the University of Costa Rica coordinates studies, analyses, and research on social and population problems, and provides training for all personnel concerned with the family planning program. It works closely with the U.N.-sponsored Latin American Demographic Center (CELADE).

### External Assistance

A.I.D. provides assistance to the program. CELADE headquarters in Chile, an A.I.D. grantee, supports the CELADE subcenter in Costa Rica.

IPPF rendered grant support to the Demographic Association in 1969. The Population Council and Ford Foundation have provided fellowships and have assisted the Association and the Population Office with family planning programs.

The Ford Foundation made a 2-year grant of \$136,000 in 1968 to the University of Costa Rica for family planning training and demography.

Church World Service is working with the Demographic Association to organize support for the Family Orientation Center in San Jose, which was set up in 1968. This Center will assist the local family planning effort and will, it is hoped, serve as a model for the rest of Latin America.

During the next 3 years, the Center plans to give premarital courses, radio and television counseling, and sex education training programs for high school and grade school teachers. The teacher training programs will be held in conjunction with the University of Costa

Rica. The annual budget for the Center is \$96,000.

Church World Service is also assisting a family planning program being integrated in the Good Will Caravans mobile medical program. Family planning education and contraceptives will be provided in the program, which reaches approximately 20,000 people annually.

The Swedish International Development Authority provides contraceptives and supplies for 10 family planning clinics. SIDA assistance amounted to \$48,000 during 1968-69.

The Pathfinder Fund provides educational literature and contraceptives.

## Dominican Republic

### Demographic Information

<i>Population according to census of</i>	
<i>August 7, 1960</i>	3,047,070
<i>Estimated population, Jan. 1, 1969</i>	4,030,000
<i>Births per 1,000 population, 1968</i>	49
<i>Deaths per 1,000 population, 1968</i>	15
<i>Infant deaths per 1,000 live births, 1967</i>	80
<i>Rate of natural increase, percent, 1968</i>	3.4
<i>Number of years to double population at present rate of natural increase</i>	20
<i>Percent of registered births, first-born, 1962</i>	23*
<i>Percent of registered births born to women less than 20 years old, 1962</i>	11*
<i>Median age of women registering births, 1962</i>	28*
<i>Median birth order of registered births, 1962</i>	3.2*
<i>Urban population as a percent of total population, 1968</i>	33
<i>Labor force in agriculture, percent of total labor force, 1960</i>	61
<i>Per capita gross national product, 1967</i>	\$275
<i>Literacy rate, percent</i>	65

\*Underregistered.

### Population and Family Planning Activities

In 1968, the Dominican Republic established a National Council on Population and Family Planning, responsible for determining national population and family planning policies. The Secretary of Health in 1967 had made family planning services an integral part of the maternal and infant care program.

The Association for Family Welfare, established in 1966, concentrates on training and education as well as providing some clinical services. It cooperates with the National Council on Population by offering several training courses each year for medical, paramedical, and administrative personnel for Government and private clinics.

### External Assistance

A.I.D. is providing advisory services for the 1970 census.

International Planned Parenthood Federation provided assistance grants to the Association in 1969.

The Population Council provided travel grants and supported the development of the National Council on Population's maternal and child health program.

Pathfinder Fund supplies family planning literature and contraceptives to selected recipients. Church World Service supports a limited family planning program, and Peace Corps volunteers are assisting with family planning.

## Ecuador

### Demographic Information

<i>Population according to census of</i>	
<i>Nov. 25, 1962</i>	4,649,648*
<i>Estimated population, Jan. 1, 1969</i>	5,790,000
<i>Births per 1,000 population, 1968</i>	45
<i>Deaths per 1,000 population, 1968</i>	11
<i>Infant deaths per 1,000 live births, 1966</i>	90
<i>Rate of natural increase, percent, 1968</i>	3.4
<i>Number of years to double population at present rate of natural increase</i>	26
<i>Percent of registered births, first-born, 1964</i>	21**
<i>Percent of registered births born to women less than 20 years old, 1964</i>	11**
<i>Median age of women registering births, 1964</i>	27**
<i>Median birth order of registered births, 1964</i>	3.4**
<i>Urban population as a percent of total population, 1962</i>	36
<i>Labor force in agriculture, percent of total labor force, 1962</i>	56
<i>Per capita gross national product, 1967</i>	\$245
<i>Literacy rate, percent</i>	68

\*Adjusted for areas omitted from the census.

\*\*Underregistered.

## Population and Family Planning Activities

The Ministry of Health has organized a Department of Rural Health-Population to extend clinical family planning services within 2 years to 79 existing Government health centers and to 54 new rural centers.

Twenty-eight public health clinics currently offer family planning services.

The Ecuadorean Association of Medical Faculties has assisted the three Government schools of medicine (Quito, Guayaquil, and Cuenca) in developing Population Study Centers to carry out studies in demography and family planning, and to introduce these subjects into the medical schools' curricula.

The Ecuadorean Family Planning Association was formed in 1965, and became an International Planned Parenthood Federation affiliate in 1967. The Association operates five clinics and has provided family planning training to physicians as well as Ministry of Health personnel.

The Association of Women Doctors has established a clinical and educational program. An agreement has been concluded with the Ecuadorean Army by which this Association will give family planning education to the soldiers and their wives.

The Ecuadorean Institute of Planning for Social Development (INEDES) studies and analyzes the effects of population growth on socio-economic development.

## External Assistance

A.I.D. has supported the Ministry of Health and the universities' population study program.

IPPF provided assistance funds to the Ecuadorean Family Planning Association during 1969.

The Population Council has supported population studies including publication of a study on the population of Quito.

The Pathfinder Fund finances the work of an auxiliary nurse in a family planning clinic, and is donating contraceptives and literature to a number of

clinics. World Neighbors supports the work of a doctor engaged in family planning education.

The Government of the Netherlands financed travel of a family planning leader to the IPPF International Conference on family planning held in Chile in 1967.

The Latin American Center for Studies of Population and Family assisted in establishing INEDES.

## El Salvador

### Demographic Information

<i>Population according to census of</i>	
<i>May 2, 1961</i>	2,510,984
<i>Estimated population, Jan. 1, 1969</i>	3,220,000
<i>Births per 1,000 population, 1968</i>	47
<i>Deaths per 1,000 population, 1968</i>	13
<i>Infant deaths per 1,000 live births, 1967</i>	63
<i>Rate of natural increase, percent, 1968</i>	3.4*
<i>Number of years to double population at present rate of natural increase</i>	21
<i>Percent of registered births, first-born, 1963</i>	20
<i>Percent of registered births born to women less than 20 years old, 1963</i>	15
<i>Median age of women registering births, 1963</i>	26
<i>Median birth order of registered births, 1963</i>	3.4
<i>Urban population as a percent of total population, 1968</i>	39
<i>Labor force in agriculture, percent of total labor force, 1965</i>	59
<i>Per capita gross national product, 1967</i>	\$287
<i>Literacy rate, percent</i>	49

\*Estimated net outmigration results in a growth rate of 3.3 percent.

### Population and Family Planning Activities

In April 1968, the Ministry of Public Health integrated family planning services with the maternal and child health program. Counseling, information, and medical services are available to women who request them at 50 health centers.

The Maternity Hospital in San Salvador offers family planning information and services. The Salvadorean Institute of Social Security has included family planning in its health services.

The Salvadorean Demographic Association, founded in 1962, assists the

Government by manning 30 clinics in maternal child health centers and providing contraceptive supplies. In addition to the Government clinics, there are 32 private clinics in the country, 13 of which were opened in 1968.

The Association also carries out an active education program. Its Regional Training Center, with technical assistance from the University of El Salvador's School of Medicine, offers a 1-week course every month on population dynamics, physiology of reproduction, and family planning. The course, given originally for medical and paramedical personnel, has been extended to include family planning leaders and auxiliary health personnel, as well as participants from other Latin countries.

#### External Assistance

A.I.D. provides assistance to the national program. A.I.D.'s Regional Office for Central America and Panama (ROCAP) supports the regional training course conducted by the Association.

International Planned Parenthood Federation in 1969 helped fund the work of the Association, an IPPF member.

In 1964-65 the Population Council supported a study in the metropolitan area of San Salvador of the economic and social conditions of families, including attitudes of women toward family planning. The Council has provided fellowships and assistance to the regional training faculty and given technical assistance to the Association's regional training program.

The Swedish International Development Authority has provided IUD equipment for six clinics, and has sent contraceptive supplies. SIDA assistance amounted to a total of \$48,000 during 1968-69.

The Pathfinder Fund is supplying contraceptives and family planning literature to a number of clinics.

The Government of the Netherlands financed travel of a family planning leader to an IPPF International Conference that was held in Chile in 1967.

## Guatemala

### Demographic Information

<i>Population according to census of April 18, 1964</i>	4,443,000*
<i>Estimated population, Jan. 1, 1969</i>	5,130,000
<i>Births per 1,000 population, 1968</i>	45
<i>Deaths per 1,000 population, 1968</i>	16-17
<i>Infant deaths per 1,000 live births, 1960-65</i>	92
<i>Rate of natural increase, percent, 1968</i>	2.8-2.9
<i>Number of years to double population at present rate of natural increase</i>	25
<i>Percent of registered births, first-born, 1963</i>	20
<i>Percent of registered births born to women less than 20 years old, 1963</i>	17
<i>Median age of women registering births, 1963</i>	26
<i>Median birth order of registered births, 1963</i>	3.2
<i>Urban population as a percent of total population, 1964</i>	34
<i>Labor force in agriculture, percent of total labor force, 1964</i>	65
<i>Per capita gross national product, 1967</i>	\$291
<i>Literacy rate, percent</i>	38

\*Enumerated population adjusted for estimated 3.7 percent underenumeration.

### Population and Family Planning Activities

In 1962 the Asociacion Pro-Bienestar de la Familia de Guatemala was organized, but it was not until 1965 that its first clinic opened. The Association, supported by and affiliated with the International Planned Parenthood Federation, supervises family planning services in 46 family planning centers. Thirty-nine of these centers are in Government clinics, three in private clinics, and four in Central Family Planning Centers of the Association. These clinics offer contraceptive methods and family planning education. The Association holds training sessions for medical and paramedical personnel, which concentrate on contraceptive methods and the prevention of induced abortion.

The Guatemalan Medical Society sponsored a seminar on family planning in 1968. The Central American Institute for Family and Population, located in Guatemala, has completed a study of

Guatemalan knowledge, attitudes, and practices and has published three studies.

### External Assistance

IPPF has provided grants in support of the Association's program.

Pathfinder Fund is helping the family planning component of the Guatemala Rural Reconstruction Movement with salary aid and commodity support. It has also provided funds for a local university doctor to observe sex education programs in the United States. It continues to provide contraceptives.

The Swedish International Development Authority has equipped 10 IUD clinics. SIDA assistance amounted to \$48,000 during 1968-69.

World Neighbors includes family planning activities in its overall community development and food production program in Chimaltenango. Church World Service has a limited family planning program.

A.I.D. provides assistance for the family planning program activities.

## Haiti

### Demographic Information

<i>Population according to census of July 8, 1950</i>	3,354,000*
<i>Estimated population, Jan. 1, 1969</i>	5,077,000
<i>Births per 1,000 population, 1968</i>	44
<i>Deaths per 1,000 population, 1968</i>	20
<i>Infant deaths per 1,000 live births, 1968</i>	130
<i>Rate of natural increase, percent, 1968</i>	2.4
<i>Number of years to double population at present rate of natural increase</i>	29
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1950</i>	12
<i>Labor force in agriculture, percent of total labor force, 1950</i>	83
<i>Per capita gross national product, 1967</i>	\$65
<i>Literacy rate, percent</i>	11

\*Enumerated population adjusted for estimated 8.3 percent underenumeration.

### Population and Family Planning Activities

The Government has announced that family planning will be included in Government health services but implementation of the announcement had not occurred by mid-1969. The President requested technical assistance in family planning and other health problems from the Pan American Health Organization in 1968.

A small family planning association formed in 1962 ceased functioning in 1964, but it was reestablished in 1968. Family planning services are offered by some religious institutions and private physicians.

The Institut des Hautes Etudes Commerciales et Economiques offers a training course in demography.

### External Assistance

In addition to donating contraceptives and literature, the Pathfinder Fund has financed the expenses of a medical student in evaluating the success of an IUD program at a hospital in rural Haiti. A family planning service program supported by the Fund will be expanded during 1969-70.

Church World Service formed a family planning committee in 1965 through which contraceptive supplies and printed materials are distributed to hospitals and clinics. CWS supports a twice-weekly IUD clinic in Port-au-Prince, and an educational program.

The Unitarian Universalist Service Committee family planning program is divided into two parts, both under the direction of the same public health doctor. The urban program in Port-au-Prince provides family planning services for low-income women living in a 14-block area, and for postnatal patients who have been delivered at the General Hospital. The rural program in Fond-Parisien is directed at all women of child-bearing age.

World Neighbors and the Mennonite Central Committee are providing family planning education programs at Grande Riviere du Nord and in Port-au-Prince. The Mennonite Central Committee in-

cludes family planning assistance in its expanding public health programs.

The Population Council has provided fellowships for studies of family planning.

## Honduras

### Demographic Information

<i>Population according to census of April 17, 1961</i>	1,985,000*
<i>Estimated population, Jan. 1, 1969</i>	2,576,000
<i>Births per 1,000 population, 1968</i>	51
<i>Deaths per 1,000 population, 1968</i>	17
<i>Infant deaths per 1,000 live births, 1960-65</i>	86
<i>Rate of natural increase, percent, 1968</i>	3.4**
<i>Number of years to double population at present rate of natural increase</i>	20
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1965</i>	16***
<i>Median age of women registering births, 1963</i>	26***
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1961</i>	23
<i>Labor force in agriculture, percent of total labor force, 1961</i>	67
<i>Per capita gross national product, 1967</i>	\$236
<i>Literacy rate, percent</i>	45

\*Enumerated population adjusted for estimated 5.3 percent underenumeration.

\*\*Estimated net immigration results in a 3.5 percent growth rate.

\*\*\*Underregistered.

### Population and Family Planning Activities

The Government has supported a national family planning program since January 1966. The Ministry of Public Health, through the maternal and child health program and mobile rural health program, maintains 60 family planning clinics; 15 are located in health centers and hospitals, and 45 in clinics of the mobile rural health program.

In May 1968 the Government sponsored the first Regional Seminar on Population and Labor in cooperation with the International Labor Regional Organization and the Population Reference Bureau. Seventeen labor leaders attended.

The Asociacion Hondurena de Planificacion de Familia was organized in

April 1963. From inception, the Association received Government support in that it was allowed tax-free importation of materials needed for its clinic, and was allowed to use the facilities of the San Felipe Hospital. The Association now has a clinic in Tegucigalpa and two smaller clinics in San Pedro Sula and La Ceiba.

### External Assistance

IPPF assisted the Association through funding aid in 1969.

A.I.D. provides supplementary support to the Government program.

The Population Council has supplied technical and material assistance for the family planning programs as well as travel and study awards. The Pathfinder Fund and Church World Service have given literature and contraceptives.

The Government of the Netherlands financed travel of a family planning leader to the IPPF International Conference in Santiago, Chile, in 1967.

## Jamaica

### Demographic Information

<i>Population according to census of April 7, 1960</i>	1,624,400*
<i>Estimated population, Jan. 1, 1969</i>	1,930,000
<i>Births per 1,000 population, 1968</i>	36
<i>Deaths per 1,000 population, 1968</i>	7
<i>Infant deaths per 1,000 live births, 1966</i>	35
<i>Rate of natural increase, percent, 1968</i>	2.9**
<i>Number of years to double population at present rate of natural increase</i>	24
<i>Percent of registered births, first-born, 1957</i>	22
<i>Percent of registered births born to women less than 20 years old, 1957</i>	17
<i>Median age of women registering births, 1957</i>	26
<i>Median birth order of registered births, 1957</i>	2.9
<i>Urban population as a percent of total population, 1960</i>	23
<i>Labor force in agriculture, percent of total labor force, 1960</i>	36
<i>Per capita gross national product, 1967</i>	\$530
<i>Literacy rate, percent</i>	82

\*Enumerated population adjusted for estimated 1 percent underenumeration.

\*\*Estimated net outmigration results in a current growth rate of 1.9 percent.

## Population and Family Planning Activities

Family planning was incorporated in the public health service of Jamaica in 1966, when the Government began a national family planning education program. There are now 122 Government family planning centers throughout Jamaica.

The Family Planning Association, an International Planned Parenthood Federation affiliate, works in cooperation with the Government's National Family Planning Board. There are two Association pilot clinics where training, educational and motivational work is done in addition to clinical service. The Association concentrates on family planning education, contacting trade unions, religious groups, community leaders, and the unregistered midwives. It is estimated that these midwives deliver more than half the babies born in Jamaica.

In 1968 the Association began an "encouragement visitor" program. Home visits by 121 of these visitors throughout the island have increased attendance at family planning clinics.

### External Assistance

During 1969, the IPPF provided funding assistance to the Association.

A.I.D. assists the official family planning program and a cancer detection campaign. Participant training is provided in statistics, cytology, and family planning. An educational program in family planning was extended with Government approval in 1965 through a contract with the Family Planning Association. An A.I.D. contract, with Government approval, was awarded to St. Joseph's Hospital to provide support for a family counseling center.

The Pathfinder Fund has donated contraceptives and literature on a limited scale.

The Unitarian Universalist Service is beginning to develop family planning activities in its Jamaican programs.

In 1965 the Rockefeller Foundation provided IPPF with a grant to produce a documentary film on birth control for the Family Planning Association.

## Mexico

### Demographic Information

<i>Population according to census of June 8, 1960</i>	35,971,000*
<i>Estimated population, Jan. 1, 1969</i>	48,061,000
<i>Births per 1,000 population, 1968</i>	43
<i>Deaths per 1,000 population, 1968</i>	9
<i>Infant deaths per 1,000 live births, 1966</i>	63
<i>Rate of natural increase, percent, 1968</i>	3.4
<i>Number of years to double population at present rate of natural increase</i>	20
<i>Percent of registered births, first-born, 1963</i>	20
<i>Percent of registered births born to women less than 20 years old, 1963</i>	11
<i>Median age of women registering births, 1963</i>	27
<i>Median birth order of registered births, 1963</i>	3.4
<i>Urban population as a percent of total population, 1964</i>	53
<i>Labor force in agriculture, percent of total labor force, 1967</i>	50
<i>Per capita gross national product, 1967</i>	\$528
<i>Literacy rate, percent</i>	78

\*Enumerated population adjusted for estimated 3 percent underenumeration.

### Population and Family Planning Activities

The Foundation for Population Studies, which was established in 1965 and is an affiliate of the International Planned Parenthood Federation, operates 27 family planning clinics. The Foundation conducts an education program which includes courses on sex education and family planning. The courses are conducted at the clinics.

The Government has allowed the Foundation for Population Studies to use some public health facilities for family planning.

The Foundation has a training program for physicians, which was expanded in 1968 to include a larger number of doctors, nurses and social workers. Training is also conducted in cooperation with the Center of Investigations of the Physiology of Reproduction.

In 1968, the Foundation signed an agreement with 20 medical schools to

provide technical assistance to the universities so that demography and contraception could be included in their curricula. These schools will also establish pilot family planning clinics where students, medical, and paramedical personnel can learn modern family planning methods.

The Association for Maternal Health, a private nonprofit organization, primarily conducts clinical research and training in population and family planning; it also provides various kinds of family planning services.

### External Assistance

In 1969, IPPF assisted the Foundation for Population Studies.

The Rockefeller Foundation has provided grants of \$210,000 to the Center for Economic and Demographic Studies at the Colegio de Mexico for a demographic research program. Colorado University received a grant of \$9,000 for research on the relationship between population growth and economic development in Mexico.

The Ford Foundation has provided three grants amounting to \$324,125 to the Colegio de Mexico in 1963, 1966, and 1967, for the establishment of a center for economic and demographic studies. The Hospital of Nutritional Diseases of the Mexican National Institute of Nutrition received a Foundation grant for clinical research and testing of various contraceptives and initial support for a family planning clinic. In 1966, the Foundation made a 3-year grant of \$200,000 to the Hospital de la Mujer in Mexico City for teaching and research in reproductive biology and for a family planning demonstration program. Two grants totaling \$255,000 were made in 1966 and 1968 to the Mexican Institute for Social Studies for a study of Catholic attitudes towards family planning.

The Population Council has granted \$45,000 to the American-British Cowdray Hospital in Mexico City for a postpartum program. The Council has also supported a postpartum program

(\$50,000 in 1965-66) at the Hospital de la Mujer. In 1967, it financed rural fertility surveys coordinated by the Latin American Demographic Center.

Church World Service supports family planning activity in Mexico.

## Nicaragua

### Demographic Information

<i>Population according to census of April 25, 1963</i>	1,535,588
<i>Estimated population, Jan. 1, 1969</i>	1,830,000
<i>Births per 1,000 population, 1968</i>	46
<i>Deaths per 1,000 population, 1968</i>	14
<i>Infant deaths per 1,000 live births, 1960-65</i>	103
<i>Rate of natural increase, percent, 1968</i>	3.2
<i>Number of years to double population at present rate of natural increase</i>	21
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1963</i>	15*
<i>Median age of women registering births, 1963</i>	26*
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1963</i>	41
<i>Labor force in agriculture, percent of total labor force, 1963</i>	60
<i>Per capita gross national product, 1967</i>	\$367
<i>Literacy rate, percent</i>	55

\*Underregistered.

### Population and Family Planning Activities

In September 1967, the Ministry of Public Health in Nicaragua established an Office of Family Welfare in the Maternal and Child Health Program to coordinate the Ministry's family planning services. The Ministry of Health has also established a Family Planning Orientation and Training Center to provide family planning information and training to professional and lay groups.

The National Social Security Institute (INSS) carried out a survey on induced abortions, with technical assistance from the Latin American Demographic Center's subcenter in Costa Rica. As a result of the study, the Institute established family planning services in the clinics it operates.

There are 26 national health centers.

Private organizations operate four family planning clinics.

#### External Assistance

A.I.D. supports the programs of the Ministry of Health and the INSS.

The Pathfinder Fund assists programs in eight family planning clinics and supports IUD research.

The Government of the United Kingdom has included family planning overseas training for Nicaraguan doctors in its 1970 budget.

## Panama

### Demographic Information

<i>Population according to census of</i>	
<i>Dec. 11, 1960</i>	1,075,541
<i>Estimated population, Jan. 1, 1969</i>	1,396,000
<i>Births per 1,000 population, 1968</i>	39
<i>Deaths per 1,000 population, 1968</i>	7
<i>Infant deaths per 1,000 live births, 1967</i>	5.1
<i>Rate of natural increase, percent, 1968</i>	3.2
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	21
<i>Percent of registered births, first-born, 1963</i>	20
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1964</i>	18
<i>Median age of women registering births, 1964</i>	25
<i>Median birth order of registered births, 1963</i>	3.3
<i>Urban population as a percent of total</i>	
<i>population, 1968</i>	46
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1960</i>	46
<i>Per capita gross national product, 1967</i>	\$582
<i>Literacy rate, percent</i>	78

### Population and Family Planning Activities

In June 1967, the Ministry of Public Health of Panama agreed to cooperate with the Panamanian Family Planning Association in a "Health and Population Project" to provide contraceptive services in Government hospitals and health centers. However, at mid-1969 these services have not been incorporated.

The Panamanian Family Planning Association, established in early 1966, operates five family planning facilities, one in Panama City and four in rural

areas. It conducts a family planning educational program that includes use of printed materials, conferences, and civic group meetings.

The Association and the Department of Obstetrics and Gynecology of the School of Medicine at the University of Panama have conducted special studies relating to a survey of induced abortions.

#### External Assistance

The Population Council has provided assistance for fellowships and studies on induced abortion.

A.I.D. has assisted the programs of the Ministry of Health and the Family Planning Association.

In 1969, the International Planned Parenthood Federation provided grant support to the Association.

The Pathfinder Fund supports and tabulates research on IUD insertions.

The Government of the Netherlands financed travel of a family planning leader to the International Planned Parenthood Federation Conference in Chile.

## Paraguay

### Demographic Information

<i>Population according to census of</i>	
<i>Oct. 14, 1962</i>	1,819,000
<i>Estimated population, Jan. 1, 1969</i>	2,240,000
<i>Births per 1,000 population, 1968</i>	42-43
<i>Deaths per 1,000 population, 1968</i>	11
<i>Infant deaths per 1,000 live births, 1966</i>	90
<i>Rate of natural increase, percent, 1968</i>	3.1-3.2
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	22
<i>Percent of registered births, first-born, 1960</i>	27*
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1960</i>	12*
<i>Median age of women registering births, 1960</i>	27*
<i>Median birth order of registered births, 1960</i>	3.0*
<i>Urban population as a percent of total</i>	
<i>population, 1962</i>	35
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1962</i>	55
<i>Per capita gross national product, 1967</i>	\$221
<i>Literacy rate, percent</i>	74

\*Underregistered.

## Population and Family Planning Activities

The Paraguayan Center for Population Studies was established in June 1966 with assistance from the International Planned Parenthood Federation. The Center operates four family planning clinics, including a pilot center in the Gynecology Department of the National University Medical School in Asuncion. During 1968 and 1969 family planning training has been emphasized through seminars for medical personnel.

### External Assistance

A.I.D. has provided training grants, support for a national training center at the National Medical School, and assistance to the Ministry of Health Program.

IPPF helps support the Paraguayan Center for Population Studies.

The Population Council has provided travel grants, and supported national seminars on population.

The Pathfinder Fund, besides donating contraceptives, has helped finance modest purchases of medical, audiovisual, and office equipment, financed some clinic remodeling, supplied educational materials, and subsidized studies.

In the Chaco region of Paraguay, the Mennonite Central Committee is helping to provide financial and administrative assistance for nine Indian settlements with a total population of 9,000. The settlements, which are administered by Mennonite colonists, include educational, agricultural, and medical programs. The latter, begun in 1968, include a clinic with a resident nurse for each settlement, and an itinerant doctor. Family planning services are part of the medical program, which offers IUDs.

World Neighbors assists the Clinica de la Proteccion de la Familia in Asuncion. The clinic provides birth control methods and sponsors a 1-month course stressing family planning.

Church World Service supports limited family planning activities.

The Government of the Netherlands financed travel of a family planning leader to an International Planned Parenthood Federation Conference in Chile.

## Peru

### Demographic Information

<i>Population according to census of July 2, 1961</i>	10,420,000*
<i>Estimated population, Jan. 1, 1969</i>	12,965,000
<i>Births per 1,000 population, 1968</i>	42
<i>Deaths per 1,000 population, 1968</i>	11
<i>Infant deaths per 1,000 live births, 1966</i>	63
<i>Rate of natural increase, percent, 1968</i>	3.1
<i>Number of years to double population at present rate of natural increase</i>	22
<i>Percent of registered births, first-born, 1963</i>	14**
<i>Percent of registered births born to women less than 20 years old, 1963</i>	11**
<i>Median age of women registering births, 1963</i>	27**
<i>Median birth order of registered births, 1963</i>	3.2**
<i>Urban population as a percent of total population, 1961</i>	47
<i>Labor force in agriculture, percent of total labor force, 1961</i>	50
<i>Per capita gross national product, 1967</i>	\$321
<i>Literacy rate, percent</i>	61

\*Adjusted for estimated 5.2 percent underenumeration.

\*\*Underregistered.

### Population and Family Planning Activities

A presidential decree in 1964 established Peru's Center for Population Development (CEPD) to coordinate population programs.

The Association for Family Protection, a private organization founded in 1967, was being reorganized in mid-1969. The Association has a staff office and two pilot clinics operating in Lima. A workshop seminar was set for early September 1969 to deal with administrative aspects of a family program.

### External Assistance

The International Planned Parenthood Federation provided technical and financial assistance in 1969 to the Association for Family Protection.

The Population Council has provided grants amounting to \$166,930 to the Institute of High Altitude Studies at Cayetano Heredia University in Lima, for studies of population at high altitudes.

The Council has made small grants to other Peruvian institutions. In October 1968 it financed and sent representatives to the Seventh International Planning Congress on Demography held in Lima.

World Neighbors assists clinics in Lima that include family planning, and sponsors a 1-week course on sex, health, and family planning given in Huancayo.

Church World Service is supplying help for family planning activities.

In 1965, the Ford Foundation made a 3-1/2-year grant of \$282,000 to the CEPD for partial support of staff and research, and for fellowships.

The Rockefeller Foundation made a \$30,000 grant to the University of Medical and Biological Sciences in 1965-66.

The Pan American Health Organization has made three 1-year grants totaling \$68,333 to the School of Public Health for research and training.

The Government of the Netherlands financed travel of a family planning leader to the IPPF conference.

## Trinidad and Tobago

### Demographic Information

<i>Population according to census of</i>	
<i>April 7, 1960</i>	834,350*
<i>Estimated population, Jan. 1, 1969</i>	1,040,000
<i>Births per 1,000 population, 1960-65</i>	37-39
<i>Deaths per 1,000 population, 1960-65</i>	9
<i>Infant deaths per 1,000 live births, 1960-65</i>	42
<i>Rate of natural increase, percent, 1960-65</i>	2.9-3.1**
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	23
<i>Percent of registered births, first-born, 1962</i>	18
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1962</i>	17
<i>Median age of women registering births, 1962</i>	25
<i>Median birth order of registered births, 1962</i>	3.5
<i>Urban population as a percent of total population, 1960</i>	40
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1960</i>	20
<i>Per capita gross national product, 1967</i>	\$808
<i>Literacy rate, percent</i>	89

\*Adjusted for estimated 1 percent underenumeration.

\*\*Net outmigration results in a current growth rate of 2.3 percent.

### Population and Family Planning Activities

A national family program began in Trinidad and Tobago in 1967. The Government established a Population Control Council, headed by the Minister of Health, to coordinate family planning activity. The Government has requested assistance from international organizations and foreign governments. The President in 1967 signed the World Leaders' Declaration on Population to the United Nations.

The private Family Planning Association, founded in 1956 and a member of the International Planned Parenthood Federation since 1961, cooperates in supporting the Government's program. The Association, responsible for most of the nation's clinical activities, operates eight clinics. It also offers training programs for nurses and field workers in Government hospitals and clinics. A widescale promotional program was started in 1969.

### External Assistance

IPPF has assisted the Association. During 1969 it provided grant aid.

The Swedish International Development Authority has supplied oral contraceptives and equipment for IUD insertions for eight clinics. In 1968-69 SIDA assistance amounted to \$58,000.

The United Kingdom has included family planning grants for Trinidad and Tobago in its 1970 budget. The Oxford Committee for Famine Relief provided a grant of about \$4,880 in 1965 to the Family Planning Association to purchase and equip a mobile clinic.

In 1965 the Population Council provided a grant of \$6,700 to the Family Planning Association for clinical trial of the IUD, and for a laboratory technician, instruments, and supplies.

The Pathfinder Fund has provided contraceptive supplies.

The Pan American Health Organization is providing assistance in obtaining equipment and supplies for the official family planning program. Advisory services were made available to the Ministry of Health for developing training courses.

## Uruguay

### Demographic Information

<i>Population according to census of</i>	
<i>Oct. 16, 1963</i>	2,659,000*
<i>Estimated population, Jan. 1, 1969</i>	2,837,000
<i>Births per 1,000 population, 1968</i>	24
<i>Deaths per 1,000 population, 1968</i>	9
<i>Infant deaths per 1,000 live births, 1965</i>	43
<i>Rate of natural increase, percent, 1968</i>	1.5**
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	46
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total</i>	
<i>population, 1963</i>	80
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1963</i>	18
<i>Per capita gross national product, 1967</i>	\$533
<i>Literacy rate, percent</i>	91

\*Enumerated population adjusted for estimated 2 percent underenumeration.

\*\*Current growth rate estimated at 1.3 percent.

### Population and Family Planning Activities

The Association for Family Planning and Research on Reproduction is a major family planning organization in Uruguay. The Government of Uruguay has made equipment and facilities available to the Association in public hospitals and public health centers.

The Association, founded in 1962 and associated with the International Planned Parenthood Federation, operates nine clinics that provide sex education, treatment of sterility, family planning services, and treatment of genital diseases.

Early in 1968, the Association initiated a massive education and information campaign. Centers offering family planning and sex education were established in Montevideo slums. Family planning training is offered to professionals. Sex education courses are given for both professionals and laymen.

In October 1969, the Association or-

ganized the first Latin American training course on sex education and family planning, which was attended by 41 representatives from 20 countries.

### External Assistance

IPPF, which provided grant aid to the Association in 1969, and the Swedish International Development Authority, sponsored the course on sex education and family planning. During 1969 Church World Service sent family planning supplies to a doctor.

In 1966 and 1967 the Population Council supported IUD studies by the Asociacion Pro-Maternidad Clinica Ginecologica, and biomedical research by the Department of Obstetrics at the University of Uruguay. Council grants totaled \$94,700.

The National Institutes of Health provided a grant of \$127,300 for biomedical research in reproductive physiology at the University of the Republic. The Pathfinder Fund gave contraceptives.

## Venezuela

### Demographic Information

<i>Population according to census of</i>	
<i>Feb. 16, 1960</i>	7,977,000*
<i>Estimated population, Jan. 1, 1969</i>	9,857,000
<i>Births per 1,000 population, 1968</i>	44
<i>Deaths per 1,000 population, 1968</i>	9
<i>Infant deaths per 1,000 live births, 1967</i>	46
<i>Rate of natural increase, percent, 1968</i>	3.5
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	20
<i>Percent of registered births, first-born, 1963</i>	20**
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1963</i>	14**
<i>Median age of women registering births, 1963</i>	26**
<i>Median birth order of registered births, 1963</i>	3.4**
<i>Urban population as a percent of total</i>	
<i>population, 1965</i>	72
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1961</i>	32
<i>Per capita gross national product, 1967</i>	\$910
<i>Literacy rate, percent</i>	76

\*Adjusted for estimated 5.8 percent underenumeration and also includes approximately 32,000 jungle Indians.

\*\*Underregistered.

## Population and Family Planning Activities

A Population Division was established in 1965 within the Ministry of Public Health and Welfare.

During the First National Family Planning Conference sponsored by the Ministry in 1968, it was announced that family planning services would be integrated into the national health service.

The private Family Planning Association, established in 1966, has assumed financial responsibility for family planning clinics in Government facilities. The Association now operates 41 clinics throughout the country, providing services in Government and social security hospitals and public health and welfare centers.

The Association is also responsible for conducting the postpartum program financed by the Population Council.

Family planning services have been available since 1963, at the Concepcion Palacios Maternity Hospital, one of the largest maternity hospitals in the world. The hospital now provides family planning training to all medical and paramedical personnel in the country. It also carries out an active patient-education program for mothers.

In 1965, the Venezuelan Center for Studies of Population and Family (CEVEPOF) was set up to conduct research and stimulate action programs. Training in population studies and demography is offered at the School of Statistics and Actuarial Sciences, and at

the Department of Sociology and Anthropology, Central University, Venezuela.

## External Assistance

The International Planned Parenthood Federation supports both the Family Planning Association and the Concepcion Palacios Maternity Hospital. During 1969, IPPF grants were made to both.

The Population Council has provided funds to the Concepcion Hospital for cervical studies in a postpartum family planning clinic. A related objective of the studies was to ascertain the feasibility and effectiveness of providing family planning services through large maternity hospitals. The Council also furnished IUDs to the Ministry of Public Health and Welfare for a pilot program in Ministry hospitals. Total Council support during 1965-67 was \$79,665. In 1968-69, \$2,000 was provided for the purchase of IUDs as part of the Council's International Postpartum Program.

A.I.D. provided assistance in the formation of CEVEPOF and population training grants.

The Pathfinder Fund supplied contraceptives and assisted with other family planning work. It has helped in funding a "simplified medicine" project through which family planning is being brought to a rural area near Caracas.

The Government of the Netherlands financed travel of a family planning leader to the IPPF International Conference held in Chile in 1967.



# NEAR EAST AND SOUTH ASIA

## (Regional)

Population growth rates in the Near East-South Asia region (NESA) range from 2 percent a year in Nepal to 3.1 percent in Iran. Equally variable is the urgency of the population problem that each country faces. Even though several NESA countries have higher rates of growth than India, it is in this country that the situation is the most critical. India's 530-million population would increase to over 1 billion by the year 2000 if the current rate of expansion—2.5 percent or more a year—were to continue. The pattern in Pakistan, also of concern, indicates that its 125-million population would double within 26 years at the present growth rate.

Population increases of this magnitude have materially eroded the benefits of economic development, even in those countries that have made rapid strides in agriculture and industry in recent years. Throughout the region, substantial gains since 1952 in total production and national incomes have brought disappointingly small improvement in per capita income levels, average living conditions, and savings for investment in further development.

Most countries in the NESA region are actively concerned with their rapid population expansion and with its grave implications for economic and social development. In seven countries (India, Pakistan, Turkey, U.A.R., Iran, Nepal, and Ceylon), governments in fiscal 1969 were carrying on national family planning programs. In three others (Afghanistan, Israel, and Jordan), increasing support was being given to the programs of voluntary family planning groups.

Regionwide, the progress of population program work is noteworthy. Over

the past 3 or 4 years, the pace of action has markedly accelerated in major countries, particularly in India and Pakistan. This speedup has been fueled by reorganization of programs, increased funding, and greater availability of contraceptive methods.

India's Secretary of Health and Family Planning has estimated that the family planning program in India is preventing over 1 million births annually. Although for most of India the available data are insufficient to know precisely what is happening to fertility patterns, demographic records in certain localities—like Ghandigram and Bombay—show that annual birth rates have fallen below 30 live births per thousand, as compared with 43-45 estimated for the country.

Pakistan's family planning program has evidenced outstanding progress since 1958 when family planning was officially endorsed by the Government. This country is now close to attaining its 1970 goal for birth rates, owing to such stimulants as strong financial support and sound management.

The family planning program of Turkey has some way to go before achieving its target of reducing the present growth rate—around 2.6 percent—to 2.0 percent by 1972. The climate for family planning, however, has become increasingly favorable. In 1965, Turkish law still prohibited the distribution of information advocating birth control and the importation of contraceptives. Since subsequent passage of a new family planning law, family planning technicians have been trained, clinics set up, and mobile units employed to provide free IUD insertions to women in remote areas.

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Considerably more work is needed to increase the effectiveness of all family planning programs. Assistance from the outside must necessarily play a secondary role. A.I.D. will continue to encourage and assist country action in this field, as appropriate, and will be receptive to additional assistance requests. However, assistance from the outside must necessarily be supplemental to each country's own efforts. The basic program task is that of the host country governments and their institutions.

#### A.I.D. Assistance

A.I.D. employs a variety of assistance measures in the region in an effort to meet the diverse needs of countries in varying stages of development. Support mechanisms include advisory assistance, participant training, grant commodities, local currency support ("excess" and "country use" local currencies derived from P.L. 480 food sales

are utilized to the maximum extent possible), grants to voluntary agencies, Cooley loans, development loans, research, investment surveys, and investment guarantees.

In countries having major national family planning programs, A.I.D. assistance concentrates on improvement of existing activities, initiation of new approaches, and the solution of operational problems.

In India and Pakistan, for example, A.I.D. emphasizes technical assistance, although provision of commodities and participant training also figure importantly. In fiscal 1969, these countries together received assistance amounting to about \$3 million, plus over \$25 million in local currency generated by food shipments under the Food for Peace Act. These two countries were the largest recipients of A.I.D. assistance in local currencies.

The red triangle and two-child family promote family planning in India.



In Turkey, A.I.D. support in the form of a development loan has gone mainly to furnish audiovisual equipment and jeeps to carry family planning services to areas in the interior.

A.I.D. assistance to Nepal's family planning program is just beginning. There is a growing need here for supportive activities, such as advisory services, special studies, participant training in U.S. universities, and provision of commodities.

Afghanistan has only recently taken steps to promote family planning. A.I.D. is helping to train key Afghan nationals by acquainting them with programs carried out in other developing countries.

The Agency does not provide direct assistance for population programs in Iran, Jordan, Israel, the United Arab Republic, and Ceylon. Family planning activities are supported through A.I.D. assistance to voluntary organizations active in several of these countries.

A.I.D. funds obligated for family and population planning activities in the region since 1965 are:

	1965	1966	1967	1968	1969
	(in \$ thousands - fiscal years)				
Country Missions	..	2,100*	337	9,061**	3,336
Regional Projects	..	..	..	655	1,011
Total	..	2,100*	337	9,716**	4,347

\*Development loan (originally for \$3.6 million) to Turkey.

\*\*Includes \$2.7-million loan to India for vehicle parts.

#### Other Assistance

Population and family planning programs in this region have received extensive support from voluntary organizations and several foreign governments. Over the past 5 years, nearly 20 such entities gave assistance—ranging from sizable financial grants to the provision of participant training, commodities, and advisory personnel.

The Ford Foundation through June 1969 had made grants totaling some \$17 million for general support to population and family planning programs in the region and for research, training, and dissemination of information. A principal recipient was India, receiving \$9.6 million. Other countries in this region which

have in the past received Ford Foundation assistance, include Pakistan, Ceylon, the U.A.R., Turkey, and Israel.

The International Planned Parenthood Association is helping strengthen family planning work in most NESAs countries through its direct assistance to local family planning associations. Activities for IPPF's Indian Ocean Region are coordinated by an office in Rawalpindi, West Pakistan, and for the Near East (and Europe) by an office in London. In 1969, IPPF's budget for the Indian Ocean Region—Pakistan, India, Nepal, Ceylon, Afghanistan, plus the regional office—totalled more than \$483,000.

The Population Council has given support for research and special projects, technical assistance, participant training, and commodities. The Council was instrumental in setting up family planning programs in several NESAs countries, and many hospitals of the region are member institutes of the Council's postpartum program. Among the countries getting Population Council assistance have been Iran, Israel, India, Nepal, Turkey, U.A.R., and Pakistan.

The Pathfinder Fund has been an important supplier of contraceptive supplies to NESAs countries, including India, Iran, Israel, Nepal, Turkey, and the U.A.R. In India, the Fund also finances and helps operate a number of family planning projects.

The Rockefeller Foundation has provided grants to institutions in India and Turkey for demographic research and training and other projects associated with family planning programs. The Foundation also has furnished these countries with materials and equipment.

The Oxford Committee for Famine Relief (OXFAM) has supported the programs of Ceylon, India, and Pakistan through limited provision of commodities, technical assistance, and funds for administrative operations. Church World Service has also donated some commodities and has promoted family planning at CWS hospitals and clinics. Other organizations participating in such assistance in the NESAs region have included Lutheran Relief, Inc.; CARE; World

Neighbors; the Mennonite Central Committee; the World Assembly of Youth; and the Peace Corps.

The Swedish International Development Authority (SIDA) has made bilateral agreements with the Government of India, Ceylon, and Pakistan through which these countries have been supplied condoms and other commodities, as well as financial assistance to develop family planning programs. From this source, India received \$1.2 million in commodities in fiscal 1969. From 1961 through fiscal 1969, SIDA has provided approximately \$7 million in assistance for the Pakistan program.

These governments have also provided assistance: Japan, in providing equipment to Nepal; Denmark in support to India's IUD program and provision of oral contraceptive ingredients to the U.A.R.; and the United Kingdom, in furnishing contraceptives to Pakistan for demonstration purposes.

## Afghanistan

### Demographic Information

<i>Population according to census</i>	NA
<i>Estimated population, Jan. 1, 1969</i>	16,297,000
<i>Births per 1,000 population</i>	NA
<i>Deaths per 1,000 population</i>	NA
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1967-68</i>	2.3
<i>Number of years to double population at present rate of natural increase</i>	30
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1966</i>	16
<i>Labor force in agriculture, percent of total labor force, 1965</i>	87
<i>Per capita gross national product, 1967</i>	\$85
<i>Literacy rate, percent</i>	8

### Population and Family Planning Programs

Afghanistan's Family Guidance Association (FGA), organized in June 1968, launched a family planning program later

in the year in cooperation with the Ministry of Health. Three clinics have been established in Kabul, and two more are planned for provincial capitals during 1971. A training center is being established that will offer 1-week courses in family planning for doctors, nurses, and midwives.

The Ministry of Health encourages the use of its health facilities for family planning, and allows its personnel to assist in the program. Maternal and child health centers will be integrated into the program.

Although the FGA is enthusiastic about moving rapidly in the development of new clinics, problems of receptivity are anticipated in establishing services in rural Afghanistan where medical resources are scarce. Over 90 percent of the people live in rural areas.

### A.I.D. Assistance

Since 1968, A.I.D. has provided a total of \$98,000 in assistance for Afghanistan's program. U.S. contributions for fiscal 1969 included partial funding of a team to conduct a survey of public knowledge, attitudes, and practices regarding family planning. Also the services of a U.S. gynecologist were supplied for work with Afghan doctors in technical aspects of program development. Assistance also was provided for U.S. training of selected program personnel, and for purchase of program supplies.

In 1968, A.I.D. sponsored a 30-day tour for three Ministry of Health officials to examine family planning programs in six Asian countries. Two FGA Executive Board members attended the Bangkok Communications Workshop in December 1968; the President of the Ministry of Public Health attended a Maternal and Child Health Seminar at Tulane University; and two doctors attended a gynecological seminar in London.

### Other Assistance

The International Planned Parenthood Federation gives financial support to the Family Guidance Association.

# Ceylon

## Demographic Information

<i>Population according to census of July 8, 1963</i>	10,582,064
<i>Estimated population, Jan. 1, 1969</i>	12,112,000
<i>Births per 1,000 population, 1968</i>	32
<i>Deaths per 1,000 population, 1968</i>	8
<i>Infant deaths per 1,000 live births</i>	56
<i>Rate of natural increase, percent, 1968</i>	2.4*
<i>Number of years to double population at present rate of natural increase</i>	30
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1964</i>	7**
<i>Median age of women registering births, 1964</i>	28**
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1963</i>	15
<i>Labor force in agriculture, percent of total labor force, 1963</i>	49
<i>Per capita gross national product, 1967</i>	\$154
<i>Literacy rate, percent, latest estimate</i>	70-80

\*Estimated net outmigration results in a growth rate of 2.3 percent.

\*\*Underregistered.

## Population and Family Planning Programs

The Government of Ceylon has been conducting a nationwide family planning program since 1965. Its goal is to reduce the birth rate by one-third by 1975.

Family planning services are offered at many of the Government's 400 health clinics. As of early 1969, the cumulative number of IUD insertions was reported at 8,000-10,000. It was estimated that 9,000 women were using oral contraceptives.

The Family Planning Association of Ceylon, established in 1953, was among the first in the Far East. Through Ceylon Government grants, the Association has set up over 100 clinics. Most of these were turned over to the Government in 1965, when the official program began.

An important factor in the growth of the family planning movement has been the assistance of the Swedish International Development Authority (SIDA).

This began in 1958 when the Ceylon Government and SIDA made an agreement providing for pilot projects in family planning. SIDA's assistance has risen steadily over the years. Since 1958, it has granted aid to the Ceylon program valued at approximately \$1.5 million.

Family planning is publicized through distribution of literature in three languages, and through lectures, film shows, exhibitions, radio spots, and newspaper advertisements. The Family Planning Association employs information/promotion officers who visit tea estates and the docks and industrial areas around Colombo.

Contraceptives and other commodities used for the family planning program are exempt from taxes. The Government in 1969 began offering incentive payments to doctors and midwives to carry out insertions and sterilizations.

## A.I.D. Assistance

A.I.D. gives no direct assistance to Ceylon's program.

## Other Assistance

The International Planned Parenthood Federation provides assistance to the Family Planning Association of Ceylon. The Ford Foundation, through the Population Council, in 1968 made a grant of \$760,620 for the family planning program. The Council also has supported field studies by the University of Ceylon on fertility trends and attitudes and is supplying a medical advisor for family planning work.

SIDA signed a new 2-year agreement with the Ceylon Government in 1968 providing for an educational advisor and assistance for the planning of a broad informational campaign. The agreement includes assistance for provision of consultants and for purchase of condoms and audiovisual materials.

The Oxford Committee for Famine Relief, through IPPF, granted approximately \$16,800 in 1965 for a 3-year project. This covered salaries for medical personnel and visual aids and pub-

licity materials for a mobile IUD program in the Colombo harbor area and on tea estates. In mid-1968, an additional \$4,800 was provided for information/promotion materials and to help meet operating costs of three clinics.

## India

### Demographic Information

*Population according to census of*

<i>March 1, 1961</i>	435,511,606*
<i>Estimated population, Jan. 1, 1969</i>	530,000,000*
<i>Births per 1,000 population, 1968</i>	43-45
<i>Deaths per 1,000 population, 1968</i>	17-18
<i>Infant deaths per 1,000 live births, 1968</i>	139
<i>Rate of natural increase, percent, 1968</i>	2.5-2.8
<i>Number of years to double population at present rate of natural increase</i>	26
<i>Percent of registered births, first-born, 1963</i>	25**
<i>Percent of registered births born to women less than 20 years old, 1961</i>	12**
<i>Median age of women registering births, 1961</i>	26**
<i>Median birth order of registered births, 1963</i>	3.0**
<i>Urban population as a percent of total population, 1961</i>	18
<i>Labor force in agriculture, percent of total labor force, 1961</i>	73
<i>Per capita gross national product, 1967</i>	\$85
<i>Literacy rate, percent</i>	28

\*Population may be underenumerated by 5 percent.

\*\*Underregistered.

### Population and Family Planning Programs

India's family planning program has made significant progress since 1965-66. A nationwide organization has been created and improved, educational and promotional work has been intensified, and services utilizing a variety of contraceptive methods have been extended. However, the overall birth rate is continuing at its former high level, although declines have been reported in a few localities. In India as a whole, population is believed to be increasing by over 1 million per month.

Although a national policy on family planning was pronounced by India in 1951, broad Government action on the population problem did not begin until

1965-66. Since then, the Government of India has channeled large and increasing funds into the family planning program. Its 1969 allocation of funds to the program is the rupee equivalent of \$48 million, compared with \$2 million in 1964. Family planning's total 5-year budget under the Third Five-Year Plan (1965-1970) is the rupee equivalent of \$306 million; \$400 million in rupees is programmed for the Fourth Five-Year Plan (1971-75).

The goal of the population program is to cut India's birth rate sharply by 1979—to reduce it from its present level of 43-45 births per thousand to 22 per thousand. The program is seeking to achieve this by encouraging and helping 100 million couples to adopt family planning practices.

To furnish central guidance for the program, the former Ministry of Health has been reorganized into the Ministry of Health, Family Planning, and Urban Development. A family planning organization has been created within the Ministry with an authorized strength of 125,000 positions (of which 30,000 have been filled). Some 28,000 family planning centers have been established, including 20,000 subcenters in rural areas. Approximately 384 mobile sterilization units and 370 mobile family planning clinics are in operation.

A number of contraceptive methods are available in the program, with primary emphasis on vasectomies, IUDs, and condoms. The initial phases of a national marketing campaign to expand the use of condoms got under way in 1969. India's condom production facilities were expanded in 1968-69, with U.S. assistance, to the point where India is almost self-sufficient. The Government has initiated a modest pilot program for oral contraceptives, involving about 12,000 patients to determine the acceptability of this method. In fiscal 1968, over 1.8-million sterilizations and 660,000 IUD insertions were reported. The cumulative totals through May 1969 were 2.9 million IUD insertions and 5.9 million sterilizations. The cumulative

total of births prevented during recent years is estimated by Indian officials at approximately 11 million.

#### A.I.D. Assistance

A.I.D. assistance to family planning in India started in 1965 when an intensive study of the program was conducted by an A.I.D.-sponsored team. Technical consultants were then recruited and a technical assistance project was developed. At present, 16 U.S. technical specialists are on assignments in India associated with the population program.

In fiscal 1969, A.I.D. provided \$730,000 for technical assistance, organizational help, advanced training in the United States, contraceptives, research, and program equipment. An additional \$15 million—in local currency generated under Public Law 480 sales—was also approved for family planning.

U.S. assistance includes these specific activities:

- To determine the acceptability of

oral contraceptives, A.I.D.—at the request of the Indian Government—made available about \$220,000 to finance the purchase of 1 million cycles of oral contraceptives for use in pilot programs. Another grant of \$2.9 million went for the purchase of 170 million condoms for distribution through private commercial channels as part of a national scheme to make subsidized condoms available to large numbers of Indians in urban and rural areas.

- To help finance the manufacture in India of 6,000 family planning vehicles, including cost of importing certain components, A.I.D. provided in 1968 a loan of \$2.7 million and a grant of \$20 million in local currencies.

- A.I.D. has agreed to assist the Indian Government in the following projects carried on by the family planning program: a direct mailing system for family planning materials (now beginning first-stage operations in New Delhi); a proposed “intensive district” program

Family planning staff worker is welcomed in Indian market town.



for training village midwives; provision of services at maternal and child health centers; biomedical research; and work at the Demographic Training and Research Centre at Chembur, Bombay.

#### Other Assistance

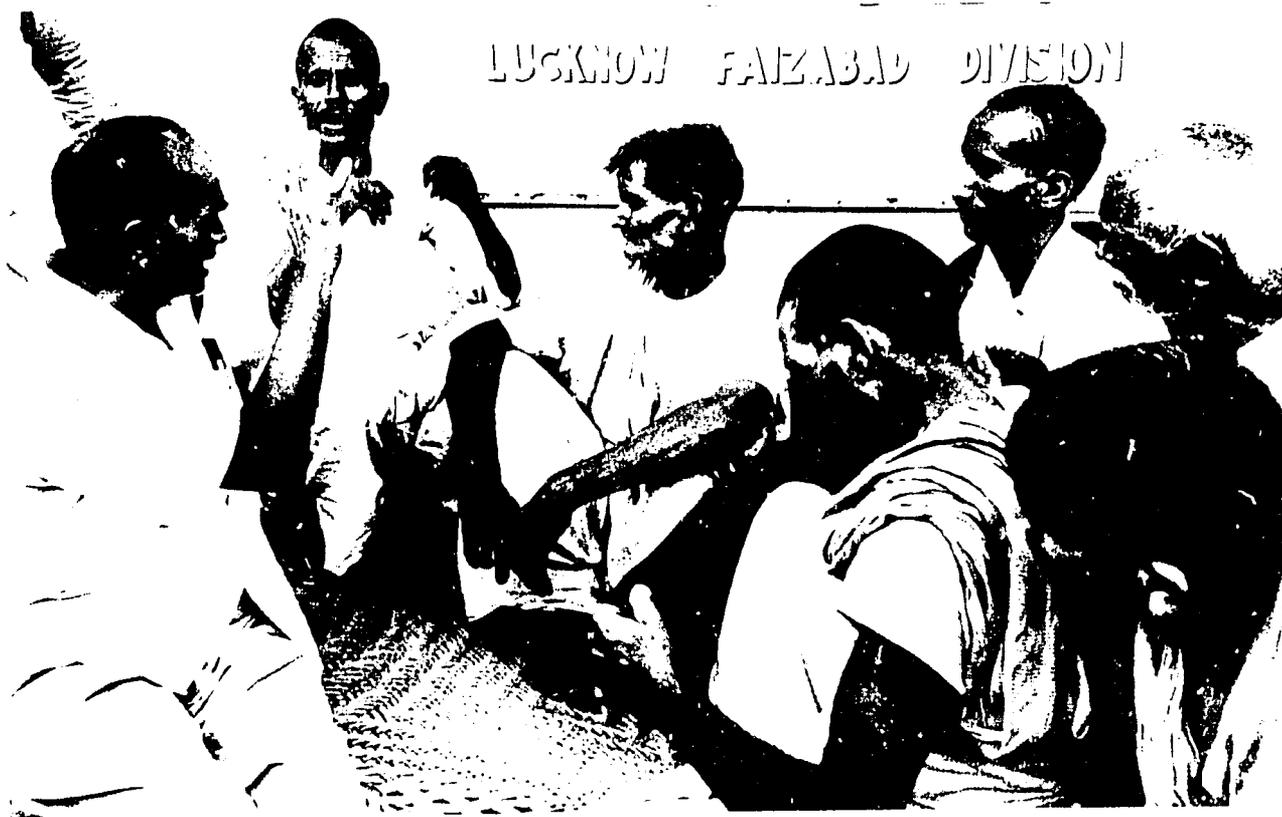
The Ford Foundation has provided \$9.6 million in assistance grants for family planning in India since 1959. Grants have been mainly for technical assistance and support of research training in population, social science, and reproductive biology. One large grant, in 1964, was used to establish the National Institute of Health Administration and Education and the Central Family Planning Institute. Early in the developmental stage of India's program, the Foundation financed Indian research in biology of reproduction, communication research, evaluation of IUDs, and pilot projects that led to the incorporation of family planning into health services.

The Pathfinder Fund in India helps

provide contraceptives, helps finance the purchase of vehicles and equipment, and furnishes other aid. Several new projects were funded in fiscal 1969, including, in the Howrah District of Calcutta, the establishment of three model clinics operated with administrative assistance of neighborhood leaders; the Streehitakarini project in Bombay, a new approach in which family planning services are offered along with educational activities in the community center of a large housing project; a demonstration family planning program in a rural community to study motivational factors and acceptability of oral contraceptives; and the establishment of Pap-smear centers.

To date, Pathfinder has supplied a total of 250,000 cycles of contraceptive pills to the Christian Medical Association of India, with the cooperation of Church World Service. At present 220 hospitals are receiving supplies of pills. Pathfinder also helps finance IUD evaluation

Mobile clinic health worker discusses vasectomy with Indian men.



studies as part of its International IUD Program.

The Population Council has been instrumental in the Indian program's establishment of a small factory for producing IUDs, and has contributed equipment in the form of loops and inserters. The Council carries on a postpartum program with participation of the Safdarjung Hospital in New Delhi and the S.A.T. Hospital in Trivandrum, Kerala. This activity is being expanded into a national postpartum program, under an A.I.D. grant, in cooperation with 50 maternity hospitals and clinics. Additional hospitals are expected to join the program within the next year. Since 1957, the Council has been supporting the Chembur Demographic Teaching and Research Centre in Bombay, including the provision of numerous fellowships. It has also assisted in the establishment and operation of a Demographic Research Center at Benares Hindu University.

The Rockefeller Foundation is providing assistance to a Rural Health Service project near Delhi that includes demographic and family planning studies and services. The Foundation has made grants to Harvard University for population and family planning studies in India, as well as to Indian scholars for population research. The Foundation has also provided research equipment for the Indian Council of Medical Research.

The International Planned Parenthood Federation assists the Family Planning Association of India through grants for "Victor projects" in Bombay, New Delhi, Hyderabad, South Kanara, Indore, and Jabalpur. These projects, providing family planning education and other services, are underway in both low-income areas and industrial centers. IPPF has also donated mobile units for educational services.

World Neighbors works with Indian organizations in providing selected assistance items to family planning projects, such as audiovisual aids, films, vehicles, and other equipment.

Peace Corps volunteers have been assisting in family planning since 1966,

at the request of the Indian Government. They help organize family planning centers, perform informational and administrative duties, assist public health officers, and train local personnel.

The Mennonite Central Committee is assisting in staffing the Shyamnagar Christian Hospital near Calcutta.

CARE sponsored a research project to evaluate the effectiveness of an educational comic book promoting the advantage of family planning, also has furnished family planning poster-calendars.

Lutheran World Relief, Inc., has funded a project providing technical personnel services and equipment for family planning programs of two hospitals.

The Church World Service Planned Parenthood Program promotes family planning through 437 Christian hospitals and clinics. Its program furnishes IUDs, encourages leadership training, develops motivational materials, and sponsors seminars and conferences. CWS has budgeted \$50,000 for family planning activities in fiscal 1970.

The Oxford Committee for Famine Relief (OXFAM) since 1966 has made grants to the India program totaling about \$94,000. These have been used to expand the program of the Christian Medical Association, including subsidies for IUD insertions; to purchase a vehicle and audiovisual equipment for family planning teams; and to pay salaries of selected medical personnel.

The World Assembly of Youth cooperated with the Indian Assembly of Youth in presenting a 4-day seminar in March 1969 on "The Role of Youth in Family Planning." This seminar program will be expanded over the next 5 years with the objective of creating a network of youth workers to promote family planning in villages.

The Government of Denmark has given bilateral assistance to India for an IUD program, and additional assistance is being contemplated.

The Swedish International Development Authority (SIDA) signed an agreement with the Indian Government in 1968 to provide supplies and equipment

such as condoms, vehicles, offset equipment, and printing paper. In fiscal 1969, the value of these commodities totaled approximately \$1.2 million.

## Iran

### Demographic Information

<i>Population according to census of</i>	
<i>Nov. 1-20, 1966</i>	25,785,210
<i>Estimated population, Jan. 1, 1969</i>	27,522,000
<i>Births per 1,000 population, 1968</i>	50
<i>Deaths per 1,000 population, 1968</i>	19
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	3.1
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	23
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total</i>	
<i>population, 1966</i>	38
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1965</i>	47
<i>Per capita gross national product, 1967</i>	\$285
<i>Literacy rate, percent</i>	15-20

### Population and Family Planning Programs

For Iran, 1966 marked the beginning of a determined effort to check the population expansion which the Government feels has given rise to many of the country's problems. During that year, Iran launched a national family planning program; and the Iranian Society of Obstetrics and Gynecology sponsored the first conference on family planning ever held in the Middle East, at Shiraz. In 1967, the Shah signed the United Nations Declaration of Population.

Since then, 354 family planning clinics have been established in urban areas—of which 45 are in Tehran—and 358 mobile health corps teams are serving the rural districts. The clinics distribute free contraceptive devices, while advising patients on their use.

Training programs, sponsored by the Ministry of Health, feature 1-month courses in family planning. Since 1966,

instruction has been given to more than 800 doctors, midwives, nurses, and nurse's aides. In January 1969, a new training program began for the first recruits of the Women's Corps, of whom 500 are now serving as motivators in family planning clinics.

Research in family planning is conducted at the School of Public Health, Tehran University, by a family planning unit. The unit is currently making a 2-year study of 2,000 married women to determine correlations between type of birth control method used and age, parity, income, and acceptability factors. Results will help guide family planning programs of the future. Preliminary findings, for example, indicate that women of lower income families prefer oral contraceptives to IUDs.

### A.I.D. Assistance

A.I.D. terminated its technical assistance to Iran in 1967, because of the country's progress in economic development. Some residual local currency funds—from former sales of U.S. agricultural commodities under P.L. 480—are being used to help defray costs of fertility surveys in greater Tehran and certain rural areas. Previous A.I.D. assistance includes providing advisory services along with the U.S. Bureau of Census, to the Iranian Government (fiscal years 1956 through 1962) in conducting Iran's first national population census of 1956. The Agency also furnished advisory services for another census in 1966.

### Other Assistance

The Population Council in 1966 assisted in organizing Iran's national family planning program, at request of the Iranian Government. Other support activities have included: assistance to the Institute for Social Studies and Research in preparing and publishing a demographic dictionary in Persian; completion of knowledge, attitudes, and practices on family planning; provision of a consultant, and since late 1967, of a resident medical advisor to the Ministry of Health;

and donations of IUDs and inserters. The Farah Maternity Hospital in Tehran is in the Council's postpartum program.

The International Planned Parenthood Federation has given support to the Family Planning Board, which assists in establishing family planning services. The Pathfinder Fund has sent field workers and representatives to Iran to discuss establishment of family planning clinics and requirements for contraceptives. Church World Service provides contraceptive supplies and family planning services at seven hospitals.

## Israel

### Demographic Information

<i>Population according to census of</i>	
May 22, 1961	2,183,332
Estimated population, Jan. 1, 1969	2,765,600
Births per 1,000 population, 1968	25
Deaths per 1,000 population, 1968	7
Infant deaths per 1,000 live births, 1966	25
Rate of natural increase, percent, 1968	1.8*
Number of years to double population at present rate of natural increase	29
Percent of registered births, first-born, 1963	25
Percent of registered births born to women less than 20 years old, 1963	8
Median age of women registering births, 1963	27
Median birth order of registered births, 1963	2.7
Urban population as a percent of total population, 1961	82
Labor force in agriculture, percent of total labor force, 1966	12
Per capita gross national product, 1967	\$1,500
Literacy rate, percent	90

\*Estimated net immigration results in a growth rate of 2.3 percent.

### Population and Family Planning Programs

Two family planning groups are active in Israel—the Israel Planned Parenthood Federation, founded in 1951, and the Association for Marital and Sexual Advice, founded in 1957. The two organizations are running 11 clinics that provide a full range of family planning services. All standard methods of contraception are used, the IUD being the most popular.

Training in demography, population

geography, and family planning is given at Hebrew University of Jerusalem and the International Training Centre.

### A.I.D. Assistance

A.I.D. is providing no population program assistance to Israel.

### Other Assistance

The Ford Foundation has made several grants to Israeli institutions for research and training in reproductive biology. Three 5-year grants (in 1962, 1966, and 1967) totaled \$1.6 million, of which some \$630,000 was made via the Population Council. The International Planned Parenthood Federation provides assistance to the Family Planning Association of Israel, and the Pathfinder Fund has given contraceptives.

The Population Council has supported demographic studies, fellowship training, and medical research; expenditures in 1968 totaled \$4,500. The Council and Ford Foundation in 1963 extended a \$3-million grant to found the Institute of Biodynamics within the Weizmann Institute of Science.

## Jordan

### Demographic Information

<i>Population according to census of</i>	
Nov. 18, 1961	1,706,226
Estimated population, Jan. 1, 1969	2,244,000
Births per 1,000 population, 1968	46
Deaths per 1,000 population, 1968	16
Infant deaths per 1,000 live births	NA
Rate of natural increase, percent, 1968	3.0
Number of years to double population at present rate of natural increase	23
Percent of registered births, first-born	NA
Percent of registered births born to women less than 20 years old	NA
Median age of women registering births	NA
Median birth order of registered births	NA
Urban population as a percent of total population, 1961	44
Labor force in agriculture, percent of total labor force, 1961	35
Per capita gross national product, 1967	\$286
Literacy rate, percent	35-40

## Population and Family Planning Programs

Jordan's family planning program suffered a setback in April 1967, when the war with Israel resulted in Jordan's closing six of its nine clinics. Plans are now moving forward to establish three new clinics—in Amman, Zerka, and Irbid.

The family planning program in Jordan is carried on by the Jordan Family Planning and Protective Association, a Government-licensed affiliate of the International Planned Parenthood Federation. (The Royal Government does not have an announced policy on family planning but King Hussein is a signatory of the United Nation's 1967 Declaration of Population.) The Association's principal activities have been personnel training and provision of family planning services and contraceptives.

### A.I.D. Assistance

No U.S. assistance is made directly to population projects. Among A.I.D.'s supportive activities in recent years were the sponsoring of two Jordanians to attend a family planning conference in New Delhi, India, in 1966, and of one official to attend the IPPF conference in Santiago, Chile, in 1967. A.I.D. provided family planning training to three Jordanians in 1968. That year the Agency also began preparation of a series of demographic studies for processing in Jordan, and distributed a study on implications of current population growth. Educational materials on family planning and population have been made available to Jordanian officials.

### Other Assistance

IPPF has given assistance to the Jordan Family Planning and Protective Association and to a clinic in Amman, and has sponsored training in IUD insertions for doctors. CARE in early 1967 supplied equipment to clinics, although this program was not fully implemented owing to the 1967 war. The Pathfinder Fund and the Swedish International Development Authority have furnished various kinds of contraceptives.

## Nepal

### Demographic Information

<i>Population according to census of June 22, 1961</i>	9,412,996
<i>Estimated population, Jan. 1, 1969</i>	10,920,000
<i>Births per 1,000 population, 1968</i>	41
<i>Deaths per 1,000 population, 1968</i>	21
<i>Infant deaths per 1,000 live births, 1968</i>	NA
<i>Rate of natural increase, percent, 1968</i>	2.0
<i>Number of years to double population at present rate of natural increase</i>	34
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1961</i>	4
<i>Labor force in agriculture, percent of total labor force, 1961</i>	94
<i>Per capita gross national product, 1967</i>	\$76
<i>Literacy rate, percent</i>	5-10

### Population and Family Planning Programs

Public interest in family planning in Nepal has been steadily increasing in recent years, as has the Government's concern over the high birth rate and rapid population increase.

A family planning program was set up in 1966 as an integral part of the maternal and child health work of the Directorate of Health Services. The program was reorganized in fiscal 1969 for added flexibility, and a semi-autonomous Family Planning Maternal Child Health Development Board was established within the Health Ministry. The Board, whose members include the heads of various ministries, sets the operational policies that are implemented by a full-time central staff.

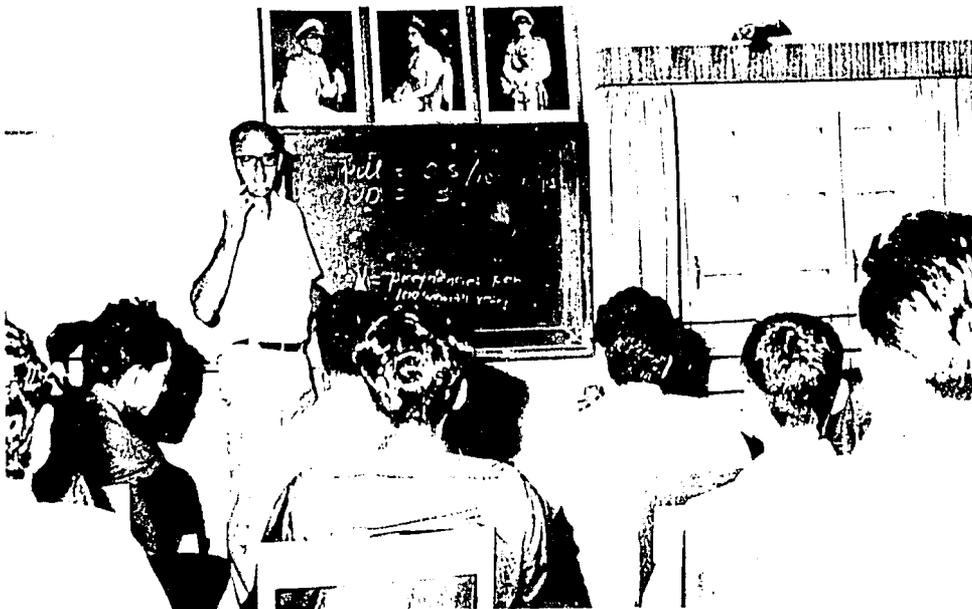
In fiscal 1969 there were 40 clinics extending health/family planning services and 90 persons serving as health aides. In the 1966-68 period, the clinics performed 1,985 vasectomies and 4,966 IUD insertions, and distributed 2,846 pill cycles and 178,920 condoms.



*Left, big families are traditional in Nepal, making life difficult for parents and children. Right, education is valued highly, but classes are crowded and only 30 percent of primary age children are in school. The number of classrooms should double in 27 years to maintain even these conditions.*



*Left, condoms are sold in Kathmandu bazaar. Below, Dr. Ralph Ten Have, A.I.D. Family Planning Advisor, tells first District Officers about pill. Below right, women wait for family planning services in a clinic. Demand for these services now outstrips the number of clinics and personnel.*





The long-range program goal is to keep population between 16 and 22 million persons. More immediate objectives include: to have 16,000 couples as registered acceptors in 1969-70 (as compared with 6,500 in 1967-68) and by mid-1970, to establish family planning facilities in at least one-third of the 75 districts in the country.

#### A.I.D. Assistance

A.I.D. has been assisting the Nepal program since 1966, its first year of operation. In that year the Agency sponsored a visit to Korea by 10 Nepalese officials to study Korea's family planning program. A.I.D. also provided advisory services. A.I.D.'s family planning staff in Nepal now consists of three advisors—in medicine, health education, and social science. A.I.D. has also contracted with the University of Michigan to provide advisory assistance to the Government.

Other A.I.D. activities have been: helping set up a free condom distribution program, training village-level workers, and developing a family planning training course for field workers. In fiscal 1968 and 1969, A.I.D. supported staff training in the United States for 37 Nepalese participants and training for 34 others at institutions in India and Pakistan. Also in fiscal 1968, A.I.D. financed a knowledge, attitudes, and practices survey in family planning.

A total of \$521,000 in family planning assistance was provided in fiscal years 1968 and 1969.

#### Other Assistance

The International Planned Parenthood Federation provides financial help for the Family Planning Association of Nepal. The Pathfinder Fund has donated contraceptives and pays the salary of a social worker for followup services. The Population Council has given IUDs and inserters. The Church World Service Planned Parenthood Program provides family planning services at hospitals.

The Japanese Organization for In-



ternational Cooperation in Family Planning in 1968 supplied contraceptives and other equipment valued at \$5,405. The Swedish International Development Authority gave \$4,000 in contraceptives.

## Pakistan

### Demographic Information

<i>Population according to census of Feb. 1, 1961</i>	93,831,982*
<i>Estimated population, Jan. 1, 1969</i>	125,050,000**
<i>Births per 1,000 population, 1968</i>	43
<i>Deaths per 1,000 population, 1968</i>	16
<i>Infant deaths per 1,000 live births, 1962-65</i>	142
<i>Rate of natural increase, percent, 1968</i>	2.7
<i>Number of years to double population at present rate of natural increase</i>	26
<i>Percent of registered births, first-born, 1965</i>	16***
<i>Percent of registered births born to women less than 20 years old, 1964</i>	16***
<i>Median age of women registering births, 1965</i>	27***
<i>Median birth order of registered births, 1965</i>	3.2***
<i>Urban population as a percent of total population, 1961</i>	13
<i>Labor force in agriculture, percent of total labor force, 1961</i>	75
<i>Per capita gross national product, 1967</i>	\$113
<i>Literacy rate, percent</i>	20

\*Unadjusted for underenumeration.

\*\*Adjusted for underenumeration.

\*\*\*Underregistered.

### Population and Family Planning Programs

Pakistan's family planning program continues to move closer to achieving its short-range goal of reducing the national birth rate to 40 per thousand by 1970. The program's remarkable progress has been attributed to such factors as vigorous official leadership, strong financial support, and sound management. Another significant factor has been incentive payments for village organizers and acceptors of control devices.

The Government first endorsed family planning in 1958, although a Family Planning Association was in being as early as 1952. Official demonstration programs got underway in 1960, and by 1965, some 3,000 family planning clinics had been established.

In mid-1965, a Family Planning Scheme was incorporated into Pakistan's Third Five-Year Plan, with a 5-year allocation of rupees equivalent to \$59.7 million. By July 1969, the Scheme had been extended to all districts in the country. In addition, pilot programs have recently begun operating in some of the tribal areas.

IUD insertions in Pakistan totaled over 2.2 million by early 1969 (80,000 insertions in the month of January alone), sterilizations 630,000, and sales of conventional contraceptives, 410 million. Oral contraceptives are being used by some 50,000 couples. It is estimated that conventional means—including the IUD—were being used by 3.4 million couples at the start of 1969.

One handicap to achieving birth rate reduction continues to be the shortage of women doctors to insert IUDs (Moslem women traditionally are reluctant to be examined by male physicians). Helping to overcome this problem has been a training program for "Lady Family Planning Visitors." These are high school graduates who receive a year's training in reproductive physiology and family planning, with emphasis on IUD insertion.

The Central Family Council, which sets program policy, stresses educational and motivational projects to popularize contraceptive methods, especially among younger women. Besides making widespread use of radio, publications, and posters, numerous other promotional means are employed, including song and drama groups and puppet shows.

Pakistan was host to the International Family Planning Conference which was held at Dacca in early 1969. This Conference was attended by more than 300 family planning leaders from numerous countries.

### A.I.D. Assistance

In fiscal 1969 A.I.D. obligated about \$2.3 million and the rupee-equivalent of \$9 million to the Pakistan program for advisory assistance, participant training, and commodity supplies. As of the

end of fiscal 1969, A.I.D. was providing 10 technical advisors to the Ministry of Health and Family Planning.

The Agency began assisting the country's family planning program in 1964, with emphasis on technical assistance and participant training. In 1966, the Agency supplied a loan of \$500,000 to enable family planning services and information to be taken into rural areas. In West Pakistan, the loan went for jeeps, and in East Pakistan, for motors and boat materials to utilize that area's inland waterways. To establish a factory for producing contraceptive pills and other items, Pakistan received Cooley loans for \$168,000 in 1967 and for \$1.07 million in 1968—both in local currencies generated by P.L. 480 sales.

A.I.D. is continuing to cooperate with the Pakistan Government in identifying additional inputs that may be required.

#### Other Assistance

The Ford Foundation's assistance to family planning in Pakistan began in 1961 with a \$549,000 grant to the Ministry of Health. The grant included support for advisory services, foreign training, pilot research, and the National Research Institute of Family Planning. Subsequent grants have been made to Johns Hopkins University for a family training and research center in Lahore, and to the University of California for a similar center at Dacca. The Foundation's grants to date for the Pakistan program total \$3,661,000.

The Population Council provides assistance to the Population Growth Estimate Study carried out by the Pakistan Institute of Development Economics and the Pakistan Academy for Rural Development in Comilla. It also extends help for demographic research at universities, and finances fellowships for overseas training. The Jinnah Central Hospital in Karachi is a member institute in the Council's postpartum program. In late 1968 the Council gave support to help plan a Center for Advanced Training in Population. Other Council activities have included provision of a demographic



*Pamphlets and posters in Bengali try to persuade families in East Pakistan to have no more than two children.*

advisor to the Pakistan Institute of Development Economics; aid for pilot projects of the Ministry of Health, Labor, and Social Welfare; and assistance in developing the National Research Institute for Family Planning. Three members of the Population Council staff are serving as advisors to this institute.

The International Planned Parenthood Federation renders financial assistance to projects of the East and West Pakistan Family Planning Associations.

The Swedish International Development Authority (SIDA) since 1961 has helped to establish and operate clinics, organize research, assist in educational programs, and provide equipment. Under an agreement signed in early 1966, SIDA is supplying all the condoms required by the national program (in 1967, 115 million were furnished). Swedish expenditures in Pakistan from the beginning through

fiscal 1969 have been approximately \$7 million. Of this total, \$3 million were earmarked for condom supplies.

The Oxford Committee for Famine Relief (OXFAM) has provided grants equivalent to around \$8,400 to help finance the family planning publicity campaign launched by Pakistan in 1965.

The British Government has supplied \$71,750 in contraceptives.

## Turkey

### Demographic Information

<i>Population according to census of Oct. 24, 1965</i>	31,391,421
<i>Estimated population, Jan. 1, 1969</i>	34,155,000
<i>Births per 1,000 population, 1968</i>	42-43
<i>Deaths per 1,000 population, 1968</i>	16
<i>Infant deaths per 1,000 live births, 1966</i>	161
<i>Rate of natural increase, percent, 1968</i>	2.6-2.7
<i>Number of years to double population at present rate of natural increase</i>	28
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1965</i>	34
<i>Labor force in agriculture, percent of total labor force, 1965</i>	72
<i>Per capita gross national product, 1967</i>	\$324
<i>Literacy rate, percent</i>	47

### Population and Family Planning Programs

Formation of Turkey's family planning program followed soon upon the Government's realization in the mid-1960's that the country's population had doubled during the preceding 3 decades. In an initial measure to slow this trend, the Government in 1965 repealed a law that had prohibited the import and distribution of contraceptives. Officials then set up a General Directorate of Population Planning within the Ministry of Health and Social Assistance, and established birth control clinics on a pilot basis. After conducting clinic research, the Ministry approved oral contraceptives and IUDs for nationwide use.

At the start of 1969, 350 clinics were providing family planning services. Being trained through clinic facilities were 796 physicians, 2,712 midwives, 2,022 sanitarians, and 790 nurses. Teams of technicians were traveling to rural areas giving advice and free IUD insertions. IUD insertions through 1968 totaled nearly 150,000. An estimated 100,000 women use oral contraceptives regularly. The Government's goal is to have 2.2 million couples practicing family planning by 1972, in an effort to lower the present growth rate of 2.6 percent to 2.0 percent by that year.

Besides clinic services, the program makes wide use of publicity media—radio, posters, and pamphlets. Students in middle and secondary schools receive instruction in human reproduction. Family planning has been included in military training.

A central family planning organization is responsible for training of personnel, research, and evaluation. The Hacettepe Institute of Population Studies in Ankara also conducts research—medical, social, and economic.

Direct support from the national budget for these activities was increased to the lire-equivalent of \$744,444 in fiscal 1967, from \$667,567 in the previous year. This does not include amounts spent by maternity hospitals and other Government-supported health services.

### A.I.D. Assistance

A.I.D. has assisted Turkey's family planning program since mid-1965, when an A.I.D. survey team visited the country. In February of the following year, Turkey received an A.I.D. grant of \$277,777 in Turkish lire (trust fund) derived from P.L. 480 food sales, to buy 50 jeeps for assignment to rural health centers. In October 1966, a \$3.6-million loan agreement was signed to cover purchase of an additional 1,400 jeeps, but the loan was subsequently reduced to \$2.1 million. Procurement of commodities financed by the loans is expected to begin in early 1970. The loan provided also for technical advisory serv-

ices, repair and maintenance for the jeeps, and audiovisual and educational equipment and services.

A grant of \$500,000 in Turkish lire (trust fund) signed in April 1967 between A.I.D. and the Ministry of Health, covered various administrative and family planning costs, including training on a relatively large scale.

Other projects involving A.I.D. assistance are: financing the services of a public health advisor on population; helping to develop a modern statistical system in Turkey to provide reliable data for family planning programs; and supporting the Turkish Demographic Survey Program to produce basic data on current population growth and related demographic characteristics.

#### Other Assistance

The Population Council has had a leading role in establishing Turkey's national family planning program. In 1963 the Council conducted a feasibility study and recommended guidelines for a national program. Council funds are used for demographic training, research, distribution of IUDs and oral contraceptives, and for general support to the family planning program. The Council also carries on a postpartum program in which the Ankara Maternity Hospital participates, and maintains a resident medical advisor. In 1968 a Council grant was made to Ataturk University for a pilot family planning program in the eastern region, which provides training in IUD insertion and family planning methods.

The Ford Foundation in 1967 made a 3-year grant of \$375,000 to the Hacettepe Institute of Population Studies, Ankara for training and research in population and demography.

The Rockefeller Foundation in 1967 made a 4-year grant of \$250,000 to the Hacettepe Institute for the development of family planning clinics for research, teaching, and demonstration projects. In 1966, a \$6,700 grant went to the Ministry of Health and Social Assistance to purchase equipment for the School of

Public Health, Ankara, for use in the Turkish Demographic Survey.

The International Planned Parenthood Federation in 1966 assisted the Turkish Family Planning Association with general development expenses in opening new clinics, providing training manuals, and presenting seminars. In July 1966, IPPF financed the travel of two Turkish officials to the Regional IPPF Congress at Copenhagen. Also funded by IPPF was the travel of one official in April 1967 to the Eighth International IPPF Congress in Santiago, Chile.

The Swedish International Development Authority has made a grant of \$97,000 to the Turkish Government for the purchase of contraceptives; additional aid is being considered.

The Pathfinder Fund provided specialists in 1963 and 1964 to help form the Family Planning Association of Turkey. In 1966, Pathfinder officials visited that country, and subsequently made a small grant to the Association.

## United Arab Republic

### Demographic Information

<i>Population according to census of</i>	
<i>May 31, 1966</i>	30,075,858
<i>Estimated population, Jan. 1, 1969</i>	31,976,000
<i>Births per 1,000 population, 1968</i>	42
<i>Deaths per 1,000 population, 1968</i>	18
<i>Infant deaths per 1,000 live births, 1967</i>	108
<i>Rate of natural increase, percent, 1968</i>	2.4
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	29
<i>Percent of registered births, first-born 1961</i>	10*
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1961</i>	3*
<i>Median age of women registering births, 1961</i>	30*
<i>Median birth order of registered</i>	
<i>births, 1961</i>	4.2*
<i>Urban population as a percent of total</i>	
<i>population, 1960</i>	38
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1960</i>	57
<i>Per capita gross national product, 1967</i>	\$186
<i>Literacy rate, percent</i>	30

\*Underregistered.

## Population and Family Planning Programs

The United Arab Republic (U.A.R.) has officially promoted family planning as a national objective since 1962. However, the present program thrust did not begin until 1966. At that time, concerned at the program's lack of progress, the U.A.R. set up a Supreme Council for Family Planning, chaired by the Prime Minister, to act as the central policy-making body. At the same time, a program was initiated to train doctors in the use of IUDs and in other aspects of fertility control.

A family planning committee has been established in each of the Republic's 25 governorates. A Family Planning Executive Board, with headquarters in Cairo and branch offices in the governorates, is responsible for overall administration of the program, for provision of supplies, and data collection.

Private voluntary groups had established a network of family planning centers and clinics before the launching of the national program. The private clinics today operate under the direction of the Supreme Council and receive partial subsidies from the Government. In addition, the Egyptian Family Planning Association operates some 360 centers. All told, the national program has more than 2,600 health centers offering family planning services.

According to a 1968 estimate, 350,000 persons in the U.A.R., mostly women, were practicing family planning. Of these, 235,000 women were using oral contraceptives, which get prime emphasis in the national program, and 68,000 women were using IUDs. About 2,500 additional women were adopting IUDs each month.

Medical schools at the Universities of Cairo and Alexandria conduct research on family planning. Graduates of the schools, in addition, are required by law to serve at least 2 years in the villages. Over 2,000 doctors are now working in the rural health centers. All must devote at least 9 hours per week to administering family planning services.

## A.I.D. Assistance

No A.I.D. assistance is provided to the U.A.R. program. In January 1966, A.I.D. sponsored the visit of a team of U.S. consultants to the U.A.R.

## Other Assistance

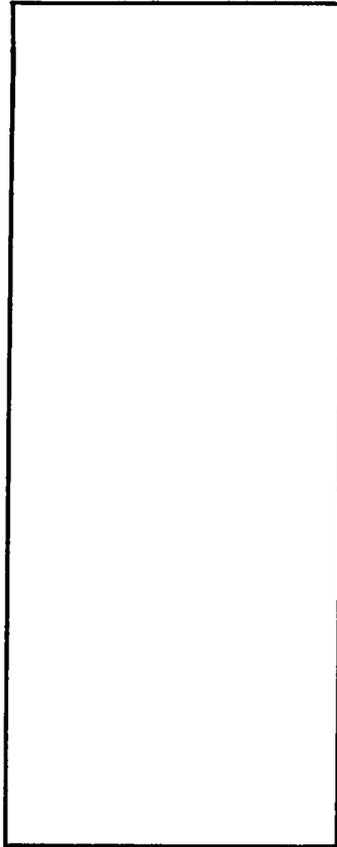
The Pathfinder Fund has been involved in family planning in Egypt since the early 1950's, when Pathfinder representatives assisted in organizing a voluntary society for family planning. Since development of the national program, the Fund has provided equipment and contraceptives for clinics, including IUDs. The Fund helped introduce IUDs in the U.A.R. The Fund currently supports research in IUD insertions and contributes oral contraceptives.

The Ford Foundation has provided participant training, advisory services, and equipment to support U.A.R.'s national family planning program. In the 1965-68 period, a total of \$1,319,500 went for projects associated with reproductive biology and family planning.

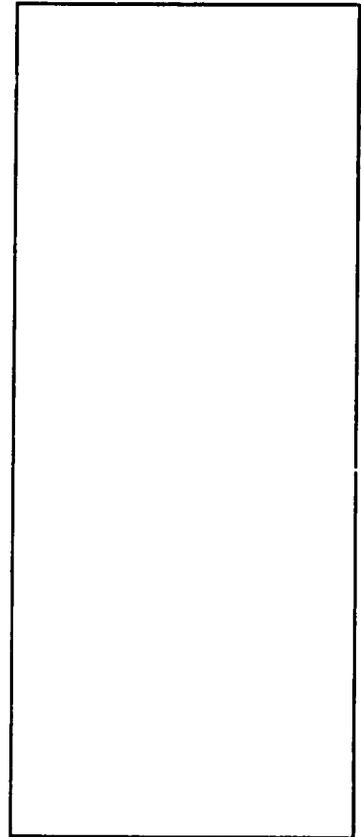
The Population Council since 1963 has given financial assistance to the North African Regional Demographic Centre in Cairo (\$65,000 in 1968) and the Egyptian Association for Population Studies, as well as help for various demographic and medical studies. Participating in the Council's postpartum program are the Shatby Maternity Hospital and the Cairo University Hospital. The Council has supplied IUDs, other materials, and a consultant for IUD manufacture. In 1965 and 1968, the Council helped carry out a study on the use of mobile teams to provide IUD services to rural areas.

The International Planned Parenthood Federation assists the Egyptian Family Planning Association, using funds supplied by the Danish Secretariat for Technical Cooperation. The Government of Denmark also provides raw materials for the production of oral contraceptives.

CARE in 1966 donated surgical instruments and medical equipment to three urban family planning clinics.



# africa



# AFRICA

## (Regional)

Africa's population has increased rapidly since the beginning of the century, bringing in its wake problems, present and potential, that are attracting the attention and concern of an increasing number of African leaders. However, the opinion is still fairly widespread that population pressure on the huge land area is not significant and that the Continent does not suffer from overpopulation, either real or potential. Because of the high infant and child mortality rate, improved health services are a greater concern than population and family planning. Certain facts, however, argue the need for concern about population growth in Africa.

Between 1900 and 1930 the Continent's population growth was estimated at 0.6 percent per year but by the early 1960's, it had risen to approximately 2.4 percent. Two-thirds of Africa's estimated 340 million people live south of the Sahara, the large majority in tropical Africa. The rate of population increase in some of the tropical countries has risen to over 3 percent per year, because of declining mortality and continued high fertility. According to Dr. John Blacker, regional statistical advisor to the U.N.'s Economic Commission for Africa, the Continent's population may double every generation in spite of the fact that at present 30 percent of African children die before age 15.

Africa's mortality rate is higher than that of any other region in the world but it is falling, and is expected to continue to do so. Governments are spending large parts of their capital resources to reduce disease and mortality. Unless there is a commensurate decline in fertility, the rate of population increase will

continue upward, rising to 3 to 3.5 percent a year. The fact that some 50 percent of the population is under 15 years of age makes it difficult to improve average living conditions, expand per capita production and accumulate capital for development.

Difficult agricultural conditions are an inherent part of Africa's population problem. Only two-thirds of its land has soil cover, and only a small fraction of this is suitable for farming. The typical African farmer does not now have the skills, equipment, and other means to cope with adverse soil and climatic conditions.

As a result, malnutrition is endemic. Nutritional diseases are a prime cause of high death rates for infants and mothers. At the same time, cultural and economic factors have encouraged large families, the African family averaging about six live-born children.

Many Africans are interested in planning their families and the concept of the small, planned family will no doubt gain in favor if mortality rates continue to decrease.

Africa's movement towards urbanization is altering traditional patterns, and higher education, higher salaries, and city life have contributed to lowering fertility rates.

African nations are, to different degrees, aware of the threat that current population growth poses to their economic development and to the welfare of their people. In April 1969, Ghana announced a national family planning policy. Ghana had been the only sub-Saharan nation to sign the World Leaders Declaration. Other African countries with Government-sponsored family planning

programs are Kenya, Tunisia, and Morocco. Some others, as in Mauritius, are assisting voluntary agencies by making government facilities and personnel available when requested for family planning activities.

International or private organizations like the Population Council or Pathfinder Fund have in the past provided limited assistance to Congo (Brazzaville), Dahomey, Guinea, Mali, and Togo. Present assistance of these organizations to other African countries is on a much larger scale. Congo (Kinshasa), Central African Republic, and Libya officially favor large families, or have legislation forbidding the import of contraceptives or distribution of information on family planning.

Little or no information is available about family planning interest or activities in Angola, Gabon, Mauritania, Mozambique, Niger, the Reunion Islands, and Somali Republic.

#### A.I.D. Assistance

Until fiscal 1968, A.I.D. support for population activities in Africa was limited primarily to support for demographic research and training. However, that year marked the initial acceleration of the Agency's assistance to population activities and to maternal and child health-family planning programs. This assistance was extended directly to country programs or through regional grant agreements with voluntary organizations such as International Planned Parenthood Federation, Pathfinder Fund, and Population Council.

A.I.D. assistance to programs in Africa expanded from \$663,000 in fiscal 1968 to \$1.4 million in fiscal 1969. Kenya, Morocco, and Uganda were new recipients in 1969. Worldwide grants to the IPPF, Pathfinder Fund, and the Population Council (for its International Postpartum Program), helped support family planning activities in Africa in fiscal 1968, and were extended through fiscal 1969.

Funding by the Agency for International Development for assistance since

1965 to population and family planning activities in the African region is:

	1965	1966	1967	1968	1969
	(in \$ thousands - fiscal years)				
Country Missions	10	9	4	404	983
Regional Projects	--	--	30	259	457
Total	10	9	34	663	1,440

#### Other Assistance

In almost all African countries, some form of population-related activity is being fostered through the assistance of international organizations, private foundations, and agencies of foreign governments. Efforts are being stepped up, particularly in training and demographic studies. Growing attention is also being given to bringing family planning to African leaders and their people, and to encourage official support of family planning efforts. The Population Council, Ford Foundation, Pathfinder Fund, International Planned Parenthood Federation, and the Rockefeller Foundation are among the nonofficial agencies that have provided assistance.

In calendar 1969, IPPF is providing about \$1.5 million in assistance (exclusive of commodities) for support and promotion of voluntary association work in some 20 African countries. Special projects include experiments with mobile units in East Africa, and action research into more effective ways of educating rural communities. IPPF has opened a regional training center in Nairobi, where its regional headquarters is located. A family planning education program is being developed in conjunction with IPPF's Central Office Information and Education Department, which will include specific assistance and advice to national and local family planning programs. The training center will provide educational facilities for neighboring African countries.

The Population Council is actively supporting family planning activities in Ghana, Kenya, Morocco, Nigeria, Sierra Leone, South Africa, Tunisia, Uganda, and Zambia. During 1968, the Council sent a three-man mission to Dahomey

for the first time to consult with Government officials on demographic matters.

The Pathfinder Fund in fiscal 1969 continued to encourage and assist family planning work in most African countries. In this region, as in other regions of the world, Pathfinder Fund has been particularly helpful in stimulating the development of voluntary family planning organizations and in providing essential contraceptive supplies and related equipment.

The Ford Foundation has supported population activities in 11 African countries, both through grants to international voluntary organizations and to country programs. The Foundation has initiated an exploratory program that includes travel awards permitting West African leaders to become familiar with family planning programs in other parts of the world, financing visits to West Africa by short-term consultants, and supporting small research activities.

The Rockefeller Foundation has given \$136,470 in grants since 1964 for population research in several African universities: in 1963 and 1964 in Nigeria;

in 1965 in Senegal and Tanzania; and in 1967 and 1968 in Uganda. The Foundation has also been a contributor to the Population Council's African activities.

The Oxford Committee for Famine Relief has provided, through IPPF, clinic salaries, equipment, and expenses for family planning associations in Kenya, Malagasy Republic, Malawi, Mauritius, Nigeria, Rhodesia, Sierra Leone, Tanzania, Tunisia, and Uganda.

Church World Service has provided contraceptives, equipment and literature to family planning programs in Algeria, Angola, Cameroon, Ethiopia, Ghana, Malagasy Republic, Malawi, Morocco, Niger, Nigeria, Rhodesia, Tanzania, and Uganda.

World Neighbors has provided support to family planning programs in Ethiopia, Lesotho, Malawi, Rhodesia, and South Africa.

Sweden, through the Swedish International Development Authority, has been an important contributor to family planning work, providing \$246,000 in direct country aid during 1968-69, as well as large multilateral grants. Family planning assistance has also been given to Kenya by the Governments of Great Britain, Norway, and the Netherlands.

Peace Corps volunteers are assisting in family planning work in Tunisia. The World Assembly of Youth held a 5-day family planning seminar in Mauritius in January 1969.

The United Nations, the U.S. Census Bureau, France, and others have provided technical assistance for census, vital statistics, and demographic work.



*This smiling mother from sub-Saharan Africa appears on one of a series of posters published by International Planned Parenthood Federation for use in encouraging family planning through better maternal and child health. This poster caption says: "This woman has a new baby. What happens if she gets pregnant again when the first baby is only this size?"*

## Algeria

### Demographic Information

<i>Population according to census of April 4, 1966</i>	12,102,000
<i>Estimated population, Jan. 1, 1969</i>	13,197,000
<i>Births per 1,000 population, 1968</i>	50
<i>Deaths per 1,000 population, 1968</i>	18
<i>Infant deaths per 1,000 live births</i>	115
<i>Rate of natural increase, percent, 1968</i>	3.2
<i>Number of years to double population at present rate of natural increase</i>	22
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1965</i>	13*
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1966</i>	38
<i>Labor force in agriculture, percent of total labor force, 1965</i>	60
<i>Per capita gross national product, 1967</i>	\$239
<i>Literacy rate, percent</i>	25-30

\*Underregistered.

### Population and Family Planning Programs

There is no official policy on population and family planning in Algeria. However, a number of health workers, doctors, and statisticians are working in family planning and demography. Contraceptive services are available at three university hospital clinics.

#### A.I.D. Assistance

A.I.D. has not provided assistance.

#### Other Assistance

In 1965-66, the Ford Foundation provided a vital statistics advisor and consultants to aid the Government in improving its vital registration system. In 1968, it supplied a demographic consultant. The costs involved totaled over \$79,000. A Foundation grant for \$62,000 financed a Population Council study of knowledge, attitudes, and practices.

Sweden has supplied contraceptives and clinical equipment to three family

planning pilot projects at university clinics in Alger, Constantine, and Oran. Algeria is one of the countries included in the Swedish International Development Authority's \$153,000 grant for family planning motivation and training.

The International Planned Parenthood Federation regional office has sponsored training courses for doctors and paramedical personnel, and has supplied contraceptives and literature to clinics. The Pathfinder Fund has also sent contraceptives and literature to Algeria.

## Botswana

### Demographic Information

<i>Population according to census of Jan. 15-June 15, 1964</i>	543,105
<i>Estimated population, Jan. 1, 1969</i>	625,000
<i>Births per 1,000 population</i>	NA
<i>Deaths per 1,000 population</i>	NA
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	3.0
<i>Numbers of years to double population at present rate of natural increase</i>	23
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1946</i>	27
<i>Labor force in agriculture, percent of total labor force, 1964</i>	91
<i>Per capita gross national product, 1967</i>	\$95
<i>Literacy rate, percent</i>	20

### Population and Family Planning Programs

Although the Government has established no official family planning policy, it has not discouraged family planning. Its National Development Plan for 1968-73 includes the statement: "There is a great need for education in sanitation, family planning, antenatal care, child care, nutrition, and similar matters."

In 1968 the Government and the International Planned Parenthood Federation agreed upon a training program for doctors and other health personnel. This

program was announced publicly at the Commonwealth Medical Conference in September 1968.

Oral contraceptives and IUDs are available at four Government hospitals and three religious mission hospitals.

#### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

#### Other Assistance

During the first quarter of 1969, an IPPF training program was carried out. The object of the program was to promote an understanding of family planning as part of family health, and to encourage its inclusion in maternal child health services. A team of one doctor, a social welfare worker, and a public health nurse visited many parts of Botswana. Training was directed towards the medical and nursing profession, and opinion leaders such as teachers and voluntary groups.

The U.K. Ministry of Overseas Development has sent six doctors to Botswana, some of whom received IPPF family planning training in England.

## Burundi

### Demographic Information

<i>Population according to sample survey, Feb. 25-July 31, 1965</i>	3,210,090
<i>Estimated population, Jan. 1, 1969</i>	3,461,000
<i>Births per 1,000 population, 1968</i>	46
<i>Deaths per 1,000 population, 1968</i>	24
<i>Infant deaths per 1,000 live births, 1968</i>	138
<i>Rate of natural increase, percent, 1968</i>	2.2
<i>Number of years to double population at present rate of natural increase</i>	31
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1965</i>	2
<i>Labor force in agriculture, percent of total labor force, 1965</i>	95
<i>Per capita gross national product, 1967</i>	\$52
<i>Literacy rate, percent</i>	10

## Population and Family Planning Programs

There is no Government family planning program in Burundi and no organized family planning activity. There is some limited family planning work being done by missionaries.

#### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

#### Other Assistance

Pathfinder has provided some family planning literature and contraceptives.

## Cameroon

### Demographic Information

<i>Population according to sample surveys, 1960-65</i>	5,017,000
<i>Estimated population, Jan. 1, 1969</i>	5,630,000
<i>Births per 1,000 population, 1968</i>	39
<i>Deaths per 1,000 population, 1968</i>	18
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	2.1
<i>Number of years to double population at present rate of natural increase</i>	33
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1960</i>	5
<i>Labor force in agriculture, percent of total labor force, 1965</i>	84*
<i>Per capita gross national product, 1967</i>	\$142
<i>Literacy rate, percent</i>	10-15

\*For East Cameroon only.

### Population and Family Planning Programs

Although it has made no formal pronouncement of population/family planning policy, the Cameroonian Government is aware of the country's population problems.

While limited by a shortage of funds, the Government is making an effort to improve its vital statistics and statistical services. The Office de la Recherche

Scientifique et Technique Outre-Mer and the Societe d'Etudes pour la Developpement Economique et Social in Paris have made several demographic studies in Cameroon.

Demographic analysis is included in the training program for statisticians at higher and intermediate levels in the International Statistics Center in Yaounde. This Center was established in 1961 by the Economic Commission for Africa. The United Nations provides scholarships for the Center.

In 1968, two Cameroonians were enrolled in a 3-year degree program at the

U.N.-sponsored National Institute of Statistics and Applied Economics in Rabat.

#### A.I.D. Assistance

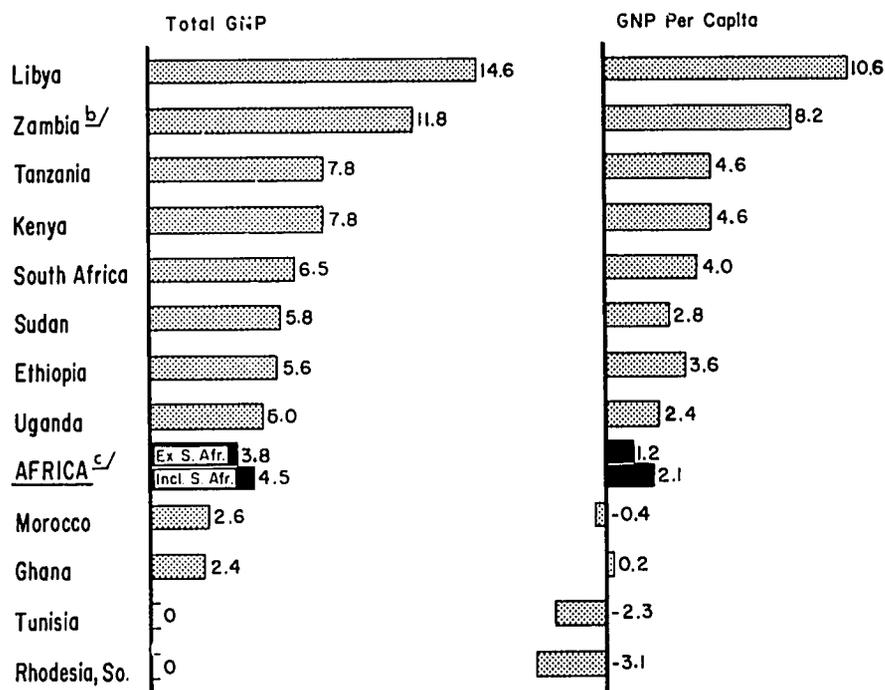
A.I.D. has provided no assistance.

#### Other Assistance

The Economic Commission for Africa provides fellowships for Cameroonian students at the Rabat institute.

Church World Service has a limited family planning program in Cameroon. The Pathfinder Fund has sent contraceptives to Cameroon.

### GNP GROWTH RATE <sup>a/</sup> FOR AFRICA AND SELECTED COUNTRIES IN REGION



<sup>a/</sup> Arithmetic average of percent change of 1967 over 1966, and 1966 over 1965.

<sup>b/</sup> Arithmetic average of percent change of 1966 over 1965 and 1965 over 1964.

<sup>c/</sup> Estimates for entire region, including countries not shown separately on page.

NOTE: Data are preliminary.

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## Chad

### Demographic Information

<i>Population according to sample survey, Dec. 1963-Aug. 1964</i>	3,254,370
<i>Estimated population, Jan. 1, 1969</i>	3,566,000
<i>Births per 1,000 population, 1968</i>	45-47
<i>Deaths per 1,000 population, 1968</i>	28-30
<i>Infant deaths per 1,000 live births, 1968</i>	145
<i>Rate of natural increase, percent, 1968</i>	1.5-1.9
<i>Number of years to double population at present rate of natural increase</i>	41
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1964</i>	14*
<i>Median age of women registering births, 1964</i>	27*
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1964</i>	3
<i>Labor force in agriculture, percent of total labor force, 1965</i>	92
<i>Per capita gross national product, 1967</i>	\$78
<i>Literacy rate, percent</i>	5-10

\*Underregistered.

### Population and Family Planning Programs

The Government of Chad does not consider family planning a high priority matter and has not instituted an official population policy.

Birth control information and services are provided by private physicians on request, but there are no organized family planning activities.

Economic and sociological research on Chad's population problems is being conducted by the Office of Recherche Scientifique et Technique Outre-Mer (ORSTOM) and the National Museum that is located at Fort Lamy.

#### A.I.D. Assistance

A.I.D. has provided no assistance for family planning.

#### Other Assistance

The French Government is supporting demographic research.

## Dahomey

### Demographic Information

<i>Population according to sample survey, May 25-Sept. 30, 1961</i>	2,106,020*
<i>Estimated population, Jan. 1, 1969</i>	2,425,000*
<i>Births per 1,000 population, 1968</i>	50
<i>Deaths per 1,000 population, 1968</i>	29
<i>Infant deaths per 1,000 live births</i>	150
<i>Rate of natural increase, percent, 1968</i>	2.1
<i>Number of years to double population at present rate of natural increase</i>	33
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1961</i>	14**
<i>Median age of women registering births, 1961</i>	26**
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1965</i>	10
<i>Labor force in agriculture, percent of total labor force, 1965</i>	84
<i>Per capita gross national product, 1967</i>	\$73
<i>Literacy rate, percent, latest estimate</i>	10

\*African population only.

\*\*Underregistered.

### Population and Family Planning Programs

There are no organized family planning activities in Dahomey. Some individual doctors give family planning advice, and there is beginning to be some interest in family planning objectives in Government circles.

#### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

#### Other Assistance

Pathfinder Fund has begun some family planning activities in Dahomey. Equipment and supplies have been sent to the hospital, Eglise Protestante Methodiste, in Cotonou. During 1968, the Population Council sent a three-man mission to Dahomey for the first time to consult with Government officials on demographic matters.

# Ethiopia

## Demographic Information

<i>Population according to census</i>	NA
<i>Estimated population, Jan. 1, 1969</i>	24,419,000
<i>Births per 1,000 population, 1968</i>	43*
<i>Deaths per 1,000 population</i>	NA
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	2.1
<i>Number of years to double population at present rate of natural increase</i>	33
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1967</i>	8
<i>Labor force in agriculture, percent of total labor force, 1965</i>	88
<i>Per capita gross national product, 1967</i>	\$66
<i>Literacy rate, percent</i>	5

\*Based on data from six roadside towns in 1962-66.

## Population and Family Planning Programs

The Ethiopian Government has no stated policy on population and family planning, but there is no objection to family planning as part of maternal and child health care.

The Family Guidance Association, a voluntary association that is part of the Haile Selassie I Welfare Foundation, was established in 1966 as a result of visits begun in 1964 by Pathfinder Fund representatives. Included on the Association's Executive Committee are representatives of the Ministries of Education, Community Development, and Public Health, and the Addis Ababa Municipal Government and the University School of Social Work.

At the Haile Selassie Hospital in Addis Ababa, the Association runs a clinic employing a full-time social worker and part-time consultant<sup>+</sup> both trained in the United States. In addition, there are three Association branches that provide family planning services in about 23 centers outside Addis Ababa.

The University School of Social Work provides a weekly family planning lecturer for the Association. Lectures are given to the general public and often include films.

Lectures on population and vital statistics are included at the United Nations Statistical Training Center in Addis Ababa.

## A.I.D. Assistance

Efforts to develop reliable estimates of birth, fertility, and infant mortality rates in a number of communities outside Addis Ababa were being carried out from 1963-66 through a pilot project in birth and death registration assisted by A.I.D. Selected nurses have received training in the United States at A.I.D. expense. The A.I.D. population office has given technical assistance to the Family Guidance Association. In 1967, A.I.D. financed the attendance of an Ethiopian family planning leader at the International Planned Parenthood Federation Conference in Santiago, Chile.

## Other Assistance

In addition to supporting its representatives' visits to Ethiopia, the Pathfinder Fund has contributed funds and contraceptives to family planning clinics, and supported a family planning leader's attendance at a University of Chicago course on family planning in 1965. At present, Pathfinder supports the Welfare Foundation family planning clinic and supplies it with contraceptives. Pathfinder plans a survey of attitudes and practices toward family planning in the area surrounding Harron, Ethiopia. The results of this survey would provide information that could be instrumental in convincing the Ethiopian Government of the importance of population programs.

Sweden has contributed to an extension of the Maternal Child Health project under the auspices of Swedish Save the Children Federation, and the Municipality of Addis Ababa. Five additional centers are being set up and family planning services have recently begun.

IPPF has assisted the clinics and, with the Population Council, has fellowships for study abroad. World Neighbors and Church World Service give limited family planning assistance.

## Gambia

### Demographic Information

<i>Population according to census of April 17, 1963</i>	315,486
<i>Estimated population, Jan. 1, 1969</i>	352,000
<i>Births per 1,000 population, 1968</i>	38-42
<i>Deaths per 1,000 population, 1968</i>	18-22
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	1.8-2.2
<i>Number of years to double population at present rate of natural increase</i>	35
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1963</i>	9
<i>Labor force in agriculture, percent of total labor force, 1965</i>	87
<i>Per capita gross national product, 1967</i>	\$95
<i>Literacy rate, percent</i>	10

### Population and Family Planning Programs

There is no official family planning policy in Gambia, but the Government accepts family planning as a means to improve maternal and child health. There is currently no legislation against contraception.

A family planning association is being organized and, in late 1968, a committee had been formed and a constitution drawn up for an association.

#### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

#### Other Assistance

The International Planned Parenthood Federation has offered to consider a grant application to enable the work of the association to get underway.

The Pathfinder Fund has provided a grant to establish and equip the association and a family planning clinic. Pathfinder has sent IUDs and literature to Gambia on a very small scale.

## Ghana

### Demographic Information

<i>Population according to census of March 20, 1960</i>	6,726,815
<i>Estimated population, Jan. 1, 1969</i>	8,834,000
<i>Births per 1,000 population, 1968</i>	50
<i>Deaths per 1,000 population, 1968</i>	20
<i>Infant deaths per 1,000 live births, 1968</i>	131
<i>Rate of natural increase, percent, 1968</i>	3.0*
<i>Number of years to double population at present rate of natural increase</i>	23
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1960</i>	11**
<i>Median age of women registering births, 1960</i>	27**
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1960</i>	23
<i>Labor force in agriculture, percent of total labor force, 1965</i>	56
<i>Per capita gross national product, 1967</i>	\$213
<i>Literacy rate, percent</i>	25

\*Estimated net immigration results in a growth rate of 3.1-3.4 percent.

\*\*Underregistered.

### Population and Family Planning Programs

In April 1969, the Government of Ghana published a white paper on population which provides for family planning services in all Government health facilities. Ghana carried on a mass publicity and educational campaign for family planning in August.

The Government of Ghana is the second in sub-Saharan Africa to adopt an official family planning policy. Ghana is the only sub-Saharan country to have signed the World Leaders Declaration on Population presented to the United Nations.

The Planned Parenthood Association of Ghana, formed in 1966 with branches in Accra, Kumasi, Cape Coast, and Tak-

oradi, provides family planning services at a Government hospital and private medical clinic. The Association produces educational materials on family planning. In 1968-69 it produced a film on family planning in Ghana, assisted by an International Planned Parenthood Federation team from London.

The University Medical School Clinic, which provides training as well as clinical and sociological study, is open 2 days per week and serves approximately 30 patients a week. It offers advice on subfertility. There are three other family planning clinics operating in Accra and the military hospital also gives family planning advice.

Family planning services and treatment for subfertility are provided by the Ghana Christian Council of Churches in its facilities in Accra, Kumasi, Ho, Temi, and Takoradi. The Council has produced a number of local dialect pamphlets.

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.

#### A.I.D. Assistance

In 1969, A.I.D. funded preparation of a population project plan by the School of Public Health, University of California (Los Angeles) in association with the Department of Social and Preventive Medicine of the University of Ghana. Funding for its implementation was being negotiated early in fiscal 1970. The project includes development of a rural pilot area in Danfa for incorporating family planning into basic health services; training for medical and paramedical personnel; development of a system for collecting vital data within the project area; and development of suitable evaluation procedures.

A total of \$239,000 was allocated in fiscal years 1968 and 1969 to provide technical and financial support to a 3-year family planning and data development project. The Demographic Unit of

the Sociology Department of the University of Ghana is conducting this survey, obtaining basic data on demographic trends and information on family planning knowledge, attitudes, and practices. The results will be published and made available to Government agencies for use in social and economic planning.

A.I.D. supported attendance of two Ghanaian family planning leaders at the family planning communication workshop in Bangkok in December 1969. It funded the attendance of five such leaders at the IPPF Conference in Copenhagen in 1966, and of two at the IPPF Conference held in Santiago, Chile, in 1967.

#### Other Assistance

At the request of the Government, the Ford Foundation has provided a resident consultant to assist in the organization of the national family planning program. The Foundation has also provided travel awards to several Ghanaian leaders, and several short-term Foundation consultants have visited Ghana.

The Population Council has given financial assistance for demographic teaching and research at the University of Ghana since 1961; support amounted to \$156,400 in 1968. The Council also provided \$41,160 in support in 1966 and 1967 toward the establishment and operation of the Demographic Unit in the Department of Sociology at the University. In addition, the Population Council granted \$7,000 in 1966 to the University of Western Ontario in Canada to complete processing and analysis of data from a fertility survey in Ghana. In 1968, the Council provided services of a doctor and research assistant for the Demographic Unit of the University. The Council gave \$130,000 in 1968 to support a 5-year demographic study, and \$19,800 to finance a postpartum family planning program.

IPPF and the Pathfinder Fund have helped to advance interest in family planning and to assist the Planned Parenthood Association.

Church World Service has provided family planning literature.

## Ivory Coast

### Demographic Information

<i>Population according to sample survey, Nov. 1957-Jan. 1958</i>	3,100,000
<i>Estimated population, Jan. 1, 1969</i>	4,131,000
<i>Births per 1,000 population, 1968</i>	51-55
<i>Deaths per 1,000 population, 1968</i>	27-29
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	2.2-2.8*
<i>Number of years to double population at present rate of natural increase</i>	28
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1957-58</i>	17
<i>Median age of women registering births, 1957-58</i>	26
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1965</i>	14
<i>Labor force in agriculture, percent of total labor force, 1965</i>	86
<i>Per capita gross national product, 1967</i>	\$267
<i>Literacy rate, percent</i>	20

\*Estimated net immigration results in a growth rate of 2.5-3.1 percent.

### Population and Family Planning Programs

The Ivory Coast Government does not support family planning. Dissemination of information on birth control methods is illegal. The Government plans to participate in the 1960-70 world-wide population census.

At the Ecole de la Statistique, courses in demography are compulsory for students taking the Diploma Agent Technique or the Chefs de Travaux Statistique.

#### A.I.D. Assistance

A.I.D. has given no assistance for family planning.

#### Other Assistance

The Ford Foundation provided travel awards to several Ivoiriens for participation in the summer family planning workshop at the University of Chicago in 1969. Pathfinder Fund gave supplies.

## Kenya

### Demographic Information

<i>Population according to census of August 15, 1962</i>	8,636,000
<i>Estimated population, Jan. 1, 1969</i>	10,397,000
<i>Births per 1,000 population, 1968</i>	49
<i>Deaths per 1,000 population, 1968</i>	18
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	3.1*
<i>Number of years to double population at present rate of natural increase</i>	22
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1962</i>	8
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1962</i>	8
<i>Labor force in agriculture, percent of total labor force, 1965</i>	88
<i>Per capita gross national product, 1967</i>	\$119
<i>Literacy rate, percent</i>	20-25

\*Estimated net outmigration results in a growth rate of 3.0 percent.

### Population and Family Planning Programs

An official family planning program was begun by the Government of Kenya in 1967. Impetus for the program stemmed in large part from a report published by the Ministry of Economic Planning and Development in 1965 concerned with economic problems facing the 1966-70 development plan. Private organizations have major responsibility for carrying out the program.

As a result of voluntary family planning activities begun as early as 1952, the Family Planning Association of Kenya was formed in 1961, with 11 affiliated organizations. The Nairobi City Council had incorporated family planning with maternal and child health services in 1958, and by 1959, eight separate family planning groups had been established, each with a part-time field worker.

The Family Planning Association now has about 21 branches and over 40 clinics throughout Kenya. Its headquarter-

ers clinic, at Kenyatta Memorial Hospital in Nairobi, serves about 1,200 people a month. No fee is charged unless the patient wishes to become an Association member. Some 100 Government hospitals, religious mission hospitals, and health centers, provide free family planning services to about 2,000 new patients a month. Use of mobile units began in 1968 in three areas.

The Association emphasizes training of family planning personnel. A

major training program in contraceptive techniques, primarily for the IUD, is in progress. The University of Kenya Department of Medicine is training all of its students in family planning techniques with the assistance of the Family Planning Association.

Family planning is also a part of countrywide community development efforts. Courses for field workers are held at the International Planned Parenthood Federation Center in Nairobi.

**Women and children at a rural maternal and child health clinic in Kenya.**



## A.I.D. Assistance

A.I.D., by means of a \$133,000 grant in 1969, will fund services of two census experts, a demographer, and a computer programmer, to assist with taking the national census in 1969. The grant also covers services of an audiovisual expert, additional equipment for the audiovisual center, and other commodities, including contraceptives, to strengthen the national family planning program. In July 1966, A.I.D. supported the attendance of family planning leaders to the International Planned Parenthood Federation Conference in Copenhagen.

## Other Assistance

The Ford Foundation made a grant of \$48,000 to the Ministry of Health in 1967 to provide resources for informing all paramedical staff employed by the Government, rural missions, and local authorities about family planning. The Foundation also maintains a resident regional advisor at Nairobi.

Sweden, through the Swedish International Development Authority, has provided services of a Swedish expert for coordination of the national and international programs in the country. Contraceptive pills have also been supplied. During 1968-69, Sweden's support for family planning was \$25,000.

In 1968, the Royal Dutch Institute of Tropical Hygiene began supporting two mobile training teams in Kenya, one in Nyeri, and the other in Nairobi. Each team consists of a physician, nurse-midwife, and technician with a socio-anthropologist to relate both units' findings to tribal customs. The teams are concerned with maternal and child health and family planning. The Nairobi team is associated with the postpartum program at the Nairobi Medical School and the team physician teaches at the School.

In 1966 and 1967, the Oxford Committee for Famine Relief provided assistance through IPPF for the costs of training doctors, midwives, and social workers for the Kenya Family Planning Association, and for advertising and ex-

hibitions to publicize the need for family planning. In 1968, OXFAM provided the salaries of 39 Association field workers.

The IPPF training center at the Federation's regional headquarters in Nairobi was completed in January 1969. Called the Family Welfare Center, it will be used by the Government for its training program, jointly with the Family Planning Association. The Center will also be used by the Nairobi City Health Department, and will provide training facilities for other African countries.

The Pathfinder Fund has financed its representatives' many visits to Kenya, and has helped pay salary and expenses for the organizing secretary of the Family Planning Association. It has supported home visitors in Nairobi and Mombasa, donated contraceptives, and has sent a health educator to work with the Ministry of Health on training nurses. The Fund is supporting a family planning center in Kaimosi, a densely populated area near Lake Victoria. As part of its International IUD Program, it has made and is evaluating two studies on IUD insertions.

The Population Council in late 1965 supported a study, "Family Planning in Kenya," at the request of the Kenya Government. The Council provided \$73,000 in 1966 and 1967 for demography, teaching, and research at the University College in Nairobi. In 1968, the Council continued support for a resident advisor to the Ministry of Health and Housing, in addition to that of a resident advisor on teaching and research in demography at the University of Nairobi, and of a nurse to advise on education and training. In 1969, a seminar on interrelations between population growth and economic development was held at University College in Nairobi. A grant of \$5,000 was given for pills to initiate an oral contraceptive campaign. Two Council representatives visited Kenya in 1969.

The Norwegian Agency for International Development has supplied equipment for 50 clinics, including 10,000 contraceptive cycles for a pilot project. It extended its assistance into 1969.

## Lesotho

### Demographic Information

<i>Population according to census of April 14-24, 1966</i>	852,378
<i>Estimated population, Jan. 1, 1969</i>	922,000
<i>Births per 1,000 population</i>	NA
<i>Deaths per 1,000 population</i>	NA
<i>Infant deaths per 1,000 live births, 1968</i>	137
<i>Rate of natural increase, percent</i>	2.9*
<i>Number of years to double population at present rate of natural increase</i>	24
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population</i>	NA
<i>Labor force in agriculture, percent of total labor force</i>	NA
<i>Per capita gross national product, 1967</i>	\$90
<i>Literacy rate, percent</i>	40

\*Intercensal growth rate. Estimate based on stable and quasi-stable population analysis is 2.0 percent. The two estimates cannot be reconciled with the information now available.

### Population and Family Planning Programs

The Government of Lesotho has not adopted a policy for family planning. However, it is aware that the rapid increase in population is creating difficulties for economic and social development. The Government sponsored a family planning leader's trip to attend an IPPF course on family planning that was held in Kenya.

The Lesotho Family Planning Association was organized during 1966-67. It has not yet been given Government permission to open a clinic, but functions as an information office. The few contraceptive services available in Lesotho are available through private practitioners. Some IUDs are being inserted at the Morija Hospital.

### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

### Other Assistance

IPPF helped to set up the Family Planning Association and continues to support it. The Pathfinder Fund purchased a duplicating machine for the Association. World Neighbors supports some limited family planning work.

## Liberia

### Demographic Information

<i>Population according to census of April 2, 1962</i>	1,016,443
<i>Estimated population, Jan. 1, 1969</i>	1,148,000
<i>Births per 1,000 population, 1968</i>	40-44
<i>Deaths per 1,000 population, 1968</i>	22-25
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	1.5-2.2
<i>Number of years to double population at present rate of natural increase</i>	36
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1965</i>	14
<i>Labor force in agriculture, percent of total labor force, 1965</i>	80
<i>Per capita gross national product, 1967</i>	\$216
<i>Literacy rate, percent</i>	9

### Population and Family Planning Programs

The Government of Liberia has no announced policy on family planning. However, acceptance of family planning is growing, and it is now becoming a part of the maternal and child health program.

The Family Planning Association of Liberia, organized in 1956, became a member of the International Planned Parenthood Federation in 1967. The Association's clinic in Monrovia is conducted by a physician and two nurse-midwives. Five nurse-midwives, trained in IUD insertion by the Association's medical director, travel with a mobile clinic to several clinics in Monserrado County. Seminars to train physicians in IUD insertion are held periodically. Talks in four tribal languages have been

prepared by the Association, which is also engaged in limited fertility studies.

Physicians provide family planning services in a number of industry and missionary hospitals and private clinics such as those at the Firestone Plantation, LAMCO Mines, Bong Mines, Bomi Hills Mine, Phebe Mission, Zorzor Mission, and Ganta Mission. Several new clinics were set up in 1968 with the assistance of the Pathfinder Fund and IPPF.

#### A.I.D. Assistance

A new project, approved in fiscal 1969, includes an inservice training program in maternal and child health, incorporating family health. Training will be given to nurses and other paramedical personnel, especially those serving in rural areas of the country. Public health nursing, and maternal and child health aspects of the basic nursing curriculum will be strengthened. Services of a public health nurse and a nurse-midwife will be provided by A.I.D.

Funds amounting to \$160,000 in fiscal 1969 were allocated for a 5-year Demographic Household Survey to develop demographic data. Information on infant mortality rates, fertility rates, migration, household composition, and general population trends will be collected to build a statistical base for agricultural, industrial, and educational planning.

A.I.D. supported the attendance of family planning leaders at the IPPF Conference held in Santiago in 1967 and in Copenhagen in 1966.

#### Other Assistance

The Pathfinder Fund, which provides contraceptive supplies to some of the hospitals, gave initial encouragement and supplies for the beginning of family planning work in Liberia. This led to establishment of the Family Planning Association of Liberia, now affiliated with the International Planned Parenthood Federation.

The IPPF assists the Association with an annual contribution for salaries, transportation costs, and educational

activities. In the fall of 1967, it sent a team to Liberia to provide training in family planning methods for medical personnel and to advise on training programs. It has also played an active part in promoting family planning acceptance in the country.

The Ford Foundation provided travel awards to several Liberians to allow them to participate in the summer family planning workshop of the University of Chicago in 1969.

## Malagasy Republic

### Demographic Information

<i>Population according to sample survey, May 9-Nov. 11, 1966</i>	6,200,000
<i>Estimated population, Jan. 1, 1969</i>	7,075,000
<i>Births per 1,000 population, 1968</i>	43-46
<i>Deaths per 1,000 population, 1968</i>	21-24
<i>Infant deaths per 1,000 live births, 1968</i>	93
<i>Rate of natural increase, percent, 1968</i>	1.8-2.6
<i>Number of years to double population at present rate of natural increase</i>	32
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1966</i>	15*
<i>Median age of women registering births, 1966</i>	27*
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1965</i>	10
<i>Labor force in agriculture, percent of total labor force, 1965</i>	84
<i>Per capita gross national product, 1967</i>	\$107
<i>Literacy rate, percent</i>	35

\*Underregistered.

### Population and Family Planning Programs

The Government of Malagasy believes the country is underpopulated. In 1967, President Tsiranana proclaimed that each Malagasy family should have 12 children.

With International Planned Parenthood Federation support, a small, private family planning association was formed in 1967. It is limited to providing family planning advice and materials on medical grounds and/or to families with more than four children. It does sex

education work and runs a daily clinic in Tananarive.

#### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

#### Other Assistance

IPPF assists the family planning association. The Pathfinder Fund has supplied contraceptives. Church World Service provides assistance through IPPF. In 1968 the Oxford Committee for Famine Relief also provided funds through IPPF, for salaries of the medical staff and other costs of the Malagasy Family Planning Association.

## Malawi

### Demographic Information

<i>Population according to census of August 9, 1966</i>	4,042,000
<i>Estimated population, Jan 1, 1969</i>	4,281,000
<i>Births per 1,000 population, 1968</i>	43
<i>Deaths per 1,000 population, 1968</i>	18
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	2.5
<i>Number of years to double population at present rate of natural increase</i>	28
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1966</i>	5
<i>Labor force in agriculture, percent of total labor force, 1965</i>	81
<i>Per capita gross national product, 1967</i>	\$53
<i>Literacy rate, percent</i>	15

### Population and Family Planning Programs

Population growth is encouraged by the Government of Malawi. A study of population growth rates in relation to basic needs is being undertaken by the Ministry of Development and Planning.

Family planning information and contraceptives, mainly IUDs, are being made available through a number of voluntary agencies in Malawi.

#### A.I.D. Assistance

A.I.D., through the U.S. Bureau of the Census, provided statistical advisors for the 1966 Malawi Population Census.

#### Other Assistance

Support for a baby clinic at a mission hospital near Zomba has been extended by International Planned Parenthood Federation. The clinic serves parents who wish to limit their families for health or economic reasons.

The Oxford Committee for Famine Relief is assisting a health center in fields related to family planning. The Pathfinder Fund has provided contraceptives. Church World Service and World Neighbors provide limited assistance to family planning programs.

## Mauritius

### Demographic Information

<i>Population according to census of June 30, 1962</i>	701,016
<i>Estimated population, Jan. 1, 1969</i>	817,974
<i>Births per 1,000 population, 1967</i>	31-35
<i>Deaths per 1,000 population, 1967</i>	9
<i>Infant deaths per 1,000 live births, 1968</i>	58
<i>Rate of natural increase, percent, 1967</i>	2.2-2.6*
<i>Number of years to double population at present rate of natural increase</i>	43
<i>Percent of registered births, first-born, 1964</i>	16
<i>Percent of registered births born to women less than 20 years old, 1964</i>	12
<i>Median age of women registering births, 1964</i>	27
<i>Median birth order of registered births, 1964</i>	3.8
<i>Urban population as a percent of total population, 1962</i>	46
<i>Labor force in agriculture, percent of total labor force, 1962</i>	38
<i>Per capita gross national product, 1967</i>	\$260
<i>Literacy rate, percent</i>	61

\*Estimated net outmigration results in a growth rate of 2.2-2.6 percent.

### Population and Family Planning Programs

A 1964 decision by the Government of Mauritius to support the use of family

planning methods and to help expand family planning centers began to be implemented in 1966, after the Minister of Health announced the form that family planning assistance would take. Overall responsibility was assigned to the Ministry of Health, which set up a small Family Planning Division to concentrate initially on family planning education.

Family planning advice and services were provided by two voluntary associations: the Mauritius Family Planning Association, established in 1957, and Action Familiale, a Catholic group organized in 1963. Both groups, with Government support, run a total of about 70 clinics. The Association estimates that there were more than 10,000 users a month in 1968.

A course on contraceptive techniques and services for student nurses and midwives, practicing midwives, and social workers is given by family planning agencies under the auspices of the Ministry of Health. The Family Planning Association also runs courses for social workers engaged in motivational clinic work. Courses on population problems have been included in the Ministry of Education's adult education program. The Association has undertaken an extensive family planning education program in accordance with Government policy. Talks and film shows are given throughout the island, and details of clinic hours are publicized. The Government has widely used radio and TV.

#### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

#### Other Assistance

The IPPF assists the Family Planning Association with both financial support and commodities.

In 1966 and 1967, the Oxford Committee for Famine Relief, through IPPF, provided the salary for the director of the Mauritius Family Planning Association, and in 1967, supplied two vehicles and a calculating machine. In 1967, OXFAM also supplied two vehicles and contributed toward the costs of Action

Familiale's family planning program, and in 1965, helped support the training of the group's field workers.

In January 1969, the World Assembly of Youth sponsored a 5-day family planning seminar, organized by the Mauritius National Youth Council in conjunction with the Ministry of Health, and with the cooperation of the Family Planning Association and Action Familiale. A.I.D. helps support the WAY program.

The Swedish International Development Authority provided \$53,000 in assistance, as well as \$7,000 worth of contraceptives in 1966-67. It supplies all the oral contraceptives and condoms needed.

The Pathfinder Fund has supplied tape recorders and contraceptives. The Population Council gave free IUDs.

Under its technical assistance program, the United Kingdom has provided medical personnel for the family planning program. The Population Investigation Committee of the London School of Economics is evaluating the Government's family planning program.

## Morocco

### Demographic Information

<i>Population according to census of</i>	
<i>June 18, 1960</i>	11,626,232
<i>Estimated population, Jan. 1, 1969</i>	15,086,000
<i>Births per 1,000 population, 1968</i>	50
<i>Deaths per 1,000 population, 1968</i>	16-17
<i>Infant deaths per 1,000 live births, 1968</i>	126
<i>Rate of natural increase, percent, 1968</i>	3.3-3.4*
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	20
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of</i>	
<i>total population, 1968</i>	32
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1965</i>	54
<i>Per capita gross national product, 1967</i>	\$188
<i>Literacy rate, percent</i>	14

\*Estimate of net outmigration results in growth rate of 3.2-3.3 percent.

## Population and Family Planning Programs

A Government-sponsored family planning program was begun in 1965 as a means to improve maternal and child health. A law legalizing publicity on contraceptives was signed by the King in 1967. The King was one of 30 world leaders to sign the Declaration on Population presented to the United Nations. Initially the Minister of Health was also the Director of Family Planning. In 1969 a physician was appointed as Director, with responsibility for family planning activities.

Official action was preceded by an analysis of the 1960 census and 1962 sample survey data. Circulated to all Government ministries in late 1965, the analysis focused considerable attention on Morocco's population problem. By 1966 one-third of the women surveyed in a rural area were found to approve of family planning; in nine cities, 50 percent of the women, prior to any systematic education effort, were reported favoring family planning.

A national family planning seminar was held in 1966 under Government sponsorship. In 1968, 54 Moroccans were enrolled at the United Nations-sponsored National Institute of Statistics and Applied Economics in Rabat.

### A.I.D. Assistance

A.I.D. allocated \$156,000 in fiscal 1969 to assist the Government of Morocco with its national census and national family planning program. Three census technicians are being provided. A public health-family planning advisor on the Mission staff, equipment, and supplies including contraceptives have been requested, as well as assistance to improve maternal, child and family health clinics.

### Other Assistance

The Ford Foundation made a 2-year grant of \$322,000 in 1966 to the Ministry of Public Health for training fellowships, consultant services in family planning administration and communications, equipment, and supplies.

The Population Council has provided two resident physicians to administer the Ford grant and to perform technical services. During 1965, and again in 1966, at a cost of \$6,800, the Council provided the Ministry of Public Health with IUD supplies. The Council has also supported surveys of knowledge, attitudes, and practices, and travel and study awards.

At the invitation of the Ministry of Development, a two-man mission from the Ford Foundation and Population Council went to Morocco in June 1967 to examine and make suggestions about the family planning program proposed as part of the development plan for 1968-72.

The Swedish International Development Authority during 1966-68 donated \$39,000 in vehicles and equipment.

## Nigeria

### Demographic Information

<i>Population according to census of Nov. 4, 1963</i>	*
<i>Estimated population, Jan. 1, 1969</i>	52,000,000**
<i>Births per 1,000 population, 1968</i>	50
<i>Deaths per 1,000 population, 1968</i>	22-26
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	2.4-2.8
<i>Number of years to double population at present rate of natural increase</i>	26
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1963</i>	16
<i>Labor force in agriculture, percent of total labor force, 1965</i>	80
<i>Per capita gross national product, 1967</i>	\$107
<i>Literacy rate, percent</i>	25

\*Official result of 55,692,000 believed to be overstated.

\*\*A.I.D. estimate.

### Population and Family Planning Programs

The Nigerian Government is increasingly aware of the problems of population growth, but has not announced a national policy. Although officially rec-

ognizing the Family Planning Council of Nigeria, it provides no financial assistance to the Council.

Among the 12 states of Nigeria, the Governments of Lagos, Western, and Mid-Western have spoken out in favor of family planning. The Western State Government decided in 1968 to include family planning in its health services on an experimental basis. The State's Ministry of Economic Planning and Social Development, in conjunction with the University of Ife, is conducting a fertility survey in order to advise the Government on family planning.

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. In 1964, a national organization, the Family Planning Council of Nigeria, was established. The Council, under the guidance of the National Council of Women's Societies, receives some municipal assistance in Lagos.

Family planning is included in Government health centers operated in conjunction with the Lagos City Council. About eight family planning clinics have been opened in Lagos, and small clinics have been started at Ibadan, Ilesha, Enugu, Kaduna, and a few missions in the east. An IUD pilot project is underway in Ilesha. A Medical Advisory Committee has been established to administer the clinics and to determine the clinic procedures.

In 1968, 2,300 new patients attended the clinics. IUDs were inserted in 85 percent of these cases. Advice on infertility was requested by 15 percent of the patients.

The Family Planning Council receives the cooperation of the Universities of Lagos and Ibadan, which have demonstration clinics for medical and nursing students as part of their curricula. A family planning training and demonstration clinic was opened in March 1968 at the University of Lagos. Partly financed by the International Planned Parenthood Federation, the Center is a joint project of the Department of Obstetrics and

Gynecology, the Department of Community Health, and the Family Planning Council. It will train students, house officers, registrars, and practicing physicians from all parts of Nigeria and West Africa in family planning techniques and in treating infertility. Because there are few doctors, emphasis will be on teaching IUD insertion techniques to nurses and midwives. The Center will also conduct evaluation of family planning.

#### A.I.D. Assistance

A.I.D. has provided training in health and vital statistics and demography for a number of Nigerian students and statisticians. This training has been done through the U.S. National Center for Health Statistics and the Regional Development Workshops conducted by the U.S. Bureau of the Census.

#### Other Assistance

The Ford Foundation provided a 3-year grant of \$380,000 to the University of Lagos Medical School Department of Community Health for maternal and child health, family planning services, and research. This program was extended for 18 months by a \$50,000 grant in 1969. The Johns Hopkins School of Hygiene and Public Health is supplying some staff and other backstopping support to the program. The Foundation has also provided travel opportunities to 20-25 Nigerian family planning leaders and assisted several other small activities.

IPPF has provided assistance to the Family Planning Council for the support and expansion of educational activities and family planning services, including a regional conference.

In 1967 the Oxford Committee for Famine Relief, through IPPF, provided equipment, salaries, and transportation costs to the Family Planning Council of Nigeria. It contributed, again through IPPF, to a family planning project at Queen Elizabeth Hospital in Umuahia, and to the Sudan United Mission for family planning at Vom Hospital.

The Population Council provided

\$30,000 to help finance a conference in Ibadan in early 1966 on African demography. The Council also provided \$20,000 in 1966 and 1967 to support studies on the physiology of reproduction at the University of Lagos Medical School and has provided fellowships for study abroad in demography and family planning. The Population Council has completed a survey of knowledge, attitudes, and practices related to family planning. In 1968, the Council provided a full-time demographer at the University of Ife. Some \$125,000 has been given for a 3-year program in demographic teaching and research.

The Pathfinder Fund has provided funds and assistance to the Family Planning Council since 1964, and paid the salary of the Council's first organizing secretary.

The Swedish International Development Authority has granted \$28,400 to IPPF for assistance to the Family Planning Council.

The Unitarian Universalist Service Committee is developing family planning activities in its Nigerian program.

## Rhodesia

### Demographic Information

<i>Population according to census of</i>	
<i>May 1969</i>	5,093,000
<i>Estimated population, Jan. 1, 1969</i>	5,021,000
<i>Births per 1,000 population, 1968</i>	47
<i>Deaths per 1,000 population, 1968</i>	13
<i>Infant deaths per 1,000 live births, 1968</i>	83
<i>Rate of natural increase, percent, 1968</i>	3.4
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	20
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total</i>	
<i>population, 1965</i>	22
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1965</i>	73
<i>Per capita gross national product, 1967</i>	\$225
<i>Literacy rate, percent</i>	20

### Population and Family Planning Programs

The Government's Medical Department has approved the inclusion of family planning in its hospitals and clinics, and a number of Government hospitals now supply family planning assistance. In the first half of 1968, there were 37 family planning clinics in regular operation in Rhodesia, including those of the Government and of the Family Planning Association. A variety of contraceptive techniques is available at most clinics.

The Family Planning Association, a voluntary organization, provides family planning services through its clinics. The Government provides some support for the Association's work in the form of funds, facilities, and communications.

Founded in 1957, the Association emphasizes public education in family planning. There are three mobile education/film units, and 21 field workers. Educational material is produced in Shona, Chinyanja, Sindebele, and English. The Association's seven branches operate family planning clinics in most large towns; there are eight weekly clinics in Salisbury.

The Association gives family planning training to fifth and sixth year medical students, and conducts a field workers training course. The Bulawayo Health Department trains its health assistants to do family planning work. Government nurses at maternal and child health centers receive family planning training, and family planning courses are given at the Domboshawa Government Training Center.

### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

### Other Assistance

The International Planned Parenthood Federation helps support the work of the Rhodesian Family Planning Association.

In 1968, the Oxford Committee for Famine Relief provided assistance to the Association for costs of an education

film unit; for furnishing and equipping a clinic in Salisbury; for a nurse's salary; and for contraceptive materials to be distributed free to destitute mothers.

Research and evaluation of IUD insertions in Rhodesia is done by the Pathfinder Fund as part of its International IUD Program. Church World Service and World Neighbors have supported family planning programs to a limited extent.

No A.I.D. support is involved in the above assistance.

## Rwanda

### Demographic Information

<i>Population according to sample surveys, 1952-57</i>	2,634,000*
<i>Estimated population, Jan. 1, 1969</i>	3,659,000
<i>Births per 1,000 population, 1968</i>	50-52
<i>Deaths per 1,000 population, 1968</i>	19
<i>Infant deaths per 1,000 live births, 1968</i>	97
<i>Rate of natural increase, percent, 1968</i>	3.1-3.3
<i>Number of years to double population at present rate of natural increase</i>	22
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population</i>	NA
<i>Labor force in agriculture, percent of total labor force, 1965</i>	95
<i>Per capita gross national product, 1967</i>	\$40
<i>Literacy rate, percent</i>	10

\*Estimated population for Jan. 1, 1957.

### Population and Family Planning Programs

Although there is no organized official or voluntary family planning program in Rwanda, some interest is beginning to be shown as awareness grows that the country has one of the highest population growth rates of any country in the world.

A family planning seminar was held in October 1968. In late 1968 the Government invited the International Planned Parenthood Federation to send a representative to discuss the initiation of a family planning program.

### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

### Other Assistance

The Pathfinder Fund is supporting a project at the National University of Rwanda to incorporate family planning in the public health program in the prefecture of Butare. Family planning services are offered as part of maternal and child health care in a postnatal clinic. Rwandese medical students are participating in the program, and midwives are receiving family planning training.

IPPF, with funding from the Oxford Committee for Famine Relief, assists the work of the Ruhengeri Nutritional Center in northern Rwanda.

## Senegal

### Demographic Information

<i>Population according to sample survey, Apr. 1960-Aug. 1961</i>	3,109,840
<i>Estimated population, Jan. 1, 1969</i>	3,685,000
<i>Births per 1,000 population, 1968</i>	45
<i>Deaths per 1,000 population, 1968</i>	21
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	2.4
<i>Number of years to double population at present rate of natural increase</i>	29
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1960-61</i>	15*
<i>Median age of women registering births, 1960-61</i>	27*
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1960-61</i>	23
<i>Labor force in agriculture, percent of total labor force, 1965</i>	74
<i>Per capita gross national product, 1967</i>	\$215
<i>Literacy rate, percent</i>	5-10

\*Underregistered.

### Population and Family Planning Programs

There are no organized family planning activities in Senegal, and the Government has no official policy concerning population or family planning. Some family planning advice has been given by

a few local doctors who have also done IUD insertions. IUDs have been inserted by a trained midwife in a private maternity clinic in Dakar.

#### A.I.D. Assistance

No assistance has been given.

#### Other Assistance

The Pathfinder Fund, in conjunction with a maternity hospital in Dakar, set up a family planning program on a part-time basis in 1965. Since then, five centers have been established outside Dakar and roving field teams of trained personnel insert IUDs, conduct postinsertion checkups, give child-spacing lectures, and distribute family planning literature. Contacts with the Senegalese are established through local doctors, nurses, and social workers. The project is innovative in a country where the climate for family planning acceptance is still difficult. The program seems to be successful in getting the maximum amount of family planning service at the lowest possible cost.

In 1965 the Rockefeller Foundation contributed \$15,000 toward the cost of establishing a rural health teaching and research field station for population studies. This station is operated by the Department of Preventive Medicine at the University of Dakar.

An International Planned Parenthood Federation grant has supported a limited study in Dakar of public knowledge, attitudes, and practices relating to family planning. Representatives of the IPPF and Population Council representatives visited Senegal in 1969.

The United Nations African Institute for Economic Development and Planning in Dakar includes some demographic material in its course on development planning. The Population Council has assisted with demographic studies at the Office of Recherche Scientifique et Technique Outre-Mer. The World Health Organization and Population Council have agreed to assist the Institute of Public Health, which is to be included in the Faculty of Medicine at the University of Dakar.

The Ford Foundation provided travel awards to several Senegalese to participate in the family planning workshop at the University of Chicago in 1969.

## Seychelles

### Demographic Information

<i>Population according to census of</i>	
<i>May 1, 1960</i>	41,425
<i>Estimated population, Jan. 1, 1969</i>	50,000
<i>Births per 1,000 population, 1968</i>	39
<i>Deaths per 1,000 population, 1968</i>	11
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	2.8**
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	25
<i>Percent of registered births, first-born, 1960</i>	20**
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1960</i>	6**
<i>Median age of women registering births, 1960</i>	28**
<i>Median birth order of registered births, 1960</i>	3.2**
<i>Urban population as a percent of total</i>	
<i>population, 1960</i>	25
<i>Labor force in agriculture, percent of</i>	
<i>total labor force</i>	NA
<i>Per capita gross national product</i>	NA
<i>Literacy rate, percent</i>	46

\*Estimated net outmigration results in a growth rate of 2.2 percent.

\*\*Underregistered.

### Population and Family Planning Programs

There is no official family planning policy or program in the Seychelles, nor is there a family planning association.

In 1964, the International Planned Parenthood Federation agreed to administer a grant made by the U.K. Ministry of Overseas Development to initiate family planning services. A doctor was appointed and began work in 1965. Three clinics have been opened; two field workers have been trained in Kenya. In May 1968, 1,100 patients had registered at the clinic on Mahe, most heavily populated island and site of the capital, compared with 454 in 1966.

#### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

## Other Assistance

The United Kingdom has financed three clinics. IPPF assists the family planning work, and some IPPF literature has been provided from the African regional office in Nairobi. The Pathfinder fund has also provided literature.

## Sierra Leone

### Demographic Information

<i>Population according to census of April 1, 1963</i>	2,289,373*
<i>Estimated population, Jan. 1, 1969</i>	2,565,000
<i>Births per 1,000 population</i>	NA
<i>Deaths per 1,000 population</i>	NA
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	1.5
<i>Number of years to double population at present rate of natural increase</i>	46
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1965</i>	9
<i>Labor force in agriculture, percent of total labor force, 1965</i>	75
<i>Per capita gross national product, 1967</i>	\$156
<i>Literacy rate, percent</i>	10

\*Adjusted for estimated 5 percent underenumeration.

### Population and Family Planning Programs

There is no Government family planning program.

In 1959 a Planned Parenthood Association was organized. Initially it used clinic facilities in a Government hospital in Freetown to carry on its work, but now has its own facilities and operates a clinic twice a week. The Association hopes to expand clinic facilities, but is currently concentrating on an educational program, including radio and television broadcasts, lectures, newspaper articles, pamphlets, and posters in four languages. Medical staffs in the provinces are provided with family planning information, as well as various supplies and commodities.

## A.I.D. Assistance

In 1966 A.I.D. supported the attendance of selected family planning leaders at the regional conference of the International Planned Parenthood Federation at Copenhagen.

## Other Assistance

The Ford Foundation provided travel awards to several Sierra Leoneans for participation in the family planning workshop at the University of Chicago in 1969.

In 1966, the Oxford Committee for Famine Relief supplied educational materials through IPPF.

The Population Council supplies a demographer at Fourah Bay College.

## South Africa

### Demographic Information

<i>Population according to census of Sept. 6, 1960</i>	16,002,797
<i>Estimated population, Jan. 1, 1969</i>	19,411,000
<i>Births per 1,000 population, 1968</i>	40-43
<i>Deaths per 1,000 population, 1968</i>	18-21
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	2.2*
<i>Number of years to double population at present rate of natural increase</i>	29**
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1960</i>	47
<i>Labor force in agriculture, percent of total labor force, 1965</i>	29
<i>Per capita gross national product, 1967</i>	\$617
<i>Literacy rate, percent</i>	35

\*Estimated net immigration results in a current growth rate of 2.4 percent.

\*\*Based on current growth rate.

### Population and Family Planning Programs

Family planning is encouraged by the South African Government, which, in conjunction with municipal governments, supports the National Council for Maternal and Family Welfare. The activities

of five branch family planning associations, with a total of about 137 family planning centers, are coordinated by the National Council.

#### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

#### Other Assistance

The Pathfinder Fund, through its Research Department, supports and evaluates several studies of IUD insertions in South Africa as part of its International IUD program. The Population Council has provided fellowship assistance. World Neighbors has supported a limited family planning program. No A.I.D. funds are utilized for the above.

## Sudan

### Demographic Information

<i>Population according to census of Jan. 17, 1956</i>	10,262,536
<i>Estimated population, Jan. 1, 1969</i>	14,983,000
<i>Births per 1,000 population, 1968</i>	49
<i>Deaths per 1,000 population, 1968</i>	16-19
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	3.0-3.3
<i>Number of years to double population at present rate of natural increase</i>	22
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1965</i>	8
<i>Labor force in agriculture, percent of total labor force, 1965</i>	78
<i>Per capita gross national product, 1967</i>	\$110
<i>Literacy rate, percent</i>	10-15

### Population and Family Planning Programs

The Government of Sudan is interested in population problems, but has no family planning program. The Ministry of Health has made the Government Health Center available once a week as a family planning center.

In 1965, the Sudan Family Planning Association was set up in Khartoum. The

instruction of volunteer workers and patients at family planning clinics is assisted by the Sudan Medical Association, the Khartoum Nursing College, physicians practicing in Khartoum, and the University of Khartoum.

#### A.I.D. Assistance

A.I.D. has provided no assistance.

#### Other Assistance

Representatives of the Pathfinder Fund and the International Planned Parenthood Federation have visited the Family Planning Association in Khartoum. The Pathfinder Fund has also contributed family planning literature and contraceptives. A small Rockefeller Foundation travel grant was awarded in 1967 to a University of Khartoum faculty member studying population.

## Tanzania

### Demographic Information

<i>Population according to census of Aug. 26, 1967</i>	12,313,469
<i>Estimated population, Jan. 1, 1969</i>	12,752,000
<i>Births per 1,000 population, 1968</i>	47
<i>Deaths per 1,000 population, 1968</i>	22
<i>Infant deaths per 1,000 live births, 1968</i>	154
<i>Rate of natural increase, percent, 1968</i>	2.5
<i>Number of years to double population at present rate of natural increase</i>	28
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1967</i>	5
<i>Labor force in agriculture, percent of total labor force, 1965</i>	95
<i>Per capita gross national product, 1967</i>	\$73
<i>Literacy rate, percent</i>	15-20

### Population and Family Planning Programs

Tanzania has no official policy on population and family planning, but the Government is aware of the impact of rapid population expansion on its eco-

conomic development. The Minister for Economic Affairs and Development Planning has publicly declared that the Family Planning Association of Tanzania is playing an important role in providing family planning services to those who request them. The municipality of Dar es Salaam has a considerable family planning program.

The Family Planning Association of Dar es Salaam was organized in 1960 with one clinic. In 1966 this organization became the Family Planning Association of Tanzania. There are now four clinics in Dar es Salaam, about 20 in outlying areas, and one mobile clinic. Clinic attendance is increasing steadily. The IUD has been introduced in Dar es Salaam and insertion services are being requested in other parts of the country.

Clinical observation and administrative training opportunities are offered by the Association to individual doctors. The Dar es Salaam School of Medicine is conducting population studies, and the East African Statistical Training Center offers Government employees a 1-year, middle-level statistics course, including instruction in census-taking and vital statistics.

#### A.I.D. Assistance

A.I.D. has provided no family planning assistance.

#### Other Assistance

The Pathfinder Fund supported the Family Planning Association until the International Planned Parenthood Federation began assistance in 1965. Pathfinder has also provided funds for a full-time home visitor and has donated contraceptive supplies.

In March 1968 the Oxford Committee for Famine Relief provided, through IPPF, for the purchase and operating costs of a vehicle for the Medical Director of the Tanzania Family Planning Association. In January 1969, it paid for refurbishing and equipping a clinic at Muhumbili Hospital.

The Rockefeller Foundation has

given two grants to the Department of Social and Preventive Medicine at the Dar es Salaam School of Medicine for population studies. In 1965 the grant was for \$4,200 and in 1966, \$15,000.

The Population Council is assisting in a small pilot evaluation and vital events data collection program under the auspices of the Dar es Salaam School of Medicine. The Council has also given approximately \$6,800 in support of population studies and will provide a demographer on the staff at University College Dar es Salaam.

The Swedish International Development Authority has granted \$27,000 for clinic construction and operation, and personnel training in Dar es Salaam. Church World Service has supplied limited family planning assistance.

## Tunisia

### Demographic Information

<i>Population according to census of</i>	
<i>May 3, 1966</i>	4,533,351
<i>Estimated population, Jan. 1, 1969</i>	5,061,000
<i>Births per 1,000 population, 1968</i>	44
<i>Deaths per 1,000 population, 1968</i>	16
<i>Infant deaths per 1000 live births, 1968</i>	118
<i>Rate of natural increase, percent, 1968</i>	2.8
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	25
<i>Percent of registered births, first-born, 1960</i>	14*
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1960</i>	6*
<i>Median age of women registering births, 1960</i>	28*
<i>Median birth order of registered births, 1960</i>	3.8*
<i>Urban population as a percent of total</i>	
<i>population, 1966</i>	40
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1965</i>	60
<i>Per capita gross national product, 1967</i>	\$209
<i>Literacy rate, percent</i>	30

\*Underregistered.

### Population and Family Planning Programs

The Tunisian Government's nationwide family planning program was officially launched in 1966, following a number of actions indicating the Gov-



*Almost 28,000 women asked for family planning services in 1964 when Tunisian hospitals and clinics first offered them. Sharply expanded in 1966 in a drive to reduce the birth rate, there are now 59 hospitals and clinics with IUD services. A postpartum family planning program is now being developed.*

ernment's concern about the population problem.

President Habib Bourguiba called attention to Tunisia's population growth in 1960; in 1966 he was one of the world leaders who signed the United Nations Proclamation on World Population. Polygamy was outlawed and family allowances reduced in 1960. In 1961, laws against contraceptives were repealed, and abortion was made legal for women with five children.

In 1962 discussions on family planning were held by the Tunisian Government with the Population Council and the Ford Foundation. At the Government's request the Population Council sent a high-level mission to study Tunisia's population problems, and to make recommendations.

An experimental national program was begun in 1963 with participant training and surveys. A Family Planning Program Director and other Tunisian officials were sent to visit Japan, Pakistan, and the United States to become familiar with family planning developments

abroad. Gynecologists, demographers, sociologists, and information-communication leaders were trained during a 4-week seminar. This preliminary phase of the national program included a 1964 Population Council survey of knowledge, attitudes, and practices related to family planning.

The Council's survey showed that a high percentage of all Tunisian women favored family planning. The average woman desired fewer than five children; nearly half wanted to bear no more children; and nearly two-thirds wanted to know about birth control. Only 15 percent of the women surveyed had any knowledge of contraceptive methods.

In 1964 family planning clinics began operation in hospitals and maternal and child health centers. There were 12 clinics in urban and semiurban areas. Half of the clinics offered the IUD, while others offered other methods, including some experimental use of the pill. That year a total of 27,817 women attended the clinics, of whom 18,522 received first IUD insertions.



*Better health for Tunisian youngsters has reduced mortality, persuaded mothers to plan their families.*

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 of child-bearing age during the 5-year plan period. In order to achieve this objective, family planning will be integrated into national health services, with family planning services being offered in clinics, in all hospitals, and all maternal and child health centers. About 59 hospitals and health centers are currently offering IUD services. There is no charge for contraceptives.

A postpartum family planning program is being developed. All gynecologists and surgeons in the country have received training in IUD insertion, and it is planned that most of the nation's other physicians will also receive this training. Other program plans call for 13 mobile teams, each including a doctor, a midwife, and a nurse assistant, to be sent to towns and villages to perform IUD insertions.

An expanded educational program includes family planning meetings

throughout the country and production of a variety of informational materials.

The Ministry of Health has undertaken the expansion of its statistical services with the training of several demographers at the UNESCO-sponsored African Demographic Research Institute in Cairo. Several Tunisians are currently enrolled in the United Nations-sponsored National Institute of Statistics and Applied Economics in Rabat.

#### A.I.D. Assistance

In April 1968 A.I.D. initiated support for a 5-year family planning program. Under the project, now well underway, the Tunisian Government, Ford Foundation, Population Council, U.S. Public Health Service, A.I.D., and several other donors are working together to reduce the rate of population increase.

The program has been strengthened by establishment of a National Family Planning Bureau. In addition to provision of family planning services and supplies, the program includes training, production of information materials, and clinical and demographic research and evaluation.

A.I.D. assistance includes provision of a full-time, direct-hire health educator, and financial aid needed for commodities, equipment, and operating costs. In fiscal 1968, \$268,000 was allocated by A.I.D. for these purposes, and in fiscal 1969, \$185,000.

#### Other Assistance

A Ford Foundation grant of \$200,000 in 1963 supplemented \$60,000 in local currency provided by the Tunisian Government for its national family planning program. The Foundation continued to support the national program in 1966 and 1967 with a second grant of \$324,400. Resident advisor services are provided by the Foundation through the Population Council.

With Ford Foundation assistance, the Population Council has contributed \$750,400 to the Ministry of Public Health and Social Affairs since 1963 to aid in

establishing the national family planning program and to provide medical and demographic advisors. In 1966, the Council supplied a grant of \$26,243 for the experimental demographic program and \$39,000 for demographic advisors. A grant of \$92,138 went for support of a resident advisor, a medical advisor, and a physician trainee. In 1968 the Council provided a Council staff assistant and the services of a resident medical advisor.

The Population Council provided \$8,560 in 1966 to the University of Tunis Centre d'Etudes et de Recherches Economiques et Sociales for demographic training and research. A seminar on Demography of the Maghreb was held at the University of Tunis in 1969.

Under an agreement with the Swedish Government signed in 1963, a mother-child health center in Kelibia began full-scale operation in 1967. A family planning clinic at the Center provides medical treatment, consultation, and training. The staff includes a gynecologist, pediatrician, two midwives, and two nurses. In 1968 Sweden made an audiovisual expert available to the Tunisian family planning authority for the establishment of a special unit for production of informational material.

Sweden has also provided two consultants for the planning of a cytology pilot scheme within the national family planning program, and is prepared to execute the plan. Through mid-1969, Swedish assistance totaled approximately \$639,200.

The Oxford Committee for Famine Relief, through the International Planned Parenthood Federation, provided assistance in 1968 to the Tunisian Family Planning Association to help establish an office and clinic in Tunis, and to meet costs of operation for 6 months. IPPF assists the association.

Peace Corps volunteers are working in support of Tunisia's family planning program.

The United Nations Economic Commission for Africa provides fellowships for Tunisian students attending the Rabat Statistical Institute.

## Uganda

### Demographic Information

<i>Population according to census of</i>	
<i>Mar. 18, 1959-Aug. 18, 1959</i>	6,535,000
<i>Estimated population, Jan. 1, 1969</i>	8,226,000
<i>Births per 1,000 population, 1968</i>	41-48
<i>Deaths per 1,000 population, 1968</i>	18-21
<i>Infant deaths per 1,000 live births, 1968</i>	126
<i>Rate of natural increase, percent, 1968</i>	2.5-2.8
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	27
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1959</i>	14*
<i>Median age of women registering births, 1959</i>	27*
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total</i>	
<i>population, 1959</i>	4.8
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1965</i>	89
<i>Per capita gross national product, 1967</i>	\$93
<i>Literacy rate, percent</i>	20

\*Underregistered.

### Population and Family Planning Programs

In 1967 family planning was recognized by the Government of Uganda as a means of improving the health of mothers and children. The Government does not advocate family planning to limit population growth.

The Family Planning Association of Uganda was established in 1957, and during the first four years conducted a clinic in Kampala. By 1967 approximately 300 persons were being seen each month, including 60-70 new patients.

The Association now sponsors branch clinics at Mengo Hospital, in Jinja, Tororo, Fort Portal, Kilembe Mines, Mbarara, Kasangati, Lugazi, Kakerira, Gulu, Soroti, Kahale, and Toro/Kahuna. Some of these clinics are incorporated in municipal health centers. The Association supports a full-time cytologist at Makerere Medical School.

Talks on the benefits of family planning and the maintenance of sound health are given by trained workers in the Mu-

lago Hospital wards and outpatient clinics in Kampala, Kampala City Council clinics, and mission clinics in rural areas surrounding Kampala.

The Department of Sociology at Makerere University offers a course in demography. Medical students receive family planning instruction.

#### A.I.D. Assistance

A.I.D. allocated \$73,000 in fiscal 1969 to assist with Uganda's national census; a data-processing manager/computer programmer is being provided for a 2-year period. A.I.D. provided \$4,000 for assistance to the Family Planning Association for office equipment in 1966-67, and \$16,000 during the same period to send eight Association representatives to the conferences on population that were held in the United States, Denmark, India, and Chile.

#### Other Assistance

The Rockefeller Foundation provided grants of \$8,500 during both 1967 and 1968 to Makerere University College Medical School in Kampala, for research on blood clotting mechanisms in relation to ovarian steroid hormones. In 1967 the Foundation made a \$94,000 grant for a 2-year period to the University of California toward the costs of an exchange training program in maternal health services, with emphasis on family planning, between the University's school of Public Health and the Faculty of Medicine at Makerere University.

The International Planned Parenthood Federation assists the Family Planning Association and has provided nurses' training. It supported participation of an Association director at the IPPF family planning conference in Santiago, Chile, in April 1967.

In March 1967, the Oxford Committee for Famine Relief, through IPPF, provided about \$11,637 to the Uganda Family Planning Association for education work, for the salaries of doctors and midwives, and costs of maternal and child health demonstrations. In November 1968 OXFAM supplied salaries and

traveling expenses of nurses who give advice on family planning and maternal and child welfare in villages surrounding the Association's clinics.

The Pathfinder Fund finances the services of the director of a new Regional Family Health Education Center at Makerere University. Pathfinder has also sent large shipments of IUDs and oral contraceptives, as well as a shipment of motivational films. It provided a travel grant for a prominent nurse-midwife to study at the Margaret Sanger Research Bureau in the United States.

The Population Council has provided fellowships for study abroad in demography and has given technical assistance. A \$56,000 grant finances a full-time demographer at the Social Studies Center at Makerere University.

## Upper Volta

### Demographic Information

<i>Population according to sample survey of Sept. 30, 1960-Apr. 22, 1961</i>	4,400,000
<i>Estimated population, Jan. 1, 1969</i>	4,978,000
<i>Births per 1,000 population, 1968</i>	49
<i>Deaths per 1,000 population, 1968</i>	31-32
<i>Infant deaths per 1,000 live births, 1968</i>	159
<i>Rate of natural increase, percent, 1968</i>	1.7-1.8
<i>Number of years to double population at present rate of natural increase</i>	40
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old, 1961</i>	13*
<i>Median age of women registering births, 1961</i>	27*
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1961</i>	3
<i>Labor force in agriculture, percent of total labor force, 1965</i>	87
<i>Per capita gross national product, 1967</i>	\$50
<i>Literacy rate, percent</i>	5-10

\*Underregistered.

### Population and Family Planning Programs

Upper Volta has no official policy on population and family planning, and no organized family planning activities;

contraceptives are not for sale. Some individual interest does exist.

The Government of Upper Volta is conducting a 1969-70 population census, the results of which will be used in its second 4-year development plan, 1971-75. The Government has asked for assistance in conducting the census.

#### A.I.D. Assistance

A.I.D. has not provided family planning assistance.

#### Other Assistance

When representatives from the United Nations and the Quakers visited Upper Volta in 1966, they concluded in-

dependently that further education would be requisite to family planning efforts.

In the summer of 1968, the head of social work for the Government of Upper Volta visited the Pathfinder Fund office. The Fund has recently financed a project to determine the feasibility of introducing family planning to Upper Volta by building a training center in the eastern part of the country. The project would include the training of social workers, pediatricians, and nurses, as well as sending U.S. advisors to Upper Volta.

The French National Institute of Statistics and Economic Studies conducted sample surveys in 1962-63 in the city of Ouagadougou, and earlier in the entire country.

## Zambia

### Demographic Information

<i>Population according to census of May-June 1963</i>	3,490,168
<i>Estimated population, Jan. 1, 1969</i>	4,134,000
<i>Births per 1,000 population, 1968</i>	50
<i>Deaths per 1,000 population, 1968</i>	19
<i>Infant deaths per 1,000 live births, 1968</i>	194
<i>Rate of natural increase, percent, 1968</i>	3.1
<i>Number of years to double population at present rate of natural increase</i>	22
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1963</i>	21
<i>Labor force in agriculture, percent of total labor force, 1965</i>	81
<i>Per capita gross national product, 1967</i>	\$297
<i>Literacy rate, percent</i>	15-20

### Population and Family Planning Programs

The Government has not been concerned with the economic effects of population growth, and in the past has encouraged this growth. However, the Ministry of National Development and Planning has indicated growing concern with population problems.

The Ministry of Health has given permission for the formation of a volun-

tary family planning association. Also, the National Nutrition Commission has shown interest in the inclusion of family planning in its education program.

Government postnatal health clinics provide family planning information upon request in urban and rural centers, and some individual doctors give advice. A local family planning association has functioned in the past at Lusaka without Government support.

Community Development and Health Education Training Centers provide some instruction in family planning for community development workers and home economists.

#### A.I.D. Assistance

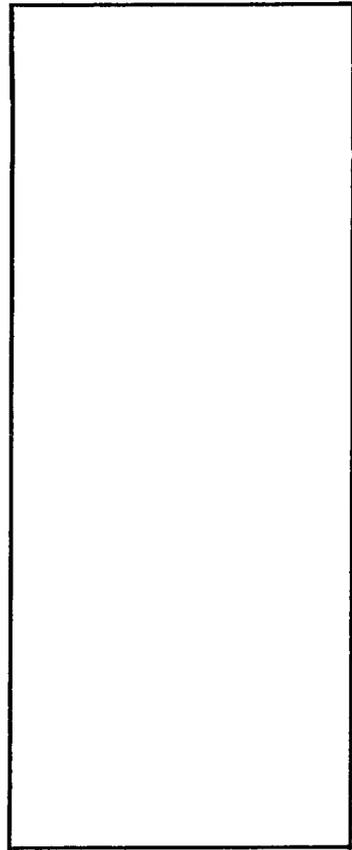
A.I.D. does not support any population and family planning activities.

#### Other Assistance

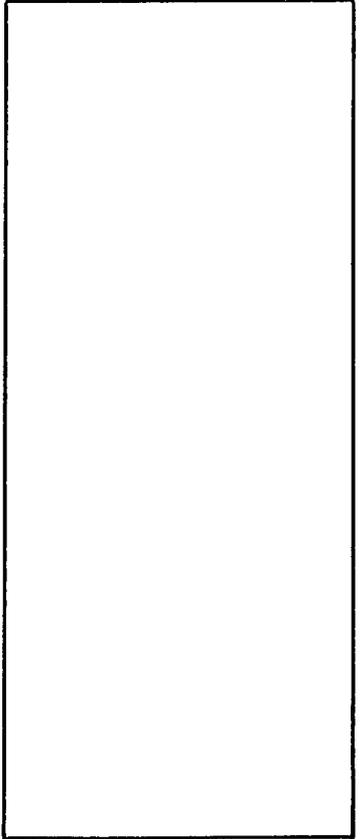
The Population Council has provided fellowship assistance. The Pathfinder Fund has sent representatives to Zambia and has donated contraceptives. The Fund is also financing family planning work in the leper colonies. The nurse-midwife doing this work was trained in the United States under a travel grant.

The Government of the Netherlands is developing clinics in remote areas.

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east asia



# EAST ASIA

## (Regional)

Populations in most East Asian countries have been growing considerably faster than the world average of 2 percent per year. Notable exceptions are Japan, with a growth rate of 1 percent, and Singapore, 1.8 percent. The annual growth rate of the other countries ranges from 2 percent in Burma to 3.5 percent in the Philippines, with that of Thailand only slightly lower than the Philippines'. Population in the Philippines would double within 20 years, if present trends continue.

There are official Government family planning programs in Malaysia, Singapore, South Korea, Taiwan, Indonesia, and Japan. Governments of Hong Kong, Indonesia, Philippines, and Thailand are cooperating in family planning programs of domestic and international voluntary organizations.

While East Asia has some of the world's highest birth rates, the region also has some of the most successful of family planning programs. Birth rates in a few of these countries have declined significantly in recent years. Official programs have contributed, as have the elements that usually create a favorable environment for family planning—such as relatively high levels of living, geographical compactness, high literacy rate, and modern and widespread medical facilities.

In Japan, where abortion, which was legalized in 1948, is the leading means of family planning, the birth rate fell from 29.4 per thousand in 1940 to 19.4 per thousand in 1967. This reflects both the longevity and the intensity of Japan's program, which initially emphasized abortion, but is now turning increasingly to the use of contraceptives.

Taiwan's birth rate has dropped from 42 per thousand in 1958 to 30 per thousand in 1968. In operation for only 5 years, the program has already succeeded in reaching a half-million women of childbearing age. This has been made possible principally through an extensive network of field workers.

South Korea's rate of population increase declined from nearly 3 percent in 1960 to 2.4 percent 8 years later. This program also makes wide use of field workers, in addition to intensive promotion through mass communication and education.

Several countries that do not have official programs are planning to expand and strengthen their efforts in family planning, including the Philippines, Indonesia, and Thailand. Together these countries had nearly 190 million people by the end of 1968.

The most difficult challenge confronting family planning in East Asia may be still to come. Births climbed substantially just after World War II, with the result that an exceptionally large number of young people will be reaching marriageable age within the next half-dozen years. This especially applies to Singapore, Hong Kong, and Taiwan. In Taiwan, there is even a possibility that its declining birth rate may increase in some years.

For this reason, family planning efforts are being directed more and more to younger age groups. They have become a principal focus of the national program of Malaysia, which some observers believe could achieve more rapid decreases in fertility than any Asian country—provided the current program impetus is maintained.

## A.I.D. Assistance

A.I.D. grants in fiscal 1969 for the family planning movement in East Asia totaled nearly \$8 million, or \$3.2 million more than in the previous year. Four countries received over \$1 million each. Indonesia, the biggest recipient, had grants totaling \$1.5 million, followed by the Philippines \$1.4 million, Thailand \$1.3 million, and Korea \$1.2 million.

In Indonesia, funds went mainly to assist the integration of family planning services into existing health facilities. Five major organizations received such assistance largely for procurement of commodities and audiovisual equipment, for personnel, and for staff training. In the Philippines, A.I.D. assistance was provided to 14 institutions and organizations carrying on activities associated with family planning.

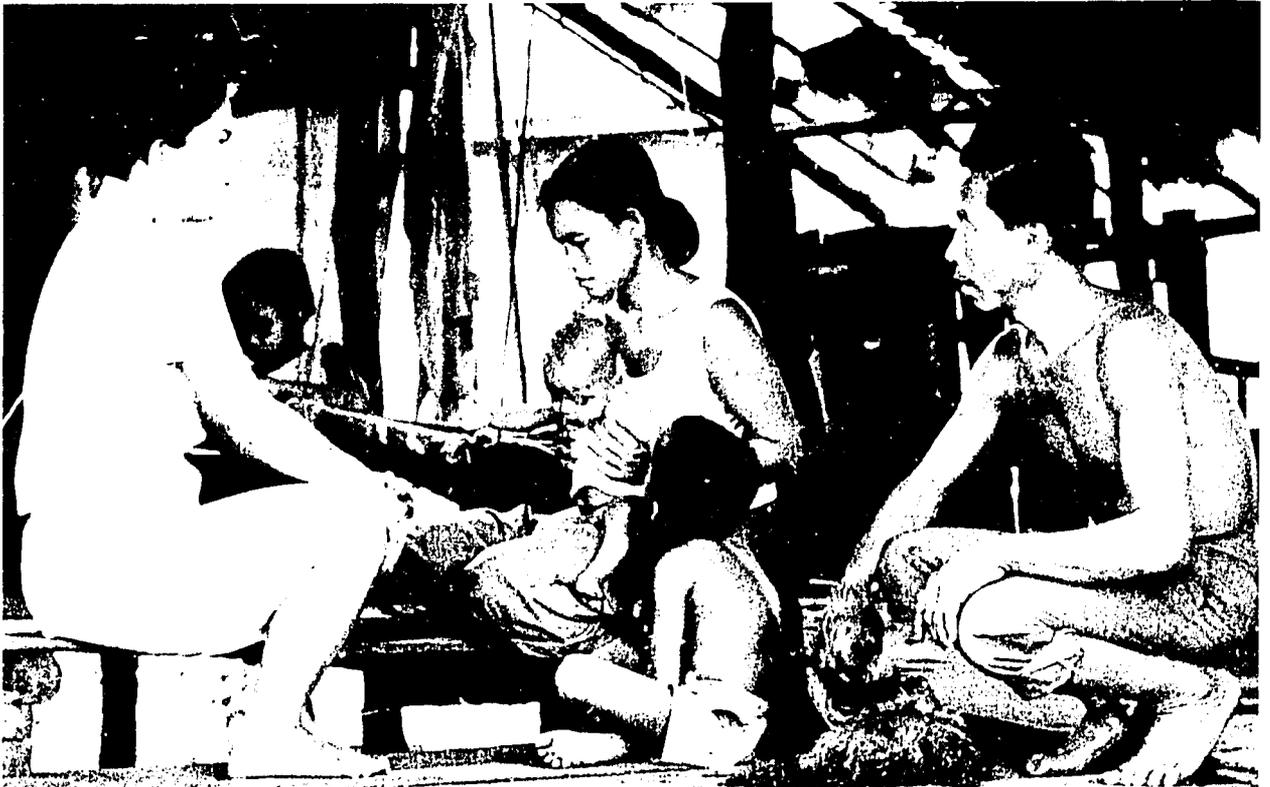
A.I.D.'s assistance to Thailand was used to extend family planning to additional provinces, as well as to provide technicians, commodities, and staff

training. In Korea, A.I.D. helped to provide technicians and statistical consultants, and aid for education and teaching programs. The Agency for International Development terminated its developmental assistance to Taiwan in 1965; development there being notably successful, aid was no longer needed. However, the family planning program of Taiwan is benefitting from an official Taiwan trust fund that was originally established with local currencies obtained from P.L. 480 sales of agricultural commodities.

In Singapore, Hong Kong, and Malaysia, A.I.D. provides no direct assistance. A.I.D. does not extend family planning aid in Burma.

On a regionwide basis, this Agency's support included financial assistance to a population family planning center at the East-West Center, University of Hawaii, offering studies in population dynamics for Asian students. Also, a grant program begun in 1967 was continued with the Population Council to implement new projects in selected East

Family planning interests young Thai wife with nine children.



Asian countries. Total A.I.D. funding for assistance to population/family planning activities in the East Asia region from 1965 is:

	1965	1966	1967	1968	1969
	(in \$ thousands - fiscal years)				
Country Missions	35	77	334	3,475	6,388
Regional Projects	--	--	350	1,325	1,608
Total	35	77	684	4,800	7,996

More than a dozen organizations in recent years have provided various kinds of assistance to family planning in East Asia. Four foreign governments have also contributed to support of individual programs—Sweden, Japan, Norway, and the Netherlands.

The Ford Foundation, through June 1969, had made grants totaling over \$2.2 million to population programs in four countries of the region. The Foundation's projects have included provision of a full-time consultant to the Indonesian Planned Parenthood Association in Djakarta, funds to assist the Association's purchase of a headquarters location, funds for short-term consultants, and for procurement of a few vehicles. In Thailand, the Ford Foundation maintains a resident advisor and also provides funds for short-term technical experts. In Malaysia, this institution provides help for the family planning program through a contract with the University of Michigan. In Singapore, it has provided \$582,000 to the Center of Economic and Demographic Research at the University of Singapore.

The Rockefeller Foundation is assisting family planning in Thailand under a \$133,000 grant to the University of North Carolina. This University has assigned a demographer to the Population Center at Thailand's University of Medical Sciences. The Rockefeller Foundation in 1964 made a 2-year grant of \$100,000 to the United Nations for an expanded demographic program by the Economic Commission for Asia and the Far East (ECAFE).

The Population Council has assisted nine East Asian countries in family plan-

ning activities. In 1968, its grants for programs in this region totaled more than \$1.8 million. The Council maintains resident staffs in Korea, Taiwan, and Thailand, in addition to supplying other forms of help such as staff training, research and studies, and provision of contraceptives. A number of hospitals participate in the Council's postpartum program.

The International Planned Parenthood Federation has regional offices in Tokyo for its Western Pacific Region and in Singapore for its South East Asia and Oceanic region. IPPF supplies financial assistance to most of the East Asian countries. Among the larger recipients are the Philippines and Indonesia.

IPPF funds are used for expansion of family planning services, administration, evaluation activities, and educational and informational services. IPPF operates a regional training institute in Singapore, where it held a regional conference in 1969. IPPF's regional medical advisor is responsible for promoting the growth of voluntary family planning associations. The office of the Western Pacific Region gives training and medical support. IPPF in Japan is working to encourage greater Government involvement in family planning assistance.

The Pathfinder Fund has provided consultant services, training, contraceptive supplies, and field testing of new contraceptive methods. The Fund has been active in Indonesia, Hong Kong, Taiwan, Thailand, the Philippines, Malaysia, South Korea, Burma, and Japan.

The Oxford Committee for Famine Relief has provided a total of about \$34,000 to the Planned Parenthood Federation of Korea and to various voluntary groups active in South Korea.

Lutheran World Relief has helped finance the operation of a mobile clinic in South Korea, and in Taiwan, has provided support for IUD insertions. Church World Service has donated materials for family planning seminars in South Korea; it also assists its affiliate hospitals in East Asian countries.

The Mennonite Central Committee has given commodities and assistance to

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## Population and Family Planning Programs

Independent family planning organizations have been operating in Malaysia since the 1950's. Not until 1965, however, did the Government declare family planning an official policy. This action was followed a year later by the establishment of a National Family Planning Board with wide-ranging representation from the Government, family planning groups, trade unions, chambers of commerce, and religious and medical organizations. The Board's recommendations for a national program were incorporated into the first Malaysia Plan for 1966-1970. The long-range goal of the program is a population growth rate of 2 percent by 1985, as compared with the present level of around 2.7 percent.

The Government has opened some 60 new clinics in West Malaysia, which comprises 85 percent of the country's population. In addition, the Federation of Family Planning Associations—formed in 1958 by independent groups—maintains around 160 clinics, including those in estate and mine health centers. In East Malaysia, two family planning associations provide services through maternal and child health centers as well as clinics (more than 20 in Sarawak).

All principal contraceptive methods have been available since 1968, although over 90 percent of patients at the Government clinics that year preferred orals (total number of acceptors at the clinics was nearly 100,000 between May 1967 and the end of 1968).

Orals are given free to women unable to pay, who account for around a fourth of all oral users. The regular sale price is the equivalent of 33 U.S. cents per month, while IUD insertions are administered at no charge.

Family planning training is carried on by the Federation in courses for doctors from throughout the country that include film lectures and demonstrations of IUDs, use of oral contraceptives, family planning, and public health. In 1969, the Federation in cooperation with UNICEF began a training program for village midwives. The University of Ma-

laysia offers demographic analysis as part of its Bachelor of Arts and Bachelor of Economic degrees.

Future activities of the National Family Planning Board will place increased emphasis on reaching women in rural areas. According to the findings of a Board survey conducted in 1966-67 and published in 1968, few women in rural areas practice family planning. In contrast, those in urban centers are using family planning in increasing numbers, and marry later than rural women.

The Population Council, in its analysis of the same survey, predicted that fertility would decline in Malaysia more rapidly than in other Asian nations if the family planning program continues to focus on younger age groups at a time when families are still small. The Council noted also that the program is off to a good beginning, and that conditions for success appear favorable.

### A.I.D. Assistance

A.I.D. does not provide direct assistance to the Malaysian program.

### Other Assistance

The Ford Foundation has given short- and long-term advisory assistance to the family planning program through the University of Michigan. Grants in 1966 and 1967 totaled \$481,000.

The Population Council, in addition to providing technical assistance and participant training, has made a grant of \$5,000 to the Government for IUDs and inserters.

The International Planned Parenthood Federation supports the activities of the Federation of Family Planning Associations.

The Pathfinder Fund has given assistance to privately sponsored family planning activities in the form of advisory services, participant training, and provision of contraceptives.

The Swedish International Development Authority through June 1969 had given \$221,000 for contraceptives and other supplies, including vehicles and materials for education projects.

# Philippines

## Demographic Information

<i>Population according to census of</i>	
<i>Feb. 15, 1960</i>	27,087,685
<i>Estimated population, Jan. 1, 1969</i>	36,467,000
<i>Births per 1,000 population, 1968</i>	47
<i>Deaths per 1,000 population, 1968</i>	12
<i>Infant deaths per 1,000 live births, 1966</i>	72
<i>Rate of natural increase, percent, 1968</i>	3.5
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	20
<i>Percent of registered births, first-born, 1965</i>	21*
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1965</i>	7*
<i>Median age of women registering births, 1965</i>	28*
<i>Median birth order of registered births, 1965</i>	3.5*
<i>Urban population as a percent of total</i>	
<i>population, 1960</i>	30
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1965</i>	53
<i>Per capita gross national product, 1967</i>	\$188
<i>Literacy rate, percent</i>	72

\*Underregistered.

## Population and Family Planning Programs

The Republic of the Philippines has the highest rate of population increase of any country in Asia. At the present 3.5-percent growth rate, the country's population of 36.5 million will double in 20 years. The population density is currently 310 persons per square mile.

A family planning movement came into being in 1965 with the founding of the Family Planning Association of the Philippines, to be followed later by formation of the Planned Parenthood Movement of the Philippines and other private groups. In May 1969, the two principal organizations merged to coordinate and broaden their operations into a new Family Planning Organization of the Philippines, Inc.

More than 300 clinics have been set up, and in addition, family planning services are being offered at some 40 health centers of the Manila Health Department. Services include IUD insertions wherever female physicians are available. Training in demography is provided at

the University of the Philippines Population Institute. Family planning courses for medical and paramedical personnel are given by the Family Planning Organization.

The Government does not have an official program of family planning, although public concern with the population problem is widespread and increasing. President Marcos in early 1969 appointed a special Commission on Population to investigate all aspects of the population problem, and to formulate recommendations in this field. In April 1969, the Government rescinded a law that banned the importation and sale of contraceptive materials.

The 6,000-member Philippine Medical Association at its 1968 convention unanimously approved a resolution to give strong backing to family planning activities. At its 1969 convention, held in May, the Association presented a 1-day family planning seminar. The Association plans to sponsor similar forums for medical societies in various sections of the country over the next 3 years.

News media have shown an increasing interest in population problems and have urged the Government to promote family planning.

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## A.I.D. Assistance

A.I.D. in fiscal 1969 obligated \$1.4 million to support population activities by 14 organizations. These funds are for clinic operations, medical equipment, participant training, contraceptives, vehicles, and equipment and services. In fiscal 1968, \$1,064,000 was obligated to assist 12 organizations (some of them local public entities); in 1967, A.I.D. committed \$210,000 for assistance to five private agencies carrying out family planning activities.

## Other Assistance

The Ford Foundation in 1966 made a \$14,500 grant to the Philippines Society of Endocrinology and Metabolism for publications and participation in the Third Asia and Oceania Congress of Endocrinology held in Manila in 1967. In



*Young demographers, left, are trained at the University of the Philippines' Population Institute. The Institute has had extensive support from the Ford Foundation since 1964. Medical and paramedical personnel receive family planning training from the new Family Planning Organization.*

1964, the Ford Foundation made a 3-year grant of \$208,500 to establish a Population Institute for demographic research at the University of the Philippines. The Foundation made two additional grants, in 1967 and 1969, totaling \$877,500, to expand the Institute's research program. In 1968, the Foundation made a 2-year grant of \$113,000 to the Royal and Pontifical University of Santo Tomas of Manila for development of the Institute for the Study of Human Reproduction.

The Population Council since 1966 has supported a resident consultant for a family planning project at Silliman University Medical Center. The Philippines General Hospital in Manila participates in the Council's postpartum program. In 1968, a \$10,700 grant went to the University College of Medicine for a microdose progestin study.

The Pathfinder Fund provided a vehicle for the Mindanao Christian Science Foundation and funds for support of personnel to carry health and family planning services to remote rural areas. Oral contraceptives and medical supplies have been given to clinics and health centers,

including 180 IUD insertion kits for Philippine training programs. The Fund also provided family planning films, and supplied financing for salaries of family planning nurses and social workers.

The International Planned Parenthood Federation provides comprehensive assistance to the Philippine Family Planning Organization, formed by the recent merger of two organizations.

The Rockefeller Foundation in 1966 made a \$3,500 grant to a Philippines physician to study cytogenetics at the University of Wisconsin.

World Neighbors has cooperated with the Planned Parenthood Movement in the Philippines in programs for training of motivators, doctors, and other family planning personnel. World Neighbors has also assisted the Medical School of Southwestern University in Cebu in providing and staffing a mobile clinic to serve rural districts.

Church World Service has supplied IUDs, inserters, and oral contraceptives through 18 Church-supported hospitals. The Brush Foundation has contributed \$1,000 through IPPF.

# Singapore

## Demographic Information

<i>Population according to census of 1957</i>	1,115,929
<i>Estimated population, Jan. 1, 1969</i>	2,016,000
<i>Births per 1,000 population, 1968</i>	24
<i>Deaths per 1,000 population, 1968</i>	6
<i>Infant deaths per 1,000 live births, 1966</i>	26
<i>Rate of natural increase, percent, 1968</i>	1.8
<i>Number of years to double population at present rate of natural increase</i>	39
<i>Percent of registered births, first-born</i>	N.A.
<i>Percent of registered births born to women less than 20 years old, 1966</i>	6
<i>Median age of women registering births, 1961</i>	28
<i>Median birth order of registered births</i>	N.A.
<i>Urban population as a percent of total population, 1966</i>	79
<i>Labor force in agriculture, percent of total labor force, 1965</i>	7
<i>Per capita gross national product, 1967</i>	\$651
<i>Literacy rate, percent</i>	75

## Population and Family Planning Programs

Singapore's Five-Year Family Planning Program has a goal of reducing the 1965 birth rate of 30 per thousand to 20 per thousand by 1971. Almost half of this target has already been attained (the 1968 rate was 24). In each of the next 4 or 5 years, however, as many as 45,000 persons will be reaching marriage age, by contrast to 22,000 when the program began. Family planning officials believe this will mean a rise in births and birth rate—making it increasingly difficult to meet program objectives.

Strong Government interest and support of family planning began in the fifties. But only in late 1965 did officials announce they would assume full responsibility for family planning activities, which since 1949, had been carried on by the Family Planning Association of Singapore.

The National Five-Year Family Planning Program is administered by the Singapore Family Planning and Population Board, now operating over 30 clinics within the Maternal and Child Health

Service. A total of \$1 million has been budgeted for the program.

By mid-1968, nearly 80,000 women had received family planning services from the Family Planning Board—or roughly three times as many as in the 5 years prior to the new program. Estimates of acceptors as of early 1969 ran as high as 150,000, which is 30,000 short of the 1971 goal.

Factors in this increase include a "menu card" approach that permits acceptors to choose from among all family planning methods except abortion (nearly 65 percent have chosen orals); and extensive postpartum services that have resulted in about 1,500 new acceptors a month. Continuing publicity has also been important, with extensive use made of posters, slogans, 10 different types of publications, exhibitions, and advertising.

Personnel training is provided by the Regional Training Center in Singapore, run by the International Planned Parenthood Federation in cooperation with the Government. Instruction in family planning has also been given to "health visitors," and to students at the University of Singapore.

## A.I.D. Assistance

A.I.D. support to family planning is provided via private, international associations. There is no program of direct assistance.

## Other Assistance

The Ford Foundation in 1964 made a 3-year grant of \$583,000 to the University of Singapore for the establishment of a center for economic and demographic research. That year the Foundation also made a 3-year grant of \$180,000 to the Family Planning Association of Singapore for the expansion of training activities, research, communications, and clinical services.

The International Planned Parenthood Federation maintains its regional office for South East Asia and Oceania in Singapore. IPPF's Family Planning Training Institute at the regional head-

quarters gave training courses to 722 participants from numerous Far Eastern countries in the 1964-1968 period. IPPF also gave support to the Family Planning Association in the early years of the Association's work.

The Population Council in 1966 gave \$3,700 to the Singapore Ministry of Health to provide IUDs and inserters; \$19,250 in 1965 for an IUD study; and a grant to the Kandang Kerbau Hospital in Singapore for a postpartum program. The Pathfinder Fund has sent contraceptives.

The Rockefeller Foundation in 1967 gave \$10,000 to the London School of Hygiene and Tropical Medicine for a research and action program in population control at the Department of Social Medicine and Public Health of the University of Singapore.

The Norwegian Agency for International Development has granted \$15,000 for a mobile family planning station at Sembawang rubber estate.

## South Korea

### Demographic Information

<i>Population according to census of Oct. 1, 1966</i>	29,207,856
<i>Estimated population, Jan. 1, 1969</i>	30,863,000
<i>Births per 1,000 population, 1967</i>	34
<i>Deaths per 1,000 population, 1967</i>	10
<i>Infant deaths per 1,000 live births, 1960-65</i>	58
<i>Rate of natural increase, percent, 1968</i>	2.4
<i>Number of years to double population at present rate of natural increase</i>	29
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1965</i>	32
<i>Labor force in agriculture, percent of total labor force, 1967</i>	52
<i>Per capita gross national product, 1967</i>	\$155
<i>Literacy rate, percent</i>	71

### Population and Family Planning Programs

South Korea's declining birth rate has been due in part to a national family

planning program initiated in 1962—considered one of the more successful programs in the world. The goal of the new Five-Year Plan (1972-1976) is a yearly growth rate of 1.5 percent, as compared with 2.4 percent in 1968.

The first organized movement in family planning began in 1961 with the founding of the voluntary Planned Parenthood Federation, whose work spurred official interest in launching a nationwide program. In May 1961, the Supreme Council for National Reconstruction established a Special Advisory Committee to the Minister for Health and Social Affairs. Subsequently, the Government repealed a longstanding law prohibiting the importation of contraceptives; made funds available for the family planning program; and incorporated family planning into Korea's First Five-Year Economic Development Plan.

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 have been formed in the nine provincial health departments and in Seoul and Pusan. Starting in 1966, mobile units were brought into the program to train rural doctors in IUD insertion and vasectomy techniques, as well as to take family planning services to remote areas. In addition, there are some 1,100 IUD clinics and 700 vasectomy clinics, and over 2,300 full-time field workers—or one per 5,000 married women of reproductive age in urban areas and one per 1,500 in rural areas.

A new technique was employed in 1968 to promote family planning at the village level and bring younger couples into the program. Called "Mothers' Clubs," each has a woman leader and 10-12 members who meet every three months to discuss family planning and infant care. About 35,000 such meetings had been held by the end of 1968, according to the Population Council.

In 1971, goals of the family planning program—with percentage of attainment as of mid-1969 in parentheses—are as follows: IUD insertions 1.8 million (82.4),

*Korean mothers come to a mobile clinic -right and far right- for examinations and IUD insertions. In mid-1969, Korea had reached 82 percent of its 1971 goal of 1.8 million IUD insertions, and was aiming at 320,000 regular users of oral contraceptives by the end of 1969, a target the Government expected to be able to reach.*



vasectomies 150,000 (83.4), and condom acceptors 150,000 per month (100).

Results in 1968 and continuing into 1969 had not been as favorable as anticipated, one reason being budgetary problems that impaired field work activities. Other factors have been a higher-than-expected IUD dropout rate—about 50 percent in two years—and the practice of making oral contraceptives available only to those women with previous IUD experience.

Some recent changes in program operation presage an improvement in this situation. In July 1969, the Ministry of Health declared all women eligible for orals who could pass medical screening, regardless of whether they had previously used IUDs. This action effectively increases the number of prospective users from the 600,000 who are IUD dropouts to about 3.8-million married women of reproductive age. The Ministry believes it will now be able to achieve a target of 320,000 regular oral users by the end of 1969. (Imports of orals during the first five months of 1969 averaged 120,000 cycles per month.)

The 1969 annual budget request reflected several shifts in strategy that would also increase program effective-

ness. In the future, a wider range of persons will be trained in family planning, from pharmacists and midwives to provincial administrators. The public information budget request is double that of 1968, with new emphasis on social groups and institutions such as the reserve army, village libraries, and high school and college students.

To better coordinate family planning activities, a National Family Planning Center is under construction, which will house the training unit of the Planned Parenthood Federation, the evaluation unit of the Maternal and Child Health section, and the Population Council's Korea office.

#### A.I.D. Assistance

A.I.D. obligations to the Korean program in fiscal 1969 totaled \$1,200,000 and in fiscal 1968, \$1,490,900. In June 1969, A.I.D. signed a contract with the American Public Health Association to send a team of U.S. advisors to Seoul to assist in planning a national Family Planning-Maternal and Child Health Training and Research Center, and to make recommendations for research in family planning.

Under an A.I.D. contract with the



Population Council, the Planned Parenthood Federation of Korea in 1968 received \$473,000 for support of numerous family planning projects. Yongsei University was granted \$40,000 to help implement a research and action family planning program in Kyonggi Province, in addition to an almost equivalent amount for a contraceptive monitoring study. Seoul National University has been another major recipient of A.I.D.-Population Council funds, receiving over \$100,000 in 1968.

In fiscal 1967, some \$99,000 was provided to assist in procuring about 50 vehicles for mobile teams; in expanding national and child health programs, including the integration of family planning services; and in developing health center branch units. In fiscal 1966, A.I.D. helped to equip eight ambulance-type vehicles for use in administering IUD insertions and vasectomies.

#### Other Assistance

The Population Council, which has been active in the Korean program since its inception in 1962, provided more than \$626,500 in assistance in 1968. Funds are used for sponsoring training in demography; provision of resident tech-

nical advisors; development of a population research and training center; support of biomedical and family planning studies; evaluation of a survey of vital statistics; and travel grants for health workers.

The Pathfinder Fund, since the early days of the Korean program, has made grants for educational materials and demonstration studies of IUDs. A recent project was the translation into Korean of a publication on family planning.

The International Planned Parenthood Federation gives financial aid to its affiliate, the Planned Parenthood Federation of Korea. IPPF funds are used for expansion of training programs, maintenance and expansion of clinics and mobile unit operations, presentation of seminars, and provision of commodities, including audiovisual and office equipment, and vehicles.

The Oxford Committee for Famine Relief since 1965 has provided a total of some \$34,000 to the Planned Parenthood Federation of Korea for the establishment of family planning clinics; to the Korean Church World Service for family planning teams and vehicles; and to the Christian Reformed Korean Mission for 10 family planning clinics.

Church World Service provides materials for family planning seminars presented by the Korean Church World Service, also provides contraceptives for CWS-affiliated hospitals in Korea. Lutheran World Relief, Inc., helps finance the operation of a mobile clinic and family planning seminars for local clergymen. The Mennonite Central Committee promotes family planning as part of its overall assistance program to 200 Korean families.

The Swedish International Development Authority through mid-1969 had given the equivalent of \$615,000 in assistance. In fiscal 1969, SIDA supplied 2 million cycles of oral contraceptives, 24 vehicles, and paper materials. SIDA is providing 90 percent (\$500,000) for building costs of the National Research and Training Center in Seoul, and part of the first 5 years' operating costs.

## Taiwan (Republic of China)

### Demographic Information

<i>Population according to census of</i>	
<i>Dec. 16, 1966</i>	13,383,357
<i>Estimated population, Jan. 1, 1969</i>	14,250,000
<i>Births per 1,000 population, 1968</i>	30
<i>Deaths per 1,000 population, 1968</i>	6
<i>Infant deaths per 1,000 live births, 1968</i>	33
<i>Rate of natural increase, percent, 1968</i>	2.4-2.5
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	29
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1964</i>	6
<i>Median age of women registering</i>	
<i>births, 1966</i>	27
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total</i>	
<i>population, 1965</i>	53
<i>Labor force in agriculture, percent of</i>	
<i>total labor force, 1965</i>	42
<i>Per capita gross national product, 1967</i>	\$263
<i>Literacy rate, percent</i>	81

### Population and Family Planning Programs

Taiwan's family planning program was instrumental in lowering the 1963 rate of population increase (around 3 percent) to about 2.4 percent by 1968. The goal of the program is reduction of the growth rate to 1.8 percent before 1973.

An unofficial family planning program got underway in 1964, although only in May 1968 did the Government assume responsibility for the program and declare family planning as national policy. A Committee on Family Planning within the Provincial Health Department helps form policy and promotes education on family planning. In late 1968, approval was given for the establishment of a Family Planning Institute to coordinate administration and evaluate the program.

Family planning services are provided by the Maternal and Child Health Association through an islandwide network of clinics, and by pre-pregnancy health workers and village health-education nurses. In addition, there are two

voluntary family planning groups—the Planned Parenthood Association of China, and a smaller Family Planning Association founded in 1954.

IUD insertions through 1968 totaled more than 500,000 and acceptors of oral contraceptives over 63,000, according to the Population Council. Although program targets have been met, the rate of retention of IUDs has been less than anticipated, with only half the IUDs still remaining 2 years after insertion. Program planners have been trying to circumvent this problem by putting increased emphasis on education of physicians and IUD acceptors on the possible side effects. Too, field workers encourage IUD dropouts to use oral contraceptives instead.

Mass communication media are extensively utilized to promote family planning, including: radio spots; slides at movie theaters; posters in buses and trains; ads on matchboxes; and releases to newspapers, which have been running some 30 features per month with family planning themes. In addition, new mothers are sent letters inviting them to receive free IUD insertions. Since 1966, over 200,000 military recruits have been given orientation courses in family planning.

Further declines in Taiwan's birth rate will depend heavily on the adoption of family planning by younger women, large numbers of which will be reaching childbearing age in the next few years.

#### A.I.D. Assistance

A.I.D.'s assistance to Taiwan was terminated in 1965, although some funds for the family planning program are available in the form of local currencies derived from P.L. 480 sales in previous years. For the 1965-70 period, the equivalent of \$1.5 million in such funds has been reserved for the program. In May 1968, A.I.D. worked with the Population Council and Taiwan officials in arranging a Far East regional conference on family planning in Taiwan, attended by representatives from the Philippines, Thailand, Indonesia, and Korea.

## Other Assistance

The Population Council spent a total of \$1,182,800 to support family planning during 1968 and 1969, including costs to maintain the Council's East Asian representative stationed in Taichung. In addition, Council assistance has included these other activities: cash grants; support for preparation and publication of an annual Demographic Fact Book; evaluation and training by the Population Studies Center; support for a study of pathologic pregnancies at the National University; assistance to the building fund of the Maternal and Child Health Association; costs of a health education advisor at the Department of Health; support of the family planning program operation; continuation of medical followup studies of IUD cases; travel grants for a staff member of the Population Studies Center to visit another program; grants to the University of Michigan's Center for Population Studies for research on fertility and family planning in Taiwan; support for a Workshop Conference on Population Programs in East Asia in 1968; and assistance to the Chinese Center for International Training in Family Planning.

The Pathfinder Fund helped in the formation of the Family Planning Association in the early 1950's, and is continuing to provide assistance such as contraceptives. To date, the Fund has shipped 200,000 cycles of orals for the national program.

The Japanese Government in 1968 provided \$39,940 in commodities. Lutheran World Relief, Inc., has given support to the Shuang Yang Christian Social Service Center in Taipei for IUD insertions. Church World Service promotes family planning and supplies contraceptives through 11 CWS-affiliated hospitals; CWS also works closely with the Taiwan Provincial Ministry of Health in giving IUD insertions in mountain regions. Other groups that have provided assistance to family planning in Taiwan are the Joint Commission on Rural Reconstruction, the Brush Foundation, and the Asia Foundation.

## Thailand

### Demographic Information

<i>Population according to census of April 25, 1960</i>	27,000,000*
<i>Estimated population, Jan. 1, 1969</i>	35,700,000
<i>Births per 1,000 population, 1968</i>	43
<i>Deaths per 1,000 population, 1968</i>	10
<i>Infant deaths per 1,000 live births, 1965</i>	84
<i>Rate of natural increase, percent, 1968</i>	3.3
<i>Number of years to double population at present rate of natural increase</i>	21
<i>Percent of registered births, first-born, 1963</i>	20**
<i>Percent of registered births born to women less than 20 years old, 1964</i>	6**
<i>Median age of women registering births, 1965</i>	28**
<i>Median birth order of registered births, 1963</i>	3.2**
<i>Urban population as a percent of total population, 1960</i>	18
<i>Labor force in agriculture, percent of total labor force, 1960</i>	82
<i>Per capita gross national product, 1967</i>	\$149
<i>Literacy rate, percent</i>	68

\*Adjusted for 3-percent underenumeration.

\*\*Underregistered.

### Population and Family Planning Programs

Thailand's population, third largest in the Far East, is expanding at the rate of 3.3 percent annually--which would result, if this rate continues, in a doubling of the population in 21 years to over 70 million.

Although the Government does not have an official policy or program on family planning, the Ministry of Health has adopted a 3-year plan to integrate family planning services into public health facilities in each of the 71 provinces by 1961 (44 provinces had such services in 1969). Some 400 family health clinics will be established, either newly built or created within existing facilities.

Training activities received major emphasis in 1968 and 1969. By the end of the current year, 5-day courses in family planning will have been given to more than 200 physicians, 390 nurses, and nearly 2,000 midwives. Subcommittees

have been set up to coordinate training, service, evaluation, and research. The latter committee is preparing a comprehensive report on population growth and family planning.

Since the 1950's, voluntary work in family planning has been carried on by the Family Planning Association. The Association operates some 25 branch clinics. Additional studies are being conducted on characteristics of contraceptive devices, including IUDs. In 1965 the Association organized the first IUD seminar ever held in Thailand. Family planning services are also available at four hospitals in Bangkok and in several provincial hospitals. The McCormick Hospital in Chiangmai conducts a research program in injectable contraceptives.

IUD insertions through 1969 totaled more than 100,000. Commercial sales of oral contraceptives were running at the rate of approximately 100,000 cycles a month. An estimated 10,000 female sterilizations are performed each year, and male sterilizations around 5,000.

Thailand's population problem—and how to resolve it—has been the theme of three National Population Seminars, the most recent in April 1968. Out of the first such seminar, in 1963, evolved a demonstration family planning project that produced telling evidence of strong public interest in family planning.

In the Phothram district with 70,000 people, 70 percent of females responding to a preliminary baseline survey under the demonstration project said they wanted help with family planning, and 91 percent approved of the Government providing such assistance. Contraceptives were then made available. Within 8 months, 20 percent of the eligible women had become acceptors, and another 40 percent gave indications of becoming acceptors in the not-too-distant future.

Advertising of birth control is prohibited by Thai law, but word-of-mouth communication has proved to be an effective means of promoting family planning. At the Red Cross's Chulalongkorn Hospital in Bangkok that opened in 1965,

over 12,000 women from 54 provinces received IUDs the first year—even though no attempt had been made to persuade women to visit the hospital.

The success of this operation led to an experimental project in which word-of-mouth promotion was encouraged through a system of Special Service Cards issued to new acceptors. Recipients were urged to give friends the cards, which entitled the bearers to "quick and special service" upon presentation at clinics. After this 8-month experiment, average monthly insertions had increased by 34 percent in the provinces where cards were issued; conversely, insertions dropped substantially when the project was terminated.

The role of communications in family planning was the subject of a regional workshop held in Bangkok in December 1968, under the sponsorship of Thailand's University of Medical Sciences, the University of North Carolina, the Population Council, and A.I.D.

#### A.I.D. Assistance

A.I.D. assistance in fiscal 1969 totaled \$1.3 million for pharmaceuticals, vehicles, and other equipment; A.I.D. also entered into a contract with the American School of Public Health to improve teaching and field experience in family planning within the Thai Faculty of Public Health. In fiscal 1968, A.I.D. obligated \$650,000 in supplies, commodities, equipment, contraceptives, and training. In 1967, A.I.D. support included \$25,000 for equipment for 40 family planning clinics and training 15 doctors.

#### Other Assistance

The Population Council gave support to the family planning demonstration project at Photharam; granted \$50,000 to Chulalongkorn University for development of a Population and Research and Training Center established in 1966; \$121,500 during 1966-69 for a resident consultant; and \$221,634 in support of family planning services, research, and training. Participating in the Council's



*A public health midwife, left, prepares for a home delivery in a remote village in northeastern Thailand. By the end of 1969, nearly 2,000 midwives will have received family planning training as a part of public health services in each one of the country's 71 provinces.*

*Below, prenatal clinic day at a new village health center, where a young public health midwife and a sanitarian share health responsibilities for a number of villages. Some 400 family health clinics are being set up.*



International Postpartum Program are 14 hospitals and maternal and child health centers.

The Ford Foundation in August 1967 assigned a regional population advisor to Bangkok for a 2-year tour. In 1968, the Foundation made available \$100,000 for short-term technical consultants.

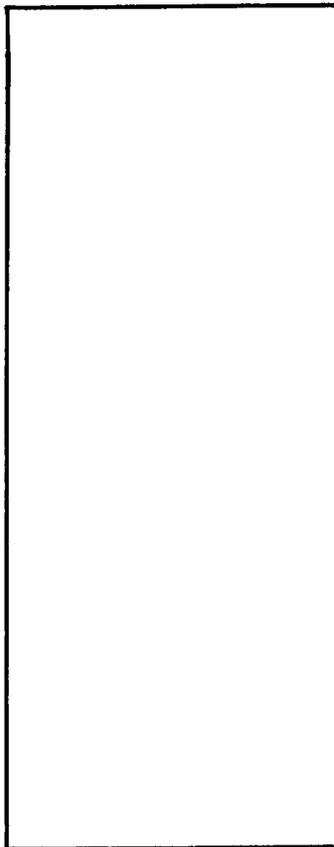
A Rockefeller Foundation grant of \$133,000 to the University of North Carolina was used to maintain a demographer at the Population Center of the University of Medical Services, Bangkok. Funds have been provided for two additional full-time consultants, as well as for travel and study grants and research equipment. Thai scholars have been awarded small grants for travel and research related to population studies.

The International Planned Parenthood Federation provides financial support to the Chulalongkorn Hospital; the Bangkok Municipality; Siriaj Hospital; the Medical Women's Association; Vijira Hospital; and the McCormick Hospital.

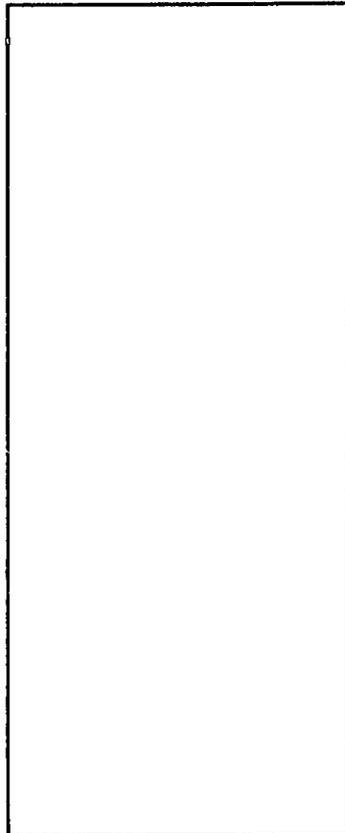
Pathfinder Fund representatives have visited Thailand since 1953, and gave assistance in organizing the Family Planning Association. Three hospitals in Bangkok are taking part in Pathfinder's biomedical research on IUDs, including the "M" series. Pathfinder also has financed field tests of simple contraceptive methods. Church World Service supports family planning through CWS-affiliated hospitals and provides contraceptives.

*A mobile medical team, consisting of a doctor, a public health nurse, two midwives and a pharmacist, make a monthly visit to a village in Thailand. Family planning is included in health services in 54 of the provinces.*





**vietnam**



## South Vietnam

### Demographic Information

<i>Population according to census</i>	NA
<i>Estimated population, Jan. 1, 1969</i>	17,692,000
<i>Births per 1,000 population</i>	NA
<i>Deaths per 1,000 population</i>	NA
<i>Infant deaths per 1,000 live births</i>	NA
<i>Rate of natural increase, percent, 1968</i>	2.6
<i>Number of years to double population at present rate of natural increase</i>	27
<i>Percent of registered births, first-born</i>	NA
<i>Percent of registered births born to women less than 20 years old</i>	NA
<i>Median age of women registering births</i>	NA
<i>Median birth order of registered births</i>	NA
<i>Urban population as a percent of total population, 1966</i>	30
<i>Labor force in agriculture, percent of total labor force, 1965</i>	65
<i>Per capita gross national product, 1967</i>	\$175
<i>Literacy rate, percent</i>	60

### Population and Family Planning Programs

South Vietnam does not have a national family planning program, although research clinics have been set up and workers are being trained in family planning. A major impediment to launching a nationwide effort is a law, promulgated in the 1930's under the French regime, that restricts birth control practices and prohibits dissemination of information about family planning.

Additional barriers to extensive fertility control are posed by cultural mores favoring large families; and by the large proportion of the population—75 percent—living on small farms that require sizable inputs of hand labor.

The Ministry of Health is proposing to relax legal restrictions. Passage of remedial legislation would make family planning techniques available to more persons interested in limiting family size. Barring this action, efforts to move beyond the research clinic stage would be severely disadvantaged.

Widespread interest in population and family planning was demonstrated by Vietnamese women in a recent knowl-

edge, attitudes, and practices survey by the Bureau of Statistics, of Vietnam's Ministry of Health. Another indication of concern is the recent formation of a Family Happiness Protective Association to promote, among other things, the importance of child spacing.

The Ministry of Health has established a Population Research Committee; designated a Secretary-General of Research in Population Control; and formally requested A.I.D. assistance in the establishment of family planning research clinics. Seven of these clinics are now in operation, and an additional five are expected to begin work in the near future. A school has been opened in Saigon to train rural midwives in the principles and techniques of family planning.

### A.I.D. Assistance

A.I.D. has provided a specialist in South Vietnam to advise the Ministry of Health on technical and program matters in the population field; to provide commodities to the pilot clinics; and to sponsor participant training for Government and private representatives at nearby seminars and workshops on family planning. A demographer works with the Ministry of Health and National Institute of Statistics in collating and evaluating past censuses, and documenting data.

In addition, A.I.D. provided \$50,000 in assistance in fiscal 1967 and \$50,000 in 1968 under the Far Eastern Regional grant for a contract with the Population Council for technical services.

### Other Assistance

The Population Council has financed by some 40 Vietnamese family planning leaders and officials to inspect programs in Taiwan and South Korea. The Pathfinder Fund supplied a variety of audiovisual educational materials and other key commodities to a family planning clinic, and assists in the informational program of the Family Happiness Protective Association. The Vietnam Christian Service, administered by the Mennonite Central Committee, staffs hospital clinics promoting family planning.

## Special Notes on Demographic Data

"Infant deaths per 1,000 live births" refers to the mortality of live-born children who die during their first year of life.

The items, "Percent of registered births that are first born," "Percent of registered births born to women less than 20 years old," "Median age of women registering births," and "Median birth order of registered births," are based on registration data; where the data are either known or believed to be incomplete, these items carry the footnote "underregistered."

"Birth order" refers to whether the child (the report of whose birth is tabulated) is the first live-born child of the mother, or the second, third, or fourth, etc.