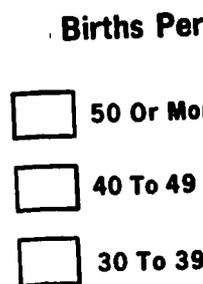


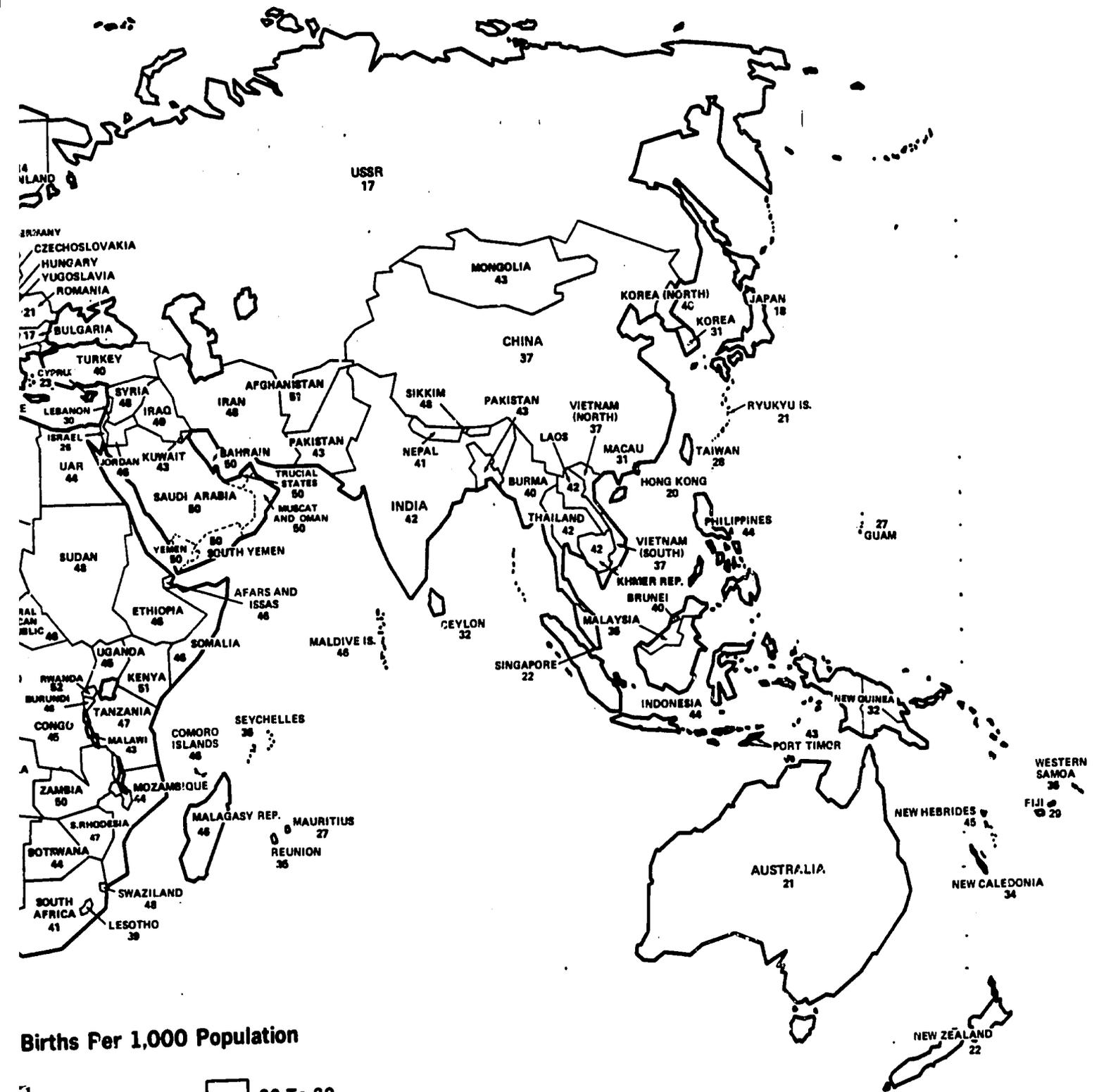
World Fertility 1970 or Most Recent



Prepared by International Demographic Statistics Center, Bureau of the Census, for Office of Population, Agency for International Development.

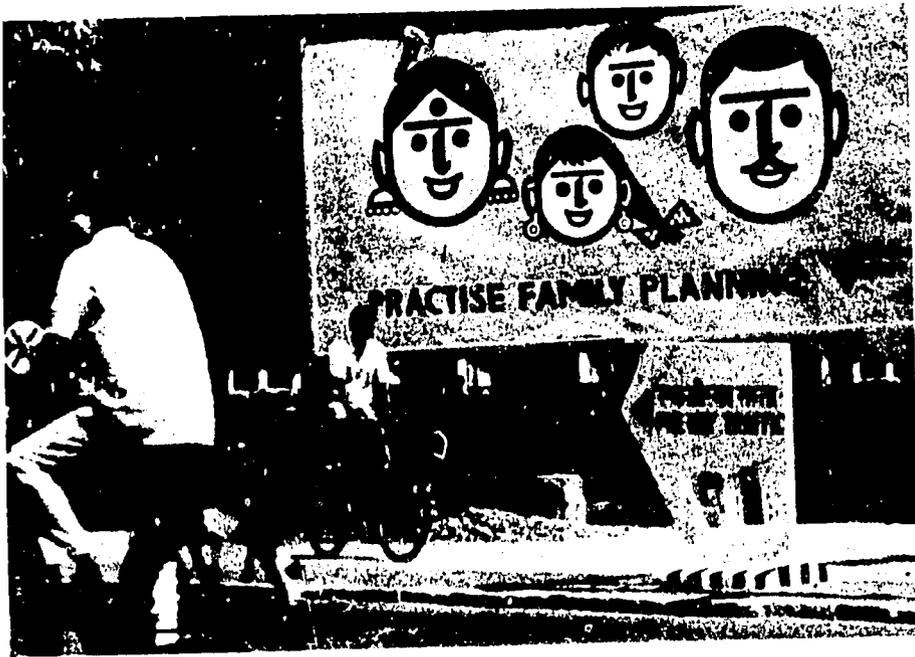
Fertility Pattern

Most Recent Date



Population Program Assistance

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



AGENCY FOR INTERNATIONAL DEVELOPMENT

Bureau for Technical Assistance Office of Population Washington, D.C. 20523 December 1971

Population Program Assistance

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

- Demographic and Social Data
- Population Policy Development
- Research on Fertility Control
- Delivery of Family Planning Services
- Information and Education Support
- Manpower Training and Institutional Support

Agency for International Development
Bureau for Technical Assistance
Office of Population

December 1971

Foreword

The cameras of the Apollo expeditions focused not only on the Moon but were turned back to give us beautiful views of the planet Earth, the most wonderful space ship of all. These views dramatized more powerfully than previous earthbound views the visible fact that our planet is a finite body, that our air, water, soil, and mineral resources are limited, and that the Earth—large and generous though she is—can be mother to only a limited number of inhabitants.

Despite remarkable advances in the skill with which mankind utilizes available earthly resources, tremendous population pressure continues to impair the quality of life in most areas of the world. In many countries of Africa, Asia, and Latin America, food supplies are grossly inadequate and millions of children die each year from malnutrition and related diseases. Likewise each year hundreds of thousands of young women die from complications of unwanted pregnancies.

Within the Agency for International Development, there has been growing concern for more than a decade that efforts of the poor countries to develop their economies and improve the basic qualities of life for all citizens too often were being seriously eroded by unrestrained growth of population.

Dr. John A. Hannah, A.I.D. Administrator, sums up the problem this way:

“The less developed nations, because of their high rates of population growth, find that an increase in gross national product of 5 percent—with a 3 percent population growth—ends up with only about a 2-percent increase in per capita GNP. For the countries with a per capita GNP of \$100 a year or less, that figures out to be an increase of \$2 per person spread over a full year and that doesn't buy much.”

In response to this urgent demographic challenge to the world's developmental aspirations, and with strong support from the President of the United States, the Agency for International Development has moved vigorously during the last four years to develop a powerful and complex worldwide program of assistance for population and family planning activities. The United States Congress has provided a specific mandate for aid activities relating to population growth. The Foreign Assistance Act has earmarked increasing funds for this purpose—\$35 million in fiscal 1968, \$50 million in fiscal 1969, \$75 million in fiscal 1970, \$100 million in fiscal 1971.

The funds provided by the Congress have been applied to augment greatly the population and family planning activities of many relevant international organizations, for support of official family planning programs in 33 developing countries, for contraceptive supplies distributed to more than 70 countries, for the development of population training centers, for technical assistance activities, and for the development of new means of fertility control.

To review the scope and nature of population and family planning activities throughout the world and to report A.I.D.'s assistance actions in the developing countries, the Agency for International Development presents this fifth annual report on “Population Program Assistance.”

R. T. Ravenholt, Director
Office of Population

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Preface

Many helping hands have made possible this fifth annual report on "Population Program Assistance."

The report was assembled and edited by the Office of Population, Bureau for Technical Assistance, of the Agency for International Development. Major sections were contributed by the Agency's five Regional Bureaus — Africa, East Asia, Near East-South Asia, Latin America, and Vietnam — and by the U.S. Bureau of the Census. The Bureau for Program and Policy Coordination, Office of Statistics and Reports, cooperated with the Bureau of the Census in the preparation of the population and demographic data used in this report. Preparation was under direction of W. Bert Johnson, Information, Education, and Communication Division; and Kenneth W. Olson, Marcelle C. Masters, and Beverly J. Horsley, publications specialists for the Office of Population.

Special acknowledgement is made of the cooperation and information provided by numerous agencies and institutions, including the United Nations and other international bodies; U.S. Government agencies; such organizations as the International Planned Parenthood Federation, the Population Council, the Ford and Rockefeller Foundations; the Pathfinder Fund, the Population Crisis Committee; the Population Reference Bureau; and numerous other international, national, private, and church groups active in population and family planning work.

The publication contains world population data, by countries and regions. Statistics used are subject to various qualifications and often represent approximate orders of magnitude rather than precise measurements.

In order to help round out the world population situation, a number of countries are included in this report that do not receive assistance from the Agency for International Development.

Special terminology used in the demographic tabulations includes:

Infant deaths per 1,000 live births. Refers to live-born children who die during their first year of life.

Birth order. Refers to whether the child whose birth is tabulated is the first-live-born child of the mother, or the second, third, fourth, etc.

"Percent of registered births born to women less than 20 years old," "median maternal age," and "median birth order" are based on registration data.

This publication reflects country situations as of mid-1971. It does not reflect all changes in country situations as they evolved during the last half of the year. Examples: Congo (Kinshasa) has become the Republic of Zaire. The United Arab Republic is now the Arab Republic of Egypt. East Pakistan's future became a major question as a result of the India-Pakistan conflict.

AGENCY FOR
INTERNATIONAL DEVELOPMENT

DR. JOHN A. HANNAH
Administrator

DR. JOEL BERNSTEIN
Assistant Administrator
Technical Assistance Bureau

DR. R.T. RAVENHOLT
Director
Office of Population

Contents

1	World Population Action Gains Momentum
6	Family Planning Policies
8	Development of Family Planning Programs
13	World Demographic Trends
21	Assistance by U.S. Government
22	Agency for International Development
44	Department of State
45	U.S. Information Agency
45	Department of Health, Education, and Welfare
48	Peace Corps
49	Other Assistance
50	Private Organizations
59	Multilateral Agencies
63	Other Governments
67	Africa
73	Algeria
74	Botswana
75	Burundi
75	Cameroon
76	Chad
77	Comoro Islands
77	Congo (Kinshasa)
78	Dahomey
78	Ethiopia
79	Gambia (The)
80	Ghana
83	Ivory Coast
83	Kenya
87	Lesotho
87	Liberia
88	Malagasy Republic
89	Malawi
89	Mauritius
90	Morocco
92	Niger
93	Nigeria
94	Réunion
95	Rhodesia
96	Rwanda
96	Senegal
97	Seychelles
98	Sierra Leone
99	South Africa
99	Sudan
100	Tanzania
101	Togo
101	Tunisia

106	Uganda
107	Upper Volta
108	Zambia
109	East Asia
115	Burma
115	Hong Kong
116	Indonesia
119	Korea, (South)
123	Malaysia
125	Philippines
128	Singapore
129	Taiwan (Republic of China)
131	Thailand
133	Latin America
140	Argentina
142	Barbados
142	Bolivia
143	Brazil
144	Chile
146	Colombia
148	Costa Rica
150	Dominican Republic
151	Ecuador
152	El Salvador
154	Guatemala
154	Haiti
155	Honduras
158	Jamaica
159	Mexico
160	Nicaragua
161	Panama
162	Paraguay
163	Peru
164	Surinam
164	Trinidad and Tobago
165	Uruguay
166	Venezuela
167	Eastern Caribbean
169	Near East-South Asia
175	Afghanistan
177	Ceylon
178	India
184	Iran
186	Israel
187	Jordan
187	Nepal
188	Pakistan
194	Turkey
197	United Arab Republic
199	South Vietnam
201	Population Situation and Activities in Additional Countries
209	Demographic and Projects Data
210	World Population Data
215	A.I.D. Projects in Population and Family Planning, Fiscal Year Obligations

World Population Action Gains Momentum

Although population programs are of recent origin in many countries, not yet apparent in some, and the bulk of work needed to solve the world demographic crisis still lies ahead, there is reason for optimism that the major part of this work will be accomplished by the end of this decade.

In other words, it is now possible to think in terms of the world -- by 1980 -- being well on the road toward finding positive solutions to its problem of excess reproduction and population growth.

This optimism is based upon the emergence and confluence of a number of favorable trends and developments:

- The concept of fertility control -- that improved control of fertility confers large benefits upon individuals and nations -- has been broadly disseminated in an increasingly receptive world.

- Many countries have removed or modified laws that restricted the availability and use of the most effective means of birth control.

- Resources available for development of population and family planning programs have increased rapidly.

- International organizations have greatly increased their activities in the population and family planning field.

- Key breakthroughs in fertility control technology have occurred "ahead of schedule."

- Many countries are developing increasingly effective family planning programs.

- Recent census and other demographic data indicate a more favorable world population picture than had been projected from earlier data

Population policies

In the years since 1967 when 30 Heads of State signed the United Nations Declaration on Population proclaiming family planning as a basic human right, a number of important changes have been made in the population policies and legal codes of a number of both more developed and less developed countries. By mid-1971, approximately 20-25 countries had policies of population growth rate limitation based on programs of voluntary fertility regulation, and approximately 15-20 additional countries supported public and private family planning efforts.

In the United States, the National Commission on Population Growth and the National Future issued

its interim report in 1971. The Commission is continuing to examine the relationship between population growth and the quality of life in the United States and will deliver its final report and recommendations early in 1972.

Landmark legislation, enacted by the U.S. Congress in the last half of 1970, extended family planning services throughout the United States to segments of the population not economically able to obtain family planning counselling and assistance and authorized additional population research at the National Institutes of Health.

Legislation and court decisions in several States and the District of Columbia have made abortion much more readily available.

India in 1971 enacted a liberalized abortion law, including the use of abortion for contraceptive failure. India considered this necessary to help prevent maternal deaths and to slow population growth.

Indonesia, which appointed its National Family Planning Coordinating Board in 1970, moved in 1971 with increasing vigor to implement its 5-year family planning program, which has established goals of 3,000 clinics and 6 million acceptors by 1975.

In 1971 the Italian Constitutional Court ruled that legislation prohibiting dissemination of family planning knowledge and services was unconstitutional.

In The Philippines the Population Commission, created in 1970, moved in 1971 to establish an ambitious 5-year program including the setting of program goals for its countrywide program.

Since 1969, Canada has virtually dropped its anticontraceptive legislation, and is now vigorously involved in both domestic and international family planning services. A Federal Program in family planning was started in 1970 to assist public and private agencies, and in the same year the Federal Government began large-scale assistance to family planning/population programs abroad.

Communication

Having made the decision to slow population growth, information/education/communication immediately becomes a vital part of a country's effort to achieve its fertility control objectives. Supportive action in this field, in country programs and internationally, has been strengthened materially in

the past year. Program experience is repeatedly illustrating the necessity for helping people to understand the demographic problems of their families and communities, for informing them of available ways to achieve fertility control, and convincing them to accept planned and responsible parenthood as a way of life.

Resources for population programs

With annual increases in funds earmarked by the U.S. Congress for A.I.D.'s population programs—\$35 million in fiscal 1968, \$50 million in fiscal 1969, \$75 million in fiscal 1970, \$100 million in fiscal 1971—and increasing contributions from many other countries, total resources available for this worldwide action have rapidly increased.

In 1971, 32 countries contributed to the United Nations Fund for Population Activities, and total world resources from developed and developing countries available for support of population and family planning programs in the developing countries reached the \$225-\$250 million level.

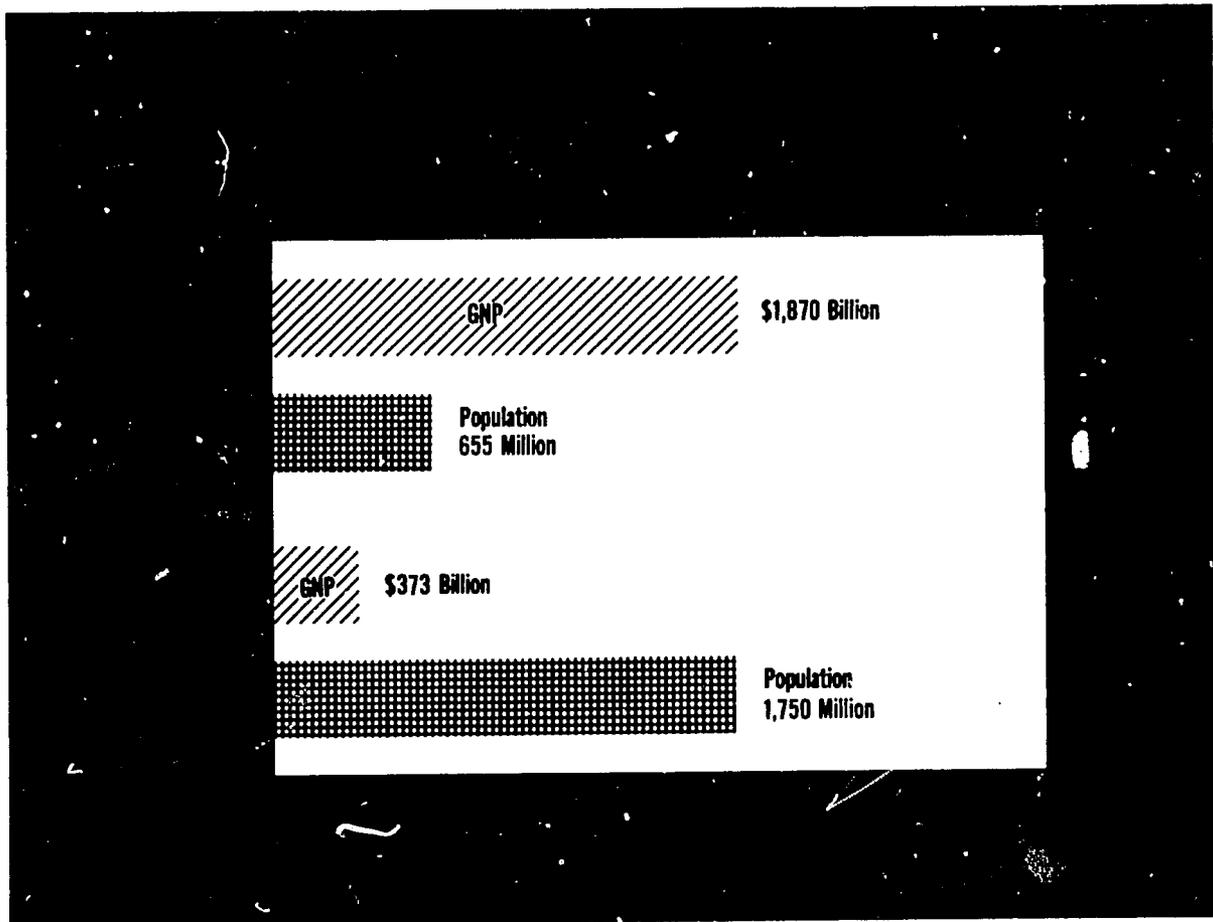
Although still small when compared with the

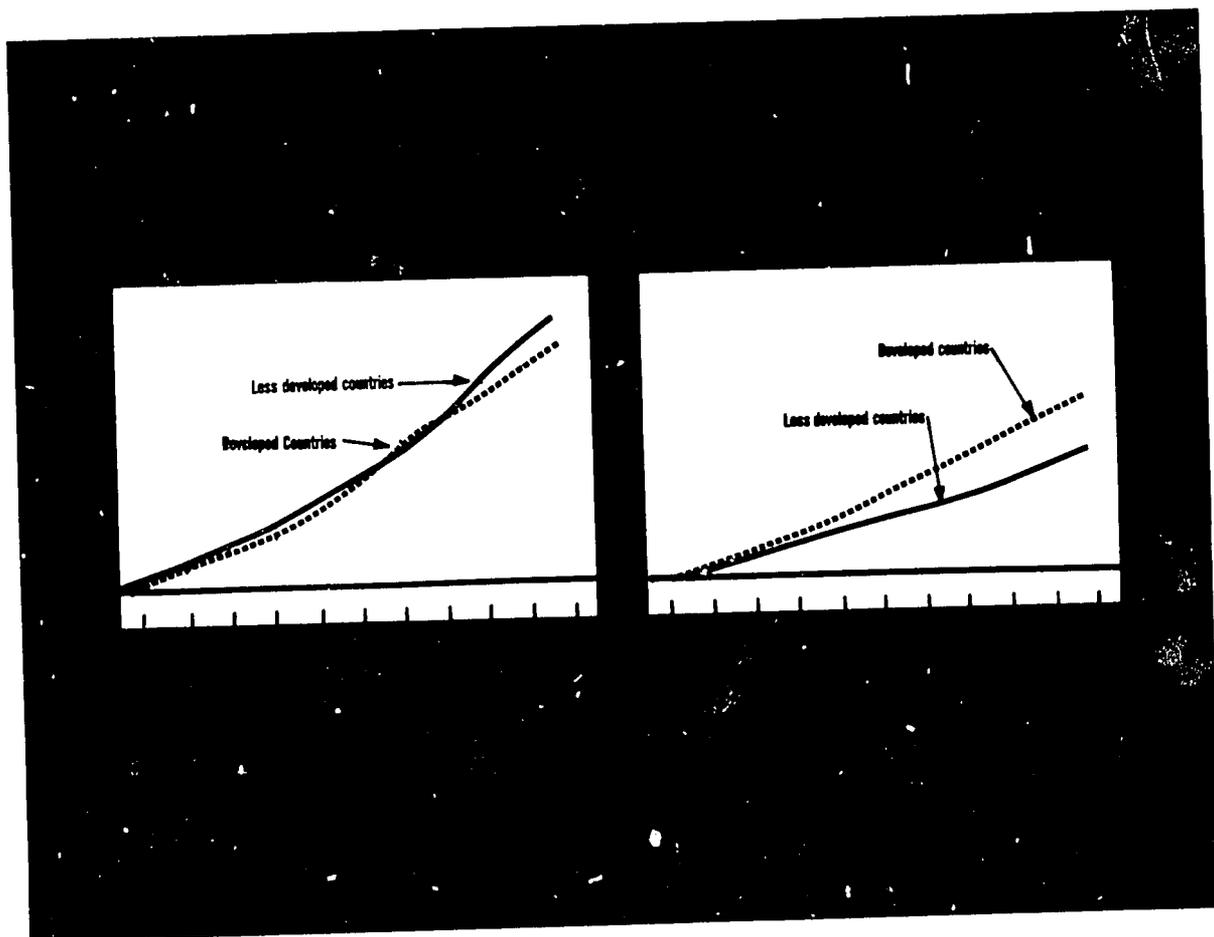
magnitude of the population problem, this rapid growth in the population program budgets of foreign assistance agencies, international organizations, and the developing countries is stimulating a surge of population and family planning activity worldwide.

Contraceptives

The availability of contraceptives continues to increase throughout the world. A.I.D. action has been an important factor in helping to bring this about. Through country programs and intermediaries, such as cooperating private organizations, A.I.D. has provided the full spectrum of contraceptives — orals, IUDs, condoms, and foam, plus needed clinical supplies — to more than 70 developing countries.

Oral contraceptives, which continue to gain in popularity, accounted for more than half of the \$4.4 million value of contraceptives delivered by A.I.D. in fiscal 1971. Such deliveries averaged more than a million oral cycles per month. A strong shift to use of the pill was noted in Korea, Iran, the Philippines, Indonesia, Thailand, Malaysia, and Pakistan, and in Latin America and Africa.





Prostaglandins

With unusual speed, and at least partly due to A.I.D. support, the prostaglandins have emerged as a new method of fertility control with high future potential. These fatty-acid compounds are naturally present in many body tissues and especially in the human reproductive system. In initial testing to date, prostaglandins have been demonstrated as a biologically effective means for initiation of the menses. Extensive further testing, necessary for learning more about its effects and the appropriate conditions and use, is under way on a wide front.

A.I.D. has moved rapidly to explore the potential of prostaglandins. It now has contracts totaling \$4.4 million with outstanding investigators and institutions, including the Worcester Foundation for Experimental Biology, the Upjohn Company, the Royal Veterinary College (Sweden), and the Universities of North Carolina, Wisconsin Michigan, Harvard, Yale, Hawaii, Washington (St. Louis), and Makerere (Uganda).

Problems of synthesis and production appear to have been largely solved; intensive studies of

administration and safety are in progress; and collaborative clinical trials of prostaglandin—already in progress in North Carolina, Michigan, Massachusetts, Connecticut, Missouri, and Hawaii in the United States; and in India, Uganda, the United Arab Republic, Yugoslavia, Great Britain, and Singapore—will rapidly be extended to additional developing countries.

Rarely, if ever, has the testing and introduction of such a new technology proceeded so rapidly on a worldwide basis.

Research interest is focusing increasingly on the use of prostaglandins that can be self-administered by the vaginal route to initiate the menstrual period, either before or after the expected date of onset. It is already known that prostaglandins by the intra-amniotic and extra-amniotic injection offer substantial improvement over previous methods for termination of midterm pregnancies.

Much more research and testing will be required before the potential of prostaglandins can be fully known and realized. However, these compounds offer definite promise of becoming a means which can be

used by women to bring their menstrual and reproductive functions under their own control.

Training

As developing countries initiate or expand their family planning services, they are confronted with an immediate problem of staff personnel being inadequate in quantity and quality for the task at hand. Accordingly, A.I.D. has given major program status to the training of family planning manpower, and such training has grown until it is now a large-volume activity.

During the April 1970-March 1971 period, 689 population program participants from 33 countries arrived at training sites in the United States or in third countries. Of these, 660 were trained in population or family planning and 29 in population statistics. The larger number, 407, were trained overseas while 282 came to the United States.

Training of population/family planning leaders and specialists continued in the four universities that received A.I.D. institutional grants — Johns Hopkins, North Carolina, Michigan, and Hawaii (including the East-West Center). Training was provided during the year to 440 graduate students, about 40 percent coming from other countries.

A total of 825 students participated in non-degree A.I.D.-supported special population courses. These courses covered a wide range of activities that are part of a family planning program, including leadership, midwifery, demography, health statistics, population dynamics, and planning and management.

International organizations

With strong support from many countries, the United Nations Fund for Population Activities has approximately doubled its annual budget during each of the last four years—from \$800,000 in 1967 to \$25-\$30 million in 1971 — and now gives substantial support for the various executing agencies of the U.N. system. The World Health Organization, The United Nations Children Fund, the United Nations Educational, Scientific and Cultural Organization, the Food and Agriculture Organization, and the International Labor Organization are all moving with increasing strength to incorporate population and family planning activities into their programs. The United Nations Fund for Population Activities and the U.N. executing agencies are now providing support for population and family planning activities in dozens of countries, and are moving to provide

population program assistance in virtually all developing countries.

The International Bank for Reconstruction and Development is developing an increasingly effective population program, and has made loans to Jamaica, Trinidad and Tobago, and Tunisia for construction of MCH-family planning facilities.

The International Planned Parenthood Federation, a pioneer in international family planning assistance, and also with strong support from the United States, has rapidly increased its program from a level of less than \$1 million in 1965 to \$20 million in 1971, and has moved to extend support to affiliated programs in 79 countries.

Likewise, The Population Council and the Pathfinder Fund, with substantial support from A.I.D., have greatly increased the scope of their activities—in the fields of population education, postpartum family planning programs, delivery of contraceptives, research for development of improved contraceptives, and seed grants to nourish incipient population and family planning activities.

Other organizations receiving A.I.D. support to expand population and family planning activities in the developing countries include Planned Parenthood Federation of America-Church World Service, Margaret Sanger Research Bureau, World Assembly of Youth, World Education, Inc., American Public Health Association, International Confederation of Midwives, American Home Economics Association, International Association of Schools of Social Work, and the Pan American Federation of Medical Schools.

Country highlights

Family planning programs are burgeoning in many countries as resources become available from multiple external sources and from country budgets.

Philippines. In the Republic of the Philippines, where A.I.D. assistance has gone to more than 15 organizations, including the Ministry of Health, family planning activities are developing with exceptional speed.

With strong support from the President and many other key leaders, and through the work of a relatively well trained cadre of medical personnel, family planning services are rapidly being extended throughout the country. A goal of 1,800 family planning clinics is more than half achieved, and acceptance of contraceptives is increasing greatly in the Philippines.

Indonesia. Like the Philippines, Indonesia has left behind its former pronatalist policies and now is actively expanding its family planning services.

New acceptors have recently exceeded, 40,000 per month. At one time during 1971, the rapid increase in use of oral contraceptives necessitated emergency air shipment of additional supplies. Current success has led the National Family Planning Coordinating Board to revise upward its target of new acceptors for fiscal 1972, from 550,000 to 800,000.

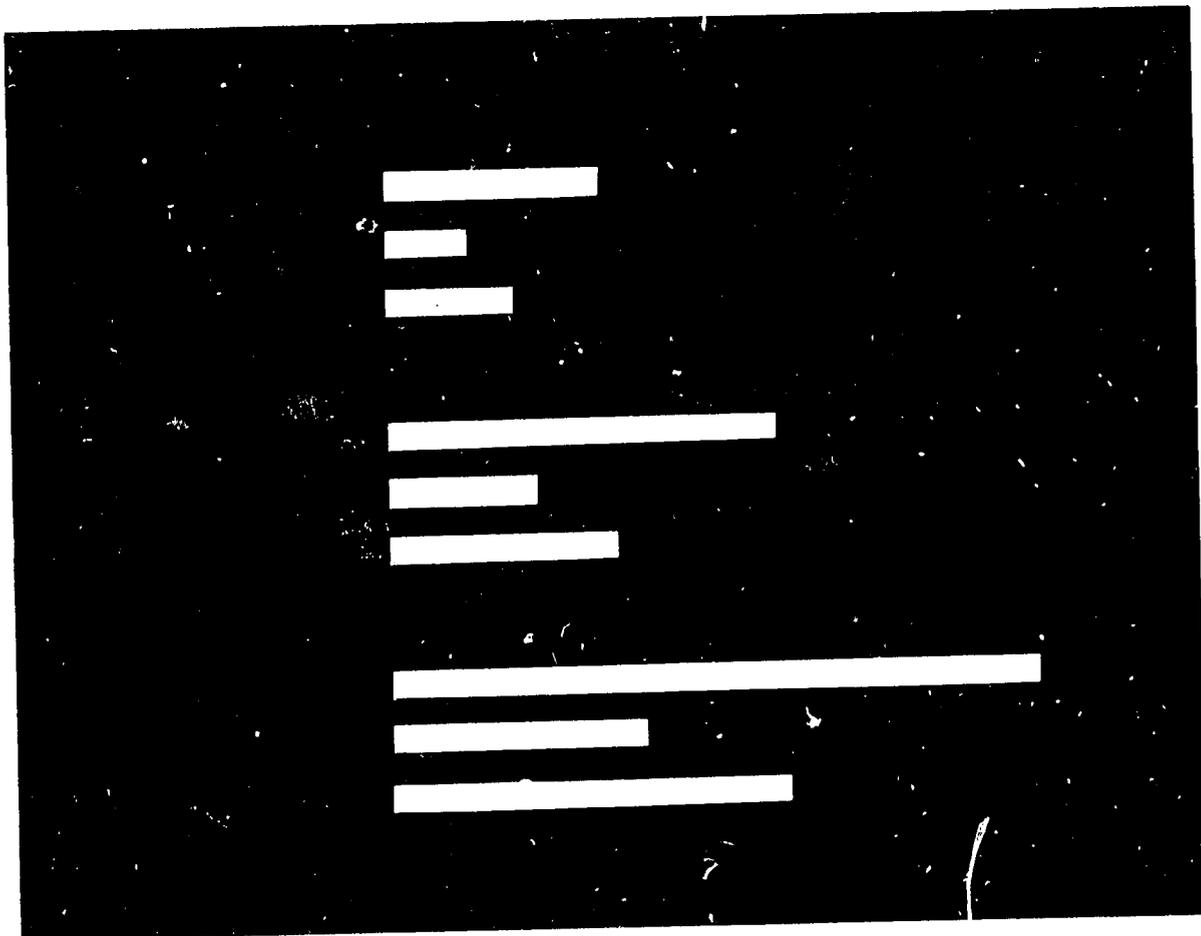
India. India, a world leader in efforts to curb excessive population growth, continues to move ahead purposefully toward its target of reducing birth rates to 25 per 1,000 by 1979. Over 5,000 main rural family planning centers, almost 30,000 rural subcenters, and almost 1,800 urban family welfare planning centers have provided family planning services to over 14 million married couples to date. A \$20-million grant by A.I.D. last year helped to trigger an even greater acceleration of family planning efforts in training, research and evaluation, and rural construction. For example, India's total expenditure on construction of family planning facilities in 1970-71 was 75 million rupees—almost double the 40 million rupees expended on construction the previous year. By early 1971, 398 new main centers were completed and 844 under construction; 4,804 new

subcenters were completed and 1,515 under construction.

Construction of such facilities is, of course, only one of many actions required for an expanded family planning program. But progress in areas such as this presages related improvements and is one essential step for India to move toward population stability.

Ghana. Ghana is one of the leaders among African countries in efforts to lower population growth rates. Conscious that current growth rates would bring a doubling of population in only 23 years, 2 years ago the Government adopted an official population policy, and today Ghana is moving to implement the policy through a combination of public and private family planning services. Because the prevalent desire for large families is a major obstacle to program success, a third of the Government's family planning budget is being used for information and educational activities.

Costa Rica. With an active family planning service and information program now operating nationwide, Costa Rica's population growth rate is



trending downward—from 45.3 per thousand in 1963 to 33 per thousand in 1970, and with much of the drop taking place in the late 1960's.

Costa Rica since 1967 has given rapidly increasing attention to family planning. Such services are an integral part of the National Health Service. Ninety family planning clinics are operating, closely approaching the goal of 100. The broad population and family planning program is carried out through close cooperation between Government and private organizations. Indicative of the wide scope of the program, the Ministry of Education recently established a sex education training program for high school teachers, to serve as a basic guide for such education in high schools. Sex education courses for parents also are provided.

People's Republic of China. In 1971, information became more fully available indicating that the People's Republic of China, encompassing more than one-fifth of the world's population, has developed a powerful fertility control program. Its emphases are upon delay of marriage; provision of effective contraceptives—pills, IUDs and sterilization; readily available surgical abortions; and intensive education of the public. Although not yet measured, the program's impact on fertility is probably large.

Signs of progress

The censuses of 1960 awakened the world to the developing population explosion. Continuing

censuses, sample surveys, and registration of vital events will reveal whether the population programs now being implemented can effectively damp this explosion.

New demographic data indicates that population growth has begun to slow down in a number of countries:

In India, preliminary results from the March 1971 census indicate a population of 547 million—about 25 million persons less than expected. It is possible that this expectation was based on an overly optimistic estimation of mortality decline. More detailed analysis of census data should help clarify this matter.

In Brazil and a half-dozen other Latin American countries, preliminary totals from the new censuses show a similar tapering off from population growth rates projected a decade earlier.

In Hong Kong, Singapore, and the Ryukyu Islands, birth rates have dropped rapidly from levels of a decade ago (over 35 per thousand population) to the low level today of 20 births per thousand population.

In South Korea, Taiwan, Ceylon, Mauritius, Chile, Costa Rica, and the Caribbean Islands, births per thousand population are now near the 30 mark.

In other countries in Asia and Latin America, rapid expansion of family planning program activities and increasing acceptance of more effective means of fertility control presage a sharp decrease in fertility during the coming decade.

Family Planning Policies

The recent emergence of governmental policy designed to bring about decreases in fertility or the population growth rate is a factor whose importance cannot be assessed in terms of statistical data. It is quite clear that population growth limitation policies are of relatively recent origin, and may accurately be said to be presently emerging and developing.

It is generally believed that India was the first government to establish a population policy designed to reduce the rate of population growth (1952), followed in succession by Pakistan (1958), Korea (1961), Jamaica (1963), Malaysia, Ceylon, Singapore, Turkey, and Tunisia (all in 1965), and Kenya, Mauritius, and Morocco (all in 1966). By 1966, 14 developing countries had family planning policies, of which half were in Asia. By mid-1971, the number of countries which had official national family planning policies totaled 21.

A review of the policy position of most developing countries of the world indicates that no country has a population policy based on coercive actions. Between 20 and 25 countries in 1971 have policies of population growth rate limitation based on voluntary fertility regulation.¹ These policies necessarily have unclear dimensions involving quality of human life, concepts of social justice, and protection and promotion of basic human rights.

The policy position review also reveals the following:

Family planning activity on some scale is taking place in almost every country of the world, although

¹A country is considered to have a voluntary family planning policy if it publicly states or admits such a policy and subsequently takes official steps to implement the policy.

in Africa, according to the International Planned Parenthood Federation, there are 18 countries that have no organized family planning activity. According to the United Nations, at least five countries on that continent have stated a policy for increased population.

Almost all countries which have opted for a population growth limitation policy have established (1) policy goals (generally stated and usually appearing either in an official position paper or in a development plan), (2) program goals (explicitly stated in terms of population to be reached, or contraceptives to be used over a period of time), and (3) demographic goals (stated in terms of an ultimate or intermediate demographic response to be achieved over a specified period of time as a result of the policy and program goals. Indeed, the setting of goals appears to be fundamental to those countries which have decided on family planning policy. In a few countries, goals appear to have been set in the absence of clearly defined policies.

There is a growing number of countries that, though having no official policy, permit programs (both public and private) to operate openly, often with some government support or encouragement. These programs may be as successful as those supported by stated government policy, although judgment on this must await further analysis. Within each of the official position stages above, some programs are more advanced, more serious, more efficient, more purposeful, more intent, more goal-minded, than others.

Official government positions and attitudes differ widely since in no case are regions homogeneous entities. Some governments are strongly in favor of a growth limitation policy and others are nominally in favor. Generally, policy attitudes, except in a few countries, are not cemented at this point in time, but are in a state of flux, even ambivalence. This may be due to the fact that countries which pursue a voluntary fertility regulation policy expect that their present activities will call forth an adequate demographic response. In most cases, such a policy is still new and untested. As it is shown that voluntary family planning will achieve the needed demographic response, these policies will earn the credibility they presently seek.

Not all nations of the world share identical views as to the seriousness of world population growth, and not all nations relate their individual cases to problems of a broader international picture. Individual country views, furthermore, reflect historical, social, religious, cultural, philosophical,

and psychological factors in across-the-board national planning.

In summary, then, numerous governments have decided to limit or decrease their population growth through voluntary fertility regulation. They support programs with varying degrees of enthusiasm and commitment; some have set goals while others have not. Most believe that family planning is a basic human right; others believe also it is a means for achieving demographic/health/social goals. The diversity of policy is wide.

What factors are evident when countries consider a population policy? They vary, but some combination of the following are usually visible.

- An awareness of and concern with the role which population size and population growth play in economic development, with special emphasis centered in employment, housing, education, and resources. Increasing awareness is usually speeded along by better demographic data and studies on the impact of population pressures and urbanization.

- Increasing concern for the health of mothers and children and of the adverse medical effects of large-scale, high-risk, illegal abortions.

- Concern for family health, family structure, and family stability.

- The belief that family planning is a basic human right. In fact, the humanitarian principle (including human rights, family stability, and maternal health) is implicitly or explicitly enunciated in almost all statements on population policy.

- The willingness of developed nations to assist developing countries in the pursuit of their population policies.

- Awareness of a change in international opinion toward government sponsorship of population programs.

- The availability of improved contraceptive technology and increasing sophistication of systems for delivery of family planning services.

- The results of attitude surveys showing latent public support, backed by the successful efforts of private international and local groups in delivering family planning services.

- Increasing belief that family planning programs can hasten the completion of the demographic transition.

There are some immediate country-specific factors that influence the speed of the policy consideration process. These include:

- The knowledge that social/political mechanisms and the legitimization of new norms must be brought to bear on the population problem,

taking into account the chief policy-approving groups in the country which include: the medical community, the communications media, the university community, the military and civic action groups, organized labor and trade unions, various professional societies, political parties, organized women's groups, religious groups, well-identified community leaders.

- The belief that knowledgeable, dynamic leadership in the top civil service, including the various ministers, must clearly agree on the policy decision and verbalize enthusiastically the commitment to pursue a certain policy. While these factors do not guarantee the pursuit of successful policies and programs, their absence suggests that no policy will be formulated and, therefore, that no goals will be established.

- A high degree of popular concern and government commitment for health matters, and the existence of maternal and child care services within the total health infrastructure.

- The existence of local expertise or imported expertise capable of working successfully through and with most of the groups mentioned in paragraph 1 above.

- The belief that nationals can be trained to administer programs with a minimum of foreign technical help.

- The existence of an acceptable, successful, working private family planning association.

The rise in the number of governments involved in seeking a lower or slower population growth rate is a relatively recent phenomenon and is of increasing world interest. Government involvement with two aspects of population dynamics—mortality and migration—has existed for centuries, but until recently governmental concern for reducing birth rates has been rather remote and removed from politics and policy.

Governments in the developing world are in varying degrees of readiness and ability to pursue policies and programs of population limitation. Twenty-one governments in the past 18 years have decided to reduce their population growth rates. It may be noted that 15 of these countries did not exist as independent states 25 years ago. Indeed, of the 141 independent states in the world in 1971, 66 have become independent since World War II. Almost all of these newly independent nations are in the developing world.

Determining population policy is both important and difficult for the same reason: namely, it gives official recognition and sanction to both the problem and the possible solutions.

The great expansion of public information, discussion, and concern regarding the population problems during the past decade has been highly valuable in enabling and strengthening action in these spheres.

Development of Family Planning

The use of some method to prevent unwanted births must have begun soon after man's first crude understanding of the physiology of reproduction. The use of contraceptives for family planning goes back to the beginning of medicine; they are mentioned in the earliest medical literature. As early as 1798, Malthus recognized the social implications of population increase as regards the balance between food and population. His recommendation of abstinence can hardly be considered a blueprint for an effective population control program. During the nineteenth century, several socially conscious reformers recognized the economic and health handicaps to family welfare that resulted from excess children in poor families. Several of the early reformers even tried to organize family planning programs, utilizing the relatively ineffective contraceptives available at that time.

Early in the twentieth century, Margaret Sanger pioneered the modern birth control program. She

became seriously concerned with the human right of a woman to determine the fate of her own body, including the reproduction of children. She believed that society had no right to require a woman to bear unwanted children at the risk of her health and happiness. Margaret Sanger was an irrepressible promoter and organizer who campaigned for birth control as a human right and health measure at a time when the subject was socially unacceptable and often illegal.

Her program consisted of the establishment of generally small, private clinics scattered sparsely around the world. These clinics provided second generation contraceptives, such as condoms, diaphragms, and spermicides which can be utilized with a minimum of technological skill, but require much motivation and self-discipline. This program could not bring about the massive demographic changes needed to promote social and economic development but it did establish the acceptability and

feasibility of birth control for family planning and was the precursor of the International Planned Parenthood Federation, one of the most important foundation stones of the modern world population movement.

Family planning in the 1950's

National and international family planning programs designed to have a helpful demographic effect on the world population problem and thereby promote social and economic development began in the decade of the 1950's. Before that, demographic studies had been undertaken by individuals and organizations such as the United Nations statistical unit, and there had been organized information and education programs such as that of the Population Reference Bureau, but these efforts had not resulted in large-scale family planning programs. In the early 1950's the Population Council, the Pathfinder Fund, the IPPF, and the Ford and Rockefeller population programs were initiated. India, in 1952, was the first country to adopt a national policy to promote family planning as a means of controlling population growth for the purpose of bolstering social and economic development. In the latter part of the decade, Ceylon and Pakistan also initiated country family planning programs. In 1958, the Government of Sweden gave assistance to the Ceylon program and thus initiated government to government assistance in family planning.

The family planning programs of the 1950's were similar to those initiated by Margaret Sanger. They consisted primarily of clinics providing individuals, on a voluntary basis, with the same types of contraceptives previously used. The numbers of clients served were relatively small and the methods of contraception left much to be desired from the viewpoint of effectively reaching the masses.

These family planning programs of the 1950's did not produce any important demographic effects, but they did broaden interest in family planning, and they provided the experience necessary for a better understanding of the operation of family planning programs.

Family planning in the 1960's

Worldwide interest in population programs emerged in the decade of the 1960's. There was widespread acceptance of the need for the control of population growth, if the rising expectations for social and economic development were to be realized during this decade of development. In addition, there

was increasing recognition of the importance to the health of both mother and child of the spacing and limitation of children. A resurgence of interest in human rights, and women's rights in particular, renewed interest in Margaret Sanger's declaration that every woman had a right to decide whether or not her body would produce another child.

This new interest in population growth resulted in 30 heads of states, in 1966 and 1967, signing a joint declaration on family planning. The United Nations and its affiliated organizations, such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), initiated programs to assist country family planning programs. Several other countries, including the United States, followed Sweden's example of using some of their development assistance resources to assist less developed countries' family planning programs.

USAID assistance to family planning programs developed remarkably during the 1960's. At the beginning of the decade, family planning was not considered a subject appropriate for U.S. Government action. During the early years of the decade, some small assistance was provided for demographic and biological research projects relating to population growth. In 1965, A.I.D. policy permitted assistance for the first time to family planning programs in developing countries where the countries requested such help as part of their struggle for economic and social development. In this initial phase, however, the provision of contraceptives or machinery for their manufacture was prohibited. By 1967, the contraceptive prohibition was rescinded, population officers were being appointed, and population policy shifted from a passive to an active phase. With the legislative earmarking of population and family planning funds in 1967, with dynamic leadership in the population and family planning sector of A.I.D., with strong Congressional and Presidential support, A.I.D. support to family planning programs rapidly increased in size and effectiveness. In terms of dollars, this assistance grew from \$4.4 million in fiscal 1967 to \$35 million in fiscal 1968, \$74 million in fiscal 1970, and \$96 million in fiscal 1971. Much of this assistance was extended directly by A.I.D. to individual country projects, but toward the end of the decade, important sums were granted to national and international private organizations and to the United Nations and its affiliates, with the result that these organizations were encouraged and enabled to broaden their family planning support.

By the end of the decade, a majority of the countries of the world had some sort of family planning program, official or unofficial, governmental

or private. A dozen of the developed countries were assisting the less developed country programs. Also, the United Nations and its agencies and affiliates were beginning to support family planning programs all over the world in a significant manner.

An important factor in the explosion of family planning programs during the decade of the 1960's was the availability of new and more effective contraceptive technology. During the decade, use of oral contraceptives and the intrauterine device became established. The extensive use of these effective methods, plus the extensive use of sterilization in certain programs, notably in India and Pakistan, enabled family planning programs to measure their family planners in terms of millions rather than thousands. The progress made by family planning programs in this decade was outstanding in terms of past experience, although it was still only a beginning in terms of needs.

Family planning programs today

A realistic appraisal of social, political, and religious factors relating to population planning leads to the conclusion that for now and for the next few years the provision of effective family planning services and information will be the main action in redressing the balance of births and deaths, barring some global catastrophe. Additional approaches to slowing population growth—sometimes spoken of as “beyond family planning”—need to be studied, investigated, and encouraged until their research and development phase is further advanced. Meanwhile, family planning programs are emphasizing improvement and extension of currently available and acceptable family planning means and information.

Nearly all LDC's have a family planning delivery system in some stage of development, running the gamut from small private clinics to huge government programs employing tens of thousands, offering from free to prohibitively expensive services supported by individuals or international organizations, utilizing obsolete single contraceptive techniques or a variety of advanced methods, serving patients well or poorly, organized free style or highly structured and well managed, operating unipurpose clinics or multipurpose ones linked with health or other government services, and promoting or discouraging supplementary support from the private health and commercial sectors.

Unfortunately, this welter of family planning delivery systems serves only a small percentage of the fertile couples in LDC's — about 40 percent in the

best programs, and still less than 10 percent overall. Rapid improvement of family planning delivery systems is going forward, however, with ever-increasing assistance from international agencies, national governments, and private organizations in these four areas:

1. Fiscal and budgetary support of LDC national and private family planning programs.
2. Improvement of the quality of delivery systems, with increased facilities and supplies, and the development and testing of alternative systems.
3. Manpower and training.
4. Expert technical support.

Current family planning delivery systems are of several types:

Governmental. For several reasons, most family planning delivery systems in LDC's are located in ministries or departments of health:

- People naturally look to medical or health professionals for advice concerning reproduction and contraception.

- The most effective methods of contraception in use or proposed require clinical facilities and medically trained staff for provision of technical information and services in the initial stages of individual adoption of practices, and also as technical backstop resources in problem situations.

- Family planning as part of responsible parenthood and as a means to improve the health of mothers and children is acceptable in a sensitive social, political, and religious milieu whereas it may not be acceptable as a means for economic and social development.

- Maternity-based family planning programs, as demonstrated by the Population Council, have good arguments in their favor, are gaining wide support, and in virtually all countries are administered by ministries of health.

- The new and increasingly utilized technologies for postconceptive control will require medical staff and clinical facilities. Their ultimate utility in helping to solve the population problem cannot now be determined.

Some country family planning programs are coordinated, directed, or administered by other than health ministries — such as a council or board with representation from several ministries, or an autonomous agency. The participation of other ministries, such as information, education, agriculture, military, social security, finance, etc., is to be encouraged since they can lend support to a

family planning delivery system. Under this broad approach, assistance may be extended to clinics operated by social security or defense ministries; to family life and population dynamics courses in education ministries; to educational programs of information ministries; to community workers in social welfare, agricultural extension, or community development ministries; and to census and vital registration work in ministries where located. Family planning staff workers are able to multiply their own public effectiveness by training and assisting those in the associated agencies who also contact the public.

Nongovernmental. Most country family planning programs are preceded by pioneering efforts of private organizations to educate opinion leaders and the public and to establish prototype family planning delivery services. The Pathfinder Fund, the International Planned Parenthood Federation, the Population Council, and the Church World Service are outstanding examples of nongovernmental organizations whose pioneering work in family planning set the stage for today's worldwide programs. These organizations not only initiate prototype family planning programs but are useful in supporting large family planning delivery services in countries where the governments are not yet ready to operate openly. Their roles change but are not eliminated when government programs are established. They are still needed for the education of the public, for developing and demonstrating new techniques and delivery systems, and sometimes for training government staff. They have the flexibility to respond to needs quickly and the ability to undertake risky or unpopular actions. Even with government programs established, there may be need for more support for private organizations as they work to initiate new programs and to perfect their delivery systems.

Private physicians. In the United States most health care and most family planning services are rendered by private physicians. Most LDC's do not have a private system of health care well enough developed to abrogate the need for governmental programs if family planning services are to be made available to the majority of the people. Many country family planning programs, however, have neglected to utilize or have underutilized this potential resource. Widespread support is available from numerous sources for training private physicians, supplying commodities, and in some cases providing payments, to enable them to offer family planning services as an important adjunct to governmental programs.

Commercial sector. Although currently most effective means of contraception are clinical methods restricted to distribution by or under the supervision of medically trained staff, there are effective means, such as oral contraceptives, condoms, and vaginal spermicides, which are suitable for distribution through any available channel. Their distribution is being encouraged through commercial channels as well as by family planning program staff. India's Nirodh program and Pakistan's village organizer and village distributor programs are examples of subsidized commercial distribution of conventional contraceptives.

All family planning delivery systems should include commercial channels because potentially they can give much better geographic coverage than any program has reached to date. Many countries with national policies still have laws impeding the importation and use of conventionals by high import taxes or other restrictions. The inconsistency of such policies and regulation is obvious, and efforts are being made to remove unnecessary restrictions and impediments to cheap and easily available conventional contraceptives.

Family planning in the 1970's

The development of family planning programs is expected to accelerate even more rapidly in the decade of the 1970's. Virtually every country is likely to develop a population policy and a family planning program designed to improve or regulate the country's demographic structure. The scope of fertility control programs will be broadened but the main reliance no doubt will still be on the provision of family planning information and services. All family planning programs are voluntary today and are expected to remain so.

Assistance to family planning programs, which was started on a small scale by voluntary organizations and has now advanced to large-scale programs of national governments, is increasingly shifting to international organizations belonging to the United Nations family of agencies or to private independent organizations. This trend is expected to continue but will not be completed during this decade.

Family planning programs within ministries of health and associated with maternal and child health services can be expected to expand rapidly, now that public health officials, especially those of WHO, are accepting the importance to the health of mothers and children of spacing and limiting births.

Family planning programs cannot be completely successful until the spacing and limiting of births is firmly inculcated in health culture worldwide. In order to accomplish this, all health personnel meeting the public will have to be educated and indoctrinated in family planning, whether or not they are directly connected with family planning programs.

In order to overcome the inability of existing health delivery systems to provide family planning services for all, increasing assistance will have to go to developing countries, and they, in turn, will have to plan and implement realistic family planning programs, especially with regard to manpower. The standards for medical services in family planning programs will have to be consistent with medical resources and standards of the country. In general, this means that more paramedical and auxiliary staff will have to be utilized in bringing family planning services to all people.

New developments in program approaches will continue to be necessary, as has been the case with program action to date. Family planning services usually have come into being first through interested groups and community and country programs. For example, 5 years ago the Population Council (subsequently supported by A.I.D.) initiated "postpartum" family planning programs—the provision of contraceptive services to new mothers. As a further evolution, the World Health Organization is developing "maternity centered" family planning programs. With the advent of postconceptive methods of fertility control (especially prostaglandins), family planning programs in many areas seem likely to become more "pregnancy centered"—with emphasis on early diagnosis of pregnancy, termination of unwanted pregnancies, and the continuing provision of oral contraceptives, intrauterine devices, and sterilization services.

The base of support for family planning programs will be widened during the 1970's to include ministries of government besides the health ministry. Ministries of planning, education, information, agriculture, and community development have important roles to play in supporting family planning programs. Staff members of such agencies must be educated in family planning in order that they, too, can help educate the public. There must be broadened recognition of the need for family planning and the availability of services offered.

Nongovernmental organizations assisting family planning programs will not wither away during the 1970's. Private support will continue to have a role in

"One of the most serious challenges to human destiny in the last third of this century will be the growth of the population. Whether man's response to that challenge will be a cause for pride or for despair in the year 2000 will depend very much on what we do today. If we now begin our work in an appropriate manner, and if we continue to devote a considerable amount of attention and energy to this problem, then mankind will be able to surmount this challenge as it has surmounted so many during the long march of civilization."

— President Richard Nixon
July 18, 1969

educating the public in pioneering innovations and in taking the risks involved in initiating programs in sensitive areas where governments fear to tread. Through the decade, they will be needed to stimulate the initiation of family planning programs in the countries that do not have family planning policies or programs. Their role may change but they will still be needed.

Private medical practitioners will become more involved in family planning programs. Currently they serve that smaller number of people who are most able to pay for their services. They must be brought into the mainstream of family planning programs. In some cases this will require liberalization of laws pertaining to contraception and abortion. As contraception and pregnancy termination techniques for postconceptive control are perfected and become acceptable, people will demand and be willing to pay private medical practitioners for such services.

The commercial sector currently plays an important role in providing family planning services worldwide, and its role can be expected to increase. As less developed countries become developed, commercial interests will supply contraceptive agents to the private medical practitioners. Laws restricting the sale and use of contraceptives and even those respecting postconceptive control are progressively being liberalized. There is a great potential for the expansion of nonclinical methods through commercial channels. If and when the safety of newer effective contraceptive methods such as oral contraceptives and prostaglandins is established and generally accepted, there is an almost unlimited potential for distribution of these products through the commercial sector.

World Demographic Trends

The censuses of 1960 awakened the world to the reality of the "population explosion." In many cases, particularly in Latin America, these censuses showed that population totals were considerably larger than had been expected and that they were increasing at unprecedented rates. As part of the resulting demographic concern, there was a resurgence of Malthusian fears, and books and articles joined in prophecies of doom. While it can be argued that some of these expressions were overly pessimistic, it was clear that the high rate of world population growth had become a problem demanding careful and extensive study and effective solutions.

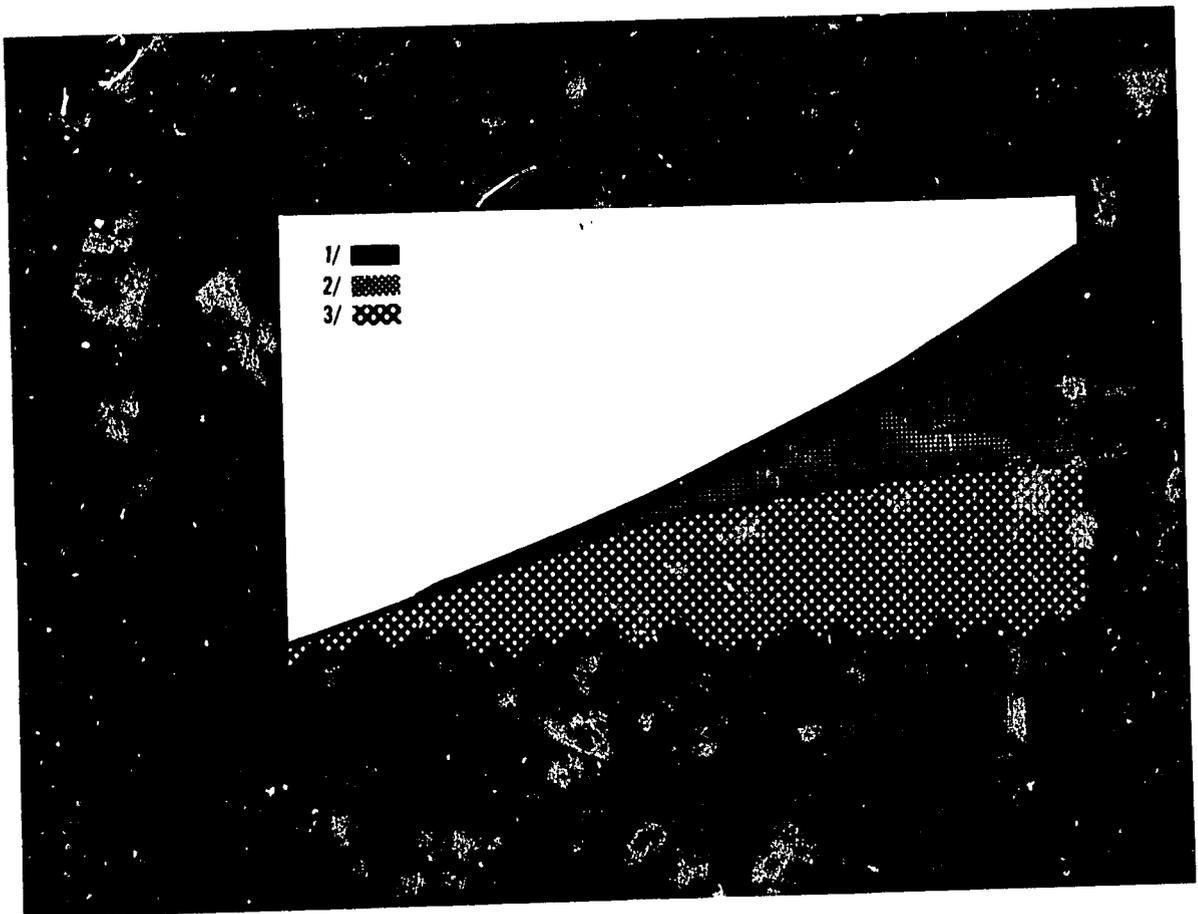
It was around 1830 that world population reached 1 billion for the first time. A century later, around 1930, the second billion people had been added. By this time, with mortality declines in the more industrialized nations, the world growth rate had doubled, from 0.5 percent per year to about 1.0 percent per year. And by 1960, only 30 years later, world population had reached the 3-billion mark and

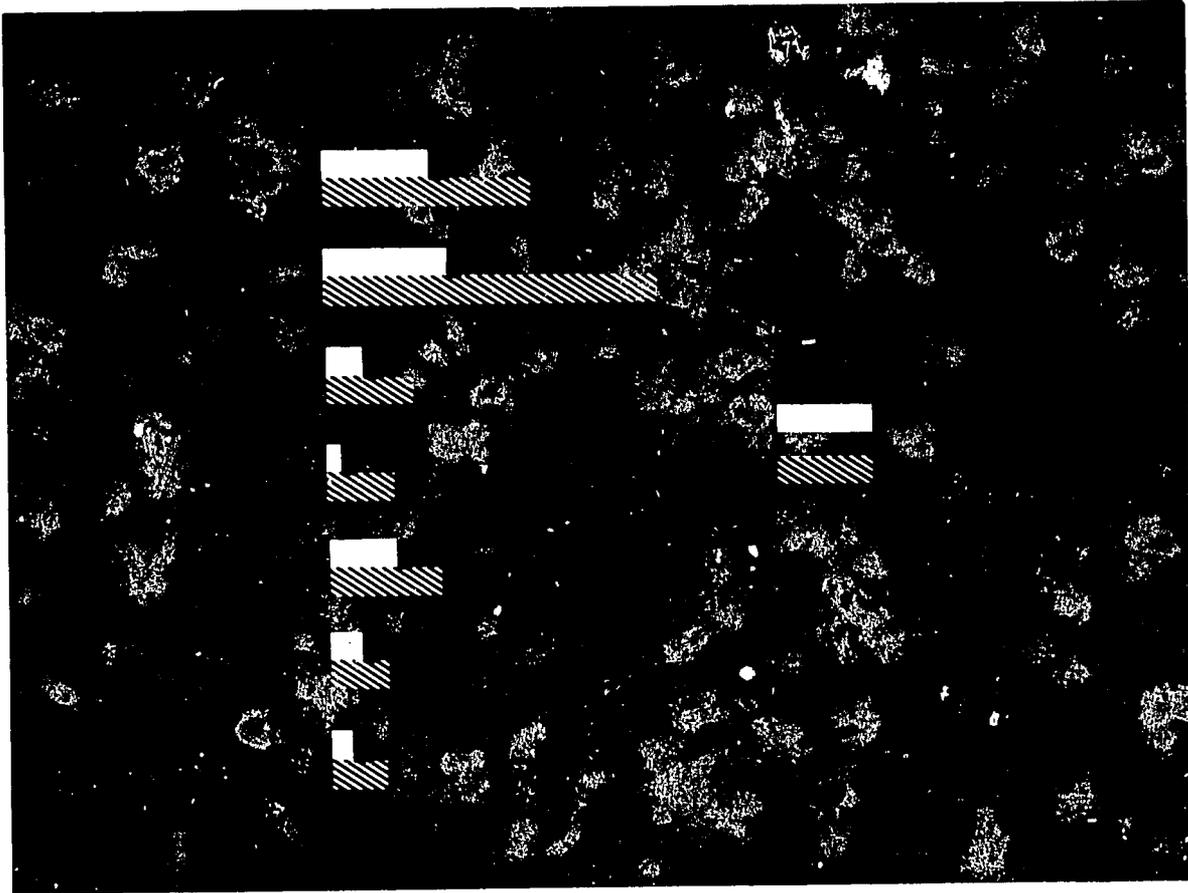
the growth rate had again nearly doubled, to about 1.8 percent per year. Presently world population is estimated to be close to 3.7 billion and growing at slightly over 2.0 percent per year. At this rate the population would reach 4 billion by 1975, and 5 billion by 1985.

Understandably, the 1960's saw a rapid growth of research, programs, and policies in the population field. A myriad of efforts were mounted by government agencies and private national and international organizations in an attempt to understand more completely the nature of the "population explosion" and, ultimately, to control it.

What has been the effect of such programs? How have fertility and mortality patterns changed in regions and individual countries in response both to direct family planning and health assistance and other indirect social and economic factors, increasing income levels, urbanization, and the like?

Data from the 1970 censuses will provide an important key to demographers and social and





economic planners in their attempts to answer such questions. At present only preliminary estimated of total population are available from most of the almost 90 countries that conducted censuses during 1969-70. More complete tabulation from these and about 45 other countries that will be conducting censuses in the 1970's will allow demographers to make a more precise determination of the dynamics of population change and clearer indication of the degree to which the trends of the 1960's are being reversed.

Preliminary estimates from a number of these censuses, particularly in Latin America, imply lower rates of population growth during the 1960's than were inferred by official estimates, as well as those of various agencies such as the United Nations. Particular examples are Chile, Thailand, and the Dominican Republic. In those three cases the official and agency estimates exceeded the preliminary census totals by between 5 and 10 percent.

One possible explanation could be that the birth rate has been declining faster than anticipated during the decade in some of these countries. However, such deviations could also be due to underestimation of the death rate, or to

underenumeration, since the census figures so far available are by and large preliminary counts. But even if in only a few cases more detailed analysis does show declining fertility to be a major explanation of this difference, it could have a major effect on the understanding of population dynamics during the 1960's and on population planning during the 1970's.

Latin America

Declines in mortality that took over a century to accomplish in Western Europe came in Latin America in less than 30 years. By 1960, the crude death rate had fallen to an estimated low of about 10.0 per thousand. Fertility, on the other hand, remained high, unlike in Western Europe where fertility had gradually followed the mortality decline. The result was an extremely rapid increase in the rate of population growth, from about 1.8 percent around 1930 to 2.7 percent around 1960 with population rising from about 108 million to 212 million.

Between 1950 and 1960 several countries in the region showed extremely high rates of population increase. Examples are Brazil, which grew from 52 million in 1950 to 71 million in 1960 at an average annual growth rate of 3.1 percent; and the Dominican

Republic which has an average annual growth rate of 3.6 percent.

Preliminary totals from 1970 censuses in several Latin American nations show an apparent tapering off of the growth rates registered a decade earlier. For example, the average annual growth rates between 1960 and 1970 for Brazil and the Dominican Republic were about 2.7 percent and 3.0 percent, respectively. Vital registration data from a few other countries such as Chile and Costa Rica have indicated fairly substantial fertility declines in recent years. However, two cautions should be expressed. The 1970 census totals are almost all preliminary, based on rough counts of census returns, and may be subject to later revision. Also, even with declines in the growth rates that may have occurred in some countries, the overall regional growth rate is still high.

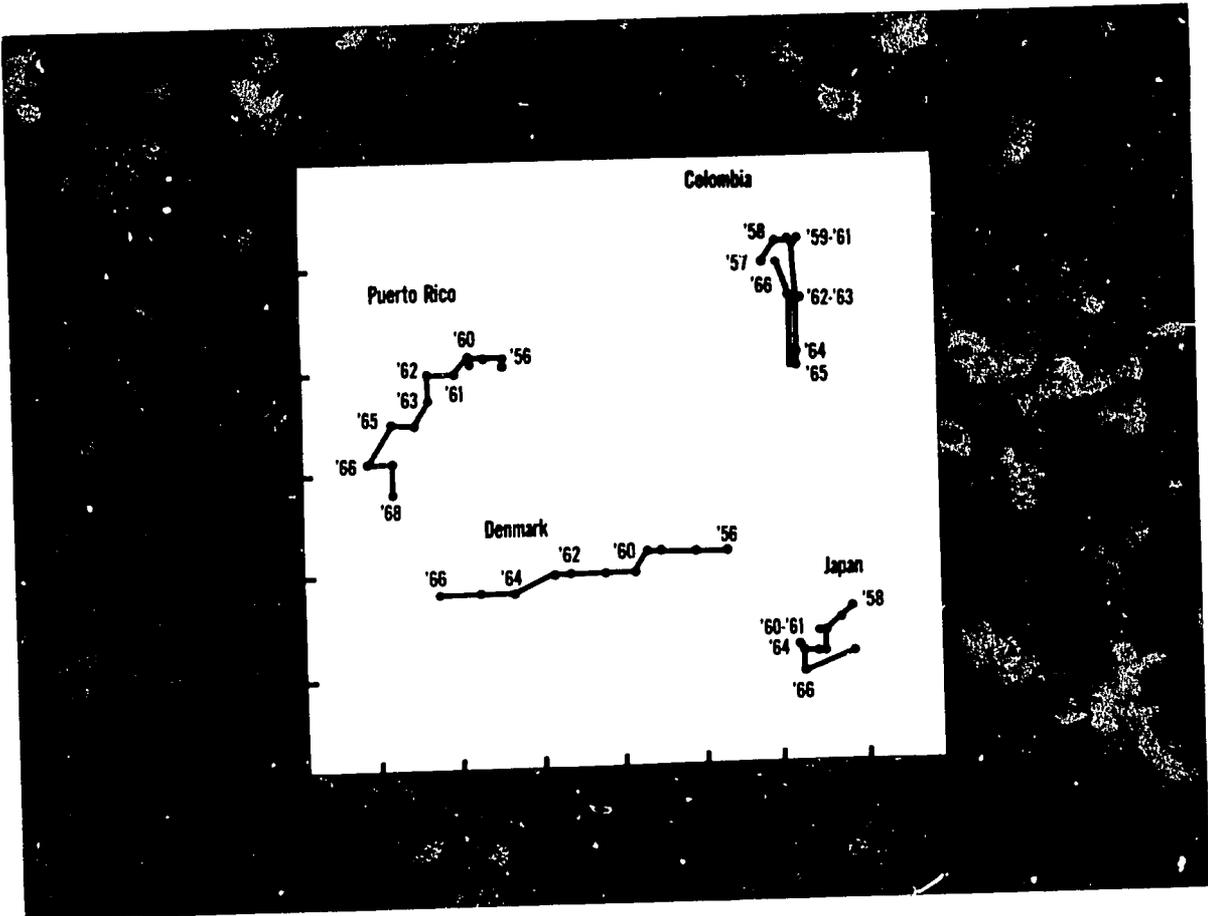
The present estimated growth rate in Latin

America is 2.8 percent. With this rate continuing, the population would still be doubling every 27 years, and total population, currently about 287 million according to the United Nations, would reach over 600 million by the end of this century.

Because Latin America's mortality rates are already low and because of its stage of economic development, the path of fertility levels and, hence, of population growth, will be carefully watched and analyzed. Detailed data from the 1970 censuses will provide a basis for this analysis.

Asia

The Asian picture is dominated by two massive concentrations of population, the People's Republic of China and India. Together they contain over 1.4 billion people, more than one-third of the world total and over one-half the population of the Asian



Fertility patterns in selected countries, by time and place, are shown. The technique of fertility data analysis by age and parity (number of live births per mother) has been extended by polyvariate grid analysis to facilitate comparisons.

With each dot representing the median age and median parity of women reproducing in a population (country) during a chosen time period (year), the successive dots for each country indicate changes in that country's fertility pattern during sequential time periods. This technique enables improved understanding of the evolution of fertility patterns in various countries.

region.¹ China, demographically, still presents many unknowns to the outside world. Rough estimates place current population at over 840 million. Both birth and death rates have fallen during the past few decades as the government has strongly supported public health programs aimed at disease control, and on an off-and-on basis, voluntary family limitation.

India, like her neighbor Pakistan, has been engaged in a large-scale program to effect fertility reduction. Preliminary results from the March 1971 census do show a lower rate of population growth than was expected, although it may be that such expectations were based on an overly optimistic estimation of the mortality decline in India. When more detailed tabulations become available for India demographers will gain a more accurate knowledge of what has actually happened to fertility and mortality. As yet there is little indication of declining growth rates in many other parts of the Near East and South Asia region (NESAs),² where birth rates remain near 50 per thousand and the annual population increase approaches 3 percent per year.

Growth rates in the NESAs as a whole have increased dramatically over several decades, from about 1.4 percent per year during the 1930's to about 2.7 to 2.8 percent today. At this growth rate the present population of about 890 million would approach 2 billion by the end of the century.

It is only in a few parts of East Asia—Hong Kong, Singapore, Taiwan, and the Republic of Korea—that dramatic declines in population growth rates have occurred in recent years. Around 1960, both Taiwan and the Republic of Korea had growth rates close to 3.0 percent. Substantial declines in fertility during the 1960's of more than 25 percent in both cases, aided in bringing 1970 growth rates much closer to 2.2 percent. Preliminary results from the 1970 census in South Korea showed an intercensal (1966-70) growth rate of only 1.9 percent. However, it may be difficult to extend this transition to other areas of the world, not only because other countries may have difficulty in duplicating the effort behind such family planning programs, but also because a slowing down of the growth rate in these areas has been associated with rapid economic growth which may also be difficult for other countries to achieve.

Africa

A number of African nations conducted complete censuses during the late 1960's and in 1970.

¹ Including mainland China, excluding the Asian portion of the U.S.S.R.

² The United Arab Republic, Turkey, and Greece are included as a part of the Near East and South Asia region.

Several countries such as Uganda and Togo conducted them for the first time. Thus, in most cases these censuses and other detailed demographic surveys that are being attempted in countries such as Malawi and Liberia will prove of only limited assistance in assessing the dynamics of fertility and mortality in the recent past. Rather, the major hope is that they will help to accurately determine the current levels of population, fertility, and mortality which have often been subject to high degrees of speculation.

Nevertheless, a few points about Africa are clear. The area has the highest fertility of all the major regions of the world with an estimated crude birth rate in 1970 of about 47 per thousand. In a number of countries, particularly in Western and Eastern Africa, fertility levels have actually increased and are now as high as they have ever been in the world at any time in history. This increase may not be due as much to any changes in fertility behavior as to improvements in fecundity and declines in maternal and prenatal mortality brought on by better health and medical conditions attendant to pregnancy and birth, thus allowing a greater proportion of successful pregnancies than was possible before.

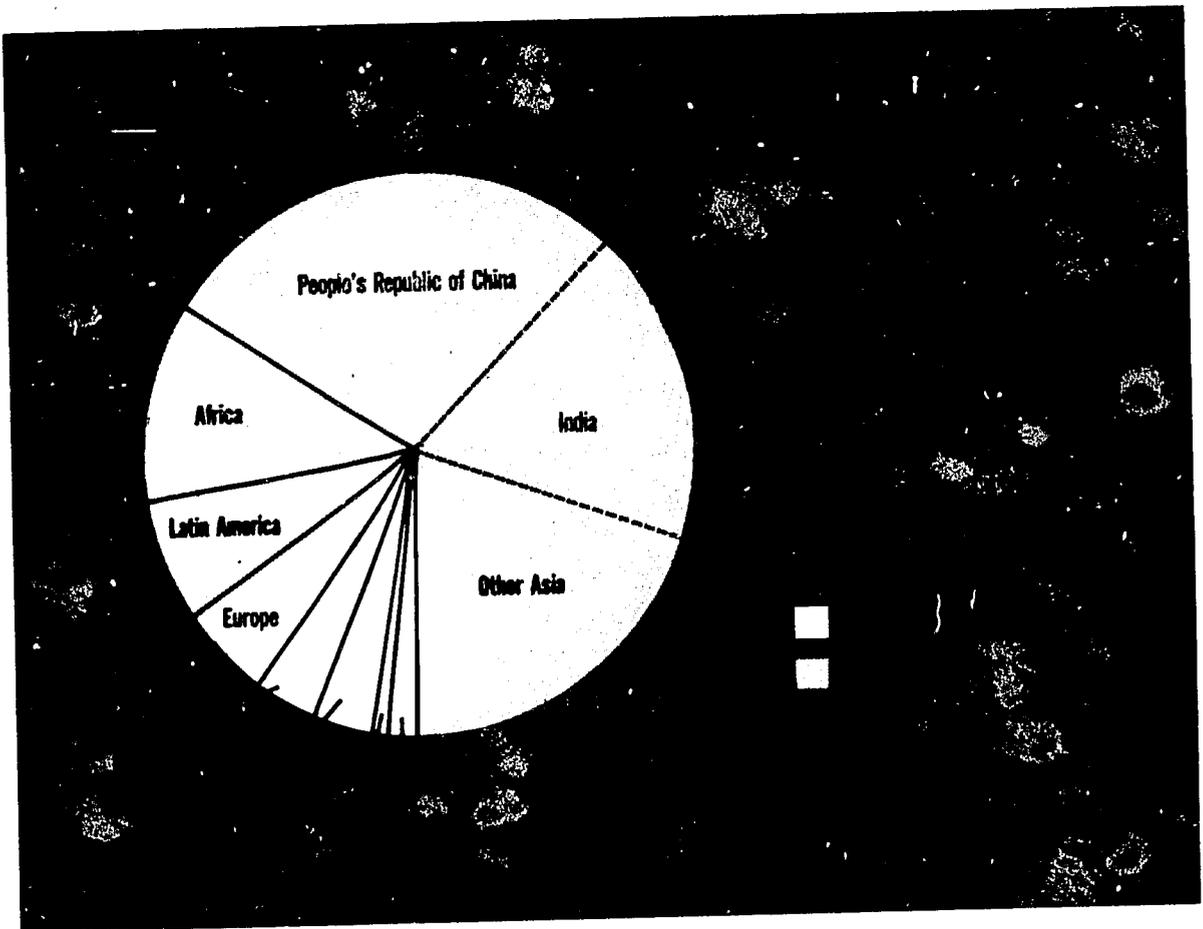
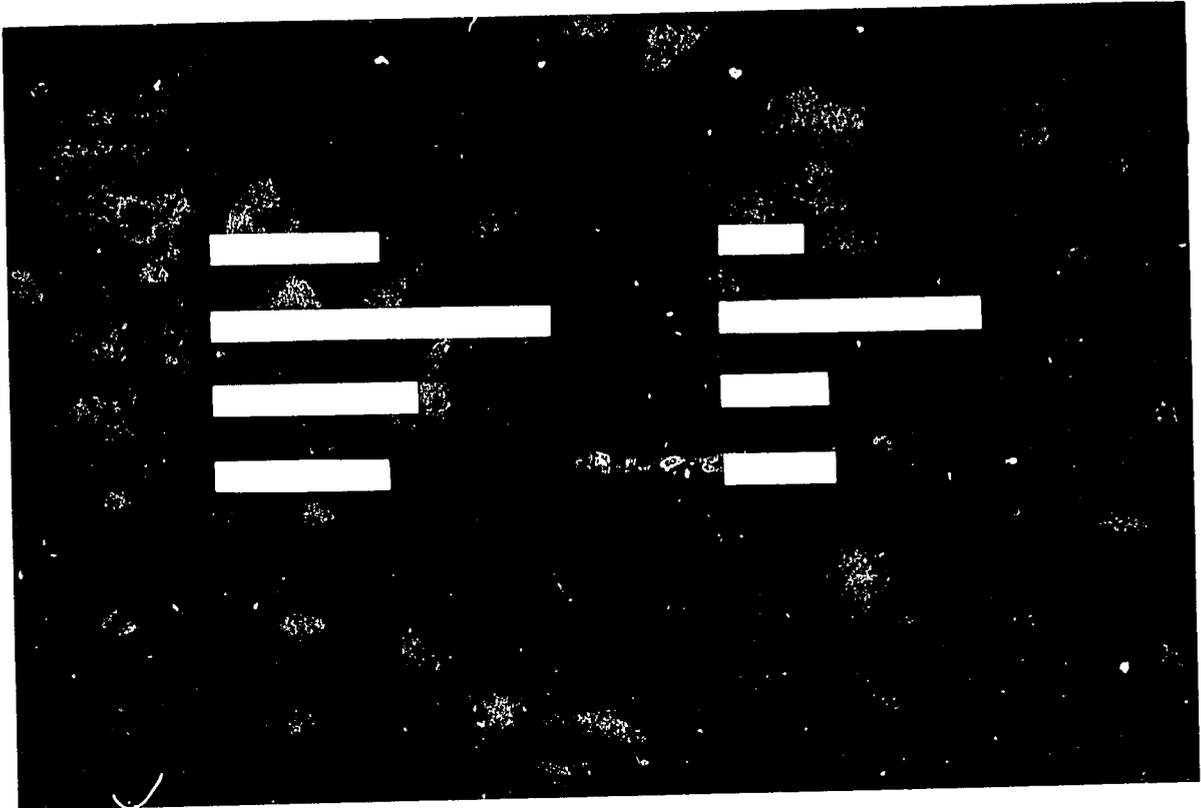
Dramatic increases in population growth rates, stimulated by rapid declines in mortality, have come fairly recently to Africa. The estimated growth rate for the continent as a whole was only about 1.5 percent per year during the 1930's. This growth rate increased gradually and averaged about 2.1 percent during the decade of the 1950's. Yet for the 5-year interval 1965-69, the United Nations estimated an average growth rate of 2.6 percent per year.

The prospect for the immediate future is one of continuing declines in the death rate, still the highest in the world at about 20 per thousand, and of continued high fertility. This can be expected to stimulate, at least in the short run, continued increases in the rate of population growth. Only a few countries, most notable Tunisia, Kenya, Morocco, and Ghana, have established family planning programs to slow population growth, while many governments still maintain strong pronatalist views.

Because of these conditions, sizable increases in population will almost certainly occur. Even in its "medium variant" projection, the United Nations estimates a population of almost 818 million by the year 2000, or nearly 2.4 times the 1970 level.

United States and Canada

The 1970 census of the United States enumerated 203,185,000 people, an increase of roughly 24 million from the 179 million people enumerated 10 years earlier. The average intercensal



growth rate of 1.25 percent is higher than the present growth rate owing primarily to the sizable fall in fertility which occurred during the 1960's.

Adding another 21 million people for Canada gives a total North American population for mid-1970 of about 225 million. By 1985 this population will have increased only to 280 million, according to a United Nations projection, for an average annual growth rate of less than 1.5 percent.

The crude birth rate in the United States fell from 23.8 per thousand in 1960 to an alltime low of 17.4 in 1968, while the death rate has remained virtually constant since 1960 at about 9.6 per thousand. The greatest declines in fertility during the 1960's occurred among younger women. If these women maintain their reduced fertility, it could cause further declines in total fertility as they age.

In fact, as the year 1971 has unfolded, fertility in the United States has dropped with extraordinary speed – from a rate of 89 births per thousand women of reproductive age in December 1970 to a rate of 80 in May 1971, with the decline continuing at least during the summer months. (Data for the full year are not yet available.) It now appears likely that the crude birth rate for the United States

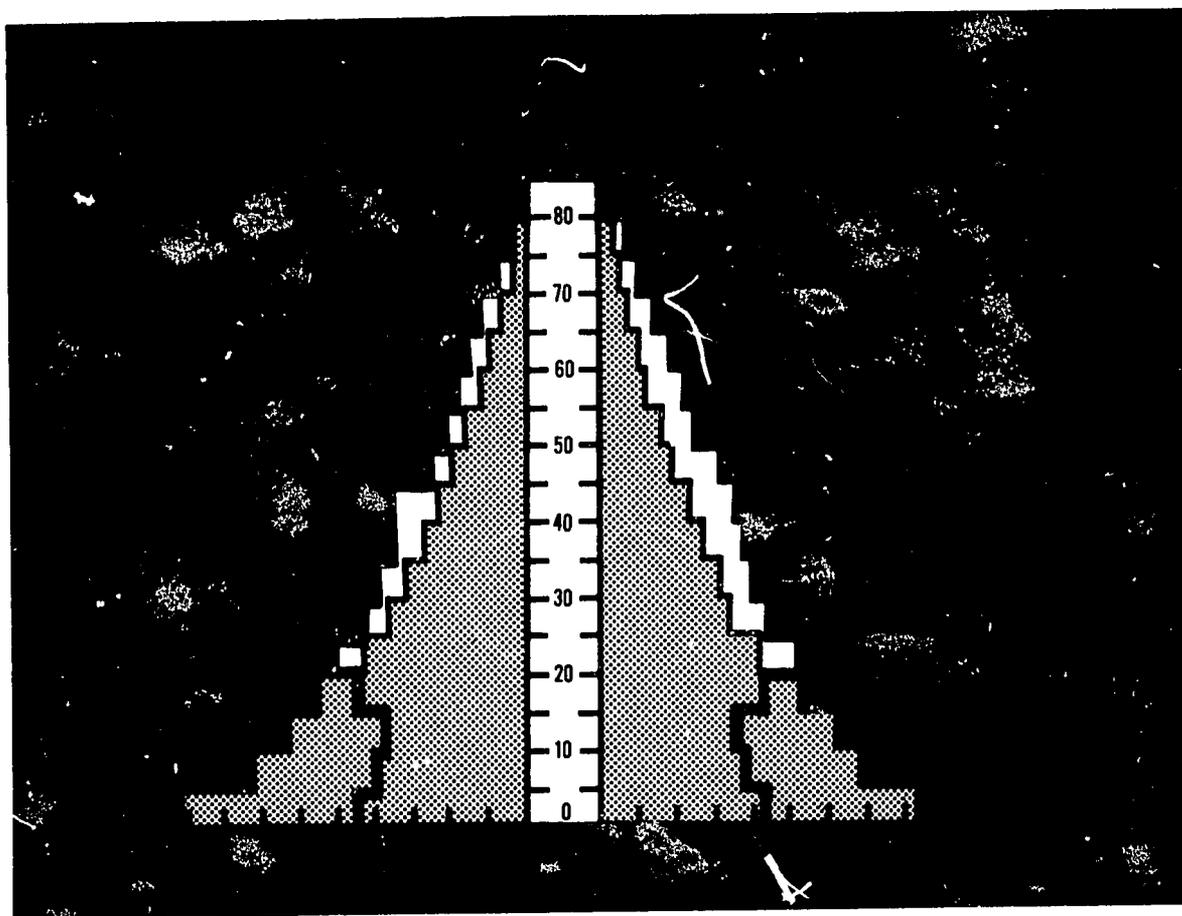
in 1971 will be the lowest in history – about 17.4 per thousand population. This drop in U.S. fertility is doubly significant because it is occurring despite the record-high number of young married women in the population. Furthermore, the continuing factors involved in this drop in fertility – among them, removal of legal barriers to abortion, public education, more effective contraceptives, and economic recession – will tend to support a further decrease in U.S. fertility during 1972.

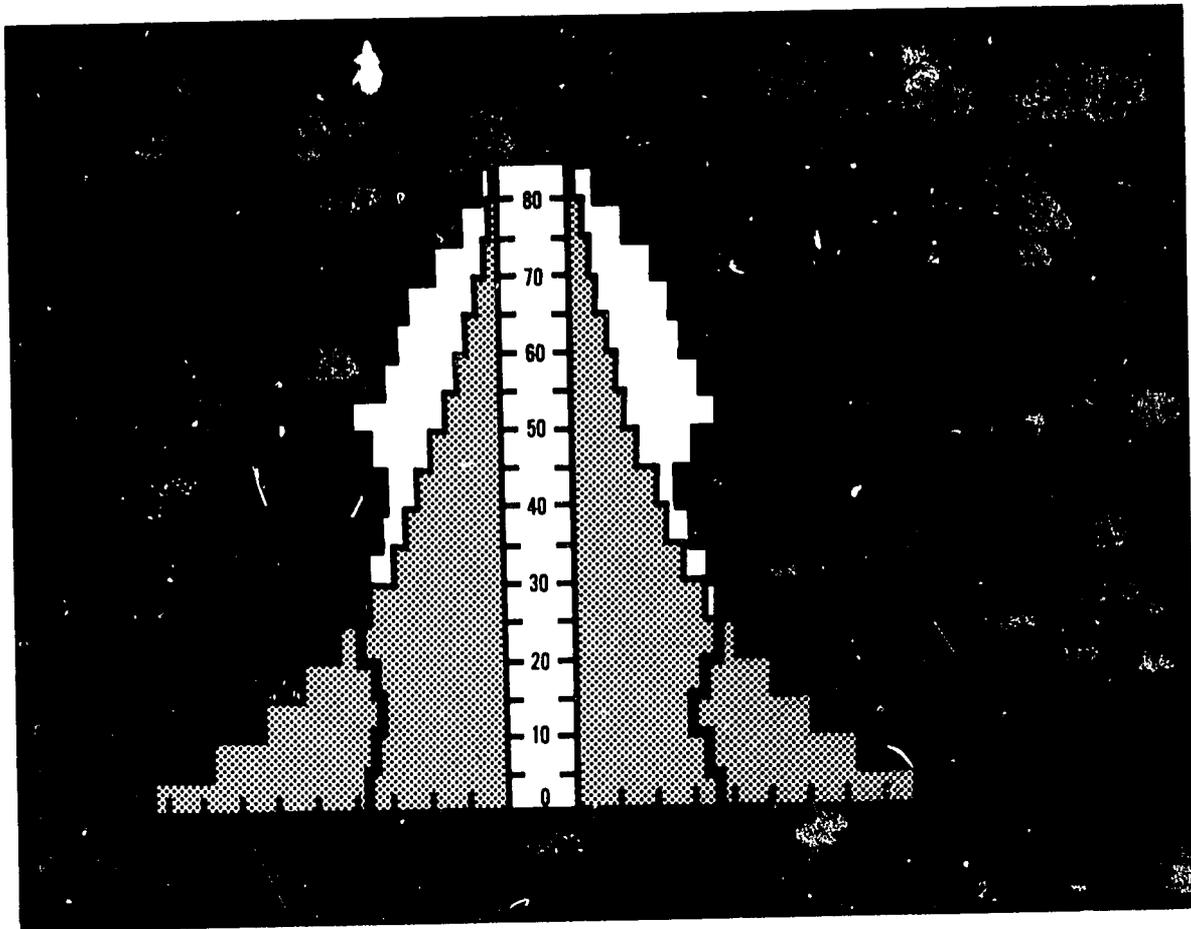
Europe ³

A number of European countries have taken recent censuses (although one need not depend heavily on the most recent data to interpret European trends, for they are already well established). The current population of Europe, about 463.8 million as of January 1971, is about one-third larger than it was in 1930, and about 13 percent of the world total.

Although each region within Europe has had its own historic peculiarities, the trends have been generally the same, and any current differences in the

³ Excluding the U.S.S.R.





level of fertility and mortality, and hence of growth, are due primarily to differing age structures. Future trends will most likely show a continuing convergence.

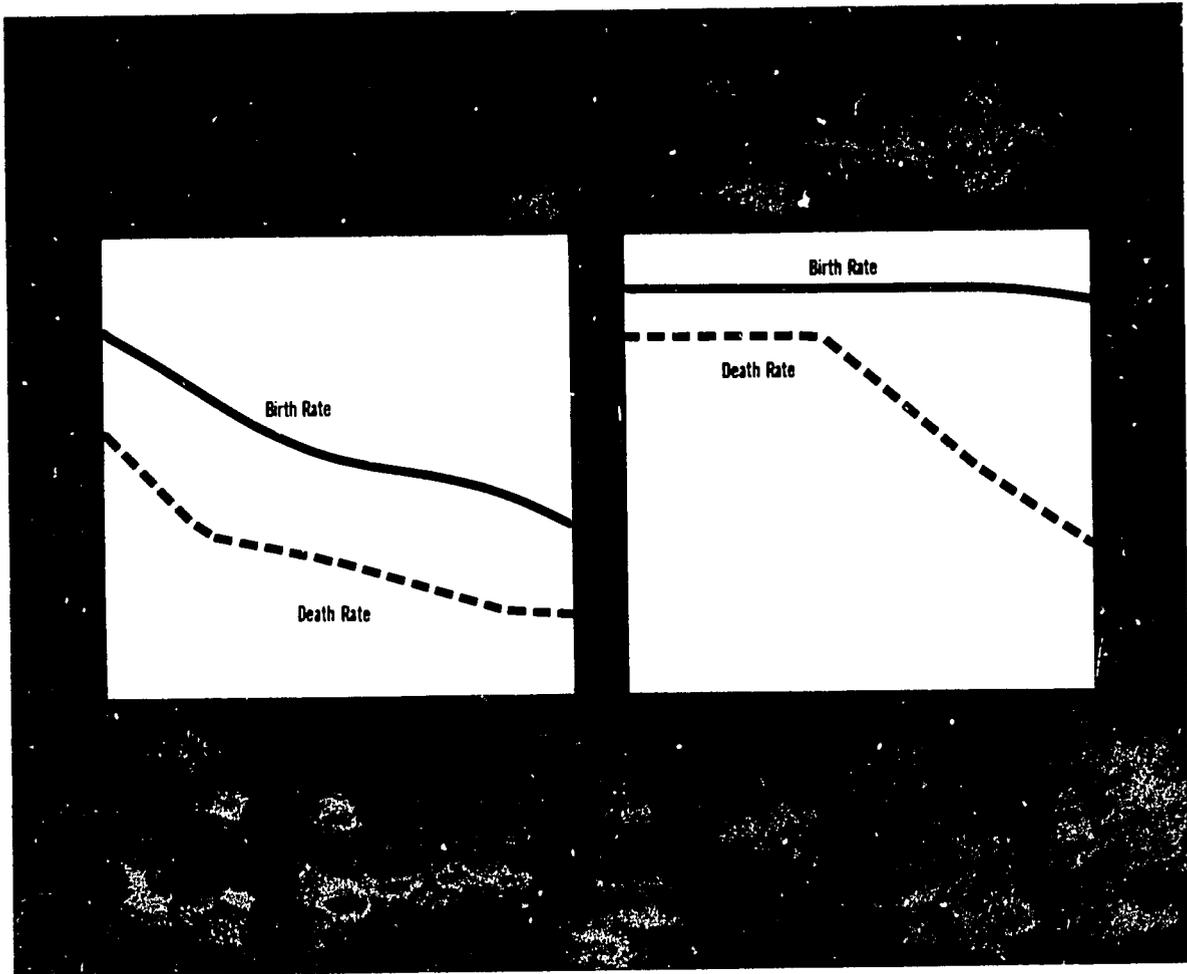
In the early 1930's the birth rate in Europe was about 22 per 1,000 ranging from about 16 in Northern Europe to as high as 25.5 in Eastern Europe. The death rate hovered around 14, ranging from only 12 in Northern Europe to almost 16 in Eastern Europe. Thus, the early 1930's saw an overall growth rate of only 0.8 percent annually, with Western and Northern Europe growing about a third as fast as Southern and Eastern Europe.

By 1960, the average birth and death rates had declined slightly, to 19 births and 10 deaths per thousand population, for an average growth rate only slightly higher than 30 years earlier, or 0.85 percent per year. By this time, the variation between the different regions had diminished considerably. Although the birth rates in Southern and Eastern Europe (18-20 per thousand) remained slightly higher than in Western and Northern Europe (just under 18), the death rate in the former regions had declined to less than 10 per thousand, while in the latter, they were about 11. As already suggested, current differences may be attributed primarily to the varying

age structure among the regions. Nevertheless, generalizations over long periods tend to obscure significant events during the intervening periods.

Demographic effects of the Second World War were felt more strongly in some areas of Europe than in others. Thus, during the decade of the 1940's, the overall annual rate of increase of 0.33 percent was heavily influenced by the rate of *decrease* for Eastern Europe of 0.70 percent, while the other areas increased by from 0.56 percent (Southern Europe) to 0.78 percent (Western Europe). In most instances, the rate would most certainly have developed differently in the absence of the war.

In the near future, the population of Europe will probably continue to grow at approximately the same pace as at present. According to the United Nations "medium variant" projections, the estimated birth rate of 18 per thousand for the 1970-75 period is projected to decline by only 1 point, to 17 per thousand by 1995-2000. Due to the progressively older age structure, the death rate is projected to increase slightly, from 10.3 in 1970-75, to 10.5 in 1995-2000. This implies a small decline in the rate of natural increase, from 0.8 percent to 0.6 percent, over the next 25 years.



U.S.S.R.

As in other parts of Europe, wartime developments had significant demographic effects in the Soviet Union. Estimates adjusted to refer to current boundaries show a population of 179 million in 1930, which increased during the following decade at an average annual rate of 0.9 percent. Nearly all of that increase was subsequently lost, however, and the mid-1941 population of 200 million had fallen to below 175 million by 1945. The 1950's saw a renewed population growth in the Soviet Union, averaging about 1.8 percent per year. (The birth rate in the 1950's was appreciably lower than that of the 1930's. The higher growth rate was due to greater decreases in mortality.) The rate of increase tapered off to about 1 percent per year by the beginning of the 1970's. Accordingly, the population size increased to 214 million in 1960, while the census of January 15, 1970, counted some 241,748,000.

Oceania

About eight-tenths of the 19.4 million

inhabitants of Oceania are to be found in Australia and New Zealand, and so the generally lower birth and death rates of those countries have considerable weight in establishing a picture for the region.

The population of Oceania has nearly doubled in the past 40 years, increasing from 10 million in 1930 to 19.4 million by mid-1970. Growth occurred more slowly during the early part of that period, averaging just under 1 percent per year during 1930 to 1940, but just over 2 percent during the most recent decade.

The low birth rate of about 17.5 for Australia and New Zealand during the early 1930's increased slightly, establishing itself at about 21 per thousand in 1970. This is in contrast to Melanesia, where little demographic information is available but where the birth rate is assumed to be in the lower 40's, and also to Polynesia and Micronesia where the birth rate is still in the upper 30's.

The death rate for most of Oceania is under 10 per thousand population, except in Melanesia (which comprises perhaps 14 percent of the total population of the area), where it is still about 16 per thousand.

Assistance by the U.S. Government



U.S. assistance to the efforts of developing countries to slow their rapid population growth is provided by the Agency for International Development, with other U.S. Government agencies cooperating—the Department of State; the Department of Health, Education, and Welfare; the U.S. Information Agency, and the Peace Corps.

The Earth, as photographed by Apollo 15 astronauts on their way home from the Moon.

Agency for International Development

Principal responsibility for United States assistance to the population and family planning programs of developing countries lies with the Agency for International Development. The work is carried out in close cooperation with a number of U.S. and international agencies, both private and governmental.

The Agency's assistance in this field has expanded rapidly during the last 5 years. A.I.D.'s obligations for population and family planning assistance have risen from \$4.4 million in fiscal 1967 to \$95.9 million in fiscal 1971. Fiscal obligations for this program since it began in 1965 now total more than one-quarter billion dollars.

Direct help to population and family planning programs is going to 33 countries which have more than half the population of the developing world.

In the assisted countries, A.I.D. funds make possible a variety of actions:

- Development of more adequate demographic and social data;

- Development of more appropriate population policies;

- Development and use of improved means of fertility control;

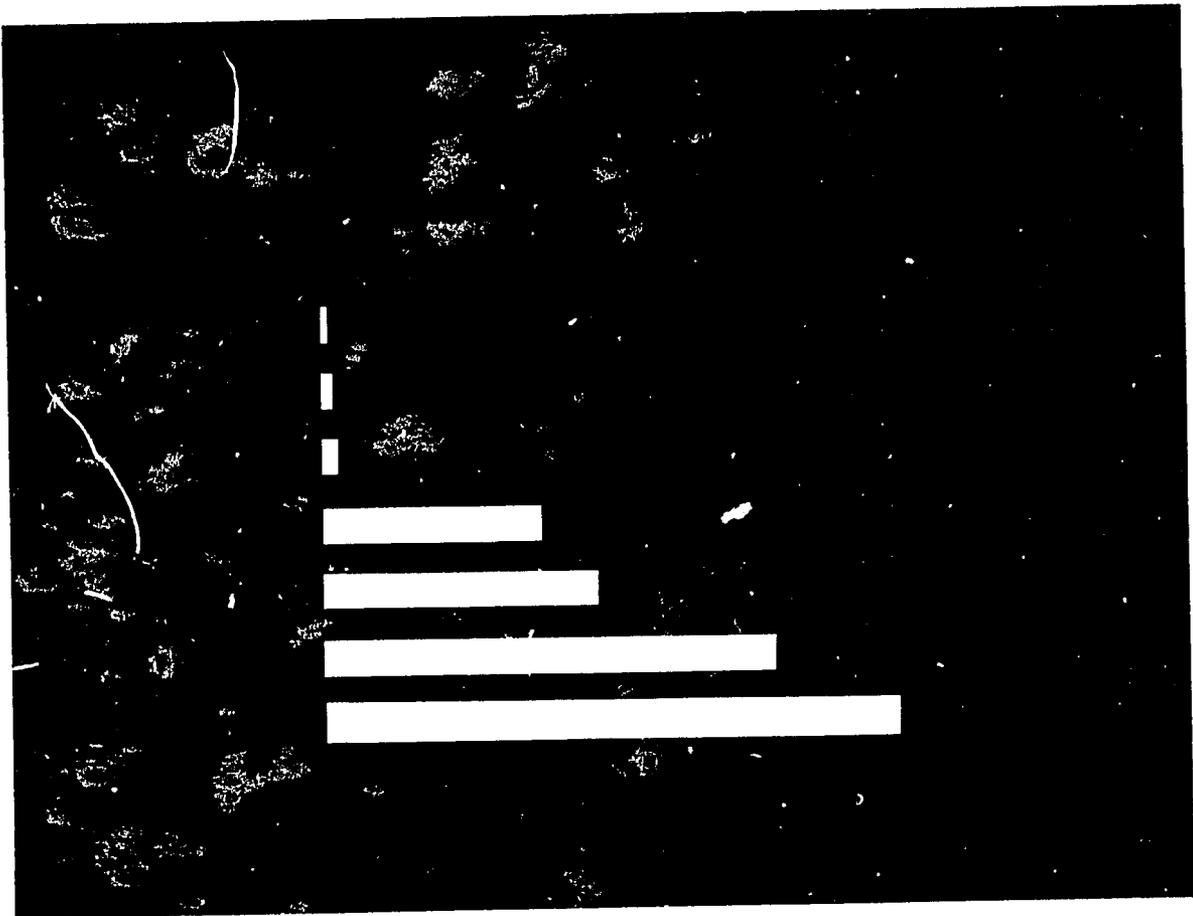
- Development of more adequate systems for delivery of family planning services;

- Development of more adequate systems for delivery of information and education;

- Development of more adequate multipurpose institutions and trained manpower for support of population programs.

Division of funds

About 55 percent of obligated funds since 1966—or \$144 million—has been used in direct support of country and regional population and



SUMMARY OF A.I.D. DOLLAR OBLIGATIONS FOR POPULATION AND FAMILY PLANNING PROJECTS, FISCAL YEARS

Project	1965-67	1968	1969	1970	1971
Nonregional	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Office of Population	2,079	10,623	17,398	22,055	36,248
Office of International Training . .	132	38	40	304	546
A.I.D./W other	524	435	1,431	1,932	2,536
U.N. Fund for Population Activities	---	500	2,500	4,000	14,000
Nonregional total	<u>2,735</u>	<u>11,596</u>	<u>21,369</u>	<u>28,291</u>	<u>53,330</u>
Near East-South Asia:					
Country missions	2,437	¹ 9,061	3,349	22,908	5,181
Regional projects	---	655	963	277	1,409
Near East-South Asia total	<u>2,437</u>	<u>¹9,716</u>	<u>4,312</u>	<u>23,185</u>	<u>6,590</u>
Latin America:					
Country missions	1,539	5,457	3,071	5,437	7,085
Regional projects	2,861	2,468	7,256	5,520	8,161
Latin America total	<u>4,400</u>	<u>7,925</u>	<u>10,327</u>	<u>10,957</u>	<u>15,246</u>
East Asia:					
Country missions	446	3,475	6,388	8,673	10,739
Regional projects	350	1,325	1,608	623	1,942
East Asia total	<u>796</u>	<u>4,800</u>	<u>7,996</u>	<u>9,296</u>	<u>12,681</u>
Africa:					
Country missions	23	404	983	2,484	2,084
Regional projects	30	259	457	179	5,699
Africa total	<u>53</u>	<u>663</u>	<u>1,440</u>	<u>2,663</u>	<u>7,783</u>
Vietnam	50	50	---	180	238
Country and regional total	<u>7,736</u>	<u>23,154</u>	<u>24,075</u>	<u>46,281</u>	<u>42,538</u>
Grand total	<u>10,471</u>	<u>34,750</u>	<u>45,444</u>	<u>74,572</u>	<u>95,868</u>

¹ Includes \$2.7 million loan to India for program vehicle parts.

family planning projects. Leading country recipients of this assistance and cumulative amounts obligated are:

India, \$29 million; the Philippines, \$13 million; Pakistan, \$8 million; South Korea, \$5 million; Thailand, \$4.5 million; Indonesia, \$4 million. Many other countries are recipients of lesser amounts.

The other 45 percent of obligated funds—or \$118 million—has been programmed centrally with much of it reaching the developing countries through international organizations, including: United Nations population programs, \$21 million; International Planned Parenthood Federation, \$22 million; Population Council, \$17 million; Pathfinder Fund, \$7

million; Planned Parenthood Federation of America-Church World Service, \$3.5 million;

Projects with American universities to assist the developing countries through institutional development, technical assistance, and training, about \$25 million; research, aimed mainly at improved fertility control, \$22 million; participating agreements with other U.S. Government agencies, \$2 million.

Program background

Assistance to family planning in the developing countries is one of A.I.D.'s newer programs, although the agency and its predecessors have helped on

related statistical and health matters for 20 years or more. Assistance primarily for population and family planning began in 1965 with \$2.1 million of obligations, concentrating primarily on strengthening U.S. educational and research institutions to provide the research, evaluation, and manpower training needed for effective population programs in the developing areas.

It was not until fiscal year 1968, however, that the program really got underway. This was the result of enactment by the Congress of the Title X Amendment to the Foreign Assistance Act of 1961, authorizing the executive agencies and the foreign aid program to help developing countries and institutions carry out programs relating to population growth. Thus, at the end of that year, A.I.D. was able to commit \$34.8 million for population assistance – eight times the total for the preceding year – and direct help was extended to 26 countries. Appropriations and commitments of assistance funds have increased rapidly since that time.

The present Office of Population had its beginning in 1967 when it was set up as part of the new Office of the War on Hunger and was identified at that time as the Population Service. In fiscal 1970

it was transferred to the new Bureau for Technical Assistance and redesignated the Office of Population.

In fiscal 1970, the population program received the special attention of President Nixon who called population growth a “world problem which no country can ignore.” He stated his belief that the United Nations, its specialized agencies, and other international bodies should take the leadership in responding to world population problems – and in this effort the United States would cooperate fully and support efforts being initiated by other governments. He mentioned the important resources of private organizations and university research centers, and called upon other nations to enlarge their population/family planning programs.

A.I.D. population assistance to developing countries continues to go forward under the precepts that have been its guidelines since the program began:

- Assistance is extended only upon the request of the host country;
- The program must be the host country's own program, not a U.S. program;
- The program must be voluntary in terms of participation by the country's citizens, if it is to qualify for A.I.D. support.

Major Areas of A.I.D. Assistance

Manpower Development

Manpower concepts and programs continued to grow and to come into sharper focus during fiscal 1971. It is increasingly clear that a critical problem in building adequate systems for the delivery of family planning services is the provision of sufficient qualified manpower. The most severe difficulties are in finding enough auxiliary personnel and in placing trained medical personnel, both professional and auxiliary, in rural areas. To obtain and utilize family planning manpower satisfactorily requires (a) practical manpower planning, (b) adequate recruitment and retention, (c) effective training, and (d) efficient utilization.

Practical manpower planning involves the systematic and continuous determination of present requirements and projection of future needs. Types and qualifications of manpower need to be determined by the functions to be performed and operational goals to be met, and with allowance for the probable impact of changing technology and new fertility control methods. A review of manpower

planning, done in 1970, revealed that no satisfactory method for estimating population manpower needs has yet been developed which can be applied reliably to different country situations; also that very little professional expertise exists in this field. In fiscal 1970 and 1971, an attempt was made to develop a method for estimating family planning manpower requirements. A hopeful lead was opened. Work on this and other manpower planning processes continues. It involves field programs and the A.I.D.-assisted universities and training institutions.

Adequate recruitment and retention consists of attracting capable personnel into family planning as an occupation and retaining them with as little turnover as possible. Recruitment and retention of medical personnel, both professional and auxiliary, for service in rural areas is the most critical problem. The meeting of this need is a function of operating country administrations, with inputs from A.I.D. missions and other donors. A current approach is to experiment with developing integrated delivery systems for use in rural areas which will increase the rewards and job satisfaction for auxiliary workers and

will change the role of doctors and nurses to be more managerial, handling only the difficult or unusual medical problems and thus reducing the number of professionals required. This involves research into and development and evaluation of various alternatives for use of auxiliaries and medical teams in which a doctor and nurse can multiply clientele coverage manyfold.

Effective training requires qualified teachers, relevant curriculum and teaching materials, and effective teaching methods—all organized into a system which can provide preservice training and continuous updating for all levels and types of program personnel. Current effort focuses on three areas: (a) the training of trainers, (b) the development of more efficient and effective training programs, and (c) the development of new contraceptive control methods which can reduce the amount and types of manpower required. Current effort includes work with training contractors to ensure that, in addition to subject matter, training methods are taught to all population participants who will have teaching responsibilities. Further work is being done to develop a special course for trainers. Detailed study and professional monitoring is underway to make all training programs more relevant and effective and to insure that training done in the United States has a multiplier effect in the less developed areas. Flexibility is being built into training programs to provide for the acceptance of change with evolving technology.

Manpower utilization refers to the efficient use of personnel and is influenced most by effective supervision and personnel management. The way to cope with poor utilization is to improve supervisory training and executive development. Through A.I.D.-assisted universities, the United Nations, and other assistance agencies, encouragement is being given to executive development opportunities in-country, in third countries, and in the United States. Primary emphasis is being given to on-the-job training for supervisors and managers in how to lead, guide, and organize people to achieve the best productive output.

Training accomplishments

Training under A.I.D. sponsorship or in A.I.D.-supported institutions expanded further in fiscal 1971. Between April 1, 1970, and March 31, 1971, a total of 689 participants with the support of their own countries and A.I.D. arrived at training sites in the United States or in third countries. The programs of these participants called for them to

receive 2,560 man-months of training in population, family planning, or statistics. They came from 33 countries as shown in the accompanying table. Of the total, 660 were trained in population or family planning and 29 were trained in statistics. The larger proportion, 407, were trained overseas in countries other than their own, while 282 came to the United States. Special seminars, held mainly outside the United States, were the major instruments of training, followed in frequency by on-the-job training in third countries, and academic training in the United States.

Training in effects of population dynamics

A series of new seminars on the Impact of Population Dynamics on Development for nonpopulation specialty A.I.D. participants was begun during the year. Conducted by the Governmental Affairs Institute and the University of Pittsburgh, these weeklong seminars were attended by 235 participants who were in the United States for training in many fields relevant to development, including agriculture, education, engineering, and the like. The seminars were designed to provide the student an opportunity to understand the pervasive and powerful effects that rapid population change exerts on all aspects of development. These seminars are continuing with expanded attendance in the current year.

Institutions receiving A.I.D. support

Training of population/family planning leaders and specialists continued in four universities that had received A.I.D. institutional grants—Johns Hopkins, North Carolina, Michigan, and Hawaii including the East-West Center. They supplied training to 440 graduate students, of whom 172 were from overseas and 241 were Americans. The largest number (210) were candidates for masters degrees in a number of population-related fields, 129 were candidates for doctoral degrees, 101 took special courses of various sorts, including international health and health planning, social work, and other population-related subjects.

Through its programmatic grant to the Population Council, A.I.D. supported 31 overseas fellows who were given advanced training in several U.S. and European universities. Fourteen fellows studied demography, 12 studied the physiology of reproduction, and five majored in family planning.

The University Overseas Population Internships program completed its first full year of operation. Seven interns have been selected and approved for

**NUMBER OF PARTICIPANTS ARRIVING IN THE UNITED STATES
AND THIRD COUNTRIES FOR POPULATION/FAMILY PLANNING
AND STATISTICS TRAINING, YEAR ENDED MARCH 31, 1971**

Country and region of origin of participants	United States		Third country		Total participants
	Population/ family planning	Statistics ¹	Population/ family planning	Statistics ¹	
Near East-South Asia:					
Turkey	2	-	-	-	2
Afghanistan	9	-	-	-	9
Nepal	10	-	7	2	19
India	8	-	-	-	8
Pakistan	31	6	-	-	37
Total	60	6	7	2	75
East Asia and South Vietnam:					
Korea	14	1	20	-	35
Philippines	43	-	55	-	98
Laos	-	-	13	2	15
Thailand	10	1	41	-	52
Indonesia	12	1	30	-	43
South Vietnam	-	4	19	-	23
Total	79	7	178	2	266
Latin America:					
Brazil	-	4	-	-	4
Chile	3	-	-	-	3
Colombia	43	-	5	-	48
Costa Rica	6	-	5	-	11
Dominican Republic	1	-	-	-	1
Ecuador	15	-	62	-	77
El Salvador	1	-	4	-	5
Guatemala	-	-	33	-	33
Honduras	1	-	44	-	45
Nicaragua	4	-	21	-	25
Panama	14	-	22	-	36
Paraguay	-	-	14	-	14
Peru	2	1	5	-	8
Uruguay	-	-	1	-	1
Venezuela	1	1	-	-	2
Jamaica	6	-	-	-	6
Total	97	6	216	-	319
Africa:					
Nigeria	4	4	-	-	8
Ghana	4	1	2	-	7
Tanzania	-	1	-	-	1
Sierra Leone	1	-	-	-	1
Liberia	6	-	-	-	6
Tunisia	6	-	-	-	6
Total	21	6	2	-	29
Grand total	257	25	403	4	689

¹Covers projects to improve general government statistics and census statistics. Includes an undetermined number of participants not directly involved in population/family planning.

128 man-months of assignments in Haiti, Iran, Kenya, Malaysia, Peru, Taiwan, Thailand, and Turkey. These internships are arranged and supervised by Johns Hopkins, North Carolina, and Michigan Universities. Arrangements are for 1 or 2 years' experience in a variety of operations in family planning (evaluation, teaching, administration, research, etc.) at such institutions as family planning centers, universities, ministries of health, population research centers, and the like. Candidates come from population planning, demography, sociology, public administration, and other related academic disciplines. Both men and women have been selected. Their ages range from mid-20's to early 30's.

Leadership development and specialty training

Population and family planning programs require leadership of many types in the governmental, societal, administrative, and professional arenas where action must be taken. A.I.D.-assisted training provides a wide variety of ways in which leaders and specialists learn about population variables.

The Margaret Sanger Research Bureau in New York City has expanded its facilities and instructional programs. In fiscal 1971, 10 fellows from overseas, chosen from among qualified doctors who have established their leadership in family planning programs on a national or university level, were given intensive year-long training with heavy emphasis on how to do medical research in the family planning field. In addition, the Bureau gave shorter programs of training to 12 other people, including eight from overseas.

In the spring of 1971, A.I.D. made a grant to the Downstate Medical Center, University of the

State of New York, to continue and expand a program of family planning clinical training for midwives and nurse-midwives. The main feature of this program is the expansion of resources available through Downstate to provide technical assistance for the establishment or improvement of family planning clinical training programs in midwife and nursing training institutions overseas. Downstate will also provide postgraduate training in New York to 60 nurse-midwives from overseas each year. Most of these women are expected to be trainers when they return home.

The U.S. Census Bureau, with A.I.D. support, continued its program for training nationals from many developing countries in a variety of census and statistical processes and skills. There were 60 foreign participants among the 154 that Census trained in population-relevant subjects. A correspondence course for overseas students developed by the Bureau began operation with an enrollment of 40 from 15 countries. Demand is high for this course with a big backlog of applicants.

The National Center for Health Statistics provided 5 to 12 months of instruction for 24 foreign participants in the registration and analysis of births and deaths and in the evaluation of family planning.

Field observation was provided and practice in family planning services was given to 44 participants by the International Training Division of the Planned Parenthood Association of Chicago. These programs lasted from 2 weeks to several months and served a variety of family planning personnel. The Association also provided field observation for the Community and Family Study Center of the University of Chicago's summer workshop which was attended by 108 people.

NUMBER OF STUDENTS RECEIVING POPULATION/FAMILY PLANNING TRAINING IN A.I.D.-SUPPORTED UNIVERSITY PROGRAMS, FISCAL 1971

University	Doctoral program	Masters program	Special program	Total	Length of training
	Students	Students	Students	Students	Man-months
Johns Hopkins	23	65	27	115	396
North Carolina	88	63	1	152	1,263
Michigan	7	39	32	78	594
Hawaii	---	10	12	22	206
East-West Center	11	33	29	73	461
Total	129	210	101	440	2,920

The Governmental Affairs Institute in Washington, D.C., conducted two sessions of a 7-week seminar on planning and management of population/family planning programs, attended by 27 participants. The Institute also conducted a 2-week workshop for 20 A.I.D. local employees from overseas missions to acquaint them with the population field.

A.I.D.'s Office of International Training developed and managed a 4-month course for six training officers from the Indian Government's family planning program in how to plan, execute, evaluate, and improve training. Adult education, health, and family planning training competence and experience in five institutions were mobilized for this first effort in training family planning trainers how to do their jobs better. Building on this experience, such a program will be a regular offering in the future.

Two overseas workshops providing training in a system of evaluation of family planning programs were managed by the Community and Family Study Center of the University of Chicago. One, conducted in cooperation with Hacettepe University in Ankara, Turkey, was attended by 60 people mostly from the Moslem countries. The other with the cosponsorship of La Asociacion Pro-Bienestar de la Familia Colombiana was attended by 62 executives and administrators of family planning programs in 19 Latin American countries.

Two different programs were offered by the Foreign Service Institute to orient professionals in the U.S. Government to the nature of the population problem and the role of family planning as one approach to its solution; 56 persons attended these courses in fiscal 1971.

The table opposite shows the numbers of people trained, including long- and short-term training regardless of sponsorship or nationality.

New programs

During fiscal 1971 two new manpower development programs were initiated.

The first was with the Harvard University Center for Population Studies. Using A.I.D. funds, Harvard will give particular attention to population economics, dynamics, and policy; 56 fellows and students will receive support for advanced training at Harvard.

The second new program is directed at sharply increasing the competence and numbers of professional social workers who are trained for service delivery and for community and policy level responsibilities in family planning programs. The

NUMBER OF STUDENTS RECEIVING POPULATION/FAMILY PLANNING TRAINING IN A.I.D.-SUPPORTED SPECIAL COURSES, FISCAL 1971

Institution and type of training	Students	Man-months	Percent students from LDC's
Margaret Sanger Research Bureau:			
Medical trng. program in FP	10	120	100
Special courses	12	34	75
Total MSRB	22	154	81
Downstate Medical Center, State Univ. of New York:			
Nurse-midwifery trng. program in FP	13	33	100
Census Bureau:			
Masters in demography	7	70	100
Population statis. and demog. research	40	183	96
Pop. trng. for other specialties	15	80	100
Other related training	92	508	0
Total Census	154	841	39
National Center for Health Statistics:			
Measurement of population change ¹	24	170	96
Planned Parenthood Assoc., Chicago:			
FP operations	44	16	100
FP administration and communication	108	13	90
Total PPA	152	29	---
Governmental Affairs Inst.: Planning and Management of Pop/FP programs	27	48	93
A.I.D. local employees seminar	20	10	100
Population dynamics seminars	188	47	99
Total GAI	235	105	99
Univ. of Pittsburgh:			
Population dynamics seminar	47	12	100
Community and Family Study Center, Univ. of Chicago, rapid feedback for evaluation of FP programs:			
Ankara workshop	60	45	100
Bogota workshop	62	31	100
Total CFSC	122	76	100
Foreign Service Inst., Dept. of State:			
Senior level seminars	33	8	--
Mid-level seminars	23	5	--
Total FSI	56	13	--
Grand total	825	1,433	--

¹Includes vital statistics, survey statistics, and evaluation of FP programs. ²Participants in Univ. of Chicago, Community and Family Study Center, summer workshop who get field training at PPA.

program has two parts. The first is designed to introduce population/family planning instruction into

the curriculums of schools of social work in the less developed countries. Under a contract with the International Association of Schools of Social Work, stimulus and assistance will be provided to help develop and introduce the subject. Literature, faculty study seminars on curriculum revision and instructional component development, and regional workshops will be used to facilitate the desired curriculum changes. The second part will enable the School of Social Work at Michigan University to provide a new, more effective advanced degree in social work with a population/family planning specialty for faculty members from the LDC schools. An important element in this advanced degree program will be the consideration of fertility limitation as an important new approach to preventive social work.

Training in developing countries

The vast majority of those who received training in population/family planning during the year received it in operating programs in more than 30 countries. This effort was made by government programs and private agencies. Much of this training is described in the geographic section of this book where country-by-country activities are reported.

Commodities

In fiscal 1971, A.I.D. continued its program of providing assistance to private organizations and, on a bilateral basis, to government-sponsored programs for commodities required to help advance family planning in developing countries. The private organizations to which A.I.D. made grants for assistance to family planning included the International Planned Parenthood Federation (IPPF), the Pathfinder Fund, the Population Council, and the Planned Parenthood Federation of America for the Church World Service Planned Parenthood Program and similar programs of other organizations.

The commodity component of these programs was financed under title X of the Foreign Assistance Act and included a wide variety of supplies and equipment. More than 70 individual countries were recipients of this assistance. The emphasis continued to be on serving low-income families who are unable to obtain family planning information and services through regular commercial channels or private medical facilities. An increasing effort was made to extend services in village and rural areas.

In nearly all of the A.I.D. recipient countries, existing clinics were expanded to serve more people, and additional clinics were opened, extending family planning services and information into areas where they were not previously available. This expansion carried with it increased requirements for equipment and supplies. Examining tables, medical instruments, and sterilizers were required for both stationary and mobile clinics. Stepped-up education and training activities required complementary audiovisual equipment, training aids, such as pelvic models, and a wide range of auxiliary supplies. Related administrative support required typewriters, copy machines, adding machines, and calculators. Jeeps, station wagons, carryalls, and bicycles were required in increasing numbers to reach out into new areas and increase the effectiveness of the program.

A.I.D.'s policy of offering a wide range of safe and effective contraceptives as well as equipment and supplies for other methods of fertility control, such as vasectomies and tubal ligations, permits flexibility in choice of methods by those who want to limit the number of their children and to space births in accordance with individual plans.

Reflecting the expansion in clinic capabilities and demand for contraceptive supplies of all approved types, the value of A.I.D.-financed deliveries under bilateral and private organization programs in fiscal 1971 increased more than a third over the previous year—from \$3,220,000 to \$4,400,000, including transportation costs. This was almost a sevenfold increase over fiscal 1968, the first full year of expanded support for family planning. In addition, the United Nations Fund for Population Activities, to which title X funds make a 50-50 matching contribution, also began to make significant deliveries of contraceptives.

Centralized procurement in the United States through the General Services Administration (GSA) for all A.I.D.-financed contraceptives was continued, and A.I.D. specifications consistently reflected the safeguards established by the U.S. Food and Drug Administration (FDA), in order to assure that only effective, quality products are supplied under this financing.

Oral contraceptives

Oral contraceptives, which continue to gain in popularity, accounted for more than half the total value of contraceptives delivered in fiscal 1971. The volume, 12,600,000 monthly cycles, exceeded that delivered during the previous year, as shown in

the accompanying chart. Despite fears of untoward side effects of pills, which were widespread in the world in 1970, purchases and deliveries of oral contraceptives within the A.I.D. program continued to grow appreciably.

For the first time since the inception of A.I.D. assistance to population programs, more orals were delivered under direct A.I.D. assistance to country programs than indirectly through the private grantees—IPPF, Pathfinder Fund, and Population Council, collectively. In fiscal 1971, deliveries of oral contraceptives under grants to private organizations amounted to 5.8 million monthly cycles, which was higher than the 5.1 million delivered in fiscal 1970. Deliveries under bilateral assistance to government programs soared to 6.9 million cycles in fiscal 1971 from the modest level of 2.5 million cycles in fiscal 1970.

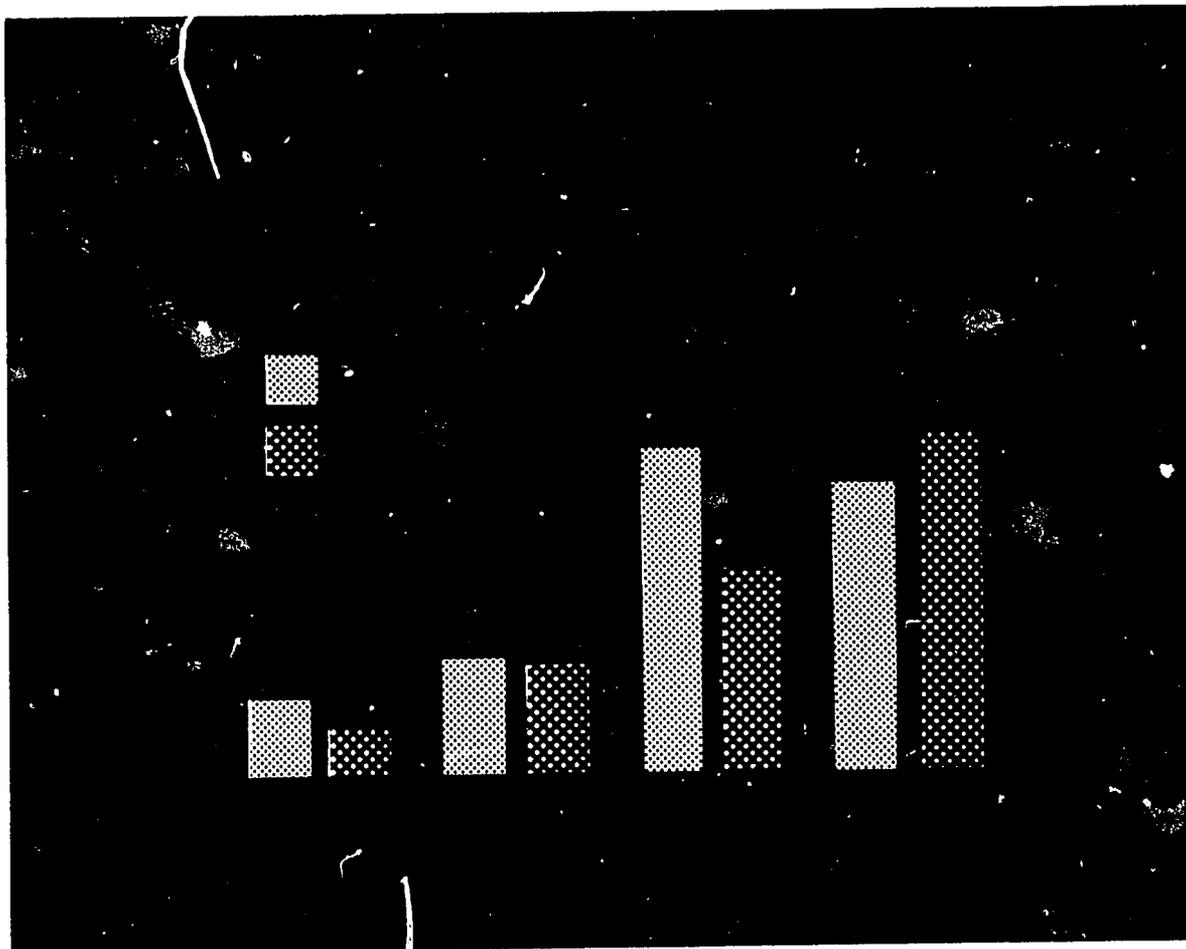
On a regional basis, deliveries of A.I.D.-financed oral contraceptives were divided into East Asia 62 percent, Latin America 20 percent, the Near East and South Asia 10 percent, and Africa 8 percent. Pills are now widely available in the Pakistan program, but

India has not yet made pills generally available.

Both purchase orders and deliveries amounted to 1 million cycles per month in fiscal 1971, bringing A.I.D.-financed cumulative purchases of orals since the inception of the program in November 1967 to 29,900,000 monthly cycles. This figure excludes several million cycles for which fiscal 1971 funds had been obligated but the purchase orders had not been placed with the manufacturer at the fiscal year's end. Cumulative deliveries stood at 26,300,000 cycles at the end of the fiscal year.

Particularly helpful in overcoming the fears referred to above were studies such as that conducted by the Rockefeller Foundation concerning one million women in the 24-35 age group which showed that deaths among women taking oral contraceptives were very much less than deaths among those who used no contraceptive method at all. Thus, the risks of pregnancy are shown to be greater than the risks of using orals.

Publicity given to the relative safety and effectiveness of oral contraceptives and of other methods of contraception compared to that of giving



natural birth to a child or resorting to an unsterile abortion is, therefore, giving new impetus to oral contraception because of its greater effectiveness in preventing pregnancies. Meanwhile, A.I.D. is keeping in close touch with research by H.E.W. and other institutions regarding side effects and safety factors in the contraceptive field.

The centralized procurement under GSA, using specifications developed by A.I.D. and products approved by the FDA, resulted in A.I.D. being able to supply safe and effective pills at a very reasonable price. Instructions for use were made available in a local language when requested.

During the year there was competitive bidding by the U.S. pharmaceutical industry on A.I.D.'s estimated fiscal 1972 requirements of 18 million cycles. This resulted in a contract being let for the 28-day-regimen pills at 14.69 cents per monthly cycle and at 14.44 cents for the 21-day package. Following FDA guidance, A.I.D. purchases only pills containing 50 micrograms of estrogen. The new prices represent a significant decrease in the cost of orals from the original prices in 1967 of 19 cents and 17 cents, respectively. Three different presentations of oral contraceptives are financed by A.I.D.—the 28-day regimen which includes seven iron (ferrous fumarate) tablets, the 28-day regimen with seven placebo (inert) tablets, and the 21-day regimen containing only the active contraceptive pills. The 28-day type with iron again proved far and away the most popular, accounting for 82 percent of the 10.7 million monthly cycles of orals ordered in fiscal 1971 and 81 percent of the 12.6 million delivered. The 28-day type with placebo comprised 13 percent of purchase orders and 14 percent of deliveries, while the 21-day type amounted to only 5 percent of both purchase orders and deliveries. Reports from the field indicate that wherever A.I.D. has made substantial amounts of oral contraceptives available, commercial sales of orals have been simultaneously stimulated.

Intrauterine devices

In keeping with the voluntary character of the program to meet local and individual preferences, other types of contraceptives were also supplied. The intrauterine device (IUD) continued to be favored in a number of countries. Probably benefiting to some extent from the above-mentioned concerns relating to oral contraceptives, IUDs enjoyed increased popularity. During fiscal 1971, A.I.D.-financed procurement purchase orders placed were just under one million units while deliveries were slightly more

than one million units. The value of deliveries, including inserters, in fiscal 1971 doubled over deliveries in 1970. The larger sized (types C and D) continued to be the most popular, accounting for 95 percent of purchase orders and 97 percent of deliveries in fiscal 1971. The smaller sizes (types A and B) were less in demand, amounting to 5 percent of purchase orders and 3 percent of deliveries during the same period.

A.I.D. also provided a considerable volume of IUD inserters, approximately one inserter for each five IUDs. The price per inserter was 3.8 cents.

An increasing number of national programs are encouraging IUD insertions to be made by specially trained paramedical personnel, mainly midwives. This development is expected to be adopted gradually in many of the less developed countries because of the shortage of physicians. A.I.D. has made a grant to the Downstate Medical Center in Brooklyn, New York, specifically to help train midwives to perform this function.

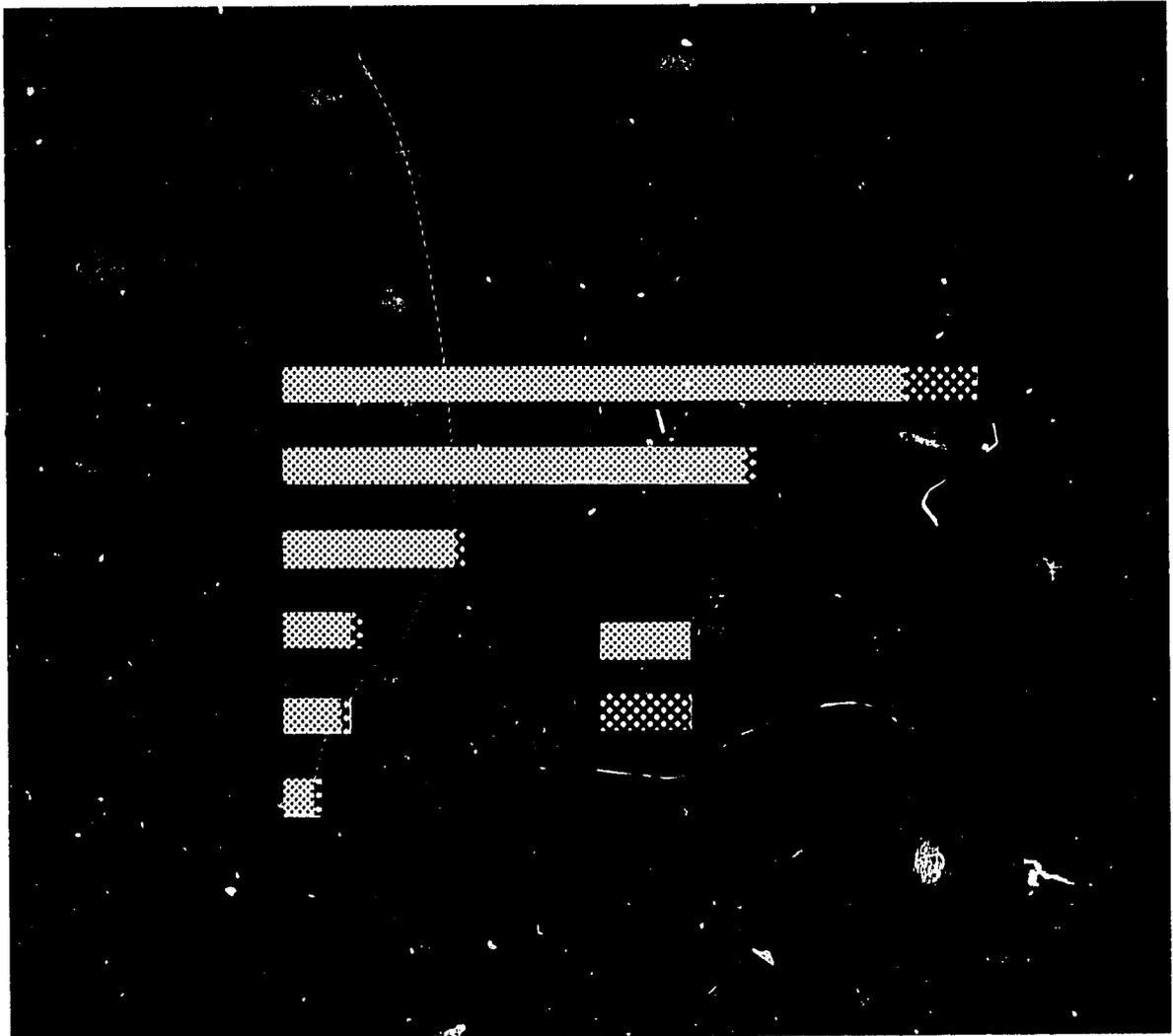
Trials with new types of IUDs were in progress under research programs by several institutions.

Condoms

A.I.D. continued to provide financing for condoms. The volume of purchase orders in fiscal 1971, 146,000 gross (21,024,000 individual condoms), costing \$381,000 including transportation, was not as impressive as in fiscal 1969 when large orders were placed to help launch a countrywide program in India. However, this amount was several times larger than the volume of purchase orders in fiscal 1970 and a growing number of countries were involved. Deliveries in fiscal 1971 were 118,000 gross or \$463,000.

The earlier orders from India are not expected to be repeated. Increased local production is expected to meet most future Indian needs. The India experiment, which instituted programs for the distribution of condoms through local commercial retail outlets, is now being copied in other countries, such as Ghana. While it is too early to have information on the cost-effectiveness of these experiments, they are being watched with great interest.

The lubricated reservoir-end condom proved the most popular type, comprising 81 percent of purchase orders and 35 percent of deliveries. The reservoir-end powdered condom accounted for 18 percent of purchase orders and 61 percent of deliveries; the round-end powdered model



represented only 1 percent of purchase orders and 4 percent of deliveries.

A new federal specification for condoms was released during the year, providing for a broader selection.

Other contraceptives

Several other types of conventional contraceptives were supplied. The most important of these was aerosol foam spermicides. A.I.D. financed substantial quantities of aerosol foam in fiscal 1971. Purchase orders amounted to \$272,000; deliveries totaled \$709,000. The availability of foams without accompanying special medical care and which in most cases are free from discomfort or other side effects adds to their attractiveness to many couples.

Less demand was felt for diaphragms and vaginal creams which, though popular earlier, are

ordinarily less effective than either oral contraceptives or IUDs. Diaphragms require accurate fitting by an experienced medical practitioner and care by the user for their continued effectiveness.

Medical kits

The demand for A.I.D.'s standard medical kit for vaginal examinations and to perform IUD insertions, as developed in 1968 by the International Planned Parenthood Federation, continued strong in fiscal 1971. Over 600 kits were ordered during the year and 1,637 kits were delivered. The cost of the complete kit and its 15 different items under the GSA term contract was \$240. A total of 2,485 kits have been delivered since this item first became available in fiscal 1968.

A.I.D. is currently working with GSA on modifications of the standard kit in order to provide

a series of special purpose kits more closely geared to the needs of user clinics.

Other sources of supply

The contraceptives supplied from Title X funds were augmented by gifts from other donors and substantially increased commercial supplies, from both imports and local production. For example, the Swedish International Development Authority has consistently provided a large volume of oral contraceptives purchased in Germany and condoms purchased in Japan. The Population Council has been an important supplier of IUDs, primarily the Lippes Loop, providing 675,000 in 1971, and 932,000 in 1970. A considerable part of the Population Council's contribution was used for the Postpartum Family Planning Program demonstrations it is assisting in selected large maternity hospitals in Asia, Latin America, and Africa; the balance went to LDC government-backed family planning programs.

Local production accounts for an important volume of oral contraceptives, intrauterine devices and condoms. India, Pakistan, Colombia, and Brazil are important producers of orals. India, Pakistan, and Korea produce the Lippes Loops they require. India and Korea produce condoms.

Feeling that private commercial sales of contraceptives of all types can play a much larger role than at present, A.I.D. entered into a contract during fiscal 1971 to study ways and means by which the distribution and marketing of contraceptives by the private sector might be substantially increased. Field study of local manufacturing and distribution facilities in eight representative countries will go forward this year with recommendations for improvement to be made the following year.

During fiscal 1971, authorization was given to local procurement of contraceptives using "excess currencies" made available under P.L. 480 from agricultural commodity sales. This policy will enable excess currency countries such as India and Pakistan to purchase a larger share of their needs locally and also save dollars for the United States.

Postpartum Program

The strategy of providing family planning services is evolving from the general to the specific: toward focusing program effort more intensely upon that part of the population in greatest need of family planning services.

Postpartum approach

A first step in this direction was the International Postpartum Program (IPP) of the Population Council—begun in 1966 with private support and funded mainly by A.I.D. since 1967. This program, which has achieved more than 600,000 acceptors of contraceptive services, is one of the largest family planning programs in the world.

The postpartum program is based on the fact that in the period immediately following delivery (or abortion), many women are highly motivated for fertility control and are more than usually responsive to family planning information, education, and services. Furthermore, women clients in obstetrical wards represent the fertile segment of society. They are readily reached by family planning educators, the aura of confidence in the hospital staff is favorable, and setting for subsequent delivery of contraceptive services seems appropriate and logical to the potential clients. The hypothesis that a program conducted in keeping with this setting would be effective has been verified by the results.

As a demonstration project, the IPP has been limited to hospitals, with no fewer than 1,000 deliveries per year. There are approximately 600 such hospitals in the developing world (excluding the People's Republic of China), and 132 (in 21 countries) have been associated directly with the program. In addition, as a direct consequence of the international activity, 59 large hospitals in India have been organized into a network (soon to be expanded to 150) as part of the National Family Planning Program. Also, Malaysia has largely based its entire program on the postpartum approach, extending it from the largest urban hospitals to smaller and smaller units.

An overall summary of the numbers of women who have accepted contraceptive services within the continually expanding international program is shown in table 1, together with the "target" population and the percentage accepting.

Women have been offered a variety of contraceptive methods in IPP hospitals. The preferences and medical judgement of institutions and the prescribing physician often greatly influence the method selected. Table 2 shows the relative acceptance of the different methods.

There have been marked differences in the characteristics of the women accepting the various methods offered. During 1970, participating hospitals regularly sent to the Population Council monthly reports showing the distribution, by age and number

of living children, of their obstetrical and abortion patients and their family planning acceptors.

As shown in figure 1, the age and parity status of women accepting different methods of family planning differ greatly—with younger women having few or no children preferring oral contraceptives, while sterilization acceptors were of a median age of over 32 years and had a median of 5 living children.

Maternity-centered approach

During the past 2 years the World Health Organization has moved to extend postpartum family planning programs to additional hospitals and countries and has placed greater emphasis upon the prenatal aspects of this program. This broader concern for the total reproductive experience of women is in harmony with WHO maternal and child health program strategy.

Pregnancy-centered approach

But as legal restrictions on postconceptive fertility control are removed, for example, India in

TABLE 1.—NUMBER OF PATIENTS AND ACCEPTORS IN INTERNATIONAL POSTPARTUM PROGRAM, 1966-70

Year	Obstetrical and abortion patients	Family planning acceptors	Percentage accepting
1966	198,307	71,829	36
1967	291,803	123,097	42
1968	313,295	108,655	35
1969	477,736	131,465	28
1970	607,967	164,266	27

1971, it is foreseeable that family planning program strategy will center upon the early diagnosis and relief of unwanted pregnancy, followed by provision of the contraceptive information and services needed to prevent subsequent unwanted pregnancies.

Such pregnancy-centered programs can be much more efficient than ordinary family planning programs because women who believe they may have an unwanted pregnancy will actively seek out any facility offering relief, and hence educational and

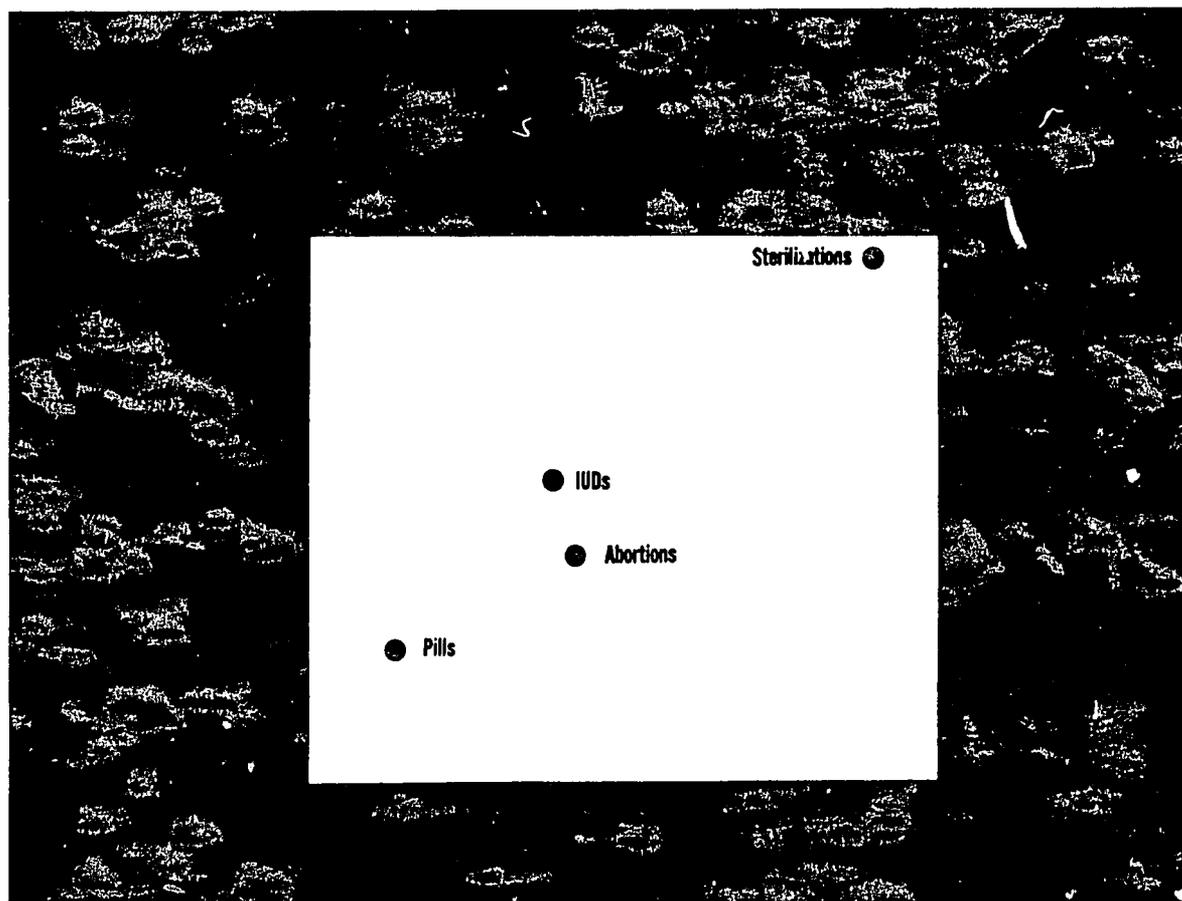


TABLE 2.—ACCEPTANCE OF SPECIFIED CONTRACEPTIVE METHODS IN INTERNATIONAL POSTPARTUM PROGRAM, 1966-70

Percentage distribution of acceptors						
Year	IUD	Pill	Sterilization	Injection	All other methods	Total
1966 ...	55	24	10	0	12	100
1967 ...	41	32	9	0	18	100
1968 ...	43	34	11	1	12	100
1969 ...	51	34	9	1	6	100
1970 ..	54	33	8	2	4	100

promotional costs of the family planning program can be greatly reduced, and the time from inception of the program to reduction of fertility can be minimized.

Provision of relief of unwanted pregnancy plus effective contraception, for example, sterilization, can achieve fertility reduction of more than one birth per clinic acceptor and have a powerful and rapid effect upon fertility patterns.

Research

Seeking new knowledge and methods for use of population programs in less developed countries, A.I.D. has provided ongoing support for a broad range of population research activities.

In fiscal 1971, funding for research activities climbed to about \$12 million from \$10.7 million in fiscal 1970. In addition, funding for other population projects with research components totaled about \$6 million in fiscal 1971 compared to \$4.9 million in fiscal 1970. (see table on page 37.)

A.I.D. emphasizes applied or goal-directed research designed specifically to contribute to the success of A.I.D.-assisted population programs. As much as possible, this work is carried on within the less developed countries.

Research needs and activities

A.I.D.'s population research program is divided into four areas of research activity—descriptive demography, analysis of population dynamics, family planning program operations research, and development of improved means of fertility control.

●**Descriptive demography.** — This field poses a challenging research problem—the development of better methods to obtain and analyze representative

demographic information in the numerous countries which do not have full-scale censuses and complete vital registration systems.

Among projects in this area, A.I.D. is providing funds to the University of North Carolina for a technical assistance project which is helping to establish population laboratories at universities and research institutions in several countries. These laboratories are intended to improve the reliability and predictive value of data for population and family planning programs. The project includes surveys, development of experimental data systems, and research on the effectiveness and validity of data-collection techniques. Laboratories have been set up in Morocco, Colombia, and the Philippines.

Another demographic project funded in fiscal 1971 provided \$222,000 to the Land Tenure Center, University of Wisconsin, to study the impact of migration on rapid population growth in urban centers in Colombia. The investigators will return to four previously studied communities in order to determine the degree and impact of migration on development and population growth. Such studies will shed light on the role that government influence could have on migration in less developed countries.

A.I.D. missions in many countries are also supporting research to collect demographic data, develop new methods of analysis, and improve the accuracy of descriptive and predictive demographic information. Considerable support has been provided to demographic institutions, particularly in Latin America.

To meet the need for improved demographic data and methods, A.I.D. has provided about \$8 million for technical assistance and research projects between fiscal 1965 and fiscal 1971.

Population dynamics research. Population dynamics research involves study of the factors affecting population growth and distribution within a given society and the effects of population characteristics and changes on the society. Much more knowledge of these is needed as an aid to less developed countries in discovering best means for coping with population problems.

In a study to be carried out in conjunction with field trials of new means of fertility control, the Transnational Family Research Institute of the American Institutes for Research will conduct "anticipatory" research on the psychosocial factors relating to the effects of introducing new fertility control technologies. With an \$842,000 award, an International Reference Center will be established. These studies are designed to help speed

understanding and acceptance of innovations in fertility control technology.

Other projects include an epidemiological study being carried out by Johns Hopkins University in Taiwan seeking information on pregnancy loss and how this relates to health, fertility levels, and other factors.

Through A.I.D.'s program, behavioral and social science technical assistance and research projects have received about \$8.5 million between fiscal 1965 and fiscal 1971.

Operational research. Research is needed to determine the optimal organization and administration of family planning action programs in the less developed countries. This includes research on the best methods of education and recruitment of acceptors, development of optimal staffing patterns, improved training methods for program workers, and evaluation of the impact of the program.

An operational research project has been recently initiated with a grant of \$270,000 to the American University of Cairo. This project will study population and family planning in the Middle East.

With A.I.D. funding, Johns Hopkins University is halfway through a 5-year experimental village research project in North India, which is demonstrating and measuring four alternative program mixes for delivering family planning services: maternal service, child care, family planning; maternal service, family planning; child care, family planning; and family planning only.

As part of a recent grant to the Population Council in New York City, \$550,000 will support a number of population research projects in East Asia. For example, in Korea the efficiency of offering family planning services through the Korean Hospital System will be investigated; in Thailand the Research and Evaluation Unit of the Ministry of Health will study the effectiveness of the Thai family planning program; and in Taiwan the Joint Commission on Rural Reconstruction will experiment with new approaches to encourage family planning.

A \$480,000 award in fiscal 1971 to the Research Triangle Institute in North Carolina will continue support of analytical activities relating to population program assistance in Asian countries.

Between fiscal 1965 and fiscal 1971, supported with funding of about \$9.5 million, over 40 operational research activities have been initiated with A.I.D. assistance in 12 countries in Asia, Africa, and Latin America. In addition, the Population Council has received A.I.D. assistance to conduct research on the impact of demonstration postpartum

family planning programs in selected maternity hospitals in 14 countries. Such operational research has great importance, since a high quality delivery system is essential to a successful family planning program action in the field.

Improved fertility control. New fertility control techniques more suitable for use in less development countries are much needed. Improvement in the acceptability of methods is crucial. Therefore, A.I.D. seeks a variety of methods which are suitable for use in countries which may be characterized by low levels of education and rudimentary systems for movement of supplies, transportation, and delivery of health care.

A working definition of one improved means of fertility control sought by A.I.D. is: "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 a monthly cycle."

Support of research for this "ideal" means of fertility control is currently a most important element in A.I.D.'s research program. If a once-a-month method could be developed, control of fertility in developing countries could be attained more quickly, with greater reliability, and at a much lower cost than with current methods.

In addition, the A.I.D. program seeks improvements in currently available means of fertility control and supports field studies of fertility control methods under use conditions in the less developed countries.

Since fiscal 1966 A.I.D. has obligated over \$21 million to support research on new and improved means of fertility control.

New means

Corpus luteum and antiprogestin studies. The corpus luteum is essential for the establishment and maintenance of pregnancy. By altering its function it should be possible to regulate fertility. The Worcester Foundation for Experimental Biology, Shrewsbury, Mass., has received \$208,000 and the National Institute of Child Health and Human Development, \$1.6 million to finance 28 projects to study ways of controlling the function of the corpus luteum.

In fiscal 1969, the Population Council received \$3 million for a 4-year program aimed at development of a once-a-month method and with particular emphasis on antiprogestational investigations.

Prostaglandins. Prostaglandins show promise of a breakthrough in contraceptive technology

particularly suited to the needs of A.I.D.-assisted programs in less developed countries.

In fiscal 1970 the Worcester Foundation for

Experimental Biology received \$3 million for an intensive program of research aimed at rapid exploration of the potential of prostaglandins.

A.I.D. POPULATION FUNDS OBLIGATED FOR RESEARCH IN FISCAL 1966-71

[Centrally and regionally funded]

Subject	1966	1967	1968	1969	1970	1971
	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>
Population dynamics and descriptive demography:						
Pregnancy outcome	---	---	---	194,000	---	---
Study of family structure	---	239,000	96,000	---	---	---
Population growth in Latin America	---	200,000	300,000	300,000	300,000	500,000
Determinants of fertility (Rand)	---	---	143,000	---	326,000	---
Cross Cultural Fertility Behavior Research	---	---	---	---	---	842,000
Study of Latin American Migrants	---	---	---	---	---	223,000
Attitudinal and other studies	204,000	160,000	379,000	422,000	350,000	222,000
Subtotal	204,000	599,000	918,000	916,000	976,000	1,787,000
Operational research:						
Integrated FP and Health Services	---	---	---	575,000	---	630,000
Postpartum family planning studies	---	300,000	---	300,000	---	---
Utilization of family planning services	---	---	---	262,000	---	101,000
Population decisions study	---	---	---	---	276,000	480,000
Family planning in East Asia	---	---	---	---	---	550,000
Family planning in the Middle East	---	---	---	---	---	270,000
Other studies	---	---	---	---	---	528,000
Subtotal	---	300,000	---	1,137,000	276,000	2,559,000
Improved methods of fertility regulation:						
Corpus luteum studies:						
Worcester Foundation	---	---	109,000	---	---	99,000
NICHD-CPR	---	---	---	1,510,000	53,000	---
Antiprogestins, Population Council	---	---	---	3,000,000	---	---
Prostaglandins:						
Worcester Foundation	---	---	---	---	2,980,000	---
University of Wisconsin	---	---	---	---	---	227,000
Washington University	---	---	---	---	---	293,000
Makerere University	---	---	---	---	---	821,000
Other	---	---	---	---	---	217,000
Gonadotropin releasing factor inhibitors, Salk Institute	---	---	---	---	2,255,000	---
Intrauterine devices:						
Battelle Memorial Institute	---	---	---	---	150,000	475,000
Other	---	---	---	---	---	12,000
Contraceptive safety, Southwest Foundation ...	---	---	---	---	913,000	---
Contraceptive & disease prophylaxis agent, University of Pittsburgh	---	---	---	---	581,000	---
Devices and sterilization:						
Battelle Memorial Institute	---	---	---	---	---	830,000
University of North Carolina	---	---	---	79,000	---	135,000
Field trials:						
International IUD Program-Pathfinder Fund	---	194,000	---	1,289,000	---	---
International Fertility Research Program - University of North Carolina	---	---	---	---	---	3,106,000
Other studies	---	---	---	---	---	120,000
Subtotal	---	194,000	109,000	5,878,000	6,932,000	6,355,000
Total	204,000	1,093,000	1,027,000	7,931,000	8,184,000	10,701,000

Awards made in fiscal 1971 include \$821,000 to Makerere University, Kampala, Uganda, for clinical trials to evaluate efficacy and side effects; \$293,000 to Washington University, St. Louis, to study mechanism of action; and \$227,000 to the University of Wisconsin to seek improved synthesis of prostaglandins. In addition, a portion of a \$3.1 million grant to the University of North Carolina will support prostaglandin field trial studies.

Evidence is growing that prostaglandins can be developed as a pharmacologic "once-a-month" means of fertility control which is effective postcoitally and has the potential for self-administration. Although no serious side effects have come to light in trials of these compounds as means of fertility control, their extreme potency and their ubiquitous occurrence and effects require thorough testing of all effects before they can be made generally available.

Releasing factors. In fiscal 1970 the Salk Institute received \$2.3 million for research to develop inhibitors of gonadotropin releasing factors as contraceptive agents.

Releasing factors are chemical "messengers" that link an area of the brain, the hypothalamus, with the anterior pituitary, which, as one of its functions, produces hormones involved in conception. The Salk project will seek compounds that can disrupt the link and prevent conception.

Improvement of current methods

IUDs, along with oral contraceptives, are among the most important contraceptive means now used in family planning programs in most countries. However, high rates of removal caused by side effects, spontaneous expulsions, and accidental pregnancies limit the effectiveness of IUDs in current use.

An award of \$645,000 has been made to the Battelle Memorial Institute's Northwest Laboratories to correlate IUD performance patterns with physical and chemical characteristics of the IUDs to allow establishment of design criteria and development of improved devices.

To obtain additional data concerning the safety of the widely used and highly effective oral contraceptives, in fiscal 1970 the Southwest Foundation for Research and Education was awarded \$913,000 for a 3-year study of the metabolic and vascular effects of the steroids used in current hormonal contraceptives.

Although sterilization is emphasized as a means of fertility control by many developing countries, current drawbacks are the requirement of skilled medical personnel, intra-abdominal operation with

general anesthesia for female sterilization, and low acceptability of vasectomy owing to irreversibility.

Awards of \$830,000 to the Battelle Memorial Institute and \$214,000 to the University of North Carolina have been made for research to develop simpler and more reversible means of sterilization.

Rapid worldwide increases in venereal diseases have been documented by the World Health Organization, and both WHO and the Pan-American Health Organization have received a steady increase in requests to combat the problem. Availability of an agent effective against venereal and other genital tract diseases as well as against unwanted pregnancy would advance both health programs and family planning programs and could be distributed at both facilities. Such an agent would be especially useful for women where clinical methods of contraception and treatment facilities are not available.

In fiscal 1970, the University of Pittsburgh was awarded \$581,000 for a 3-year program of research to develop a combined disease prophylaxis and contraceptive agent.

Field trials

To evaluate fertility control methods which may have differing efficacy and risks associated with them when used in the less developed countries, a strong component of the A.I.D. research program is collaborative and comparative clinical trials of new methods in the field. The focus of this effort is the epidemiologic evaluation of the value of these methods under use conditions.

Beginning in fiscal 1967, A.I.D. supported the development of the International IUD Program of the Pathfinder Fund. This \$1.5-million field study is in its fifth year of operation and has provided high quality data on IUD performance from 40 countries.

To extend the availability of a clinical network for field trials, an International Fertility Research Program was funded in fiscal 1971. This \$3-million program, based at the University of North Carolina, will conduct collaborative field trials of new IUDs, sterilization techniques, pharmacologic means of contraception, and other promising new means of fertility control in many countries.

Communication

To meet requests of population/family planning programs, A.I.D. in fiscal 1971 gave added emphasis to strengthening information, education, and communication (IE&C) support in developing countries.

A new operating division was established in the Office of Population—the Population Information, Education, and Communication Division. Specialists and consultants of this Division are responsible for monitoring interregional IE&C projects and providing communication advisory assistance to regional A.I.D. Bureaus and A.I.D. Missions abroad relating to IE&C support of population/family planning programs.

With the help of this and earlier IE&C assistance, country programs are increasing the flow of program-building information to leadership groups and the larger public in their countries.

IE&C support embodies a wide range of extension education/information services which encourage public concern with the population problem, inform individuals of the benefits and methods of family size limitation, and supply needed information on local availability of program supplies and services. Its operational aim is to sharpen public and individual attention to the need for responsible parenthood and expand the voluntary adoption of birth control practices, this within the overall purpose of contributing to better living conditions and general economic and social development in developing countries.

Assistance includes direct A.I.D. help on a bilateral basis and also indirect help through grants to international organizations and other institutions working in this field. Increasingly, the Agency is acting to stimulate and strengthen the population activities of multilateral organizations such as the United Nations, the U.N. specialized agencies, and international voluntary organizations.

Examples of help extended to country programs on a government-to-government basis are:

- **Philippines.** A.I.D. assistance has contributed to rapid policy and program developments, initiated and stimulated by the Philippine press, radio, television, periodicals and other means. The Philippine press, the Population Institute of the University of the Philippines, and numerous local organizations share importantly in the credit for the development of the Republic's population policy and program since 1968.

A.I.D. assistance has been extended through grantees such as the Pathfinder Fund, the International Planned Parenthood Federation, and country organizations. With establishment of the Philippine Population Commission in 1970 and initiation of government sponsorship of the family planning program, direct A.I.D. assistance has been requested. This has resulted in many types of aid, including assistance to the Population Unit of the

National Media Center. This Center is a facility producing many types of information materials, including publications, motion pictures, and television and radio programs, through the services of this Center and of related organizations. Many of the materials needs of the program are now being met.

- **India.** A high volume direct mail system is helping to meet program needs for direct communication between India's program headquarters and the field staff of some 70,000 persons, plus 23 other designated groups such as private physicians, nurses, midwives, and village leaders. This system completed installation of its basic equipment in mid-1970. The project, utilizing equipment donated by A.I.D. and the Swedish International Development Authority, now has over 700,000 names on its mailing lists. Through this means, the program has been disseminating selected messages for the last 2 years. Growth of the system, relatively rapid in the first year, was set back in 1971 by the necessity to move the installation to a new location. Its importance as a communication tool is widely recognized in India and other countries.

- **Thailand.** The Maternal and Child Health program, which includes key family planning elements, is working with the U.N. Development Program (UNDP) to formulate a proposal for IE&C assistance with funding to be sought through the United Nations Fund for Population Activities (UNFPA). The UNFPA is a major recipient of U.S. population funds. The A.I.D. Mission to Thailand is actively assisting and encouraging UNDP assistance.

- **Latin America.** A growing number of countries are turning attention to the public information/education needs relating to maternal and child health programs, including family planning. Among these are Jamaica, Honduras, El Salvador, Panama, Costa Rica, and Colombia.

- **Africa.** Concern with population problems is at a low level in most countries but interest in education/information regarding the population problem is growing. Assistance in the IE&C field includes direct help to programs in Tunisia, Ghana, and Kenya. Indirectly—through the International Planned Parenthood Federation, Pathfinder Fund, Population Council, and other A.I.D. grantees—limited IE&C help is being extended elsewhere.

Interregional support

In addition to within-country projects such as the above, significant IE&C activities are underway on the interregional or worldwide front. These seek

to improve IE&C support activities and skills in programs of developing countries, as in IE&C training, and help widen the participation of multilateral agencies, international organizations, and other assisting countries in assuming leadership in the population field.

Important examples of interregional A.I.D. assistance for IE&C action are:

- **East-West Center.** Funding has been provided to the East-West Center, University of Hawaii, for multiphase communication activities. This 3-year project (of two elements) includes: (1) Inventory/analysis of education/information support activities and needs of all types of population programs; (2) conduct of three training activities per year at the East-West Center for program officials and communication worker, as well as conduct of short-term training seminars, all aimed at improving communication support planning, management, and skills; (3) development of selected case studies in the IE&C field, for the purpose of helping the particular country programs involved and also for the purpose of contributing to the Center's training program (as does the inventory and analysis activity); and (4) provision of followup and consultancy services with graduating trainees.

The East-West Center project, in total, is designed to enable greater coherence in the field of IE&C assistance for population programs everywhere. Plans are already underway for collaboration of the International Planned Parenthood Federation, UNESCO, East-West Center, ECAFE, and other institutions in development of an UNESCO/IPPF worldwide clearing house for IE&C materials. This represents a major forward step.

- **University of Chicago.** Initial 3-year funding to the University of Chicago was provided in mid-1971 for conduct of graduate study in the population communication field. The study program, conducted by the University's Community and Family Study Center, will lead to a M.A. degree. Approximately 25 participants per year, drawn from developing countries, are provided for. Graduates are expected to expand the IE&C training capacities of institutions in their countries, as well as strengthen on-going population programs.

- **"Package" development.** Production has begun of "packages" of staff training materials, including films, other teaching materials, and teaching manuals. These "packages" are for use in U.S. training institutions, A.I.D. staff training, and population programs of assisted countries. The "packages" will utilize and demonstrate well-tested

training methodology. For two of the four "packages," production is currently underway.

- **World Assembly of Youth.** Over 100 of the principal youth organizations of the Free World, including those in developing countries, are giving specific attention to population problems through the IE&C program of the World Assembly of Youth (WAY). This program, with A.I.D. funding help since 1969, is doing much to stimulate the interest and action of youth leaders and organizations regarding population problems, nationally and internationally.

In fiscal 1971, WAY's program included sponsorship of discussions of population matters by youth organizations at a world assembly in Vienna, Austria; at national conferences in Ghana, Kenya, the Philippines, Thailand, Indonesia, India, El Salvador, and Jamaica; and at over 200 local conferences in the above countries. The WAY project includes the issuance of a monthly population bulletin and other publications from its headquarters in Brussels, Belgium.

- **World Education, Inc.** Multicountry literacy training programs are being assisted through World Education, Inc. An IE&C grant is assisting WEI in introducing basic population/family planning information as a component of functional literacy training materials and curricula. WEI in 1971 contributed technical help in this field to literacy activities in India, Turkey, Thailand, Philippines, and Honduras.

- **Other groups.** IE&C assistance to the International Confederation of Midwives is designed to stimulate the interest and help of midwives in country programs. Also grants have been requested for IE&C activities abroad of the Planned Parenthood Federation of America (in cooperation with Church World Service) and for the American Home Economics Association.

The above examples are in addition to communication/education help extended through international organizations and other institutions that receive A.I.D. funding for population program activities in assisted countries.

Evaluation and Analysis Assistance

During fiscal 1971 the demand for assistance in evaluation was substantial as a number of country family planning programs sought help in improving program management. Demand exceeded the supply

of experienced evaluation specialists, revealing at the same time specific needs for improvement in evaluation methodology. Accordingly, A.I.D. has taken steps to expand the technical consultative resources at the disposal of program administrators.

In November 1970, A.I.D. convened its evaluation contractors and consultants to (1) assess accomplishments to date, (2) inventory resources and demands for assistance, (3) seek ways to better coordinate efforts, and (4) improve evaluation strategy. This conference dealt in detail with the gap between the demand for assistance and available resources and also with the overall gap between program needs for evaluation assistance (even if unrecognized) and present resources. Moreover, the conference concluded that the evaluation need and demand will rise in the future, as more and more countries launch new programs and expand old ones. It observed that a substantial body of methodology has already been developed but that much of it needs documentation and packaging for easier application; also, that work is needed to expand present methodological tools.

From this conference and other efforts, an integrated setup for evaluation projects evolved. Battelle Northwest Laboratories began work on a computer system capable of producing computer programs to process client records tailored to the needs and program designs of individual countries. This computer system, or "program generator," is being designed for use by the smaller computers more commonly available in LDC's and for a wide range of makes and models. When this system is developed and available, most family planning administrators will have available an efficient system for processing client records—a system capable of ready modification as needed. This project should greatly reduce the need for computer programmers who are often unavailable) and markedly reduce the time required to produce a computer program.

The Bureau of the Census, which has conducted a long series of highly focused workshops in various aspects of data collection, was asked to prepare materials for a workshop on client record systems. The workshops will focus on the rationale for such systems and on their implementation and operation. They will emphasize the potential contributions of electronic computers to the handling of client and clinic record data, but will not be limited to computer use in situations where such use is unnecessary, impracticable, or unwanted. The Census Bureau will also provide short-term consultants to assist in the implementation of evaluation systems.

The Battelle and Census Bureau activities are combined in a single project entitled Accelerated Feedback for Guidance of Family Planning Programs. This project provides assistance on a more wholesale basis in contrast to the projects described below which provide for longer term relationships between individual contractors and specific countries.

Columbia University (Application of Methodology for Evaluating Family Planning Programs) is already assisting programs in El Salvador, Costa Rica, and Ecuador in the establishment of evaluation units and systems. During fiscal 1971, additional funds were provided to permit the contractor to assist several other countries and to accelerate work on the development and documentation of methodology. The expanded contract calls for the preparation of a thesaurus and annotated bibliography to serve as a guide to what already has been learned and the techniques that have been employed in the evaluation of family planning programs.

The University of Chicago (Rapid Feedback for Family Planning Improvement) has conducted several workshops for LDC participants, presenting general background material on evaluation. In the last fiscal year this project was modified and expanded to focus on the provision of direct and long-term assistance to two or three specific countries.

A new contract was awarded to Management Sciences for Health, Inc. (Family Planning Management Information System) to permit that company to apply modern management techniques to family planning program administration. The contractor initially will work out agreements with one or two specific countries, to which assistance will be provided to demonstrate the utility of this approach.

Another important resource is the Center for Disease Control of the U.S. Public Health Service. CDC has been assisting the Guatemala program and has provided short-term consultation services to a number of other programs. These services have been funded through a Participating Agency Service Agreement with the Guatemala USAID Mission, the Latin American Bureau, and other mechanisms.

The International Demographic Statistics Center at the Bureau of the Census has provided direct assistance to the Jamaica family planning program, including help in processing the records of its clients.

Finally, short-term consultations have been provided by A.I.D. central staff, direct-hire consultants, and advisors obtained through a contract

with the American Public Health Association to Pakistan, Indonesia, Philippines, Turkey, Jamaica, etc.

Principles of evaluation. — A.I.D. considers evaluation essential for effective management. The primary purpose of evaluation is to provide information to program personnel who must take management decisions. Its function is to help them to assess the progress of programs and program elements, to determine how and why a program or activity is or is not succeeding, and to identify steps needed for program improvement.

Implementation of evaluation systems may be thought of as proceeding in three sequential steps. First, evaluators working with program personnel identify the key decision points in the system—that is, the decisions which managers are required to make in carrying out a program or activity. Once decision points are defined, the next step is to determine the minimum information upon which sound decisions can be made for the specific program or activity involved. Finally, the means of producing the required information is worked out.

The first focus is on the end uses of the information to be obtained. This is basic to the design of sound evaluation systems. Experience has shown that where evaluators give first emphasis to information systems, large quantities of less important data are collected while badly needed information is missed.

Evaluators are often interested in long-term research and sometimes blur the distinction between research and evaluation. This can lead to overloading management information systems with data that should be collected only occasionally, perhaps on a sample basis. Research of this sort is often a valuable, sometimes essential, component of evaluation for long-range assessment of program effectiveness in the achievement of predetermined goals. However, it cannot take the place of a short-term information/decision-making/implementation system. The true function of research is exploratory, the search for new knowledge for broader utilization. Good management information, in turn, serves both evaluation and research by providing reliable data and by identifying topics that are worthy of additional research. But this is secondary to its principal justification and contribution—improved routine program administration and operations.

Analysis assistance

To assist less developed nations to consider in national planning the impact of population dynamics on development and implement population policies

toward development needs is a major emphasis of the Agency's population program assistance.

The commitment of individual nations to address, assess, and solve their population problems depends to a great extent on adequate knowledge and understanding of the interacting effects of population size, growth rate, and distribution.

In view of the universal effects of population increases, efforts by more advanced countries to expand knowledge and understanding of the problems involved include appropriate assistance to less developed countries which wish to develop needed population policies. Such assistance can help them to (1) obtain adequate demographic and social data (2) analyze and understand the effect of rapid population growth upon economic and social development, and (3) assess possible solutions for their population problem, and (4) undertake necessary actions. All of these efforts involve LDC institutions and analysts.

Not all population problems are of similar dimensions, nor does every country's problem have identical causes and consequences. Each country has a specific set of problems and approaches which must be addressed if realistic goals are to be defined and reached. Thus, population policy is broad-based and multisectoral. It must involve all possible solutions, including fertility control.

It can appropriately take account of such factors as taxation policies, business and employment practices, education policies, housing policies, laws and practices regarding employment of women and children, and many other factors, including fertility control programs. Some of the above policies and programs are largely based on humanitarian and welfare considerations, but constructive adjustments may be found possible at times and still satisfy the humanitarian requirements.

Discussion and strategy.—Our strategy for programs and many related factors assisting the development of adequate population policy and an understanding of population dynamics is based on the following precepts:

- A sound base of scientific and social science data is a prerequisite to the formulation of any country's population policy and program. A national commitment must be based on accurate demographic data, analysis of human behavior and attitudes, analysis of the demographic factor in development, analysis of numerous other factors, and a general understanding of how the society functions.

- The education and stimulation of opinion leaders to make the necessary decisions affecting the solution of their population problems require the

indigenous development of soundly conceived social science research and demographic analysis.

•Data and analyses now available and forthcoming must be brought to the awareness of national leaders in their decisionmaking process. This technical knowledge transfer is a crucial ingredient in the development, design, and conduct of effective policies.

The goal of population policy formation is to help define the problem in all its aspects, to help determine the most appropriate courses of action to resolve the problems, and to help marshal sufficient commitment and resources to carry out the plan of action successfully.

Understanding population dynamics. — For the ultimate purpose of helping leaders and the public to address the population problem and to help develop indigenous policy solutions, A.I.D.'s population program assistance has acted to:

Provide for the analysis and data projections of social/economic phenomena;

Formulate and analyze the consequences of population growth for economic development goals;

Provide expertise to developing countries mainly in the area of demographic-development relationships through international organizations;

Analyze the degree to which changes in level of living, fertility, and mortality are interdependent;

Develop theoretical concepts of fertility determinants and conduct an intensive literature search on the question of incentives;

Provide assistance to public and private, national and international organizations who can contribute to this understanding;

Study the outcome of pregnancy in diverse cultures;

Support cross-cultural research on fertility behavior to find if there are common cultural determinants of fertility rates.

Study the relationship between migration, fertility, and economic development.

In support of these kinds of activities financial assistance has been provided to the United Nations and the Population Council.

Population Policy Formulation. — For the purpose of assisting LDC population policy development, the Agency has helped to:

Define interactions among the various aspects of population dynamics as a basis for developing appropriate population policies;

Provide in-depth analysis of various population problems in relation to policies and programs;

Add a legal dimension to understanding the

population dynamics matrix in the formulation of policy;

Develop and demonstrate an international institutional capability to conduct policy analysis through support of an international consortium;

Support a variety of projects that involve, in consideration of population problems and solutions, key elements such as educators, youth, women, religious leaders, college students, and private organizations; and

Provide consultation and advice including papers, lectures, field visits.

While A.I.D.'s population program efforts in the formative years have concentrated mostly on official programs, it has been apparent for some time that the use of contraceptives procured through the commercial sector has been high. Program evaluators and demographers have also believed that increased commercial sector activity might have as great or greater impact on reduced fertility as official program efforts. To acquire the accurate data base for commercial activity needed to make future program decisions, a contract was made with the Westinghouse Population Center to conduct an eight-country market research and analysis of contraceptive activity in commercial markets covering importation, local production, distribution, advertising, and use. The results should be available in about one year.

Institution Development

One of the major requirements for successful operation of population/family planning programs is strong institutional support. As these programs evolve in developing countries, there is an increasing need for organizations to lead, guide, and sustain efforts in research, program administration, demographic data collection and analysis, training, evaluation, and information dissemination.

A.I.D. has acted to meet this need for strong institutional backup in two ways: first, funds have been made available since 1965 to enable U.S. institutions to develop their expertise in the population field and link this to developing-country institutions and problems; second, assistance has been given to developing-country institutions to enhance their capacity to perform their functions.

In the United States, A.I.D. has made available about \$17 million to the following 10 institutions to enable them to develop their research and training programs and staffs so that A.I.D. and other development assistance agencies may call upon them for training and overseas assistance: The East-West Center,

University of Chicago, Johns Hopkins University, University of Hawaii, Harvard University, University of Michigan, Meharry University, University of North Carolina, Family Health, Inc., and the Margaret Sanger Research Bureau.

Assistance to developing country institutions has been a common feature of A.I.D. mission programs. For example, A.I.D. assistance to training institutions has been provided in Nigeria, Liberia, Tunisia, Thailand, Philippines, Korea, Turkey, India, Pakistan, and other countries.

Emphasis has shifted from enlargement of the U.S. institutional base to projects which directly link U.S. and host-country institutions in collaborative activities. A number of university agreements will be implemented to provide services for helping LDC's with their own priority problems.

High priority will be given to help enlarge institutional capacity for population activities in the developing countries. Through participation in various international bodies such as the United Nations, World Health Organization, UNESCO,

various professional associations, and the U.N. Fund for Population Activities, A.I.D. is encouraging a variety of donors and assistance agencies to contribute to the long and difficult process of building institutions for various population programs. Research must be expanded and associated directly with the population planning and action programs that provide services directly to people. For example, special attention will be given to assist host country university population programs of research and teaching relevant to their country needs. Census and statistical-gathering organizations need to be expanded, staff trained, and projects financed and related to planning and action programs. Demographic analyses and evaluation studies of program results need to be available constantly and reliably to planners and administrators. Training needs to be expanded and extended to thousands of fieldworkers. In coordination with developing country efforts and other donors, A.I.D. plans to continue and accelerate both short-range and long-range LDC institutional development activities.

Department of State

The United States Government recognizes that high rates of population growth in many developing countries in whose welfare and progress the United States is deeply interested prevent or seriously delay their economic advancement and social improvement. The substantial efforts these countries are making for such progress and the assistance of many kinds provided them by others are offset and their purposes frustrated by the continuation of traditionally high birth rates in a period when death rates have fallen sharply from former levels. Rapidly increasing unemployment and underemployment, together with the disappointed hopes of major segments of populations, create conditions which threaten the peaceful progress of nations and peace among nations. Unrestricted population growth is also a threat to the total world environment. For these and other reasons, the Department of State is deeply interested in the policies and programs of international bodies and individual countries to bring rapid population growth under control.

The Department understands that such programs, to be effective, will require the attention of many skilled people, considerable sources of money, and decades of effort. The Department also recognizes that the problem, though long-term in nature, is also urgent because, for all but a few

developing countries, each year of delay in initiating major population growth-control programs significantly increases the burdens of population pressure for future years. Therefore, the Secretary of State has directed that high priority be given to assistance to individual countries and international organizations to analyze the effects of rapid population growth and to undertake needed action programs. Recognizing that the population problem is a long-term matter, the Secretary has also directed that officers dealing with foreign affairs matters, particularly those serving in or working with developing countries, should inform themselves thoroughly on the subject.

The Department's responsibility for generating and coordinating policies and stimulating program action on population matters by and among U.S. agencies is assigned by the Secretary to a Special Assistant to the Secretary for Population Matters. An officer in each regional bureau of the Department is also designated for part-time responsibility for population matters. Each Ambassador has also been directed to designate a member of the Country Team for this purpose.

The Bureau of International Organization Affairs in the Department is responsible for liaison with the United Nations and other international

agencies capable of carrying out population/family planning programs. The Special Assistant, the Bureau of International Organization Affairs, and A.I.D.'s Office of Population, together with relevant bureaus of State and A.I.D., work directly with the United Nations Fund for Population Activities, the U.N. Secretariat, the several specialized agencies, and other U.N. and international bodies to increase action in the population field and assure cooperation among various donor entities.

In order to increase the capabilities of Department officers in the population field, the Foreign Service Institute conducts a special course for key officers and has introduced a brief survey of population matters into courses for junior, middle-grade, and senior officers. Members of the Department's staff also serve as lecturers in many U.S. institutions and in government-sponsored courses for officials from developing countries studying population-related subjects.

U.S. Information Agency

The United States Information Agency (USIA), which provides informational support for U.S. Government policies overseas, is 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 has been broadened. Population growth and distribution are recognized as a world concern, 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 Information activities relate

population problems to housing, education, health and the ability of countries to achieve their own development goals for an enhanced quality of life 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, features, and commentary output; interviews with leading authorities; special booklists 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 on population and family planning prepared by other governments, by international institutions, and by private groups and experts.

Department of Health, Education, and Welfare

Research on population and family planning 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 National Institutes of Health, the Health Services and Mental Health Administration, and the Food and Drug Administration are conducting research, both in the

United States and abroad, in aspects of population and family planning of importance for population and family planning activities in this country.

The coordinating point in the Public Health Service for developing population research programs in countries where the United States owns excess local currencies (funds derived from U.S. exports under P.L. 480) resides in the Center for Population Research of the National Institute of Child Health and Human Development, NIH. The Food and Drug

Administration acts as the coordinating point for research into the safety and efficacy of contraceptive drugs.

In 1971, the Center for Population Research continued and expanded the contract research program in contraceptive development, which was initiated in 1969. The purpose of this program 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. Fundamental research is concentrated in four areas: corpus luteum function, sperm capacitation, oviduct function and gamete transport, and the biology of the ovum. Each of these areas shows special promise for the development of new methods of fertility regulation. In addition, product-oriented research has been undertaken this year, involving development and testing of new contraceptive drugs, devices, and sterilization procedures. In 1971, 122 contracts were supported: \$6.5 million of the Center's fiscal 1971 funds were used to support this effort.

New projects developed

The Center has also developed a number of new projects to investigate the medical effects of contraceptive agents presently in use, particularly the oral contraceptives. Especially significant are new epidemiological studies designed to measure what relationship, if any, exists between the use of oral contraceptives and the incidence of cancer, birth defects, and the cerebrovascular disorders. Pharmacological studies initiated this year will investigate the metabolism of the oral contraceptives and the effect of taking these drugs concurrently with other drugs prescribed for other reasons. Data from these studies will be used to suggest dosages to improve the safety and effectiveness of the oral contraceptive preparations. In 1971, the Center supported 19 projects, costing \$3.1 million, on the medical effects and mechanism of action of steroid contraceptives and IUDs. Research in these areas is important for family planning throughout the world.

Much fundamental knowledge is needed to provide the scientific basis for the development of new methods of fertility regulation and for complete understanding of the effects of methods already in use. The Center's research grant program, totaling \$13 million in fiscal 1971, supports a wide range of research projects in reproductive biology and contraceptive technology, as well as an increasing number of studies in demography and the social sciences. While most of these projects are conducted

in the United States, the knowledge gained will have wider application. One study of particular relevance to international programs is a longitudinal analysis of fertility change in a developing country (Taiwan), with special emphasis on the effects of a program of family planning. This study is supported by a research grant to the University of Michigan.

On July 1, 1970, the Center announced a new program to establish Population Research Centers in order to provide core support and new program development for nonprofit organizations conducting research and training relevant to population problems. This program represents a commitment by the National Institute of Child Health and Human Development to the long-term support of institutions with demonstrated ability to conduct research and research training in areas that seem likely to hasten progress toward solving problems related to human population growth, structure, and distribution. Several Center awards have been made in calendar year 1971.

The Center for Population Research has also continued and significantly expanded its contract research program in the behavioral sciences. This program, like that in contraceptive development, was initiated in 1969 and 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. Fiscal 1971 funds devoted to this program amounted to \$3.5 million.

The Food and Drug Administration has developed a research contracts program in the United States to evaluate the safety of oral contraceptives. These investigations will evaluate the effects of oral contraceptives on cervical cytology, lipid metabolism, blood coagulation and thromboembolism, urinary tract function, carbohydrate metabolism, human chromosomes, and mammary tissue in animals. Ten contracts were funded during fiscal 1970 at a total cost of \$1,352,723. In addition, in fiscal 1971, \$546,763 was obligated to continue four contracts. FDA support in this area is expected to decrease because of increasing involvement by the Center for Population Research, as well as increasing knowledge regarding the safety aspects of contraceptive drugs which has resulted from studies completed to date.

The Health Services and Mental Health Administration (HSMHA) supports research in mental health and behavioral aspects of fertility and family life, as well as in the operational aspects of family

planning services. HSMHA also provides technical assistance to other countries upon request. Such requests are usually made through A.I.D. In response to a request from the A.I.D. mission in Guatemala, technical assistance has been provided by the Center for Disease Control staff members, which has led to implementation of a computerized rapid feedback system of service statistics for family planning evaluation at a cost of \$16,000.

An additional related service sponsored within HSMHA is the academic training or field observation of foreign physicians and allied health personnel in the field of family planning. Within HSMHA, Maternal and Child Health Service, through its International Activities Section, provides training programs for physicians, nurses, and nurse-midwives from other countries. Considerable emphasis is placed on training in all aspects of family planning. During fiscal 1971, participants have included: nine physicians taking MPH courses in schools of public health with major interests in family planning and population dynamics; two nurse-midwives taking family planning courses to include practical experience in a hospital setting; one public health nurse observing family planning in urban and rural health department settings. There have been various short-term visitors who have been directed to local resources as time permitted. This program is available to workers from all countries in the field of MCH and family planning who may be sponsored by A.I.D., WHO, PAHO, U.N., or other organizations or foundations. Additional participants whose major interests lie in pediatrics are also included.

P.L. 480 funded research

The Center for Population Research has been making special efforts to develop research projects using P.L. 480 excess foreign currencies, and in 1971 several staff members visited Poland and Yugoslavia to stimulate interest in this program and to discuss individual projects. A Yugoslavian study comparing the outcome of abortions performed by suction and by curettage is underway. A number of research projects in reproductive biology, contraceptive technology, and the social sciences are being developed, particularly in Poland, Yugoslavia, and India.

The FDA continued to sponsor two ongoing long-term studies of oral contraceptives initiated in fiscal 1970 in Yugoslavia at a cost of \$329,479. Two additional contracts were instituted during fiscal 1971 at a cost of \$284,363. These investigations are to evaluate the effects of oral contraceptives on

carbohydrate and lipid metabolism, cervical cytology on the outcome of subsequent pregnancies, and on blood coagulation.

The Health Services and Mental Health Administration is developing a comprehensive population research program that is directed not only to the problem of population control but at maintaining the health of women and ensuring the normal birth of desired healthy children. HSMHA supports research in the behavioral aspects of fertility and family life, as well as in the operational aspects of family planning services. It seeks information on the effect of practices such as abortion on the health of the mother and future children. Studies on the sensitization of Rh-negative women through abortion are being developed in Yugoslavia and Poland. In a number of countries greater emphasis is being given to the improvement of methods for estimating population growth. These studies will provide better estimates of demographic variables that are essential to the evaluation of family planning programs.

The seven previously funded P.L. 480 projects continue to be supported in Yugoslavia (2), India (4), and Tunisia (1). The two Yugoslavian projects have had amendments in the amounts of \$33,498 and \$35,058. A new project in Israel, funded at \$52,643, deals with new survey techniques to obtain fertility data. Another project in the Near East region to develop computer simulation of population growth and change was funded at a cost of \$97,548.

The National Center for Family Planning services has funded a P.L. 480 operational research project, "The Role of the General Practitioner in Family Planning," in Yugoslavia at a cost of \$332,364. NCFPS will continue to explore opportunities for operational research projects in excess currency countries.

The Social and Rehabilitation Service (SRS) supports research overseas in the operational aspects of family planning activities. In fiscal 1971, support through U.S.-owned foreign currency was provided for two projects in the Moslem world—one in the Middle East for a cooperative project dealing with social welfare aspects of family planning; the second, a similar project with a university in South Asia.

The Social and Rehabilitation Service also provides training opportunities in the social aspects of family planning for participants sponsored by the United Nations, A.I.D., and other international and national organizations.

Academic programs, as well as field observation and on-the-job training, were arranged for participants from the Philippines, Indonesia, and Tunisia.

SRS staff provided consultation on the integration of family planning in the curriculum of those U.S. schools of social work which provide training for social welfare leaders from abroad.

Study visits in the United States were arranged for social researchers from the U.A.R., India, and Pakistan through the SRS Interchange Program.

Other training opportunities were arranged for more than 30 visitors from Africa and Asia—specialists in the fields of public welfare, human rights, and social planning—who came to SRS primarily for programing in their specialization but were also interested in learning about the social aspects of family planning.

The Peace Corps

The Peace Corps has worked in family planning on a limited scale since 1966, when it sent a group of 57 volunteers to India at the request of the Indian Government. Present involvement is restricted to countries that have requested assistance with established national programs or that encourage the development of a national family planning structure through local initiative. Approximately 100 volunteers are currently working in such programs.

At the technical level, physicians and other staff members have contributed to the establishment of programs in Tonga, the Dominican Republic, Western Samoa, and elsewhere. Volunteer nurses, highly skilled in specialized clinical techniques, are currently training auxiliary nurses in India's Punjab. Nurses are also working in a maternal and child/health family planning program in Tonga.

Nonmedical or "generalist" volunteers are participating in family planning activities in a village health program in Malaysia, primarily in education and referral aspects, as well as in family health and agriculture-nutrition programs in a number of other countries.

In the Dominican Republic volunteers are working with the medical staff of designated maternal and child health/family planning clinics in population centers. They train clinic personnel in interviewing techniques, methods of education, patient care, and administrative procedures.

In Togo, volunteers teach family planning along with other health subjects in the schools and in adult health education classes at the health centers.

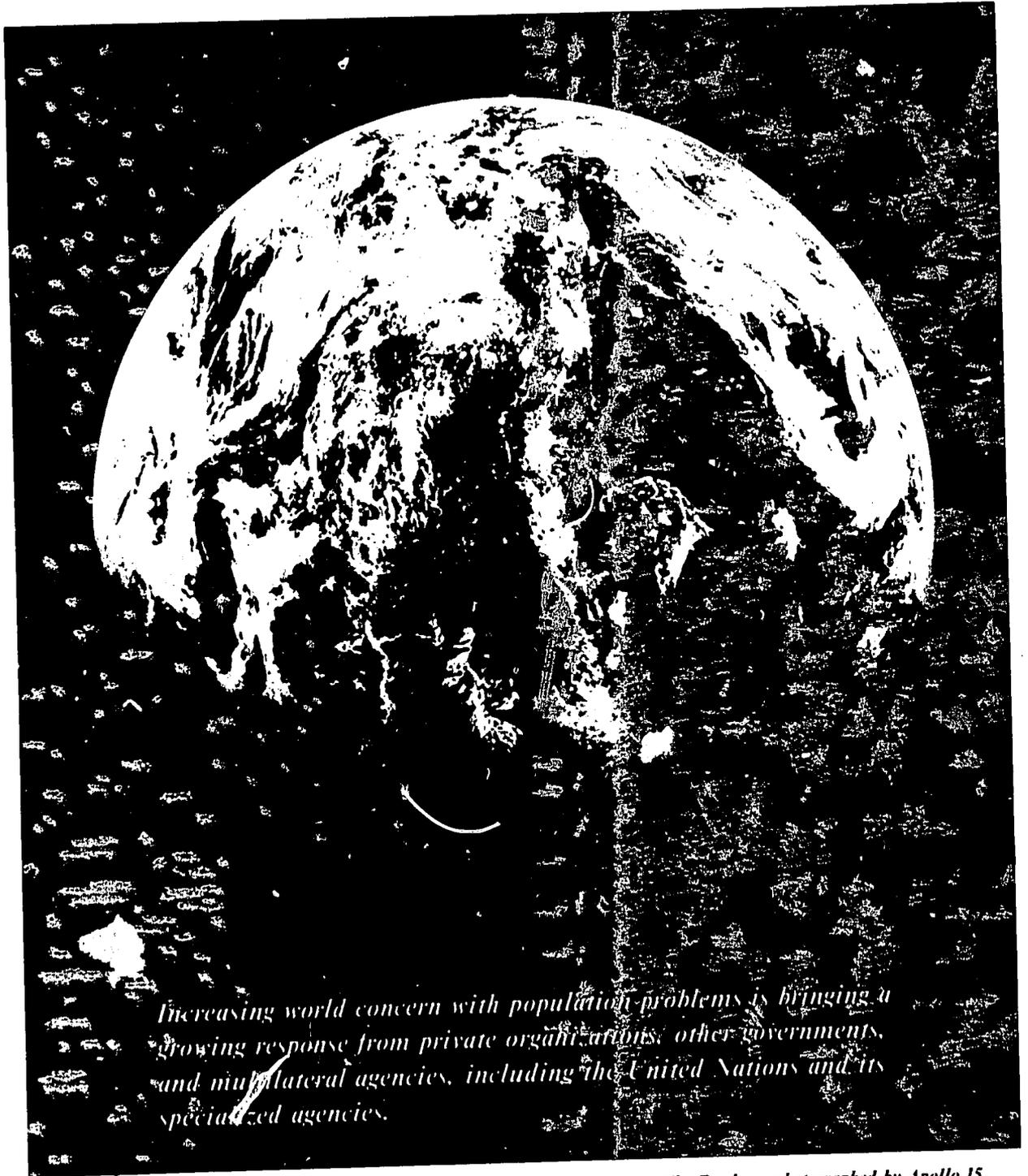
Volunteers can reach only a very small proportion of a local population through traditional extension work, and are further limited in this role by the whole constellation of political, religious, and cultural forces that affect family planning. Since the potential impact of direct extension work is small, it is not the best way to use volunteers' abilities.

The program in El Salvador is an exception. There, the volunteers' basic function is to refer mothers to maternal and child health clinics that offer information and a choice of family planning methods. They are providing a needed and useful service for which no host-country extension workers are available. In the process, they are creating a model for extension work that can be perpetuated by counterparts trained to perform that function.

In several African countries volunteers are working in maternal and child health centers which will soon provide family planning services.

Volunteers everywhere are approached informally by local people with questions about family planning. Where host-country policy is favorable, the volunteers' orientation includes basic instruction to enable them to respond sensitively, accurately, and informatively and to refer the questioners to local family planning services.

Other Assistance



Increasing world concern with population problems is bringing a growing response from private organizations, other governments, and multilateral agencies, including the United Nations and its specialized agencies.

The Earth, as photographed by Apollo 15 astronauts on their way home from the Moon.

Private Organizations

The private organizations, which pioneered in drawing attention to the increasingly serious dimensions and wide range of undesirable impacts of unrestrained population growth, continued to broaden and strengthen their programs in a number of countries in 1971.

In the forefront in this trend, the London-based International Planned Parenthood Federation, with member family planning associations in approximately 79 developing countries, operated on a \$20 million budget in 1971 and embarked on plans to utilize \$25 million for 1972. (In 1965 IPPF had member organizations in 40 countries and an \$895,000 budget.) Contributions came primarily from private individuals and foundations.

In 1971, through special fund-raising efforts, international grants were obtained from 9 governments. Contributions from foundations and private donors have also increased commensurately. Of particular significance for both current and future programs, drives for increased financial support from within the developing countries are beginning to yield considerable increases in local funding for family planning activity. The ability to raise funds in these increased amounts is itself an indication of the widening interest in ameliorating the population crisis which threatens world well-being.

Progress was made by other U.S.-based private organizations. Plans were underway to extend widely the postpartum concept of family planning, initiated by the Population Council, through the World Health Organization and its regional programs. At present, demonstrations of this approach, assisted by the Population Council, are active in more than 150 large maternity hospitals in a dozen or more countries in Latin America, Asia, and Africa. The Population Council has been active in many other programs as well.

The Pathfinder Fund continued to help initiate, support, and nurture the provision of family planning information and services where they are needed but not otherwise available. A number of such locally administered projects were graduated into larger privately sponsored family planning organizations or government administered family planning programs as these were developed. The stimulus provided by the Pathfinder Fund in responding to locally felt needs for information, training supplies, and modest financial support was a useful catalytic force for both policy and program development in the countries assisted.

Progress was made by other private organizations. The Planned Parenthood Federation of America (PPFA) embarked on a new program overseas to assist Church World Service develop its already substantial Planned Parenthood Program in the network of hospitals and clinics to which it provides health supplies.

The list of U.S. and foreign private organizations active in the delivery of family planning information and services is long and growing, as evidenced in the following pages of this section and elsewhere in this publication. Oxfam of England and Canada are representative of the foreign organizations actively involved. Some organizations assisted the development and delivery of family planning services as an auxiliary activity. CARE, the Unitarian Universalist Service Committee, the Mennonites, and many church and charitable organizations headquartered in the United States and overseas are in this group.

Recognizing the problem and desirous of helping from within their special interest areas, other types of private organizations are becoming officially active in the development of popular and technical support and participation in expanding family planning services. Among these are the International Confederation of Midwives, which has a natural interest because of the well recognized shortage of physicians and the need to make increasing use of midwives, as well as other paramedical personnel, in the provision of family planning services. The Home Economics, Social Welfare, and similar professional associations have each been examining and defining their appropriate roles. Youth organizations, such as the World Assembly of Youth (WAY), already have active educational programs. The mobilization and application of the concerns of these and other technical groups is being encouraged.

Within the family planning service programs currently sponsored by private organizations, increasing emphasis is being placed on improvement in program formulation and administration through conferences, seminars, workshops, and supplementary more formalized training. Additional professionally trained full-time personnel are being employed as they, and funds for this purpose, are available. From the beginning, private organizations have necessarily relied heavily on volunteers and part-time professional personnel. Both groups have made an important contribution. Recruited in part because of

their qualifications as local and national leaders, they have contributed importantly to the development of local acceptance as well as national policy. Organizations are beginning to plan in terms of specific objectives and to follow through in evaluating progress in achieving them.

The role of the private organization is a changing one. As governments have developed formal policies and programs to provide family planning services, private organizations ordinarily transfer their established clinics to the government-sponsored program. A few pilot clinics have ordinarily been retained for use as demonstration and training centers. This transfer is in progress in Indonesia where the Indonesia Planned Parenthood Association is now centering its efforts on training, education, and pilot clinics but is also proceeding to establish clinics in areas outside Java and Bali.

In most countries, however, private organizations are still actively assisting family planning clinics and are busily opening new ones.

Mobile clinics are frequently used to reach small towns and rural areas. Such private clinics are often the sole source of family planning services for the bulk of the population in many countries.

In recognition of their unique qualifications and experience, private organizations are responding to specific requests to devote additional resources to information and education activities. These activities are meeting a broad spectrum of needs and make use of the full range of media. Programs also include the development of spot and longer radio and television programs, the development of locally produced films based on the culture of the people in the area, the preparation and placement of exhibits in strategic locations, the development and distribution of brochures, technical papers and publications, and specially designed token gifts, such as match boxes and calendars, to convey the family planning message. A start was made in introducing elementary courses in sex education often in cooperation with local schools.

The faces of these women in Thailand bespeak the growing interest around the world in obtaining family planning guidance and services. Private organizations have been pioneers in inspiring such action.



The International Planned Parenthood Federation

Established in 1952, the International Planned Parenthood Federation is a nonprofit organization composed of 79 autonomous national family planning associations. The IPPF stimulates the formation of indigenous associations in all countries of the world and provides them with financial support, technical assistance, and advisory services in the medical, educational, training, and administrative aspects of their work. In addition to its regional meetings and conferences, the IPPF sponsors workshops, seminars, and training courses. The IPPF 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.

IPPF's role as critic, advocate, and educator has helped establish national birth control policies and programs in many countries. Even after governments have assumed major responsibility for providing family planning facilities, IPPF's voluntary associations have helped to sustain interest and high standards.

For administrative purposes, and in recognition of the wide diversity of problems that confront its members, the IPPF is divided into eight regions. The regional offices in Beirut, Bombay, Kuala Lumpur, London, Nairobi, New York, and Tokyo assist family planning associations in their areas, arrange regional conferences, encourage the establishment of new associations, sponsor applications for IPPF membership, and submit reports and accounts to the IPPF governing body, under the direction of their regional councils. IPPF also has a resident representative in Accra, Ghana.

Technical assistance is provided to the associations both by the IPPF central office and by the regional offices. Various types of IPPF assistance include: Providing advice on the delivery of medical services, administration, program planning and evaluation; helping to develop publicity and educational materials; training family planning workers and administrators; informing associations of international and regional family planning activities and publicizing new medical developments and significant research.

The IPPF is financed by voluntary contributions from private citizens and foundations all over the world and by grants from governments. In 1970, the IPPF's gross budget of nearly \$17 million enabled it to provide technical assistance and financial support to both member and nonmember family planning associations in 72 countries. A gross

budget of \$20 million was used for IPPF's 1971 programs. In addition to private donations through the Victor-Bostrom Fund and Planned Parenthood-World Population in the United States, the IPPF received grants in 1971 from the Governments of Canada, Denmark, Finland, Japan, New Zealand, Norway, Sweden, the United Kingdom, the United States and the UNFPA. To meet the ever-increasing need for family planning services and information, education and training programs throughout the world, fund-raising campaigns have been established in several countries, and associations are being assisted to seek local private and government support for their work.

The library of the IPPF is an important source of information on all aspects of human fertility, contraception, sex education, and demography. The IPPF also maintains a collection of audiovisual materials and teaching aids and is planning a clearing house with UNESCO. Regular publications of the IPPF include the *International Planned Parenthood News*, the *Medical Bulletin*, *Research in Reproduction*, *Family Planning in Five Continents*, the *Library Bulletin*, and the *Calendar of International Meetings*. Other publications include a series of working papers on family planning programs, medical publications on contraception and the latest research developments, patient literature such as *Introducing Contraception*, and the periodic reports summarising family planning developments and demographic statistics for each country.

The International Planned Parenthood News, an illustrated periodical issued monthly from IPPF's London office, provides continuing current information on interesting and significant developments and activities in the fields of population and family planning, as reported by IPPF's numerous affiliates from areas and countries around the world.

The IPPF has consultative status with the United Nations Economic and Social Council, World Health Organization, UNESCO, UNICEF, FAO, and ILO. It works closely with the United Nations at international and country levels and is represented on the Technical Panel of the U.N. Fund for Population Activities and at the population meetings of OECD.

Through the presentation of papers and reports at international and regional conferences the IPPF has publicized the need for greater efforts in the development of family planning programs and has promoted increased cooperation among all organizations concerned.

The Population Council

The Population Council, a private, nonprofit organization established in late 1952 by John D. Rockefeller 3d, 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. Activities include the publication of books, papers, abstracts/bibliographies, *Country Profiles*, *Studies in Family Planning*, *Reports on Population Family Planning*, and *Population Chronicle*.

The Council initially confined its activities largely to fellowships and small demographic and biomedical grants. Beginning in the fifties, the Council began a program of institutional development for demographic and population research in each of the three major developing areas of the world. Among the various forms of institutional support, late in the 1950's the Council began to give technical assistance on population and demographic training to research institutions in developing countries. These activities were expanded during the sixties. Beginning early in the 1960's, the Council began to give technical assistance to family planning and other population projects in developing countries.

Operating on a \$17.2 million budget in 1970, the Council draws support principally from the Rockefeller and Ford Foundations, the Scaife family, and A.I.D., as well as from smaller foundations and individuals. It has a staff of about 230, of whom 29 serve in 16 foreign countries.

Through its Technical Assistance Division, the Council provides major support to family planning programs in Colombia, the Dominican Republic, and Venezuela in Latin America; Morocco, Tunisia, and Kenya in Africa; Iran and Pakistan in the NESEA area; and Indonesia, Korea, Taiwan, the Philippines, Thailand, and Hong Kong in the East Asian area. It has established a research and evaluation section whose primary emphasis is to study the effectiveness of family planning programs.

The Council has been involved in postpartum activities since the inception of the international postpartum program in 1966. With substantial support from A.I.D., the program has grown to include 116 hospitals and clinics operating in 12 nations in Asia, Africa, Latin America, and the Near East. There are now four country network programs: Colombia, Indonesia, Thailand, and Venezuela.

A followup study of program acceptors based on a worldwide sample was concluded in early 1971.

The Postpartum Program is an international demonstration effort to provide family planning information and services immediately after childbirth to urban women of low socioeconomic status, in settings where delivery is institutionalized in public hospitals and clinics.

The Demographic Division has assisted the United Nations demographic centers in Bombay, Cairo, and Santiago, and national centers of population studies in Argentina, Colombia, Ghana, India, Kenya, Nigeria, Peru, Pakistan, the Philippines, Sierra Leone, South Korea, Tanzania, Thailand, Tunisia, and Uganda. The Council also provides demographic assistance to planning ministries for demographic projects in Algeria and Thailand. Other grants have been made to numerous university departments and study centers in the developing countries. The Demographic Division also conducts research on fertility, estimation of rates of population growth, population policy, and related topics. Demographic fellowships for 1971 have been awarded to 17 students from Africa, 7 from Latin America, 12 from East Asia, and 11 from the Near East and South Asia.

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 "microdose" progestin therapy administered by daily oral route or by means of progestins implanted subcutaneously within slow continuous-release capsules made of silastic. The progestin—in this instance, megestrol acetate—is being field tested both as an oral contraceptive in Brazil, Chile, Colombia, Guatemala, Mexico, Philippines, Taiwan, Korea, and Pakistan and as an implant in Chile, Brazil, Pakistan, and India.

In 1971, an extensive field trial of the Population Council's Endouterine Copper T device for the regulation of fertility was initiated. By the end of 1971, approximately 25 countries representing Europe, Asia, Africa, the Near East, and the Americas will be included within this field testing program. The Council's cooperative statistical program, now in its seventh year, is a main source of information on the comparative effectiveness of IUDs. A similar joint program for the study of abortion is being inaugurated in the United States. It will be the first source of nationwide data on morbidity associated with abortion, with special consideration of age and parity of women, operative technique, gestational age, and inpatient versus outpatient treatment.

The Pathfinder Fund

The Pathfinder Fund, a nonprofit public foundation, is a pioneer in the field of population planning. In fiscal 1971, Pathfinder conducted or sponsored over 80 projects, mostly in developing countries.

Pathfinder was established by the late Clarence J. Gamble, M.D., of Boston, Mass., who began family planning work in the United States in 1929. In the late 1940's, Dr. Gamble expanded his work internationally. His growing network of field representatives and programs became incorporated into the Pathfinder Fund in 1958.

Its purpose is to develop effective family planning activities which help solve the problem of excessive world population growth. It sponsors innovative family planning service programs, new approaches in research and development, population education and communications projects, and leader training and contraceptive distribution programs.

In the developing countries, Pathfinder has assisted local groups in forming family planning associations; encouraged new contraceptive clinical services directed by local physicians; sponsored

training programs for medical personnel; provided contraceptives, other supplies, and initial funds to clinics; and assisted local studies of the acceptability and effectiveness of present contraceptive methods. It also has provided informational and educational materials and audiovisual equipment, and developed population education curriculums for secondary school and university students.

As an outgrowth of its worldwide family planning activities, and particularly its introduction of IUDs in 1963, Pathfinder's International IUD Program was initiated in 1967 for the purpose of IUD evaluation. Since then, a cooperative network of 100 doctors in 40 countries has been developed.

The opportunity to develop, evaluate, and improve IUD technology has been provided through large-scale testing in connection with the bio-engineering field. Some 10 devices have been tested through the Program's compilation of use-effectiveness rates. Seven volumes of "IUD Performance Patterns," edited by Dr. Roger Bernard, have been published, as well as 140 statistical feedback reports sent to cooperating investigators as basic material for publications.

The Ford Foundation

The Ford Foundation, largest foundation in the world, has contributed substantial funding for population work, acting as a major aid pioneer in this field. Since 1952, it has committed over \$147 million for this purpose, and has been an important force in three areas concerned with problems of population: Research and training in reproductive biology and contraceptive development; 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 and contraceptive development, with some \$80 million in grants going primarily for fundamental research and training programs. Forty-two institutions in the United States, 22 in Europe, 13 in Asia, nine in Latin America, and seven in the Middle East, including Israel, have received assistance for their work in this field.

Grants totaling about \$17 million had been made by July 1971 to a dozen university centers focusing on population problems. While two-thirds of the Ford Foundation's population expenditures 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 pioneering 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.

Since the mid-1960's, 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 other grant recipients, such as the Population Council. Since 1959, aid to programs in Asia, particularly India and Pakistan, has amounted to more than \$19 million; to the Middle East and Africa, \$6.8 million; and to Latin America and the Caribbean, \$8.9 million. In Asia and Africa, the Ford Foundation is engaged in assisting family planning action programs and training and research. In Latin America, emphasis is on study of population problems and reproductive biology.

The Rockefeller Foundation

Although the Rockefeller Foundation has supported biomedical research in fertility control as early as the 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 more than \$45 million for population activities, including more than \$15 million in 1970. Appropriations and grants in this field in the first half of 1971 totaled \$1,735,599. In 1969, \$627,161 went to overseas-oriented projects; in 1970 the amount was \$788,000, and in the first half of 1971 that figure was \$764,501.

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 is making a major effort to stimulate basic research in reproductive biology.

An instance of this effort is the recent grant of \$5 million from the Ford and Rockefeller Foundations to the Population Council, which will enlist research workers from Brazil, Chile, Sweden, and Finland, as well as in the United States, in an International Committee for Contraceptive

Development. Each member of the Committee will undertake to investigate one or more of 15 promising leads in contraceptive development. After the members have completed their investigations, the Population Council will then make recommendations for further research support as needed.

Another instance is a Rockefeller Foundation grant of \$1,500,000 to the University of California at San Diego. A Division of Reproductive Biology was recently established there within its Institute of Developmental Biology and headed by the developer of the population program at Case Western Reserve University, which had Rockefeller Foundation support. Seven other specialists in reproductive biology have full-time, tenured appointments.

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 support of action-oriented programs.

Other recent major recipients of Rockefeller Foundation funds in the field of population and family planning include five universities in the United States, the University of Chile, the University of Indonesia, and the University of Valle in Colombia.

Population Reference Bureau

The Population Reference Bureau, founded in 1929, is a private, nonprofit organization working 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 problems created by this growth.

The Bureau publishes articles and periodicals for worldwide distribution in English, Spanish and Portuguese, including *Population Bulletins*, *Selections*, *Profiles*, the annual *World Population Data Sheet*, and *Poblacion*, a monthly newsletter (in Spanish and Portuguese). Recently the Bureau began publishing ancillary textbooks for primary and secondary schools. The first two are entitled, *People!* (for seventh-grade readers) and *This Crowded World* (for fifth-grade readers). The Bureau has begun to move more deliberately into the field of formal education. In 1970, it cosponsored the first private Workshop on Population Education for secondary school teachers ever held in the United States. In 1971, it is enlarging its population education program and plans to develop a newsletter for teachers and

teachers' aides and various other teaching materials.

The Bureau's Division of International Programs focuses primarily on the special problems of Latin America. From its regional office in Bogota, Colombia, it distributed books, articles and the monthly newsletter *Poblacion*. Radio, TV, and films are also used to tell the demographic story. *Children of the Barriada*, a social portrait in the photographic medium, by J. Mayone Stycos, was published in English, Spanish, and Portuguese in 1971.

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

Other important arms of the Bureau are its information office and library, which together serve scores of researchers, magazines, and newspapers and other individuals and institutions each week.

Population Crisis Committee

The Population Crisis Committee is a private, nonprofit organization established to promote public understanding and action in the face of the world population crisis.

Early in 1971 the Committee marked its sixth anniversary and observed that since its founding it has acted as a "catalyst for needed national and international action" and has worked to stimulate increased private and governmental activity in population programs in the United States and abroad.

The Committee works with concerned citizens in all walks of life and with leaders in business, the professions, science, religion, and government. Its aim is to reach an ever-widening audience through meetings, discussions, and the publication and distribution of educational and policy statements on population problems.

The Committee, in a January 1971 anniversary statement, made note of recent U.S. progress in population program interest and support: "Fewer than five U.S. Government employees were concerned with population on a fulltime basis when the Population Crisis Committee was organized in 1965. Today the number has risen to more than 500 Federal employees. Increasing concern by Congress and two Administrations has also resulted in larger U.S. Government expenditures for population programs—from about \$10 million in 1965 to about \$200 million this year."

The Committee has printed and distributed almost 3 million pieces of literature dealing with the world population problem. Officers of the Committee have been invited to testify on numerous occasions before 10 different Congressional committees.

Members of the Committee, through the Victor-Bostrom Fund, have marshaled private support for the worldwide family planning programs of the International Planned Parenthood Federation amounting to some \$9 million.

Working with the United Nations, members of the Committee helped the United Nations Fund for Population Activities gain pledges of \$15 million in 1970 and \$25 million in 1971.

Committee members have also been working with environmental-population groups to stimulate action on the problems created by the various interrelationships between man and his environment.

Committee publications include a regular Washington newsletter, covering important developments in the population field, and the Victor-Bostrum Reports for the International Planned Parenthood Federation, which deal with current international developments.

As the Committee's operations have expanded, so have its expenses, which now total about \$490,000 a year. All funds are donated by private and other nongovernmental sources.

Church-Related Groups

Church World Service

Church World Service is supporting cooperative family planning activities in 600 of the approximately 1,200 church-supported hospitals in more than 40 of the developing countries. It has been receiving substantial commodity assistance for its Planned Parenthood Program in the developing countries through the Pathfinder Fund. The value of literature and materials, including contraceptives made available in 1970, was more than \$1 million. The largest CWS family planning program is carried on in India, where 435 church-related hospitals are cooperating. Church World Service also maintains a Caribbean consultancy program for West Indian church groups.

In July 1971, CWS began a program of expansion with assistance from A.I.D. which will greatly increase the effectiveness and outreach of its

program. Through the Planned Parenthood Federation, technical staff and material support will be given in program development and administration, medical and paramedical standards and practices, patient-oriented motivation, and training and manpower development. The expanded program expects to make available a larger volume and wider diversity of materials.

Lutheran World Relief

Although Lutheran World Relief has shipped family planning supplies to missionary hospitals for many years, it was not until 1964 that a special family planning project received financial underwriting. At that time Lutheran World Relief began providing funds to Korea for a mobile medical unit, which served as a pilot family planning program

in rural areas. This was followed by funds for family planning seminars, including travel grants to ensure participation of rural leaders.

Beginning in 1967, funds were authorized for family planning projects in India. Currently, the work is based at Bethesda Hospital in Ambur and aims to expand family planning services by focusing on all mothers, plus fathers with three or more living children, reached by the hospital primarily through the maternity unit and the outpatient department.

Lutheran World Relief continues to give regular help to Taiwan Christian Service for its family planning work, as carried on in the low-cost housing developments in Taipei.

Mennonite Central Committee

The Mennonite Central Committee has family planning activities in Indonesia, India, South Vietnam, and to a more limited extent in Haiti and Paraguay. In all of these countries family planning work is being done in conjunction with a broader medical program. In most of these countries MCC is

cooperating with the Planned Parenthood program of Church World Service.

Unitarian Universalist Service Committee

The Unitarian Universalist Service Committee, a private, nonprofit, nonsectarian organization, uses a multidisciplinary, multidimensional approach in its international programs, with family planning conjunction with maternal and child health services a major and emphasized component. Family planning is being developed in its Nigerian program. Most notably it has been the focus of the Committee's program in Haiti, which began in March 1966 and was reorganized in January 1969 into a family planning field laboratory in urban and rural settings. The Haitian Government, in cooperation with the Pan American Health Organization, has now absorbed the urban component as a first step in building a national program. Two new health projects, in Togo and Zambia, are also structured for the eventual inclusion of family planning components.

Other Private Groups

World Neighbors

Since 1952, World Neighbors has been engaged in self-help programs of community development in the villages of the developing nations. Program emphasis have been on food production, literacy, public health, village industries, and leadership training. Although family planning has always been a part of the programs, since 1964 (when the IUD became available), it has become second only to food production in emphasis. Currently World Neighbors has self-help programs in 21 nations in Asia, Africa, and Latin America.

World Neighbors has allocated approximately 23 percent of its overseas budget to family planning, for a total expenditure in fiscal 1971 of \$149,311.

A newly established Production Center at the WN headquarters is developing new materials for village-level use by workers and volunteers. Among materials completed during the year were a series of three filmstrips on communication and a Visual Aids Tracing Manual stressing family planning and food production. A number of family planning and public health filmstrips and training guides are underway. During the past year, WN shipped special audiovisual "packages" — motion picture and slide/filmstrip projectors, generators, tape recorders, films, and

slidesets — to 23 project areas in 10 countries. As new films and filmstrips become available, additional shipments will be made.

CARE

CARE provides food for use in connection with family planning activities, for example, for tubectomy and vasectomy patients, in India and plans to extend this program to other countries. In addition, CARE has proposed a project in Korea, whereby family planning will play a role in an integrated program through child day care centers.

CARE is currently exploring the possibility of developing family service centers—rural-based multipurpose centers that would provide a range of family services. These services would include maternal and child health care training, basic health services, family planning, supplemental child feeding, and nutrition education. This combination of services, CARE believes, would help to combat the factors responsible for continued high birth rates.

Operation of the family service centers would be reinforced by CARE's broader based self-help programs that seek to improve the quality of village life through such projects as village water supply and low-cost housing. Implicit in CARE's emphasis on rural development is recognition of the relationship

between the quality of life and the motivation of people to limit family size.

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.

Oxfam

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

Between February 1965 and April 1971, approximately \$537,000 in Oxfam assistance went to programs in Asia, Africa, and Latin America, including nearly \$102,000 in 1970-71. Further commitments from May 1971 total over \$129,000.

Oxfam of Canada

Oxfam of Canada, sister organization of the British Oxfam, was established in 1963 and is one of the largest volunteer organizations in Canada

providing aid to the less developed countries. Although autonomous, it is under the patronage of Canada's Governor-General.

Between 1966 and 1970, grants for family planning activities totaled about \$192,000. These grants were made largely to national planned parenthood associations. One exception was a grant of \$110,000 to the Christian Medical Association of India to help meet running costs over a 3-year period. Other family planning assistance has gone to programs in Asia, Africa, Latin America, and the Caribbean.

Milbank Memorial Fund

The Milbank Memorial Fund's work in population began in 1928 when its Division of Research was established. Exploring first the question of differential fertility according to socioeconomic status, it proceeded to investigations of the prevalence and effectiveness of contraceptive practices and then to studies of the social and psychological factors affecting fertility. In 1928, the Fund agreed to support the International Union for the Scientific Study of Population Problems for its initial 5 years. In 1936, the Fund helped to establish the Office of Population Research at Princeton University, to which it continues partial support.

Multilateral Agencies

The United Nations and Its Specialized Agencies

On the basis of resolutions adopted over the past several years, all major U.N. agencies have authority to undertake action programs in population and family planning.

During 1970, these agencies continued to develop and pursue operational programs with financial support from the United Nations Fund for Population Activities (UNFPA). This Fund was established by the Secretary-General in 1967 to finance an expanded U.N. program in population/family planning.

The Population Fund has stated its purpose as:

- Extending systematic and sustained assistance to member countries seeking aid in assessing and coping with population problems;
- Aiding governments in promoting an awareness of population problems and of the social and economic implications of population trends;
- Giving organizations within the U.N. system the means of providing more efficient and effective assistance in planning, programing, and implementing population projects in accordance with their respective mandates.

During 1969, the Secretary-General turned over management of the UNFPA to the Administrator of the United Nations Development Program (UNDP), the central technical and development assistance agency for the U.N. system. The UNFPA has a specific assignment to assist requesting countries, promote awareness of population problems and the social and economic implications of population growth, and to assist U.N. organizations to provide assistance in population matters within their specific mandates.

In 1969, nine donors pledged over \$5 million to the UNFPA, with a major part coming from the United States. In 1970, 24 donors pledged over \$15 million, with the United States again a major contributor. Many of the pledges were received only in the closing weeks of 1970. Nevertheless, during the year the UNFPA allocated \$6.7 million for some 200 separate projects.

A World Population Conference will be held in 1974 under United Nations sponsorship, with participation by member states and the specialized agencies. It will be devoted to "consideration of basic demographic problems, their relationship with economic and social development, and population

policies and action programs needed to promote human welfare and development."

Also, 1974 has been designated by the United Nations as World Population Year. The purpose will be to focus international attention on population problems and efforts to find solutions, and to encourage cooperative activities. The General Assembly has invited member states to participate fully in the context of their policies and capacities.

Accelerating expansion

For 1971, the UNFPA anticipates allocations of \$30 million. The United States has again agreed to provide matching funds. The UNFPA supports projects proposed by national governments and by the specialized agencies and other bodies of the U.N. A field staff of a dozen population program officers assists developing countries in identifying and preparing projects for financing by the UNFPA or by other sources of external assistance.

The Population Division, within the U.N. Secretariat, is continuing its traditional program of demographic research and projections, technical information services, and support for conferences and technical meetings, funded from the regular budget of the United Nations. In addition, the Population Division serves as an executing agency for the UNFPA to provide technical assistance to countries, on request, in areas within its competence, including demographic research, censuses, and vital statistics.

In 1970, the Population Division supervised over half, by value, of all UNFPA funded projects. In 1971, however, the specialized agencies, other U.N. bodies, and national governments are receiving the larger proportion of UNFPA project funds.

The UNFPA also gives support to the expanded population programs of the U.N. regional economic commissions for Africa, Asia and the Far East, and Latin America, to the activities of the Demographic Training and Research Centers at Bombay and Cairo, and to the Center for Demographic Studies in Santiago.

The specialized agencies

The World Health Organization (WHO) plays a key role in the U.N. family planning effort. The WHO has a mandate to work in the health aspects of human

reproduction and in family planning and population dynamics, and has begun to assist countries in the development of family planning activities within health services. During 1970, WHO received \$1.5 million from the UNFPA with which to implement projects. For 1971, the UNFPA estimates WHO will receive \$8.5 million. WHO projects funded in 1970 and during the first 6 months of 1971 include assistance to national family planning programs, including training health personnel, research in health education, evaluating fertility control methods, registering pregnancies, and establishing health standards. Other WHO projects include convening national and regional meetings, seminars, and working groups covering a wide variety of family planning activities; providing consultants upon request; and establishing documentation and reference centers.

The United Nations Children's Fund (UNICEF) has provided assistance to family planning since 1967 as part of its maternal and child health programs. This assistance has been in the form of vehicles, equipment and supplies, salaries for teaching staffs, and stipends for trainees. As a result of an Executive Board decision in 1970, UNICEF is also able to furnish contraceptive supplies to countries on request.

During 1970, UNICEF received \$700,000 in UNFPA funds; for 1971 the figure is estimated at \$4.8 million. UNICEF projects include assistance to national governments in developing the broad family planning/population aims stipulated in its national development plan; provision of contraceptive supplies; and in cooperation with other agencies helping to organize national family planning services.

The United Nations Educational, Scientific, and Cultural Organization (UNESCO) has also accelerated its population/family planning activities from \$400,000 worth of UNFPA-financed projects in 1970 to an estimated \$1,500,000 in 1971. These projects stress such aspects of national programs to encourage family planning as training in the use of mass communications, development of population

To improve the quality of life and enhance individual opportunity, the present increase of world population—which adds 75 million hungry mouths every year—must be checked. Eventually, the earth and its resources being finite, the human race must limit its growth to zero. As a first step, every country in the world might adopt the commitment to cut its own rate of growth in half before the year 2000. As this is accomplished—through private organizations, national programs, and international assistance, under U.N. leadership and with full U.S. support—all the peoples of the world will benefit.

William H. Draper, Jr.
U.S. Representative
U.N. Population Commission

education materials, and the compilation of projections concerning requirements for education in the context of demographic trends.

The International Labor Organization (ILO) has a mandate in the population field to promote information and education activities on population/family planning, to conduct policy-oriented research on the demographic aspects of social policy in such fields as employment promotion and social security, and to stimulate the participation of social security and enterprise-level medical services in family planning. The value of UNFPA allocations for projects executed by the ILO is expected to double from \$300,000 in 1970 to an estimated \$600,000 in 1971.

The Food and Agriculture Organization (FAO) is becoming involved in the population field in two areas: Research into the implications of population trends for agricultural development and integration of family planning into home economics education programs. The value of UNFPA-funded activities rose from \$200,000 in 1970 to about \$500,000 in 1971.

World Bank

Following establishment of a Population Projects Department in fiscal 1969, the World Bank Group has become increasingly active in population program assistance.

The first population program loan (\$2 million) of the International Bank for Reconstruction and Development was made to the Government of Jamaica in June 1970 to help develop a postpartum

family planning program. The loan is financing construction of rural maternity centers and a 150-bed wing at a Kingston hospital.

The Bank made its second such loan (\$3 million) to Trinidad and Tobago in May 1971, to help construct various types of health facilities, a family planning institute, and training centers, and to give technical assistance. The total cost will be \$4.6 million.

The International Development Association (IDA) entered the field for the first time by extending credit (\$4.8 million) to Tunisia in March 1971. The funds will be used to build medical facilities and a paramedical school, as well as to provide technical assistance. Technical assistance elements for Tunisia, as well as for Trinidad and Tobago, include program evaluation, management family life education, manpower utilization, and training of family planning workers.

The Bank looks on its support to population programs as a logical extension of its activities in the field of economic development. It is aware that during the last decade, less developed nations have achieved some of the highest economic growth rates in their history but too often the benefits to individuals and to the nation have been lowered or even wiped out by excessively rapid population expansion. Allocating Bank resources to population programs has the intended effect of helping development programs to yield their intended benefits.

The Bank has in preparation a series of population projects, in addition to the three currently financed, and the volume of lending to such projects will rise. As envisioned when the Bank Group committed itself in this field 3 years ago, however, its principal contribution will continue to be technical assistance. The Bank has sent population program missions to seven countries, including some of the largest and most populous, to appraise and advise.

Projects are being developed only in certain countries where population policies have been adopted. In others, the Bank has reviewed the impact of population on socioeconomic development.

The Bank recognizes that for it to be effective in population assistance, there must be commitment on the part of the government concerned. Such commitment still is not common in a number of areas, including some where population growth is having its most retarding effects. Where it does exist, the potential benefits of population programs are great and the Bank or IDA can help to realize them.

Colombo Plan

A population office has been established within the Colombo Plan Bureau in Ceylon, with local staff and facilities. Population program assistance is available to 24 member nations. Though small, the program can work in areas not now covered by A.J.D. programs and can supplement U.S. and other donor assistance in those areas where the multilateral approach appears to be more feasible and desirable.

Since 1968, the Colombo Plan population program has had the assistance of a U.S. population specialist, supplied by the U.S. Government. The specialist assisted in setting up the program's office in Ceylon. He serves as a catalyst in stimulating Asian

leadership interest in the population program and as a coordinator with U.S. assistance programs.

Considerable progress is reported in the field of population education. A current activity includes the initiating of population education programs through liaison with government officials of host countries and through creation of workshops to train host country teachers in the development of educational supplements for use in pilot projects in elementary and secondary schools. Workshops have been initiated with national approval in the Philippines and Indonesia, and new workshops are projected for 1971-72 in Ceylon, Malaysia, and Iran.

The Organization for Economic Cooperation and Development

The Development Assistance Committee (DAC) is the agency within the Organization for Economic Cooperation and Development (OECD) that is primarily responsible for coordinating policy for economic assistance by developed nations.

The need to curb rapid population growth has been increasingly recognized by the DAC as an essential element of development programs. On the recommendation of the DAC, the OECD Council in April 1968 authorized a population program to be

carried out by a Population Unit within the OECD Development Center.

The objectives of the population program are:

- To make member countries aware of the significance of population growth as it affects economic development and to take this factor into account in drawing up assistance policies;

- To call the attention of donor and recipient countries to the latest developments in the population field and provide measures which will help

the DAC to coordinate bilateral and multilateral activities in the field; and,

- To put assembled family planning information at the disposal of the interested countries and facilitate the carrying out of an effective dialogue between developed and developing countries.

In pursuit of these objectives, a number of activities have been initiated. Meetings include three conferences of administrators of population assistance programs, a conference on relationships between aid donors and aid recipients, two regional meetings on African population matters, and 15 other conferences relating to population and family planning. A multiyear population research plan has been outlined and a limited research effort is underway, including a project for which funding is shared with the Population Council. Technical advice is given to planning efforts by the United Nations Fund for Population Activities and the Fund's

coordination efforts have been facilitated. Various information materials have been issued, including: *Population, International Assistance and Research* (1969); *The Role of International Assistance in Population Programs* (1969); *International Assistance for Population Programs: Recipient and Donor Views* (1970); and *Family Planning Programs in Africa* (1970).

The population program is funded by special contributions from DAC member governments. For the period following its establishment in April 1968 through 1969, the program was supported by Sweden (\$109,000), the United States (\$109,000), and Norway (\$15,000). In 1970, Belgium, Denmark, the Federal Republic of Germany, Norway, Sweden, Switzerland, the United Kingdom, and the United States provided \$214,000. In 1971, these countries and Canada contributed \$225,000. Prospects indicate continuation of the program for at least 2 more years.

Other Governments

Sweden

Family planning has been assigned the highest priority in Sweden's development aid program. Extended through the Swedish International Development Authority (SIDA), this aid has grown from a single project in Ceylon in 1958 to assistance in materials, finances, and personnel to numerous developing countries. Disbursements for 1969-70 amounted to approximately \$5.1 million and are estimated to reach \$7.0 million for 1970-71. Allocations for 1971-72 total \$11.5 million. The share of Sweden's bilateral aid spent on family planning has increased from a few percent in the early 1960's to some 12 percent today.

SIDA has provided supplies and equipment to Algeria, Ceylon, Chile, Colombia, Costa Rica, Cuba, El Salvador, Ethiopia, Guatemala, India, Indonesia, Iran, Kenya, the Republic of Korea, Malaysia, Mauritius, Morocco, Nepal, Pakistan, Tanzania, Trinidad and Tobago, Tunisia, Turkey, and North Vietnam. In four of these countries—Ceylon, Kenya, Pakistan, and Tunisia—SIDA has also provided expert personnel to assist government programs. In future years a concentration of SIDA's bilateral aid to a smaller number of countries is envisaged.

Sweden has a special arrangement whereby governments and organizations can buy contraceptives at reduced prices made possible by SIDA's volume purchases.

Sweden also provided multilateral assistance. Yearly allocations for the budget of the International Planned Parenthood Federation help to support training, information, clinical, and research activities in various countries. In fiscal 1970-71 the contribution amounted to roughly \$1 million. To promote population and family planning activities within the U.N. system of organizations, Sweden has contributed to the United Nations Fund for Population Activities, WHO, UNESCO, and UNICEF. SIDA also helps to finance the population activities of the OECD Development Center, the World Council of Churches, and the International Union for the Scientific Study of Population.

In the area of family planning education, Sweden has contributed to conferences and seminars in Santiago, Bandung, Bangkok, Dacca, and other cities, and has provided grants and fellowships. Assistance has also been given to the Medical Faculty of the University of Stockholm (Karolinska

A gift from Swedish women, this mobile clinic offers family planning services to the mothers of a village in North India.



Institutet) for research in human reproduction. SIDA has financed a WHO feasibility study for further research in this field which has resulted in a proposal

for an expanded program of research and research training in human reproduction. Strong Swedish support for this scheme is expected.

Denmark

The first official Danish Government grant for family planning assistance was made in September 1966. This was in the amount of \$25,000 and covered traveling expenses for participants from developing countries to the IPPF World Congress in Chile. Soon after a special committee was appointed to study possibilities of additional areas of assistance.

During the years that followed, the Danish Government has provided bilateral assistance to India, Thailand, Uganda, and the United Arab Republic. It has provided multilateral assistance to the International Planned Parenthood Federation, the International Union for the Scientific Study of Population, the OECD Population Unit, and the United Nations Fund for Population Activities. Also, it supports contraceptive research and provides family planning courses for students from developing countries who are studying in Denmark and for Danish volunteer workers assigned to developing countries.

Denmark has granted a total of \$807,000 to the IPPF, both for special projects and for its general program. Special projects have included an expert

study team to West Africa, clinic services in Brazil and Mexico, and an interregional seminar in family planning communications.

Denmark has granted a total of \$55,000 to the IUSPP to help defray travel costs of participants from developing countries to the Union's conference in 1969; to help support work of the Union's Committee on Economics and Demography; and to help finance the Union's forthcoming African Regional Conference in Dacca in December 1971.

Denmark contributed \$30,000 to the Population Unit of the OECD Development Center during the last 2 years and \$400,000 to the UNFPA during the 1967-71 period.

In India, Denmark financed a pilot study during 1967-68 to see whether a Danish intrauterine device, the Antigon, would be suitable for use in the Indian family planning program. Additional funds were provided in 1969 to develop and further improve the device.

In 1971, Denmark granted \$827,000 to India to support construction of a new building for the National Institute of Family Planning in New Delhi.

Federal Republic of Germany

The Federal Republic of Germany considers the population problem very important for both developing and developed countries. It shares the United Nations view that it is a human right for every family to decide how many children it wants. The country endorses the recommendations of the Pearson report on this subject in which family planning is seen mainly as a question of education.

Germany is ready to assist family planning activities in developing countries if requested to do so by their governments. The emphasis is on aid in support of, not as a substitute for, each country's own efforts. The support is limited to programs that are entirely voluntary. The Federal Republic feels that assistance should be given on a multilateral basis, though not to the exclusion of bilateral aid, and that it should preferably be granted through cooperation with private organizations working in the field of population/family planning. This general policy guideline was confirmed by a cabinet decision on

February 11, 1971. This decision summarizes the development policy concept of the Federal Republic of Germany for U.N.'s second development decade.

In 1971, the Federal Republic of Germany allocated, as it had done in 1970, \$1.5 million to the United Nations Fund for Population Activities. In January 1970, United Nations Secretary U Thant appointed the German Federal Minister for Economic Cooperation, Dr. Erhard Eppler, to the Funds Advisory Board. Other financial support has gone to the United Nations Development Program, which was granted \$250,000 in 1969, and to the population group in the OECD Development Center. The first contribution on a project basis was given in 1971 in support of a multifunctional training and research center in Tunis. German allocations to this project, which is executed in cooperation with WHO and with the Tunisian and German affiliates of IPPF, amount to \$210,000 for 1971-73. Expanded activity in cooperation with IPPF is under consideration.

Japan

The Japanese Government assists international family planning through support of IPPF and UNFPA. It also gives direct family planning aid as part of a medical assistance program to Asian countries that request it.

The Family Planning Federation of Japan, established in 1968, has supplied contraceptive materials, microbuses, printing materials, and other commodities to Indonesia, Korea, Nepal, and Taiwan.

Japan's Overseas Technical Cooperation Agency, the Family Planning Federation, and other cooperators have held seminars on family planning for doctors, nurses, and Government officials from Southeast Asian countries. Such a course in 1970 drew participants from Ceylon, Indonesia, Malaysia, Philippines, South Vietnam, Taiwan, and Thailand.

In 1970, Japan contributed \$1.5 million to support the work of the UNFPA.

The Netherlands

The Government of the Netherlands has contributed to the United Nations Fund for Population Activities and is providing some \$1.7 million to assist family planning activities in Pakistan, Kenya, Tunisia, and Indonesia. The Government does not expect to continue its bilateral assistance in family planning after existing programs end but instead will extend such assistance through multilateral organizations.

The Netherlands 1968-71 budget for Pakistan's family planning work, totaling \$364,000, has a principal purpose of financing experts and equipment for research into attitudes and motivation.

The 1968-72 budget for Kenya, totaling \$588,000, supports training of medical personnel in

family planning, equipment, and a statistician/demographer for campaign evaluation.

The 1968-72 budget for Tunisia, totaling \$238,000, supports personnel and equipment.

The Netherlands has made two separate grants to Indonesia. One grant, totaling \$26,000, for 1970-72, will help a training institute finance its medical doctors, paramedical personnel, and social workers. (This is being done in cooperation with the Indonesian Planned Parenthood Association and the Indonesian Government.) The other grant, totaling \$254,000, also for 1970-72, will help finance a 4-year research project in the field of social and clinical research, performed by two Indonesian universities and the National Family Planning Institute.

Norway

The Norwegian Agency for International Development (NORAD) has since 1970 aimed at allocating to family planning activities in developing countries about 10 percent of the total official Norwegian development aid budget. The assistance is channeled both through multilateral organizations and bilateral programs. The bilateral aid will mainly go to those countries where the Norwegian bilateral aid program in general is concentrated. However, contributions to other countries can be considered.

In 1971, NORAD granted \$1.5 million to the United Nations Fund for Population Activities, \$775,000 to the International Planned Parenthood

Federation, and \$30,000 to the Population Program of the OECD's Development Center. Under the bilateral program \$1.1 million was granted to the Postpartum Family Planning Program in India.

It is envisaged that in the future NORAD will also be allocated to contraceptive research and other research and training programs in fields of importance to the population problem as well as to regular family planning activities.

Particular emphasis is placed by NORAD on the need for close and continued international coordination, particularly through exchange of information between all interested countries.

The United Kingdom

The United Kingdom has been extending population program assistance since 1964, both bilaterally and multilaterally.

In addition to earlier contributions to the U.N. Fund for Population Activities, the United Kingdom

announced early in 1971 a new grant of \$1.4 million. The Government has been expanding its contributions to the International Planned Parenthood Federation and has announced a 1971-72 grant of \$660,000. Also, a contribution of \$25,000 is

being made in 1971-72 to the OECD Development Center.

In 1970, the United Kingdom offered to provide housing and share in the costs for a proposed U.N. International Population Institute, and the U.N. Feasibility Mission has recommended favorably on the offer.

Bilateral assistance in population programs has been given by the U.K. to the Dominican Republic, Fiji, Ghana, Gilbert and Ellice Islands, India, Indonesia, Iran, Kenya, Mauritius, and Pakistan. Support is given to population research being conducted in Hong Kong and Singapore.

A Population Bureau set up in 1968 by the Ministry of Overseas Development acts as a center for launching assistance to family planning programs overseas. The Bureau encourages training and research, helps to provide operational and advisory personnel for overseas programs, and generally tries to foster interest aimed at attracting personnel for these programs. The Bureau was instrumental in establishing a fertility research unit (for research into decision-making processes in family limitation and birth control practice) and a graduate course in medical demography at the London School of Hygiene and Tropical Medicine in 1970.

Canada

Following repeal in 1969 of legislation that made it illegal to advertise or encourage use of contraceptives, the Government of Canada has entered the family planning field, at home and abroad.

In December 1970, the Government announced its first official support for family planning activities abroad. The Canadian International Development

Agency is to contribute \$4,250,000 for such activities during the 1970-72 period. The budget calls for \$1,250,000 for the IPPF and \$3 million for the U.N. Fund for Population Activities.

Canada's assistance to overseas family planning and population programs will be carried out through its International Development Research Center.

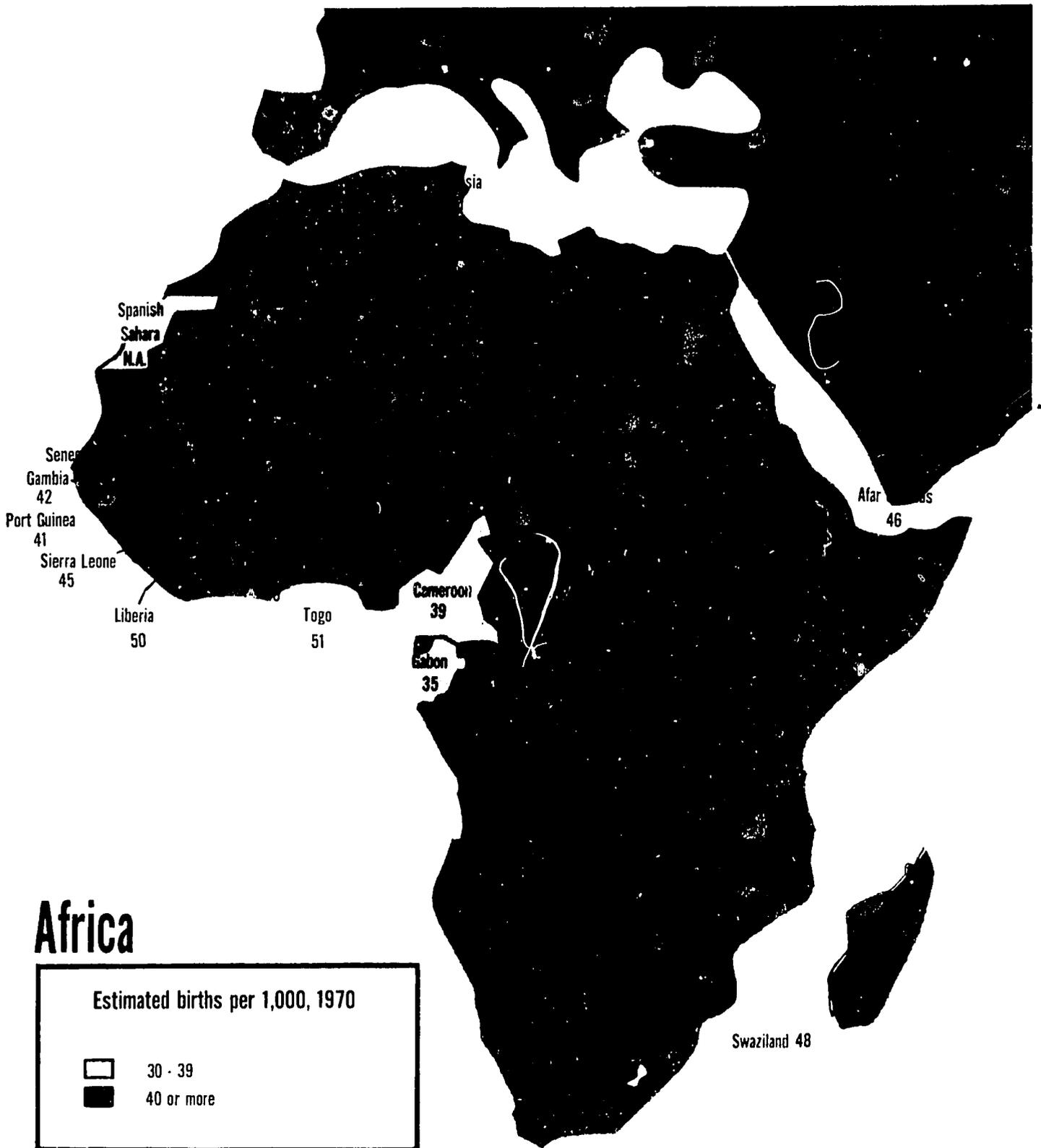
Africa

UZAZI WA MFULULIZO



Ni hasara kwa baba mama na watoto.

The voluntary family planning program in Tanzania tells in this poster of the happier families that result from child spacing. A number of African governments are giving support to family planning activities.



Africa

Living on a continent that has a quarter of the earth's surface and less than one-tenth of its people, many Africans find it hard to believe that population growth poses a significant problem to them. Yet population growth without commensurate economic development and expansion of social services has already created severe problems.

Africa's birth rate of 47 per 1,000 per year is the highest of all the continents, and its population of an estimated 318 million on January 1, 1971, could double in 27 years at the current growth rate. The mortality rate of 21 per 1,000 is the highest of any region in the world although it is declining with the expansion of health and sanitation facilities. The rate of growth—only 1.4 percent in the 1920's—is now 2.6 percent per year. Nearly half the population is under 15 years of age—children that need to be fed, clothed, housed, educated, and eventually employed.

The economic and social development needed to support a growing population is slow in coming. With an average per capita gross national product of \$184, Africa has many people living on the edge of subsistence, some in remote rural areas, others caught up in the vortex of urbanization that has touched many parts of the continent. Africa's urban population is growing at the rate of 5 percent annually. Thus, many countries on the continent are having a difficult time meeting the economic and social needs of both rural and city dwellers.

For example, the absolute rate of growth of gross national product in the less developed countries of Africa from 1960 through 1969 was 4.2 percent. Population growth reduced this favorable rate to 1.8 percent per capita. Further, recent census results have indicated that the rate of population growth may well be higher than previously estimated.

Africa's potential resources for agriculture and industry are impressively large. However, very large investments of capital will be required, and over long years, to enable significant realization of their potential. And Africa's accumulation of the required capital (savings) must necessarily be a reflection of the region's balance between its present population and productive resources available.

Difficult agricultural conditions further complicate Africa's population problems. In many cases, food production has not kept pace with population growth. A survey of 31 African countries by the U.S. Department of Agriculture shows that the index of per capita agricultural production has actually declined since 1961-65 in 13 of them.

Other important difficulties are also being encountered with regard to employment opportunities and the provision of adequate public services and facilities.

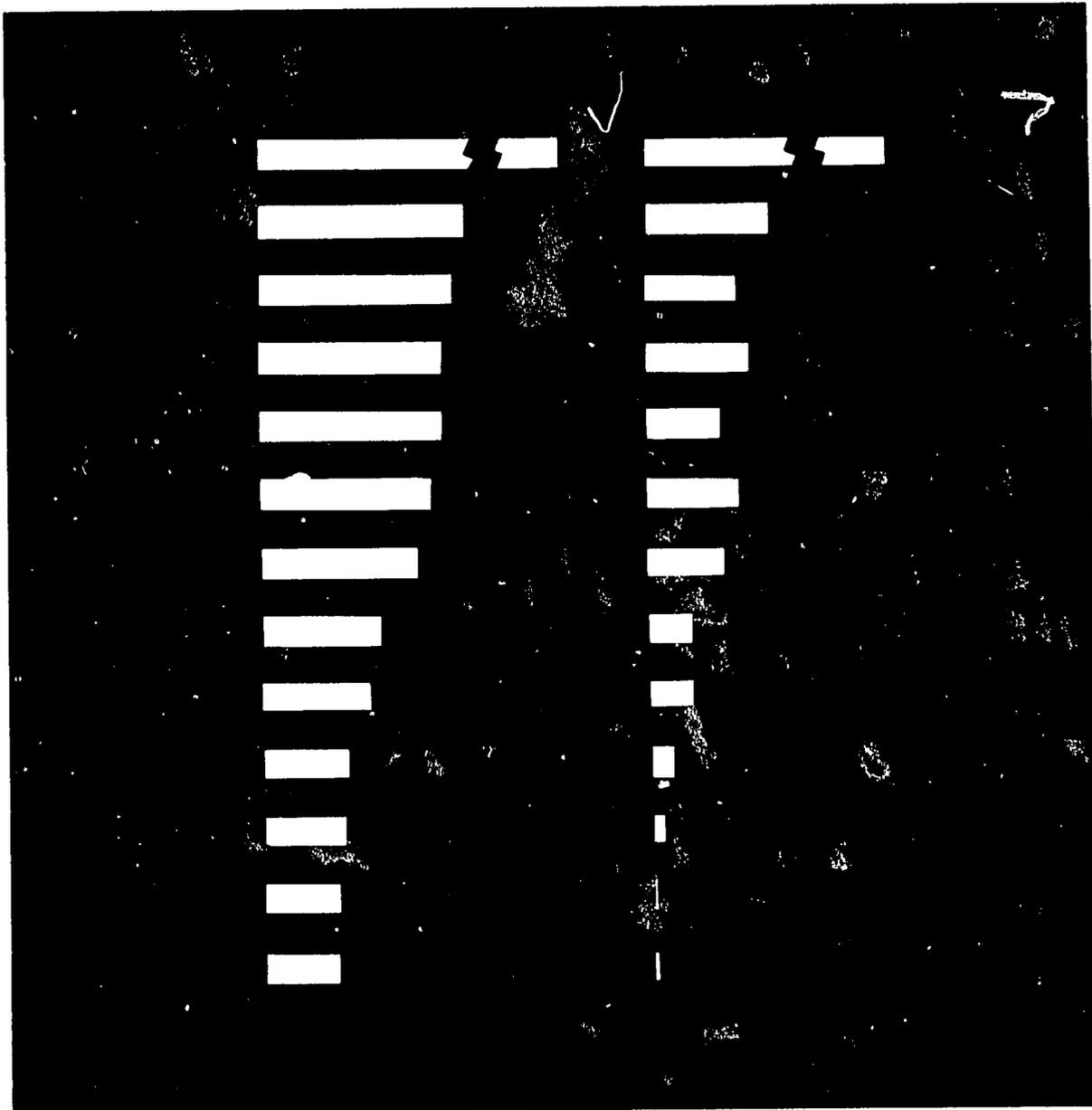
African awareness of the implications of rapid population growth is increasing. So is the readiness to go from awareness to action. Some countries with existing population programs have expanded and accelerated them. In other countries the pressure of population growth on their already extensive problems of economic and social development has encouraged the adoption of various measures aimed at lowering population growth rates and at spacing births to benefit the health of mother and child and to improve the quality of life for all the people. A few countries once opposed to family planning now show an interest or have asked for some aid.

Governments of black African countries for the greater part either support family planning programs or permit such efforts to exist under private auspices.

A significant development in the field of African population is the emergence of the Economic Commission for Africa as a force in African awareness and action on the population problem. (Membership in the ECA, one of the regional commissions of the United Nations, comprises virtually all independent nations of Africa.) The ECA has an expanding population program, supported by the U.N. Fund for Population Activities, with most of its phases concentrated in the ECA Population Program Center in Addis Ababa. Among the Center's functions are assistance to governments, on request, in organizing research, training, and operational population programs, and preparation of reports and studies on demographic aspects of population.

Responding to the need for fuller and more accurate demographic data for Africa, the ECA, in cooperation with statistical and population units of the United Nations, organized a Consultative Group on African Census Programs. Purpose of the group, which first met in Addis Ababa in January 1971, is to formulate a comprehensive program for the collection and analysis of population data in Africa.

An event of importance for the future course of African population programs is the African Population Conference in Accra, Ghana, during December 1971. First conference of its kind in Africa, it is sponsored jointly by the ECA and the International Union for the Scientific Study of Population (IUSSP), with the cooperation of the International Planned Parenthood Federation (IPPF).



The conference will deal with all aspects of population trends and their implications for development.

A.I.D. assistance

A.I.D. assistance to population and family planning activities in Africa is geared to improving the quality of people's lives. Under this general goal, A.I.D. is providing support on two fronts: To family planning programs, as integrated components of maternal and child health services, where emphasis is on the relationship between child spacing and better health for both children and mothers; and to demographic and statistical programs, through which

countries can be assisted to collect and analyze demographic data and to incorporate demographic considerations into development plans.

A.I.D. assistance is extended directly to country programs or through regional and interregional projects, including grant agreements with such organizations as the Pathfinder Fund, the Population Council, and the IPPF. In order to provide greater flexibility in assisting population and family planning activities in Africa, a special Population Activities Fund was established in fiscal 1971. Administered under the self-help concept, the Fund permits U.S. ambassadors in countries not receiving U.S. Government assistance through bilateral aid programs to

respond to requests for assistance in carrying out relatively small population-family planning activities which the host country would otherwise be unable to finance; \$96,494 was expended in fiscal 1971.

A.I.D. obligations for bilateral assistance in fiscal 1971 amounted to \$2,179,471. The requesting countries included Ethiopia, Ghana, Kenya, Liberia, Morocco, Tunisia, and Uganda.

Also in fiscal 1971, A.I.D. obligations for regional projects amounted to \$5,602,328. This included support for census and demographic studies, maternal and child health extension, training and research in maternal and child health and family planning, and for Population Council activities in the population studies field.

These regional projects include:

- Development by the U.S. Bureau of the Census, working closely with concerned countries, appropriate U.N. organizations, and other donors, of new approaches to obtaining census and demographic data adapted to the limited finance, personnel, and logistic capabilities of many African countries; \$15,000 was allocated for short-term consultants to initiate this project in fiscal 1971.

- Initiation, with interested governments, of a number of pilot activities designed to test new ways of providing integrated maternal and child health and family planning services in rural areas, using existing minimal health facilities; \$1,414,000 was allocated for this project in fiscal 1971.

- Teaching family planning and related subjects in curriculums of health training institutions, to be introduced at first in a few interested medical and paramedical training institutions. (Some of these institutions have begun to teach these subjects as part of the regular curriculum.)

- Assistance to universities desirous of introducing interdisciplinary instruction and research on population questions into their regular curriculums and research programs. This will meet the broad interdisciplinary interests of African students and leaders who are becoming concerned with development problems—among them economists, sociologists, political scientists, statisticians, public health experts, and others; \$1,034,000 was allocated for this project in fiscal 1971.

- Assistance in the establishment by a group of U.S. universities of a Training and Research Center in Maternal and Child Health/Family Planning at Meharry Medical College, Nashville, Tenn., aimed at provision of a wide range of professional assistance in developing and strengthening integrated maternal and child health family planning services in Africa; \$1,375,000 was allocated for this project in fiscal 1971.

Substantial assistance to population/family planning programs in Africa is a relatively new development for A.I.D. Prior to 1968, A.I.D. assistance was limited primarily to support for demographic research and training. That year marked the initial acceleration of the Agency's assistance to include maternal and child health programs and other population activities. For fiscal 1971, A.I.D.'s obligations for regional and country programs totaled almost \$8 million. This compares with AID's fiscal 1970 allocation of nearly \$2.7 million for family planning and population assistance — and with only \$10,000 in 1965.

A.I.D. funding for assistance to population and family planning activities in Africa since 1965 is given in the accompanying table.

A.I.D. POPULATION PROGRAM SUPPORT, AFRICA

Project	Fiscal year				
	1965-67	1968	1969	1970	1971
	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Country projects ...	23	404	983	2,484	2,091
Regional projects ...	30	259	457	179	5,695
Total	53	663	1,440	2,663	7,786

Other assistance

Private foundations and organizations, agencies of other governments, and international organizations are actively engaged in assisting population-related activities in Africa. Their assistance covers a wide range of population/family planning activities, from provision of contraceptives, vehicles, and clinic equipment to support of family planning organizations and aid to demographic and statistical programs.

The International Planned Parenthood Federation provided approximately \$1.5 million in grants during 1970 to support family planning work in some 17 African countries. The Federation has a regional office in Nairobi, Kenya, and a resident representative for West Africa based in Accra, Ghana. Special projects in the field of family planning education have included the production of a film in Nigeria and the appointment of an information and education advisor, stationed in Nairobi, to work with African family planning associations to develop education programs. Among other IPPF activities in Africa during 1970 was a family planning communications workshop in Accra.

The Population Council provides technical assistance, financial support, fellowships, and related assistance to institutions and individuals in a number

of African countries, in demography and family planning. It is providing resident advisors to the Governments of Kenya, Tunisia, Morocco, and Algeria and to colleges in Kenya, Uganda, Tanzania, Nigeria, and Sierra Leone. A regional advisor for technical assistance activities is based in Accra. The current level of spending by the Population Council in Africa is just over \$1 million per year.

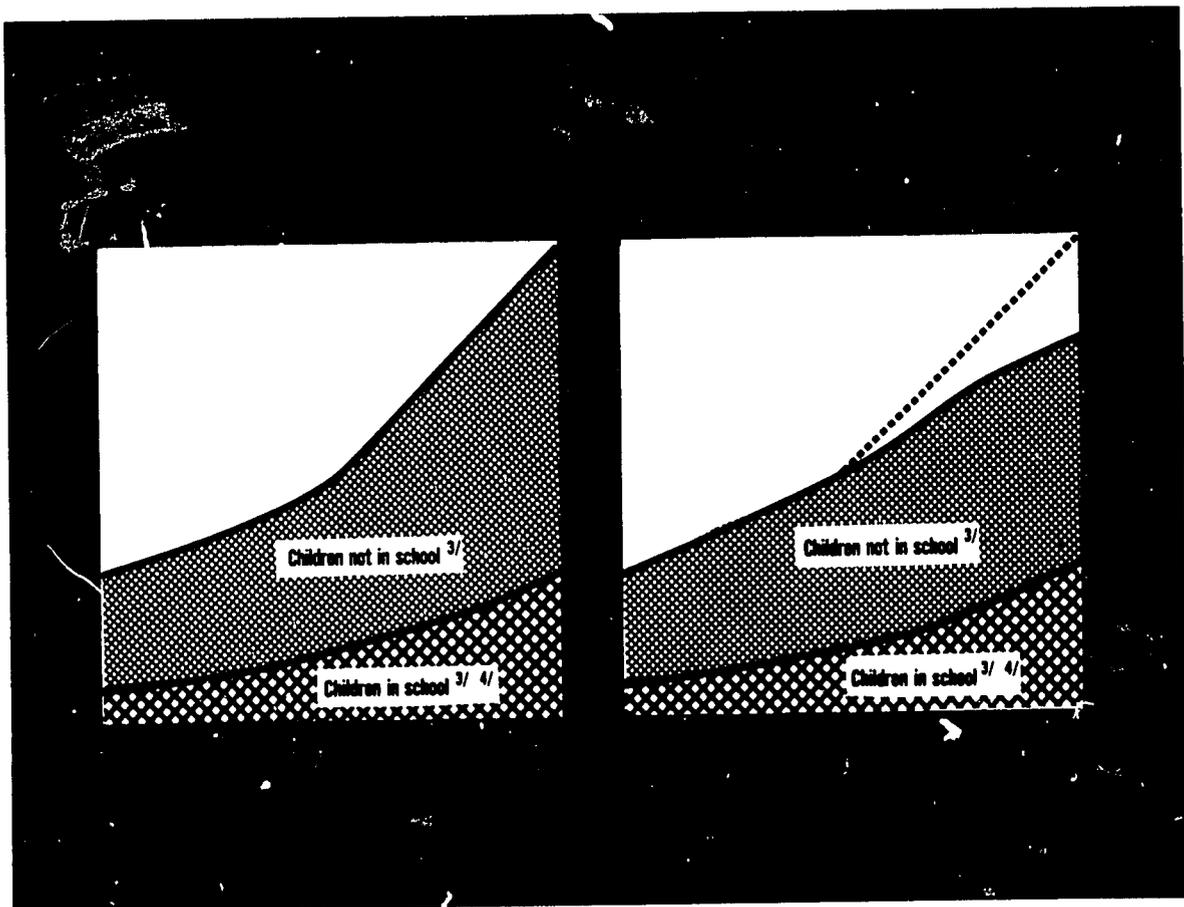
The Pathfinder Fund is supporting family planning work in Burundi, Congo-Kinshasa, Dahomey, Gambia, Ghana, Nigeria, Rwanda, Senegal, Sierra Leone, Uganda, Zambia, and Tanzania. In Africa, as elsewhere, Pathfinder has contributed effectively in the development of voluntary family planning organizations, including training of personnel and providing commodities and equipment. In addition, studies of the IUD have been conducted in U.A.R., Uganda, Nigeria, Rhodesia, Sierra Leone, Cameroon, and South Africa.

The Ford Foundation has supported population activities in 11 African countries through grants to international voluntary organizations and country programs. In addition, the Foundation supports

several regional 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.

In 1970, the Ford Foundation provided \$76,000 for research and training in East and Central Africa, focusing particularly, but not exclusively, on communications and motivation. In 1969 and 1970, the Foundation provided two grants totaling \$575,500 to the Population Council for support of advisors, program and operational research, and training fellowships in North Africa. As of July 1970, grants for population activities totaled \$3 million.

The Rockefeller Foundation between 1964 and 1970 provided appropriations and grants to the following African universities: University of Ibadan, \$59,300; University of Dakar, \$15,000; Dar es Salaam School of Medicine, \$19,000; Makerere University Medical School, \$12,580; University of California, Berkeley, exchange program with



Makerere University Medical School, \$94,000. Since 1966, nurse-midwives, chiefly from Africa and Asia, have been trained in population work in an intensive 12-week course at the Downstate Medical Center of the State University of New York in Brooklyn. The Foundation has provided scholarship aid for these candidates, who are selected by their governments or by local medical institutions.

Church World Service cooperates with doctors and clinics and has provided supplies and literature for family planning in Algeria, Burundi, Cameroon, the Congo (Kinshasa); Dahomey, Ethiopia, Ghana, the Malagasy Republic, Malawi, Niger, Nigeria, Rhodesia, Tanzania, and Uganda.

Oxfam, through IPPF, has provided clinic salaries, equipment, and expenses for family planning activities in Kenya, the Malagasy Republic, Mauritius, Nigeria, Rhodesia, Rwanda, Sierra Leone, Tanzania, and Uganda. Oxfam of Canada has provided support for family planning associations in the Malagasy Republic, Rhodesia, and Uganda.

The Unitarian Universalist Service Committee is developing family planning activities within its broader programs in Nigeria, Togo, and Zambia.

World Neighbors assists family planning programs in eight African countries: Ethiopia, Kenya, Nigeria, Rhodesia, Rwanda, South Africa, Tanzania, and Uganda.

The Swedish International Development Authority provided about \$600,000 in bilateral aid to African countries for family planning in 1970-71 and considerably more in multilateral grants. Allocations in bilateral aid for 1971-72 amount to about \$700,000.

The Government of Denmark is covering building and equipment costs for a family health training center in Uganda.

The Government of the Netherlands is assisting with training and clinical research in Kenya and Tunisia by providing personnel, funds, and equipment. In Kenya two mobile training teams are working around Nairobi and in rural districts, and in Tunisia funding from the Netherlands is being used to help implement the country's family planning program.

The Norwegian Government in 1969 provided \$11,000 to the Government of Kenya for establishment of 50 family planning units in health centers.

The United Kingdom has assisted population work in Mauritius. In addition, the United Kingdom is providing funds to Kenya for equipment for evaluation and other purposes.

The United Nations, in the spring of 1968, sent a population mission to Africa to identify needs for assistance in demographic activities in nine countries. Through its Fund for Population Activities, the United Nations has provided fellowships, as well as support for personnel, training, and advisors. The Fund assists population/family planning projects and programs in individual countries and has provided funds for a three-man exploratory mission to choose a site for a demographic center in French-speaking Africa. The Fund's budget for Africa in 1971 is \$4.4 million, compared with \$0.6 million in 1970. The Fund also supports, in a very significant way, population activities carried out by the Economic Commission for Africa (ECA) and by the United Nations specialized agencies.

Algeria

Demographic information

<i>Population according to census of</i>	
<i>April 4, 1966</i>	¹ 12,102,000
<i>Estimated population,</i>	
<i>January 1, 1971</i>	14,083,000
<i>Births per 1,000 population, 1970</i>	49
<i>Deaths per 1,000 population, 1970</i>	16
<i>Infant deaths per 1,000 live births, 1970</i>	86
<i>Rate of natural increase, 1970 (percent)</i>	3.3
<i>Number of years to double population</i>	
<i>at the 1970 rate of natural increase</i>	21
<i>Percent of registered births,</i>	
<i>first-born, 1963</i>	² 14
<i>Median birth order, 1963</i>	² 3.5
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1965</i>	² 13
<i>Median maternal age, 1965</i>	² 28
<i>Percent urban, 1970</i>	43
<i>Percent of labor force</i>	
<i>in agriculture, 1966</i>	50
<i>Per capita gross national product, 1969</i>	\$275
<i>Percent literate, 1970</i>	25-30

¹De jure population. ²Based on incomplete registration of births.

Highlights of activities

The official attitude toward family planning in Algeria was stated by President Boumediene in June 1969: "I take this occasion to say—on the subject of what some are pleased to call the population

explosion—that we are not in favor of false solutions such as birth control . . . We are, on the contrary, in favor of positive solutions, such as the creation of new jobs, of schools for children, and better social conditions for all.”

A number of statisticians, health workers, and doctors are working in demography and, to some extent, family planning. Family planning clinics, clearly labeled as pilot programs, operate at three university hospital clinics—in Algiers, Constantine, and Oran. These three clinics provide contraceptive services, the main methods being oral contraceptives and the IUD. They also serve to familiarize medical students, nurses, midwives, and social workers, and other professionals and semiprofessionals with the concept and techniques of family planning.

A.I.D. assistance

A.I.D. has provided no direct assistance.

Other assistance

The IPPF has provided training for doctors and paramedical personnel and supplied contraceptives and literature to clinics.

The Population Council continues to provide (since 1969) a resident advisor to the Ministry of Finance and Planning to assist it in studies of the relationship between population growth and economic planning and in studies of population growth and vital rates. The Council, along with the Ford Foundation, has provided demographic consultants on various Algerian Government projects. The Council continues to provide fellowship support to qualified Algerians.

The Pathfinder Fund has sent contraceptives and literature to Algeria.

In 1965-66, the Ford Foundation provided a vital statistics advisor and consultants to aid the Government in improving its vital registration system. Since 1968 the Foundation has supported as advisor in demography. A Foundation grant of \$62,000 in 1967 financed a Population Council study of knowledge, attitudes, and practices.

Church World Service has provided limited assistance for planned parenthood activities.

The Swedish International Development Authority has supplied contraceptives and clinical equipment for three family planning pilot clinics in Algeria.

The U.N. Fund for Population Activities has allocated funds for two consultants to the Government.

Botswana

Demographic information

<i>Population according to census of</i>	
<i>January-April 1964</i>	<i>543,105</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>630,000</i>
<i>Births per 1,000 population, 1970</i>	<i>44</i>
<i>Deaths per 1,000 population, 1970</i>	<i>22</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>175</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.2</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>32</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age</i>	<i>NA</i>
<i>Percent urban, 1970</i>	<i>22</i>
<i>Percent of labor force</i>	
<i>in agriculture, 1964</i>	<i>91</i>
<i>Per capita gross national product, 1968</i>	<i>\$100</i>
<i>Percent literate, 1970</i>	<i>20</i>

Highlights of activities

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

The District Council of Serowe is building three clinics that will provide maternal and child health and family planning services. Family planning services are also being undertaken in other parts of the country.

Altogether, four Government hospitals and three religious mission hospitals provide oral contraceptives and IUDs.

A.I.D. assistance.

A.I.D. has provided no direct assistance.

Other assistance

The International Planned Parenthood Federation during the first quarter of 1969

sponsored a training team consisting of a doctor, a social welfare worker, and a public health nurse. This team visited many parts of Botswana to promote an understanding of family planning as a part of family health. The team lectured at Government hospitals and before women's groups. Its visit was followed by the appointment, at the request of the Government of Botswana, of a doctor to help develop family planning services in Serowe.

During 1970 the IPPF seconded one doctor, three staff nurses, eight family welfare educators and one driver to work with the Botswana national maternal and child health and family planning programs. The IPPF also provides contraceptives to townships and district councils.

The U.N. Fund for Population Activities provided funds for a film to publicize the 1971 national census.

Burundi

Demographic information

<i>Population according to sample survey February-July 1965</i>	<i>3,210,090</i>
<i>Estimated population, January 1, 1971</i>	<i>3,624,000</i>
<i>Births per 1,000 population, 1970</i>	<i>48</i>
<i>Deaths per 1,000 population, 1970</i>	<i>24</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>161</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.4</i>
<i>Number of years to double population at the 1970 rate of natural increase</i>	<i>29</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age</i>	<i>NA</i>
<i>Percent urban, 1970</i>	<i>3</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>95</i>
<i>Per capita gross national product, 1968</i>	<i>\$50</i>
<i>Percent literate, 1970</i>	<i>10</i>

Highlights of activities

Burundi has no official family planning program and no voluntary family planning organization. However, action has begun to incorporate family planning into maternal and child health services. Some family planning work is carried on by missionary groups.

A.I.D. assistance

\$62,500 of A.I.D.'s Special Population Activities Fund has been used to assist the Government of Burundi in constructing and equipping three postnatal clinics where family planning services will be offered, and in procuring vehicles and equipment for census and other demographic activities.

Other assistance

At the request of the Burundi Government, the IPPF has assigned a doctor to the Ministry of Health to help introduce family planning into maternal and child health centers. Two nurses and two social welfare workers have received family planning and maternal and child health training at IPPF's Family Welfare Training Center in Nairobi.

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

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

Cameroon

Demographic information

<i>Population (summation of 1960-65 sample surveys)</i>	<i>5,017,000</i>
<i>Estimated population, January 1, 1971</i>	<i>5,871,000</i>
<i>Births per 1,000 population, 1970</i>	<i>39</i>
<i>Deaths per 1,000 population, 1970</i>	<i>18</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>110</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.1</i>
<i>Number of years to double population at the 1970 rate of natural increase</i>	<i>32</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age</i>	<i>NA</i>
<i>Percent urban, 1970</i>	<i>20</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>84</i>
<i>Per capita gross national product, 1969</i>	<i>\$150</i>
<i>Percent literate, 1970</i>	<i>10-15</i>

Highlights of activities

The Government of Cameroon considers the country underpopulated and stated in January 1970 that it "does not . . . contemplate any measures to limit population growth until the target population of 15 million is reached."

However, the Government seems to permit family planning if practiced by private doctors on a limited scale and on a strictly individual basis. A few doctors do prescribe orals and insert IUDs.

At the same time, the Cameroonian Government is trying to improve its vital demographic 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 intermediate and higher levels at the International Statistics Center in Yaounde, established in 1961 by the U.N. Economic Commission for Africa. The United Nations provides scholarships for the center.

In 1968, two Cameroonians were enrolled in a degree program at the U.S. backed National Institute of Statistics and Applied Economics in Rabat.

A.I.D. assistance

In fiscal 1971, a project was developed that proposes a substantial A.I.D. contribution to the development of a training system in Central Africa for medical services combining family planning with maternal and child health care. Expected to get underway early in fiscal 1972, the project will be part of a larger, multidonor regional project to assist in the establishment of a Center for Health Services as part of the Federal University of Cameroon.

Other assistance

The Population Council has provided fellowship support.

The Pathfinder Fund has sent contraceptives to Cameroon. In 1969, Pathfinder provided a travel grant for two health officials to attend the Seventh International Health and Health Education Conference in Buenos Aires, Argentina.

Church World Service has a limited family planning program in Cameroon.

The United Nations Development Program provides fellowships for Cameroonian students at the Rabat Institute.

Chad

Demographic information

Population according to sample surveys

December 1963–August 1964 . . .	3,254,000
Estimated population,	
January 1, 1971	3,751,000
Births per 1,000 population,	
1970	48
Deaths per 1,000 population,	
1970	24
Infant deaths per 1,000 live births,	
1970	129
Rate of natural increase,	
1970 (percent)	2.3
Number of years to double population at the 1970 rate of natural increase . . .	30
Percent of registered births,	
first-born	NA
Median birth order,	NA
Percent of registered births born to women less than 20 years old, 1964 . . .	114
Median maternal age, 1964	127
Percent urban, 1970	8
Percent of labor force in agriculture,	
1965	92
Per capita gross national product,	
1968	\$60
Percent literate, 1970	5-10

¹Based on incomplete registration of births.

Highlights of activities

The Government of Chad does not consider family planning a matter of high priority. 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 and related problems is being undertaken by the Office de la Recherche Scientifique et Technique Outre-Mer in Paris and the National Museum at Fort Lamy.

A.I.D. assistance

Chadian health officials have expressed interest in participating in the A.I.D. regional maternal and child health and family planning project. A feasibility study was carried out in Chad during fiscal year 1971. study was carried out in the country during fiscal year 1971.

Other assistance

The Population Council is supporting a survey by the Institut National Tchadien pour les Sciences Humaines of knowledge, attitudes, and practices.

The French Government is supporting demographic research.

Comoro Islands

Demographic information

<i>Population according to census of</i>	
July-September 1966	243,948
<i>Estimated population,</i>	
January 1, 1971	280,000
<i>Births per 1,000 population,</i>	
1970	46
<i>Deaths per 1,000 population,</i>	
1970	21
<i>Infant deaths per 1,000 live births,</i>	
1970	191
<i>Rate of natural increase,</i>	
1970 (percent)	2.5
<i>Number of years to double population</i>	
<i>at the 1970 rate of natural increase . . .</i>	28
<i>Percent of registered births,</i>	
<i>first-born</i>	NA
<i>Median birth order</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	NA
<i>Median maternal age</i>	NA
<i>Percent urban, 1970</i>	5
<i>Percent of labor force in agriculture</i>	NA
<i>Per capita gross national product</i>	NA
<i>Percent literate</i>	NA

Highlights of activities

The Government of this French Overseas Territory has no official population policy. A family planning association was organized in 1969 and is assisted by the Government.

A.I.D. assistance

A.I.D. has provided no direct assistance.

Other assistance

The Pathfinder Fund in 1970 completed a small study of IUD insertions as part of its International IUD Program.

Congo (Kinshasa)

Demographic information

<i>Population according to census of</i>	
1970	¹ 21,637,876
<i>Estimated population,</i>	
January 1, 1971	17,889,000
<i>Births per 1,000 population, 1970</i>	45
<i>Deaths per 1,000 population, 1970</i>	21
<i>Infant deaths per 1,000 live births, 1970 . .</i>	115
<i>Rate of natural increase, 1970 (percent) . .</i>	2.5
<i>Number of years to double population</i>	
<i>at the 1970 rate of natural increase . . .</i>	28
<i>Percent of registered births, first-born . . .</i>	NA
<i>Median birth order</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1957 . . .</i>	² 14
<i>Median maternal age, 1957</i>	² 27
<i>Percent urban, 1970</i>	16
<i>Percent of labor force in agriculture,</i>	
1965	69
<i>Per capita gross national product,</i>	
1969	\$96
<i>Percent literate, 1970</i>	35-45

¹ Not used as base for 1971 estimate. ² Based on incomplete registration of births.

Highlights of activities

The Government of the Democratic Republic of the Congo has no official population program, and there is no family planning organization. However, the Government has 250 "Social Centers" to which it would like to add maternal and child health services, but it needs funds for this purpose. Some individual religious missions are starting family planning work.

A.I.D. assistance

An A.I.D. consultant team visited Congo-Kinshasa in fiscal 1971 to study the feasibility of a Congolese Government request for A.I.D. assistance in developing maternal and child health/family planning programs in the Kinshasa area. It is anticipated that a proposal for assistance will be forthcoming from the Congo in fiscal 1972.

Other assistance

The Population Council provides fellowship support.

The Pathfinder Fund has furnished clinic equipment and salaries for clinic personnel in maternal and child health services in the Ubangui and Mongala districts, comprising a total of 200 such services. Pathfinder has supplied medical equipment to doctors doing family planning work in several slum clinics in Kinshasa.

Church World Service provides contraceptives and other supplies and family planning literature.

Dahomey

Demographic information

Population according to sample survey

<i>June–September 1961</i>	<i>2,106,000</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>2,531,000</i>
<i>Births per 1,000 population, 1970</i>	<i>50</i>
<i>Deaths per 1,000 population, 1970</i>	<i>28</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>149</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.2</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>32</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1961</i>	<i>14</i>
<i>Median maternal age, 1961</i>	<i>126</i>
<i>Percent urban, 1970</i>	<i>17</i>
<i>Percent of labor force in agriculture,</i>	
<i>1965</i>	<i>84</i>
<i>Per capita gross national product, 1968</i>	<i>\$80</i>
<i>Percent literate, 1970</i>	<i>20</i>

¹ Based on incomplete registration of births.

Highlights of activities

Interest in population planning is becoming evident in Dahomey. In March 1969, the Ministry of Health officially requested the Population Council to send a mission to investigate the country's population situation. A report was prepared and submitted to the Dahomey Government.

In its development plan, the Government has recognized the fact that nearly half the population is under 15 years of age, causing problems of food education, and employment.

A family planning clinic has been established in the Government maternal and child health center in Cotonou. Some individual doctors give family planning advice, and some private clinics offer services.

A.I.D. assistance

Health officials of Dahomey have expressed interest in participating in the A.I.D. regional maternal and child health/family planning project. A feasibility study was carried out in fiscal 1971, and negotiations for a pilot activity in Dahomey are expected to be finalized early in fiscal 1972.

Special Population Activity Funds have been provided to assist in the construction or equipping of seven small rural maternity units where family planning services will be given, and to furnish equipment for the national census and demographic sample surveys, which are planned for the forthcoming calendar year; \$27,400 has been expended for these activities.

Other assistance

The Pathfinder Fund and Church World Service have begun family planning activities. The Pathfinder Fund in 1970 provided funds to expand the facilities of the Government hospital in Cotonou to incorporate family planning into existing maternal and child health services. The Pathfinder Fund also is financing the operation of a small family planning clinic and has sent medical equipment and contraceptive supplies.

Ethiopia

Demographic information

Population according to sample survey

<i>July 1967</i>	<i>23,667,400</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>25,543,000</i>
<i>Births per 1,000 population, 1970</i>	<i>46</i>
<i>Deaths per 1,000 population, 1970</i>	<i>24</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>162</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.2</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>32</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age</i>	<i>NA</i>
<i>Percent urban, 1970</i>	<i>8</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>88</i>
<i>Per capita gross national product,</i>	
<i>1969</i>	<i>\$65</i>
<i>Percent literate, 1970</i>	<i>5</i>

Highlights of activities

The Ethiopian Government has no objection to family planning as part of maternal and child health care.

Since 1966 Ethiopia has had a Family Guidance Association, a voluntary organization operating as part of the Haile Selassie I Welfare Foundation. Its establishment was stimulated by visits of Pathfinder Fund representatives beginning in 1964. Included on the Association's Executive Committee are representatives of the Ministries of Education, Community Development, and Public Health; the Addis Ababa Municipal Government; and the University School of Social Work.

In Addis Ababa the Family Guidance Association conducts a family planning clinic employing a full-time social worker and a part-time consultant, both trained in the United States. The Association assists the family planning activities of 64 health centers and hospitals throughout Ethiopia. During 1970, there were over 26,000 client visits, about half of them new acceptors.

A social worker from the University School of Social Work gives weekly lectures on family planning at the Association. These lectures are open to the general public and often include audiovisual materials such as films.

Lectures on population and vital statistics are also offered at the United Nations Statistical Training Center in Addis Ababa.

A.I.D. assistance

In fiscal 1971, A.I.D. allocated \$30,000 for assistance in the population field, consisting of statistical-advisor-demographic services. In fiscal 1970, A.I.D. allocated \$1,000, primarily for consultant help in demographic statistics.

Efforts to develop reliable estimates of birth, fertility, and infant mortality rates in a number of communities outside Addis Ababa were carried out during 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. 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

The International Planned Parenthood Federation has provided commodities and financial

support to the Family Guidance Association on an annual basis. The doctor provided to assist the Haile Selassie I Foundation and work with the Association has encouraged an expansion in the number of clinics offering family planning services.

The Population Council is supporting a survey of knowledge, attitudes, and practices being conducted by the Institute of Ethiopian Studies of Haile Selassie I University. Fellowships have also been provided.

The Pathfinder Fund has contributed funds and contraceptives to the family planning clinics and has supported a family planning leader's attendance at a course on family planning given by the University of Chicago.

Church World Service has given some assistance under its Planned Parenthood Program.

World Neighbors has joined with the YMCA Rural Development in a total rural development program which includes emphasis on family health and welfare, nutrition, immunization, and sanitation. Family planning and maternal and child health are included in such programs. A similar program is due to begin in 1971, 200 miles west of Addis Ababa.

The Swedish International Development Authority has contributed to the extension of a maternal and child health project under the auspices of the Swedish Save the Children Federation and the municipality of Addis Ababa. A Swedish doctor works part time in family planning activities.

Gambia (The)

Demographic information

<i>Population according to census of</i>	
<i>April 17, 1963</i>	<i>315,486</i>
<i>Estimated population, January 1, 1971</i>	<i>366,000</i>
<i>Births per 1,000 population, 1970</i>	<i>42</i>
<i>Deaths per 1,000 population, 1970</i>	<i>22</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>125</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.0</i>
<i>Number of years to double population</i>	
<i>at the 1970 rate of natural increase</i>	<i>35</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age</i>	<i>NA</i>
<i>Percent urban, 1970</i>	<i>10</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>86</i>
<i>Per capita gross national product, 1968</i>	<i>\$100</i>
<i>Percent literate, 1970</i>	<i>10</i>

Highlights of activities

A Family Planning Association clinic is operating. The clinic staff provides family planning education services in Government health centers.

A.I.D. assistance

Health officials of The Gambia have expressed interest in participating in the A.I.D. regional maternal and child health/family planning project. A feasibility study was carried out in fiscal 1971, and negotiations for a pilot activity in The Gambia are expected to be finalized early in fiscal 1972.

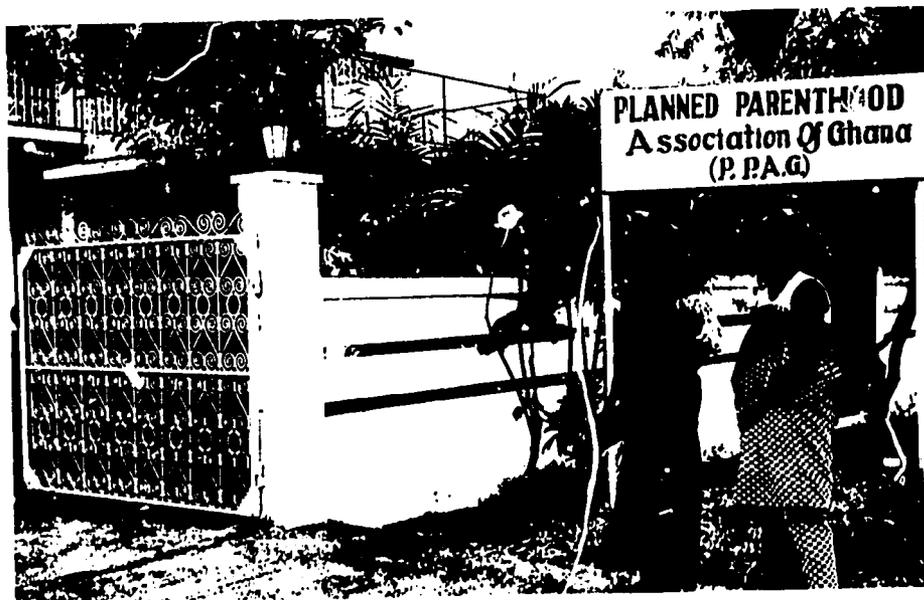
Other assistance

The International Planned Parenthood Federation has helped to set up an education and information program with films and other materials. It has also financed a short study visit by the Association's administrator to the family planning organization in Sierra Leone.

In 1968, the Government of The Gambia officially requested the Population Council to send a mission to investigate the country's population situation. The study was made, and the Council has provided a report to the Government on the population problems facing the country.

The Pathfinder Fund has provided funds to establish and equip the Family Planning Association and its family planning clinic. Pathfinder has sent medical supplies and literature to The Gambia on a small scale.

Ghanaian women pause in front of offices of Planned Parenthood Association of Ghana. The red triangle on the sign is the program's symbol.



Ghana

Demographic information

<i>Population according to census of</i>	
<i>March 1, 1970</i>	<i>18,545,561</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>9,246,000</i>
<i>Births per 1,000 population, 1970</i>	<i>49</i>
<i>Deaths per 1,000 population, 1970</i>	<i>19</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>122</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>3.0</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>23</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1963</i>	<i>215</i>
<i>Median maternal age, 1963</i>	<i>28</i>
<i>Percent urban, 1970</i>	<i>31</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>56</i>
<i>Per capita gross national product, 1969</i>	<i>\$260</i>
<i>Percent literate, 1970</i>	<i>25</i>

¹Not used as base for 1971 estimate.

²Based on incomplete registration of births.

Highlights of activities

The Government of Ghana announced an official population policy in March 1969, with the principal objective of reducing the country's population growth rate. In its published announcement, the Government showed its concern



Preventing the poverty that often goes with large families such as this one is a major goal of the Ghanaian family planning program.



A Ghanaian family planning field worker answers a women's question about the IUD. Such services are provided throughout the country by the Ghanaian Government.

for the potential restraining effects of population growth on economic and social progress by stating that its national population program would be developed "as an organic part of social and economic planning."

Thus, Ghana, the first sub-Sahara African country to sign the World Leaders Declaration on Population presented to the United Nations, became the first sub-Sahara country to adopt an official and published population policy.

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

Because the desire for large families is a major obstacle to program success, one-third of the program budget will be devoted to information and education. The Government is considering an educational campaign using the Ministry of Information's fleet of vans, which can cover 80 percent of the population in 3 months. Plans also call for inclusion of family planning in the FAO home economics program and the Ministry of Health's nutrition program. In August 1969, the Government held a Family Planning Week to introduce its new population policy to the people.

The Planned Parenthood Association of Ghana was set up in 1966 and became a member of IPPF in 1968. It has branches in Accra, Kumasi, Takoradi, Cape Coast, Koforidua, and Tamale. During 1970 the Association's 11 clinics served 13,880 new acceptors and 15,015 old patients. The PPAG also has an extensive educational program involving use of an IPPF-financed film for village women, produced in English and five Ghanaian dialects; leaflets; lectures; and visits to homes, health centers, and hospital postnatal clinics by 32 fieldworkers. The mass media are extensively used, including television and radio. A family planning week was held in September 1970, and the PPAG helped organize and host the IPPF Family Planning Communications Workshop in November.

The University of Ghana Medical School clinic, which provides training as well as clinical and sociological study, is open 2 days per week and serves approximately 30 patients per week. It offers advice on subfertility. 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 in 1970 provided family planning services to 905 new acceptors and 1,498 old patients. It also conducted a training course for 38 family advisors (part-time voluntary workers). The Council has become an affiliate of the PPAG.

Altogether, family planning services are offered at 30 locations in Ghana.

The Department of Sociology at the University of Ghana established a demographic unit in 1966. Staff members have carried out studies in knowledge, attitudes, and practices related to family planning among women, doctors, midwives, and clergy.

A.I.D. assistance

A.I.D. allocated \$650,000 for assistance to family planning projects in Ghana in fiscal 1971.

Funds included \$395,000 additional support for a demonstration family planning and maternal and child health program at Danfa, first funded in 1969. This is being carried out by the Department of Social and Preventive Medicine of the University of Ghana in association with the School of Public Health, University of California (Los Angeles).

Funds also included \$215,000 for a 5-year project to provide commodity support for the national family planning program, and \$40,000 for family planning personnel training.

A total of \$228,000 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 communications workshop in Bangkok in December 1969. It funded the attendance of leaders at the IPPF Conference in Copenhagen in 1966, and at the IPPF Conference in Santiago, Chile, in 1967.

As a part of the regional project "University Teaching of Population Dynamics," the University of North Carolina will assist in the development of a Regional Population Center at the University of Ghana. In fiscal 1971, a feasibility study was completed, and funds were allocated for the first year's development activities.

Other assistance

The International Planned Parenthood Federation provides major financial and commodity support to the Planned Parenthood Association's operating budget. The Government of Ghana is also receiving a grant from the IPPF, part of which will be used to pay the costs of setting up a national family planning office. The IPPF has provided assistance to the Christian Council of Ghana. Following the Council's affiliation with the PPAG, future grants to the Council will be administered by the Association.

The Population Council has given financial assistance for demographic teaching and research at the University of Ghana since 1961. The Council also provided \$41,160 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 gave \$130,000 to the Demographic Unit in support of a 5-year development program. Three hospitals in Ghana are members of the Council-supported International Postpartum Family Planning Program. Fellowship support has also been provided.

The Pathfinder Fund has helped to promote interest in family planning and has assisted the Planned Parenthood Association. In 1969, a senior

official of the Ministry of Health received a Pathfinder grant to study at the Margaret Sanger Research Bureau in New York.

In 1970, the Ford Foundation provided \$76,000 to support a number of family planning activities in Ghana, including short-term consultants, travel and study awards, pilot projects, and special conferences. Previously the Foundation had provided a resident consultant to help in organizing the national family planning program, assisted in the printing and circulation of the English and French editions of Ghana's population policy statement, and provided travel awards to several Ghanaian leaders. Several Foundation consultants have visited Ghana.

Church World Service has provided family planning literature.

The U.N. Fund for Population Activities provided support in 1969 for advisors, and the World Health Organization, for personnel, training, and clinic assistance.

Ivory Coast

Demographic information

Population according to sample surveys

November 1957–October 1958 . . . 3,100,000

Estimated population,

January 1, 1971 4,369,000

Births per 1,000 population, 1970 51

Deaths per 1,000 population, 1970 27

Infant deaths per 1,000 live births, 1970 . . . 154

Rate of natural increase, 1970 (percent) . . . 2.4

Annual growth rate,

1970 (including migration) 2.8

Number of years to double population at

the 1970 rate of natural increase 29

Percent of registered births, first-born NA

Median birth order NA

Percent of registered births born to

women less than 20 years old, 1957–58 . . . 17

Median maternal age, 1957–58 126

Percent urban, 1970 21

Percent of labor force in agriculture, 1965 . . . 86

Per capita gross national product, 1969 . . . \$308

Percent literate, 1970 20

¹Based on incomplete registration of births.

Highlights of activities

There are no organized family planning activities in the Ivory Coast. However, interest in

family planning is growing, especially among the missionary groups.

A.I.D. assistance

A.I.D. has provided no direct assistance.

Other assistance

The Pathfinder Fund in 1969 provided a travel grant for the Director of Social Medicine, Ministry of Health, to attend the Seventh International Health and Education Conference in Buenos Aires, Argentina.

The Ford Foundation in 1969 provided travel grants to several Ivoirians for participation in the summer family planning workshop at the University of Chicago.

Kenya

Demographic information

Population according to census of

August 1969 10,942,705

Estimated population,

January 1, 1971 11,467,000

Births per 1,000 population, 1970 51

Deaths per 1,000 population, 1970 18

Infant deaths per 1,000 live births, 1970 . . . 126

Rate of natural increase, 1970 (percent) . . . 3.3

Number of years to double population at

the 1970 rate of natural increase 21

Percent of registered births, first-born NA

Median birth order NA

Percent of registered births born to

women less than 20 years old, 1962 8

Median maternal age NA

Percent urban, 1970 10

Percent of labor force in agriculture, 1965 . . . 88

Per capita gross national product, 1969 . . . \$132

Percent literate, 1970 20-25

Highlights of activities

The Government of Kenya was the first in sub-Saharan Africa to adopt a national family planning program. In 1965, the Government invited a mission from the Population Council to study Kenya's population problem. The mission's report was incorporated into the country's 1966-70 development plan, and in 1967 the Minister of Health was made responsible for administration and coordination of a national program. Although the Government views

the program as an integral part of its economic and social development efforts, it emphasizes that family planning is strictly voluntary.

Kenya's 1970-74 development plan states that "... the Government will continue to strengthen and develop maternal and child health services aimed at reducing the hazards to life and health associated with the process of reproduction."

Voluntary family planning activities begun as early as 1952 led to establishment in 1961 of the Family Planning Association of Kenya, which became an IPPF member in 1962. The Association now has 21 branches. Although it continues to run clinics, it is concentrating increasingly on education and training as the number of clinics run by other groups expands.

The total number of clinics in Kenya is now about 260. One hundred and ten are run by the Kenya Government, 35 by the Nairobi City Council, 20 by mission hospitals, 10 by training teams of the Netherlands, 8 by the Kenya Family Planning Association, and 81 by mobile unit services. IPPF cooperated with the Government in establishing the mobile unit services, which now number seven. The

Right, medical student conducts an interview at Machakos, Kenya, as part of a demographic project of the University of Nairobi's Department of Public Health and Preventive Medicine.

Below, a typical rural family in the Western Province, with only 2 acres of land for support, indicates the need for expanding family planning services.

first began operating in the Kericho area in early 1968. Others are in the areas of Nairobi, Mombasa, Kisumu, Thomson's Falls, Nyeri, and Meru.

Fieldworkers are the core of the Family Planning Association's educational program. It has trained some 35 of them, who talk to wives of village leaders, school staff, civic organizations, and community development officials. Courses also have been given for midwives. In other educational activities, the Association holds lectures and film shows, organizes seminars throughout the country, and distributes leaflets printed in various local languages.

Much of the family planning training in Kenya takes place at the International Planned Parenthood



Federation's Family Welfare Training Center in Nairobi.

Some family planning training is also given at the University College, Nairobi, Department of Medicine, as well as for district medical officers.

A.I.D. assistance

In fiscal 1971, A.I.D. allocated \$141,000 to a demographer and short-term computer programmer to continue work on the census — and a health educator and a communications media advisor to develop educational materials for maternal and child health/family planning programs. In fiscal 1970, in addition to helping support the Government's family planning program, A.I.D. gave census and statistical assistance.

In 1969, by means of a \$133,000 grant, A.I.D. funded services of two census experts, a demographer, and a computer programmer—plus short-term consultants—to assist with the national census. The grant also covered services of an audiovisual expert and a health educator, as well as equipment and commodities, including contraceptives, to strengthen the national family planning program. The audiovisual expert and health educator arrived in Kenya in June 1970.

Other assistance

The International Planned Parenthood Federation supports the work of the Family Planning Association and of the seven mobile teams. IPPF also finances and administers the regional Family Welfare Training Center in Nairobi. This center is used by the Government, the Family Planning Association, and the Nairobi City Health Department for their training programs. Its training facilities are also used by other African governments. IPPF has a regional office in Nairobi, where an education/information officer is now assisting in the development of information and educational materials based on local cultural patterns and languages.

The Population Council in late 1965 supported the study, "Family Planning in Kenya," at the request of the Kenya Government. Since 1965, the Council has provided a demographer for teaching and research at the University of Nairobi. The Council is also supporting demographic research carried out by the University's Department of Sociology. Fellowships in demography have also been provided. In Kenya's Ministry of Health, Family Planning Section, the Council supports a resident advisor. Pills and IUDs have been supplied to this Ministry. In late

1969, a seminar on interrelations between population growth and economic development was held at the University College. Proceedings of the seminar are being printed.

The Pathfinder Fund has financed its representatives' many visits to Kenya and has helped pay the salary and expenses of the organizing secretary of the Family Planning Association. It has supported home visitors in Nairobi and Mombasa, donated contraceptives, and sent a health educator to work with the Ministry of Health in training nurses. In 1969, Pathfinder supported a family planning center in Kaimosi, a densely populated area near Lake Victoria.

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. Through its East Africa regional office in Nairobi, the Foundation in 1970 provided \$68,000 for a number of activities in East and Central Africa, particularly but not exclusively for research and training in communications and motivation. In 1970, the Foundation also provided a \$28,000 grant to the Family Planning Association of Kenya for attitude studies of selected target groups.

In 1966 and 1967, Oxfam provided assistance through IPPF for the costs of training doctors, midwives, and social workers for the Kenya Family Planning Association, and for advertising and exhibitions to publicize the need for family planning. In 1968, Oxfam provided the salaries of 39 Association fieldworkers.

World Neighbors works with the Kenya Family Planning Association and the IPPF regional office in using training facilities, audiovisual aids, and clinics, as well as discussions on family planning presentations to youth.

World Neighbors workers in the Kaaga Extension Program in Meru (North Central Kenya) have taken refresher courses in family planning and are doing family planning educational work as part of their approach to rural development. World Neighbors workers involved in the Rural Service Program in Kaimosi, which covers a large portion of Western Kenya, also have taken refresher courses.

Rural workers in World Neighbors extension programs in the Nakura and Lugari areas of Central Kenya are promoting family planning with new settlement women's groups and farmers. Much of this work aims at increasing acceptance of limiting family size.



World Neighbors cooperates with the National Freedom from Hunger Committee of Kenya in providing salary and transportation for a field education officer who carries family planning information into all provinces by visiting schools, chiefs, meetings, and major markets. World Neighbors programs in Kenya are expected to be enhanced this year by delivery of audiovisual equipment and supplies, including health and family planning films in Swahili and English.

The Swedish International Development Authority has provided since 1969 the services of a Swedish expert for coordinating national and international programs in the country. Contraceptive pills also have been supplied. In fiscal 1971, Sweden's contribution amounted to \$190,000.

The Netherlands Government provides funds, training, equipment, and medical personnel in Kenya and Tunisia. In Kenya it has also furnished a

"Kenya's rate of population increase in the fertile areas is reducing . . . the farmland available and each person's share of fertile land" says this map at Food and Population Exhibit in Nairobi.

Some of leaders of Kenya's family planning program are shown at a Family Planning Seminar, Nyeri, February 1971.



statistician-demographer for evaluation of the family planning campaign.

The Norwegian Government has supplied equipment for the establishment of 50 family planning clinics in health centers.

The United Kingdom is contributing \$79,000 worth of equipment to be used for evaluation and other purposes.

The U.N. Fund for Population Activities in 1969 provided funds for personnel, and the World Health Organization supplied limited funds for advisors and training.

Lesotho

Demographic information

<i>Population according to census of</i>	
<i>April 14-24, 1966</i>	<i>1852,361</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>937,000</i>
<i>Births per 1,000 population, 1970</i>	<i>39</i>
<i>Deaths per 1,000 population, 1970</i>	<i>19</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>137</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.0</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>35</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age</i>	<i>NA</i>
<i>Percent urban, 1970</i>	<i>2</i>
<i>Percent of labor force in agriculture</i>	<i>NA</i>
<i>Per capita gross national product, 1968</i>	<i>\$80</i>
<i>Percent literate</i>	<i>NA</i>

¹Excludes absentee workers amounting to 12 percent of the total population at 1966 census.

Highlights of activities

The Government of Lesotho is concerned about the effects of the country's rapid increase in population on economic and social development. In 1968, the Prime Minister stated: "The increased pressure on our land, the limited employment opportunities outside the field of agriculture, and the evident desire of the people to have their children better and better educated call for a more responsible parenthood." The Government has sought guidance on the subject of family planning from the Lesotho Christian Council.

The Lesotho Family Planning Association, established in 1966-67, operates a clinic in Maseru. Some contraceptive services are available through private practitioners, and some IUDs are being inserted at Scott Memorial Hospital.

A.I.D. assistance

Health officials of Lesotho have expressed interest in participating in the A.I.D. regional maternal and child health/family planning project. Initiation of this activity has been scheduled to take place early in 1972.

Other assistance

IPPF is supporting the family planning services offered at Scott Memorial Hospital.

The Pathfinder Fund supplied office equipment for the Lesotho's Family Planning Association.

World Neighbors also supports the Family Planning Association.

The U.S. Fund for Population Assistance is helping to fund a demographic survey.

Liberia

Demographic information

<i>Population according to census of</i>	
<i>April 2, 1962</i>	<i>1,016,443</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>1,207,000</i>
<i>Births per 1,000 population, 1970</i>	<i>50</i>
<i>Deaths per 1,000 population, 1970</i>	<i>18</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>143</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>3.2</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>22</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age, 1970</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>9</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>80</i>
<i>Per capita gross national product, 1969</i>	<i>\$196</i>
<i>Percent literate, 1970</i>	<i>9</i>

Highlights of activities

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

The Family Planning Association of Liberia was founded in 1956 and became a member of IPPF in 1967. The Association operates two clinics in Monrovia and one at Bomi Hills. The number of patients grew during 1970 from 3,500 to a new total of 4,800.

The Association's clinic staff includes five part-time doctors, seven full-time and three part-time nurse-midwives, and 11 fieldworkers. The information and education program of the Association emphasizes contact through group meetings; 415 such meetings were held in 1970. In addition, 16 special motivational programs in urban and rural areas were conducted. The programs included lectures, films, and distribution of literature.

Physicians provide family planning services at a number of industry and missionary hospitals and at private clinics around the country.

A.I.D. assistance

A.I.D. allocated \$222,000 in fiscal 1971 for assistance to two population projects in Liberia.

A.I.D. is supporting the training of 200 nurse-midwives over a 5-year period. Training is especially for those serving in rural parts of the country. Public health nursing and maternal and child health aspects of the basic nursing curriculum are being strengthened. Services of a public health nurse and a nurse-midwife are being provided by A.I.D.

Funds have also been provided 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

IPPF assists the Family Planning Association with an annual contribution for salaries, transportation costs, and educational activities. In the fall of 1967, IPPF 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 role in promoting acceptance of family planning.

The Pathfinder Fund gave encouragement and supplies for the beginning of family planning work in Liberia. This led to the establishment of the Family

Planning Association. In 1969, Pathfinder provided staff salaries and supplies to establish two family planning centers in conjunction with the Association. Pathfinder also sponsored a 3-month training program at the Margaret Sanger Research Bureau for a senior official of the Liberian Ministry of Health, and a color film on family planning to motivate Liberian women to use family planning services. The Population Council has provided fellowship support.

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.

The U.N. Fund for Population Activities provided a fellowship to a Liberian for training in population census planning and demographic research at the U.S. Bureau of the Census. It is helping to finance a population growth survey and a census of urban population.

Malagasy Republic

Demographic information

Population according to sample surveys

<i>May–November 1966</i>	6,200,000
<i>Estimated population,</i>	
<i>January 1, 1971</i>	7,400,000
<i>Births per 1,000 population, 1970</i>	46
<i>Deaths per 1,000 population, 1970</i>	23
<i>Infant deaths per 1,000 live births, 1970</i>	102
<i>Rate of natural increase, 1970 (percent)</i>	2.3
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	30
<i>Percent of registered births, first-born</i>	NA
<i>Median birth order</i>	
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	18
<i>Median maternal age, 1967</i>	27
<i>Percent urban, 1970</i>	13
<i>Percent of labor force in agriculture, 1965</i>	84
<i>Per capita gross national product, 1969</i>	\$106
<i>Percent literate, 1970</i>	39

Highlights of activities

The Government of the Malagasy Republic believes that the country is underpopulated and wishes to promote population growth. In 1967, President Tsiranana proclaimed that each Malagasy family should have 12 children.

A small family planning association was founded in 1964 and achieved official registration in

1967. The Association's program is limited to providing family planning advice and materials to people who have medical reasons or more than four children and to offering education on sex and the dangers of abortion. The Association runs three clinics serving about 70 acceptors a month.

Anti-contraception legislation is still in force.

A.I.D. assistance

A.I.D. has given no direct assistance for family planning.

Other assistance

The Family Planning Association receives a grant from IPPF.

In 1968, Oxfam provided funds through IPPF for salaries of the medical staff and other costs of the Malagasy Family Planning Association. Oxfam of Canada in 1968-69 provided over \$5,000 to the Family Planning Association for conferences, educational and motivation work, and medical and clinical activities. In 1970, Oxfam made a grant to send two doctors on a training course and equip a family planning clinic at Antsirabe.

The U.N. Fund for Population Activities provided a fellowship for study in population census training and demographic research at the U.S. Bureau of the Census.

Malawi

Demographic information

<i>Population according to census of</i>	
August 9, 1966	4,039,583
<i>Estimated population,</i>	
January 1, 1971	4,500,000
Births per 1,000 population, 1970	43
Deaths per 1,000 population, 1970	18
Infant deaths per 1,000 live births, 1970	119
Rate of natural increase, 1970 (percent)	2.5
Number of years to double population at	
the 1970 rate of natural increase	28
Percent of registered births, first-born	NA
Median birth order	NA
Percent of registered births born to	
women less than 20 years old	NA
Median maternal age	NA
Percent urban, 1970	5
Percent of labor force in agriculture, 1965	81
Per capita gross national product, 1969	\$63
Percent literate, 1970	15

Highlights of activities

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

A.I.D. assistance

Through the U.S. Bureau of the Census, A.I.D. provided statistical advisors for the 1966 Malawi Population Census.

Other assistance

The International Planned Parenthood Federation has supported a baby clinic at a mission hospital near Zombia. This clinic serves people who wish to limit their families.

Church World Service and World Neighbors provide limited assistance in family planning.

Mauritius

Demographic information

<i>Population according to census of</i>	
June 30, 1962	701,016
<i>Estimated population,</i>	
January 1, 1971	817,000
Births per 1,000 population, 1970	27
Deaths per 1,000 population, 1970	8
Infant deaths per 1,000 live births, 1970	70
Rate of natural increase, 1970 (percent)	1.9
Annual growth rate,	
1970 (including migration)	1.5
Number of years to double population at	
the 1970 rate of natural increase	36
Percent of registered births, first-born, 1968	20
Median birth order, 1968	3.7
Percent of registered births born to	
women less than 20 years old, 1968	13
Median maternal age, 1968	27
Percent urban, 1970	48
Percent of labor force in agriculture, 1962	38
Per capita gross national product, 1968	\$.230
Percent literate, 1970	61

Highlights of activities

The Government of Mauritius has officially adopted a population policy, established a family

planning division in the Ministry of Health, and begun implementation of a countrywide family planning program. The Government began developing the population policy in 1966, and 2 years before that it began supporting the two private associations.

The Government leaves the actual provision of family planning advice and services to the private organizations, which it continues to help support financially and with information services. The Mauritius Family Planning Association was founded in 1957 and is a member of IPPF. The other organization, Action Familiale, is a Catholic association whose aim is the betterment of family life in general; it advocates only the rhythm method.

The Family Planning Association runs family planning clinics, normally in social welfare centers, village halls, child welfare centers, and Government dispensaries and hospitals. By the end of 1970 the Association was offering family planning services from 62 clinics and 28 centers. In 1970, the number of contraceptive users through the Association was 20,684, the majority of whom were using orals (14,581). The Association has a small branch on Rodrigues, an island dependency of Mauritius.

The 64 welfare officers of the Association do home visiting and followups. Action Familiale also carried on most of its teaching work through home visits; it operates some advice centers.

The family planning agencies, under the auspices of the Ministry of Health, give courses on contraceptive techniques and services to student nurses and midwives, practicing midwives, and social workers. Courses on population problems have been included in the adult education program.

The Association has undertaken an extensive family planning information program in accordance with Government policy. The Government has made extensive use of radio and television.

A.I.D. assistance

A.I.D. has provided no direct assistance.

Other assistance

IPPF provides commodity and financial support for the work of the Family Planning Association.

The Pathfinder Fund has supplied tape recorders and contraceptives. In 1970, Pathfinder sponsored a U.S. training program for a Mauritian doctor, who is in charge of the New Action Program in Family Planning under the Ministry of Health.

In 1966 and 1967, Oxfam, 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 to Action Familiale and contributed toward the costs of its family planning program.

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, the Family Planning Association, and Action Familiale.

The Swedish International Development Authority has supplied, during the years 1966-70, oral contraceptives and condoms valued at \$35,000.

The United Kingdom, through the Ministry of Overseas Development, 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, with financial assistance from the Nuffield Foundation.

The U.N. Fund for Population Activities is providing help in organizing family planning and maternal and child health services.

The World Bank provided services of a consultant to help the Government plan its countrywide family planning program.

Morocco

Demographic information

Population according to census of

June 18, 1960	11,626,232
<i>Estimated population,</i>	
January 1, 1971	16,115,000
Births per 1,000 population, 1970	49
Deaths per 1,000 population, 1970	15
Infant deaths per 1,000 live births, 1970	145
Rate of natural increase, 1970 (percent)	3.4
<i>Annual growth rate,</i>	
1970 (including migration)	3.3
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	20
Percent of registered births, first-born, 1956	132
Median birth order, 1956	2.1
<i>Percent of registered births: born to</i>	
women less than 20 years old, 1956	15
Median maternal age, 1956	127
Percent urban, 1970	35
Percent of labor force in agriculture, 1965	54
Per capita gross national product, 1969	\$203
Percent literate, 1970	14

¹ Based on incomplete registration of births.

Highlights of activities

The Government of Morocco initiated a family planning program in 1965 as a means of improving maternal and child health. Implementation of family planning policy is the responsibility of the Ministry of Public Health. A voluntary family planning association was formed in December 1970.

Two Royal Decrees laid the groundwork for family planning programs. In 1967, a Decree legalized publicity on contraceptives and permitted abortion if the mother's life or health were endangered. Previously, a Decree in 1966 established the High Commission on Population and local commissions at the provincial and prefecture levels.

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.

From the outset of the official program the Government has emphasized research and training. A survey of attitudes toward family planning was conducted in 1966-67 and showed that a large number of couples were favorable to the idea of family planning and wished to know more about it. Training was begun by sending medical and paramedical personnel abroad with assistance from IPPF. Since their return, they have been instructing colleagues in family planning and contraceptive methods. The chief methods are IUDs and orals.

The Government, in the Five-Year Plan published in 1968, set a goal of IUD insertions at



Above, at one of Morocco's family planning centers a prospective acceptor learns about the IUD. Below, personnel of a Moroccan public health center use this float to dramatize the desirability of practicing family planning.



500,000 in the 5-year period 1968 through 1972.

There now 129 family planning centers, but only an estimated 1 to 1.5 percent of women 15-45 have been reached through these centers. 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 \$90,000 in fiscal 1971 and \$171,000 in fiscal 1970 to assist the Government of Morocco with its national census and national family planning program, especially training personnel.

Three census technicians trained Moroccans for the census of 1971. One Moroccan was to begin studies in family planning and population in the fall of 1971.

Other assistance

The Ford Foundation made two grants (in 1966 and 1970) totaling \$363,000 to the Ministry of Public Health for training, fellowships, consultant services in family planning administration and communications, equipment, and supplies.

The Population Council provided two resident physicians to administer the Ford grant and to perform technical advisory services to the Ministry of Health. The Council has also supported surveys of knowledge, attitudes, and practices in Morocco, supported travel and study awards, and provided supplies of IUDs.

At the invitation of the Ministry of Development a two-man mission from the Ford Foundation and the Population Council went to Morocco in June 1967 to examine the program and make suggestions about it to be proposed as part of the development plan for 1968-72. Since 1969, the Council's activities have been undertaken under a North African Regional grant from the Ford Foundation to the Population Council. The grant was extended for the period 1970 to September 1972.

In 1970, the Council helped to support a meeting of experts to design a project for obtaining vital statistics estimates for Morocco. In cooperation with the Ford Foundation, the Population Council has provided and continues to provide a resident public health physician, consultants, fellowships, and support for research, evaluation, and training.

The Swedish International Development Authority during 1966-68 donated \$39,000 in vehicles and equipment.

The U.N. Population Division has given support for personnel and statistical assistance, and the World Health Organization has provided support for advisors, training, and statistical assistance.

Niger

Demographic information

Population according to sample surveys

<i>October 1959-March 1960</i>	<i>12,766,130</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>3,634,000</i>
<i>Births per 1,000 population, 1970</i>	<i>52</i>
<i>Deaths per 1,000 population, 1970</i>	<i>22</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>148</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>3.0</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>23</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1960</i>	<i>216</i>
<i>Median maternal age, 1960</i>	<i>28</i>
<i>Percent urban, 1970</i>	<i>3</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>96</i>
<i>Per capita gross national product, 1968</i>	<i>\$70</i>
<i>Percent literate, 1970</i>	<i>5</i>

¹Includes adjustment of 264,330 for areas not covered by the surveys. ²Based on incomplete registration of births.

Highlights of activities

Niger has no organized family planning activities. Oral contraceptives are sold through pharmacies.

A.I.D. assistance

Health officials of Niger have expressed interest in participating in the A.I.D. regional maternal and child health/family planning project. A feasibility study was carried out in fiscal 1971.

Other assistance

The Population Council has provided funds to the International Population Program of Cornell University to carry out a knowledge, attitudes, and practices survey and related methodological evaluation during 1970 and 1971.

Church World Service has given some family planning support.

Nigeria

Demographic information

<i>Population according to census of</i>	
<i>November 8, 1963</i>	<i>155,670,055</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>55,367,000</i>
<i>Births per 1,000 population, 1970</i>	<i>50</i>
<i>Deaths per 1,000 population, 1970</i>	<i>25</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>157</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.5</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>28</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age</i>	<i>NA</i>
<i>Percent urban, 1970</i>	<i>23</i>
<i>Percent of labor force in agriculture, 1965.</i>	<i>80</i>
<i>Per capita gross national product, 1969</i>	<i>\$88</i>
<i>Percent literate, 1970</i>	<i>25</i>

¹ Believed to be overenumerated.

Highlights of activities

Nigeria's Second National Development Plan contains a brief population policy—the first official statement on this subject. The policy states that Nigeria is going through a demographic transition of rising births and declining deaths—a situation that would call for stringent population control measures were it not for Nigeria's resources base and development potential. The policy proposes more economic opportunities for Nigeria's growing population; supports the integration of family planning services into maternal and child care programs; and announces a plan to establish a National Population Council to implement the policy and to coordinate external aid to family planning. Nigeria's delegate to the 1971 meeting of the Board of Governors of the IMF reiterated the Government's intention to establish this Council.

Several of Nigeria's 12 States have taken an active interest in family planning. The Lagos State Government has made available facilities for evening family planning clinics, and a day clinic was established recently. Western State has asked hospitals to provide family planning services as part of maternal and child health care. Kwara has indicated its support, Mid-West has introduced the service, and a number of northern States have made

inquires. Midwives have been trained to insert IUDs in Lagos, Ilesha, and Western States. In some northern states, physicians are holding family planning clinics in private and mission hospitals. Some 21 Christian Mission hospitals also offer family planning services.

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. A national organization, the Family Planning Council of Nigeria, was established in 1964 with funds from the IPPF, the Pathfinder Fund, and the Unitarian Universalist Service Committee.

The Family Planning Council now is directly assisting 33 clinics in six of Nigeria's 12 States. The Council distributes information and contraceptives free of charge to its clinics, which collect token fees from patients who can afford to pay. In 1970, client visits increased to 7,516 new and 19,004 old patients. Eighty-three fieldworkers of the Council gave over 40,000 group and individual talks during the year.

An important element in the Council's educational program is a film, "My Brother's Children," sponsored by the IPPF. The film shows the problems brought upon an extended family in Yorubaland when one of the brothers has too many children.

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 curriculums. A family planning training and demonstration clinic was opened in March 1968 at the University of Lagos Medical School. The clinic is a joint project of the Department of Obstetrics and Gynecology, the Department of Community Health, and the Family Planning Council. It trains students, physicians, and family planning workers from Nigeria and other countries in family planning and in treating infertility.

In March 1971, a seminar on Population Problems and Policy in Nigeria was held at the University of Ife.

A.I.D. assistance

A.I.D. is not currently providing direct assistance to Nigeria for family planning activities. 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.

A proposal for A.I.D. assistance in family

health training is expected to be received from the Nigerian Government early in fiscal 1972.

Other assistance

The Family Planning Council of Nigeria receives a substantial annual grant and commodities from the International Planned Parenthood Federation. IPPF also supports training work by the University of Ibadan and the University of Lagos Medical School.

The Population Council is providing major support to the University of Ife and to Ahmadu Bello University for the development of demographic research and training facilities, and it has provided resident advisors for Ife and the University of Lagos. It has assisted family planning services at Zuma Memorial Hospital in Irrua and postpartum programs at Lagos Island Maternity Hospital and the University of Ibadan. Fellowships have also been given.

The Pathfinder Fund has provided funds and other assistance to the Family Planning Council and paid the salary of the Council's first organizing secretary. In 1970, Pathfinder continued to evaluate an IUD followup study in Nigeria as part of its International IUD Program and completed a comparative study of two devices. Pathfinder in 1970 also provided a travel grant for a Nigerian nurse to study at the Margaret Sanger Research Bureau.

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 and family planning services and for research. This program was extended for 18 months by a \$50,000 grant in 1969. The Johns Hopkins School of Hygiene and Public Health also supplied some staff and other backstopping support to the program. Through its West Africa regional office in Lagos, the Foundation has provided \$724,000 since 1968 for an exploratory program in population studies and family planning in West Africa. Through this assistance, for example, Nigerian and Ghanaian leaders have toured Asian family planning programs, and a number of West African countries sent participants to the 1969, 1970, and 1971 sessions of the summer population workshop at the University of Chicago. Foundation consultants have advised on Nigerian clinic operations, health education, mass communications, and staff training. The Foundation also maintains a resident West Africa advisor in its Lagos office. That office has begun an informal population information service.

The Rockefeller Foundation has provided \$59,300 to the University of Ibadan.

Church World Service has assisted by providing limited supplies and medical staff.

Oxfam, through IPPF, has provided equipment, salaries, and transportation costs for the Family Planning Council of Nigeria. It also has contributed to the Sudan United Mission for family planning work.

The Unitarian Universalist Service Committee has initiated family planning education activities in conjunction with maternal and child health services.

The World Neighbors program, disrupted during the Nigerian civil war, has been rebuilt. As part of a total program of agricultural extension and poultry development, strong emphasis is placed on family welfare, including family planning.

The Swedish International Development Authority has granted \$28,400 to IPPF for assistance to the Family Planning Council.

The U.N. Fund for Population Activities is financing the services of a professor/assistant professor or senior lecturer in demography and quantitative economics at the University of Lagos. It also has helped finance a population seminar.

The World Health Organization has supplied funds for training and for research.

Réunion

Demographic information

<i>Population according to census of</i>	
<i>October 16, 1967</i>	<i>416,525</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>453,000</i>
<i>Births per 1,000 population, 1970</i>	<i>35</i>
<i>Deaths per 1,000 population, 1970</i>	<i>9</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>58</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.6</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>27</i>
<i>Percent of registered births, first-born, 1967</i>	<i>16</i>
<i>Median birth order, 1967</i>	<i>3.8</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	<i>5</i>
<i>Median maternal age, 1967</i>	<i>28</i>
<i>Percent urban, 1970</i>	<i>47</i>
<i>Percent of labor force in agriculture, 1961</i>	<i>42</i>
<i>Per capita gross national product, 1968</i>	<i>\$610</i>
<i>Percent literate, 1967</i>	<i>52</i>

Highlights of activities

An Overseas Department of France, Réunion is covered by a new French law that encourages local government support for family planning. Despite

some religious opposition, the Government's attitude toward family planning is favorable. A family planning association called Orientation Familiale, wholly financed by the French Government, was established in 1966.

Eleven family planning centers are open daily. The stated target of the association's program is to reach 25,000 to 30,000 women by 1971. During 1969, clinic attendance increased by 57 percent, largely as a result of an education/publicity campaign.

The Association Reunionaise pour l'Education Populaire, a primarily Catholic organization, teaches marriage guidance and the rhythm method. Over 30 private practitioners are prescribing orals.

A.I.D. assistance

A.I.D. has given no direct assistance.

Other assistance

IPPF has sent personnel, at the Government's request, to provide guidance and advice on Orientation Familiale's educational and information program in family planning.

Rhodesia

Demographic information

<i>Population according to census of</i>	
<i>April 21-May 11, 1969</i>	¹ 5,099,344
<i>Estimated population,</i>	
<i>January 1, 1971</i>	5,419,000
<i>Births per 1,000 population, 1970</i>	47
<i>Deaths per 1,000 population, 1970</i>	12
<i>Infant deaths per 1,000 live births, 1970 . .</i>	65
<i>Rate of natural increase, 1970 (percent) . . .</i>	3.5
<i>Annual growth rate, 1970</i>	
<i>(including migration)</i>	3.6
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	20
<i>Percent of registered births,</i>	
<i>first-born, 1968</i>	² 36
<i>Median birth order, 1968</i>	² 1.9
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1968 . . .</i>	² 8
<i>Median maternal age, 1965</i>	² 26
<i>Percent urban, 1970</i>	22
<i>Percent of labor force in agriculture, 1965 . .</i>	73
<i>Per capita gross national product, 1969 . .</i>	\$255
<i>Percent literate, 1970</i>	25-30

¹Includes non-African population as of March 20, 1969.

²Based on incomplete registration of births.

Highlights of activities

The Government of Rhodesia has taken a positive attitude toward family planning and is providing increasing support. The Social Welfare and Health Ministries and the Municipality of Salisbury contribute financially to the country's voluntary family planning agency.

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

The Family Planning Association of Rhodesia was founded in 1957. At first, it concentrated mainly on education through films, pamphlets, and talks. As interest in family planning grew, clinics were established by municipal governments, hospitals, and the Association's seven branch organizations. Today, there are 250 government, private, industrial, and mission clinics offering family planning services.

The Association still considers its main task to be education and field work. It maintains education film units for traveling talk and film shows and has 50 fieldworkers who visit people in their homes. In 1970, these fieldworkers visited nearly 74,000 homes and gave over 1,000 group talks to approximately 29,000 persons. The Association has made several films in African languages and English and has produced literature in Shona, Chinyanja, and Sindebele. In 1970 it gave family planning training to medical students, nurses, midwives, and fieldworkers.

The Faculty of Medicine at the University College is actively involved in training students for family planning. Government nurses at maternal and child health centers receive family planning training, and family planning courses are given at the Domboshawa Government Training Center. The new Spilhaus Family Planning Center was opened in January 1970 and during the year provided services to more than 5,000 patients, half of whom were new.

A.I.D. assistance

A.I.D. has provided no direct assistance.

Other assistance

The International Planned Parenthood Federation has previously provided assistance to the Rhodesian Family Planning Association.

The Pathfinder Fund has completed a series of long-range IUD evaluation projects which were initiated in the late 1950's.

Church World Service has supported limited family planning programs.

Oxfam in 1968, 1969, and 1970 provided assistance to the Family Planning 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. Oxfam of Canada in 1968-69 provided \$5,000 to the Association toward equipment and medical supplies.

World Neighbors is working with the Hlekweni Rural Training Center serving the Matabele area. The program cooperates with the Rhodesian Family Planning Association and the YWCA in help for family planning.

Rwanda

Demographic information

Population according to sample survey

June-July 1952 ¹2,147,694

Estimated population,

January 1, 1971 3,641,000

Births per 1,000 population, 1970 52

Deaths per 1,000 population, 1970 22

Infant deaths per 1,000 live births, 1970 . . 124

Rate of natural increase, 1970 (percent) . . 3.0

Number of years to double population at the 1970 rate of natural increase 23

Percent of registered births, first-born NA

Median birth order NA

Percent of registered births born to women less than 20 years old NA

Median maternal age NA

Percent urban, 1970 0

Percent of labor force in agriculture, 1965 . . 95

Per capita gross national product, 1968 . . . \$70

Percent literate, 1970 10

¹Including 3,716 non-Africans who were enumerated January 3, 1958.

Highlights of activities

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

A number of doctors have been trained in contraceptive techniques.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

IPPF provides some support for family planning activities. Two nurse-midwives were trained in family planning at a special French language course at IPPF's Family Welfare Training Center in Nairobi, Kenya. With funding from Oxfam, IPPF is helping to include health education and family planning in the program of the Ruhengeri Nutritional Center in northern Rwanda. In July 1970, IPPF helped finance a Government-organized international symposium on the "African Family."

The Pathfinder Fund is supporting a project at the Medical School of Butare University to incorporate family planning in the public health program in the prefecture of Butare. Family planning services are offered as part of maternal and child health care in a postnatal clinic. Rwandan medical students are participating in the program, and midwives are receiving family planning training. In 1970, Pathfinder sponsored a training program for three Rwandans in family planning techniques at Makerere University in Uganda and at that country's National Family Planning Association.

Family planning education is included in the World Neighbors rural development program.

Senegal

Demographic information

Population according to sample surveys

April 1960-August 1961 3,109,840

Estimated population,

January 1, 1971 3,867,000

Births per 1,000 population, 1970 45

Deaths per 1,000 population, 1970 21

Infant deaths per 1,000 live births, 1970 . . 156

Rate of natural increase, 1970 (percent) . . 2.4

Number of years to double population at the 1970 rate of natural increase 29

Percent of registered births, first-born NA

Median birth order NA

Percent of registered births born to women less than 20 years old NA

Median maternal age NA

Percent urban, 1970 26

Percent of labor force in agriculture, 1965 . . 74

Per capita gross national product, 1969 . . \$185

Percent literate, 1970 5-10

Highlights of activities

The Government of Senegal has no official policy concerning population or family planning. However, at an Economic Commission for Africa meeting in January 1970, the Senegalese delegate said that the Government had requested help to discover the demographic situation on which policy can be based.

A voluntary family planning association was organized in January 1970. The association opened a clinic in Dakar and began work in July.

Family planning advice has been given by a few local doctors, who have also done IUD insertions. IUDs have also been inserted by a trained midwife at a private maternity clinic in Dakar.

A.I.D. assistance

A.I.D. has provided no direct assistance for family planning.

Other assistance

IPPF is assisting the new family planning association with budgeting support and commodities. In June 1970, two association staff members attended a family planning training course, conducted in French, at the IPPF Family Welfare Training Center in Nairobi, Kenya. IPPF and Population Council representatives visited Senegal in 1969.

The Pathfinder Fund in 1965 helped a Senegalese midwife to set up a family planning clinic in Dakar. Since then, five subcenters have been established outside Dakar, and roving teams of trained personnel insert IUDs, conduct post-insertion checkups, give child-spacing lectures, and distribute family planning literature. Contacts are established through local doctors, nurses, and social workers. In 1969, Pathfinder provided a travel grant to a professor of pharmacy from Senegal to attend the Seventh International Health and Health Education Conference in Buenos Aires, Argentina.

The Ford Foundation provided travel awards to several Senegalese to attend the family planning workshop at the University of Chicago in 1969.

The Rockefeller Foundation in 1965 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.

The United Nations African Institute for Economic Development and Planning in Dakar

includes some demographic material in its course on development planning. The U.N. Fund for Population Activities has provided an expert to assist with a sample survey covering the structure of the population and internal migration trends, as well as fertility trends.

Seychelles

Demographic information

<i>Population according to census of</i>	
<i>May 4, 1960</i>	41,425
<i>Estimated population,</i>	
<i>January 1, 1971</i>	52,000
<i>Births per 1,000 population, 1970</i>	36
<i>Deaths per 1,000 population, 1970</i>	11
<i>Infant deaths per 1,000 live births, 1970</i>	53
<i>Rate of natural increase, 1970 (percent)</i>	2.5
<i>Annual growth rate,</i>	
<i>1970 (including migration)</i>	2.0
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	28
<i>Percent of registered births, first-born</i>	
<i>1967</i>	¹ 16
<i>Median birth order, 1967</i>	¹ 4.1
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	18
<i>Median maternal age, 1967</i>	¹ 28
<i>Percent urban, 1970</i>	0
<i>Percent of labor force in agriculture</i>	NA
<i>Per capita gross national product, 1968</i>	\$70
<i>Percent literate</i>	NA

¹Based on incomplete registration of births.

Highlights of activities

Seychelles, a British colony, has no official population policy. However, an English doctor, supported by a grant from the U.K. Ministry of Overseas Development, has been working since 1965 to create a family planning service. So far, three clinics have been opened, one in Mahe and two in Praslin. There are plans to open another on the island of La Digue.

All methods of contraception are offered, but orals are by far the most popular. The doctor now expects to see as many as 30 family planning patients on a good day. She also distributes literature and promotes concern for maternal and child health.

In addition to the doctor, two fully trained nurse-midwives, a nurse, and a fieldworker are engaged in family planning services.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

The IPPF has administered the grant made by the Ministry of Overseas Development to set up family planning services and has provided literature from its African regional office in Nairobi. Since mid-1970, IPPF has supported family planning clinics.

The Pathfinder Fund has provided contraceptives to Seychelles.

Sierra Leone

Demographic information

Population according to census of

April 1, 1963	2,180,355
<i>Estimated population,</i>	
January 1, 1971	¹ 2,681,000
Births per 1,000 population, 1970	45
Deaths per 1,000 population, 1970	22
Infant deaths per 1,000 live births, 1970	² 136
Rate of natural increase, 1970 (percent)	2.3
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	30
Percent of registered births, first-born	NA
Median birth order	NA
<i>Percent of registered births born to</i>	
women less than 20 years old	NA
Median maternal age	NA
Percent urban, 1970	14
<i>Percent of labor force in</i>	
agriculture, 1965	75
Per capita gross national product, 1969	\$164
Percent literate, 1970	10

¹ Estimate includes adjustment for underenumeration estimated at 5 percent.

² Western area only.

Highlights of activities

The Government of Sierra Leone has expressed a favorable attitude toward the inclusion of family planning in health services.

Family planning facilities are being set up by the voluntary Planned Parenthood Association, which was established in 1960 and became a member of the International Planned Parenthood Federation in

1968. Initially the Association held one weekly clinic session at Freetown's principal maternity hospital. In 1966, an office/clinic was opened in Freetown, where two weekly sessions were held. In order to expand services to the provinces, clinic premises were acquired in Makeni, Bo, and Kenema during 1970. New clinic visits totaled 359, old client visits 2,378.

Educational programs are a major part of the Association's work. It has conducted a massive publicity campaign using radio, television, and the press; it organized a Planned Parenthood Week with public meetings and films; it has produced and distributed leaflets and other publications; and it has accepted the Department of Health's invitation to participate in a program to introduce sex education in the schools. At the Association's request, the Government removed the duty on imported contraceptives.

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 in Copenhagen.

Other assistance

The International Planned Parenthood Association provides a grant to the family planning association. In 1967, an IPPF training team visited Sierra Leone to give lectures on radio and television and to contact people in rural areas, mining camps, and hospitals.

The Population Council supplies a demographer at Fourah Bay College and bursaries for masters degree students in population and geography at the same college. Support has been made available to the Office of the Government Statistician for development of an experiment in registration of vital events. A national KAP survey was also funded.

The Pathfinder Fund has completed a 3-year project of IUD insertions as part of its International IUD Program.

The Ford Foundation provided travel awards to several Sierra Leoneans for participation in the family planning workshop at the University of Chicago in 1969.

Oxfam in 1966 supplied education materials through IPPF.

The U.N. Fund for Population Activities provided funds for the organizing secretary of the Planned Parenthood Association of Sierra Leone to visit and study family planning activities in other

African countries. It has provided funds for a vital statistics expert to collaborate with WHO on a vital and health statistics development project. It has provided communications fellowships and has helped finance a demographic unit at Fourah Bay College.

South Africa

Demographic information

Population according to census of

May 6, 1970	21,282,000
<i>Estimated population,</i>	
January 1, 1971	21,621,000
Births per 1,000 population, 1970	41
Deaths per 1,000 population, 1970	17
Infant deaths per 1,000 live births, 1970 . .	NA
Rate of natural increase, 1970 (percent) . .	2.4
Number of years to double population at the 1970 rate of natural increase	29
Percent of registered births, first-born	NA
Median birth order	NA
Percent of registered births born to women less than 20 years old	NA
Median maternal age	NA
Percent urban, 1970	51
Percent of labor force in agriculture, 1965. . .	29
Per capita gross national product, 1969 . . . ¹	\$716
Percent literate, 1970	35

¹Estimated.

Highlights of activities

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

The Government, in conjunction with local authorities, supports the National Council for Maternal and Child Welfare. Founded in 1932, the Council is a member of the International Planned Parenthood Federation. The Council is the coordinating body for regional family planning associations. These associations continue to open new clinics while turning over established ones to local authorities. So far, 97 have been handed over, and 132 are still run by the associations.

The Council has initiated factory clinics to combat the high dropout rate among working mothers and farm clinics for women in rural areas. The major expansion of its work currently lies in the field of education.

A.I.D. assistance

A.I.D. has provided no direct assistance for family planning.

Other assistance

The Pathfinder Fund is analyzing data on IUD performance as part of its International IUD Program.

World Neighbors operates a rural development program in the Transkei and Zululand, emphasizing overall family health and welfare. Family planning education is included wherever possible.

Sudan

Demographic information

Population according to sample survey

January 1956	10,262,536
<i>Estimated population,</i>	
January 1, 1971	15,965,000
Births per 1,000 population, 1970	49
Deaths per 1,000 population, 1970	17
Infant deaths per 1,000 live births, 1970 . .	121
Rate of natural increase, 1970 (percent) . . .	3.2
Number of years to double population at the 1970 rate of natural increase	22
Percent of registered births, first-born	NA
Median birth order	NA
Percent of registered births born to women less than 20 years old	NA
Median maternal age	NA
Percent urban, 1970	10
Percent of labor force in agriculture, 1965. . .	78
Per capita gross national product, 1969 . . .	\$114
Percent literate, 1970	10-15

Highlights of activities

The Government of Sudan supports family planning although it as yet has no announced population policy. A report prepared for the January 1970 meeting of the Economic Commission for Africa stated: "...the country cannot afford the rise in fertility which might follow economic development. It is necessary to emphasize that unless measures are initiated at this stage to control the birth rate, and thereby the rate of population growth, a continuously increasing amount of effort on the part of the community will have to be used to maintain existing standards of consumption... In these circumstances it is necessary to stress the need for population policy as part of economic planning."

The Sudan Family Planning Association was formed in 1965, and the first clinic was opened in Khartoum in 1966. The Association became a member of the International Planned Parenthood Federation in 1971. It now runs two clinics in Khartoum and two others in Omdurman—all Government health centers. The model clinic in the central office serves as a staff training center and may be used in the future as a fertility clinic. Instruction of volunteer workers and patients at family planning clinics is assisted by the Sudan Medical Association, the Khartoum Nursing College, physicians in Khartoum, and the University of Khartoum.

A.I.D. assistance

A.I.D. has provided no direct assistance.

Other assistance

Representatives of the International Planned Parenthood Federation and the Pathfinder Fund have visited the Family Planning Association. The IPPF gives an annual grant to the association. Pathfinder has contributed literature and contraceptives to the Ministry of Health and helped start a program at Omdurman. The Population Council has provided fellowships. 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</i>	
<i>August 26, 1967</i>	<i>12,311,991</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>13,478,000</i>
<i>Births per 1,000 population, 1970</i>	<i>47</i>
<i>Deaths per 1,000 population, 1970</i>	<i>20</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>165</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.7</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase.</i>	<i>26</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age, 1957</i>	<i>26</i>
<i>Percent urban, 1970</i>	<i>7</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>95</i>
<i>Per capita gross national product, 1969</i>	<i>\$95</i>
<i>Percent literate, 1970</i>	<i>15-20</i>

Highlights of activities

The Government of Tanzania is aware of the impact of population growth on the country's economic development. Several Government spokesmen have expressed support for the work being done by the private family planning organization, and the Government recently permitted family planning clinics to open in Government hospitals. The municipality of Dar es Salaam has a considerable family planning program, and the Government of Tanzania has encouraged the voluntary family planning organization to undertake an extensive training, education, and information program in family planning. In Zanzibar, however, a 1967 law forbids the sale or importation of contraceptives.

The Family Planning Association of Dar es Salaam was founded in 1959 with one clinic. This organization became the Family Planning Association of Tanzania in 1966 and joined the IPPF in 1969. It now runs 30 clinics in Government health centers and hospitals. During 1970 there were nearly 7,000 new acceptors and more than 9,000 revisits.

The Association has trained doctors, nurse-midwives, and medical students and pays three health educators to work through maternal and child health centers. Eight health educators received training at the IPPF training center in Nairobi. At the end of 1970 the Family Planning Association initiated a training program which will run throughout 1971 to train personnel working for Government and voluntary hospitals and health centers. The Association also produces literature and radio programs on family planning.

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 course in statistics, including census taking and vital statistics.

A.I.D. assistance

A.I.D. has provided no direct assistance.

Other assistance

The International Planned Parenthood Federation supports the work of the Family Planning Association and also has provided financial support for work at three mission hospitals in the Masasi area.

The Pathfinder Fund supported the Family Planning Association until IPPF began assistance in 1965. Pathfinder has also provided funds for a full-time home visitor and donated contraceptives.

The Population Council is providing a demographer for the staff of the University College of Dar es Salaam; the demographer also is advising the Central Statistical Bureau of the Tanzanian Government on census analysis. Support has also been provided to enable a member of the University College's Department of Geography to carry out special analyses of census data on migration.

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.

Church World Service has provided limited family planning assistance.

Oxfam, through IPPF, provided funds for the purchase and operating costs of a vehicle for the Medical Director of the Family Planning Association in March 1968. In January 1969, Oxfam paid for refurbishing and equipping a clinic at Muhumbili Hospital.

Family planning education is included in the World Neighbors rural development program, which stresses family health, nutrition, and sanitation.

The Swedish International Development Authority granted \$27,000 in the late 1960's for construction and operation of a clinic in Dar es Salaam and for personnel training.

The U.N. Fund for Population Activities has helped finance printing of census publications.

Togo

Demographic information

<i>Population according to census of</i>	
April 30, 1970	1,955,916
<i>Estimated population,</i>	
January 1, 1971	1,991,000
Births per 1,000 population, 1970	51
Deaths per 1,000 population, 1970	25
Infant deaths per 1,000 live births, 1970 . . .	163
Rate of natural increase, 1970 (percent) . . .	2.6
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	27
Percent of registered births, first-born	NA
Median birth order	NA
<i>Percent of registered births born to</i>	
women less than 20 years old	NA
Median maternal age	NA
Percent urban, 1970	16
Percent of labor force in agriculture, 1965 . .	79
Per capita gross national product, 1969 . . .	\$124
Percent literate, 1970	5-10

Highlights of activities

The Government of Togo has no official family planning policy, but recognizes in its development plan that the country's rapid increase in population under the age of 20 (56 percent) could have profound effects on the country's economic development.

A family planning association was formed recently.

A.I.D. assistance

A.I.D. has provided no direct assistance.

Other assistance

The Population Council is supporting a knowledge, attitudes, and practices survey being carried out by the demographic unit of the University of Ghana.

The Pathfinder Fund has sent medical supplies and contraceptives to the Lome family planning clinic.

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

Tunisia

Demographic information

<i>Population according to census of</i>	
May 3, 1966	4,533,351
<i>Estimated population,</i>	
January 1, 1971	5,291,000
Births per 1,000 population, 1970	41
Deaths per 1,000 population, 1970	15
Infant deaths per 1,000 live births, 1970 . . .	120
Rate of natural increase, 1970 (percent) . . .	2.6
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	27
Percent of registered births, first-born, 1960 . . ¹	14
Median birth order, 1960	3.8
<i>Percent of registered births born to</i>	
women less than 20 years old, 1960	16
Median maternal age, 1960	129
Percent urban, 1970	44
Percent of labor force in agriculture, 1966 . . .	41
Per capita gross national product, 1969 . . .	\$242
Percent literate, 1970	30

¹Based on incomplete registration of births.

Highlights of activities

The Government of Tunisia has favored planned parenthood since the early 1960's and officially launched a nationwide family planning program in 1966 following a number of actions indicating its concern about the population problem.

In 1966, the Government announced its target of reducing the annual birth rate from 45 to 38 per thousand population in 10 years. In implementing its program, the Government has supported the integration of family planning into maternal and child health services in maternity and gynecological departments of hospitals.

In 1971, the Government issued a decree to establish a Family Planning Institute, which will begin operation in early 1972.

President Habib Bourguiba first called attention to Tunisia's population growth in 1960. Also in that year, polygamy was outlawed and family allowances for industrial workers were limited to four children. In 1961, laws against contraceptives were repealed, and their importation and sale to the public was permitted.

In 1962, the Tunisian Government held discussions on family planning 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. Gynecologists, demographers, sociologists, and information-communications leaders were trained during a 4-week seminar. This preliminary phase included a 1964 Population Council survey of knowledge, attitudes, and practices.

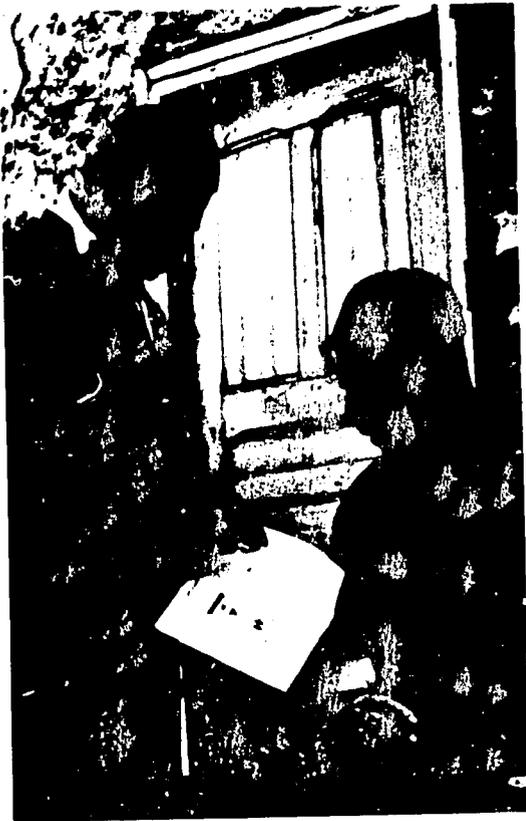
The Council's survey showed that a high percentage of all Tunisian women favored family planning. The average woman desired fewer than five children; nearly half wanted to bear no more children; and nearly two-thirds wanted to know about birth control. Only 15 percent of the women surveyed had any knowledge 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 semi-urban areas. Half of the clinics offered the IUD, while others offered other methods, including orals.

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 childbearing age. In order to achieve this objective,

Tunisia's official encouragement of family planning reaches out to many occupations—including this group of miners.





Questionnaires, left, and pamphlets, above, were handed out in Mateur, Tunisia, during an April 1971 family planning campaign.

Below, a family planning worker consults with a new mother as part of the country's postpartum family planning program. Right, a young farmer of Mateur proudly wears the official family planning emblem.



family planning is being integrated into the national health services, with family planning services being offered in clinics, in all hospitals, and at all maternal and child health centers. At present, there are 88 maternal and child health centers, of which 19 are maternities. Altogether, there are over 300 locations at which family planning services are available. In addition, 15 mobile clinics provide family planning services in rural areas.

A postpartum program, including house-to-house visits, is being developed. Training of general practitioners who are in government service in IUD insertions has continued since the beginning of the Government program. The Ministry of Health runs educational courses for nurses, midwives, auxiliary health workers, and social workers involved in planned parenthood activities.

The Ministry of Health has undertaken the expansion of its statistical services with the training of several demographers at the ECA-sponsored African Demographic Research Institute in Cairo. Several Tunisians have been enrolled in the United Nations-sponsored National Institute of Statistics and Applied Economics in Rabat.

A family planning association, Association Tunisienne de Planning Familial, was founded in April 1968 and became an IPPF member the following year. Branches have been established throughout the country. Because of the extensive Government program, the Association plans to work principally as an educational organization in cooperation with the Government.

The Union Nationale Feminine Tunisienne works in family planning at the village level.

A.I.D. assistance

A.I.D. provided \$858,000 to the Tunisian Family Planning Program; \$510,000 of this was for the purchase of U.S.-owned excess local currencies.

Additional assistance to the program was provided by the Ford Foundation, Population Council, and the U.S. Public Health Service.

A.I.D.'s first agreement to provide assistance was signed with the Tunisian Government in January 1968. It provided for an A.I.D.-financed health educator; contraceptives other than IUDs, which are provided by the Population Council; limited quantities of medical and surgical instruments and pharmaceuticals; audiovisual and printing equipment; and statistical machines.

In 1971, there were four A.I.D. financed technicians—a public health physician, a public

health nurse educator, a public health administrator (non-physician), and a health educator in Tunisia.

A.I.D. has provided training in the United States for Tunisians to prepare them for careers in health education and family planning. A.I.D. also is financing short-term training of public health physicians and other professional personnel working in family planning and related fields.

Other assistance

The International Planned Parenthood Association assists the Tunisian family planning association.

Starting in 1964, the Population Council provided the services of a resident medical advisor, and in 1966 the Council supplied a grant for an experimental demographic program and for demographic advisors. Since 1964 the Council has provided assistance to the University of Tunis Centre d'Etudes et de Recherches Economiques et Sociales for demographic training and research. A seminar on the demography of the Maghreb at the University of Tunis in 1969 was partly supported by the Council.

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 family planning program in 1966 and 1967 with a second grant of \$324,000. Since 1969 the Council's activities have been undertaken under a Ford Foundation North African Regional grant which was augmented for the period 1970-72. In conjunction with Ford, the Population Council has provided a public health physician in a general advisory role and a demographer in research and evaluation. The Council has continued to provide a limited number of fellowships for Tunisians to study abroad. It also provided an education advisor in 1969 who has been working on school education prototype films and audiovisual teaching materials.

Under an agreement with the Swedish Government signed in 1963, a maternal and child health center in Kelibia began full-scale operation in 1967. Sweden has from mid-1965 up to 1971 provided staff for the family planning clinic at the center which provides medical treatment, consultation, and training. The staff has included one gynecologist-obstetrician, one pediatrician, two midwives, and two nurses. In 1968, Sweden made available an audiovisual expert so that the national family planning program could establish a special unit for production of information materials. Sweden has also provided two consultants for the planning and

Tunisian family planning workers and villagers take a break during the family planning campaign at Mateur.



Below left, Tunisians examine display at a family planning exposition. Right, a banner stretched across this busy Tunis street calls attention to availability of family planning services.



implementation of a cytology pilot scheme within the program. Most of these activities will, from the Swedish side, be wound up in 1971. Future assistance of nationwide scope to the Tunisian family planning program will be negotiated in the fall of 1971. Through mid-1971, Swedish assistance totaled approximately \$1.3 million.

The Government of the Netherlands has allocated \$235,000 to help implement the family planning program. Under this project, the Netherlands is providing personnel and equipment for medical training and clinical research.

U.S. Peace Corps volunteers are working in support of Tunisia's family planning program.

The U.N. Fund for Population Activities and the World Health Organization have assisted with training, advice, and statistics. The U.N. Economic Commission for Africa provides fellowships for Tunisian students at Rabat Statistical Institute.

In April 1971, the Tunisian Government signed a credit agreement with the International Development Association of the World Bank Group for \$4.8 million for further expansion of the family planning program throughout the country.

Uganda

Demographic information

<i>Population according to census of</i>	
<i>August 18, 1969</i>	<i>9,534,000</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>9,904,000</i>
<i>Births per 1,000 population, 1970</i>	<i>45</i>
<i>Deaths per 1,000 population, 1970</i>	<i>17</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>124</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.8</i>
<i>Annual growth rate, 1970</i>	
<i>(including migration)</i>	<i>2.9</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>25</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1959</i>	<i>14</i>
<i>Median maternal age, 1959</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>8</i>
<i>Percent of labor force in agriculture,</i>	
<i>1965</i>	<i>89</i>
<i>Per capita gross national product, 1969</i>	<i>\$118</i>
<i>Percent literate, 1970</i>	<i>20</i>

¹Based on incomplete information on birth data.

Highlights of activities

The Government of Uganda maintains a cautious attitude toward family planning, recognizing it as a means of improving maternal and child health but not advocating it as a means of limiting population growth.

The Family Planning Association of Uganda dates from 1957 and is a member of the International Planned Parenthood Federation. Until 1964, services were provided at the Aga Khan Health Center and then at the Kampala City Council Health Center. That year, the Association opened its own offices and clinic in Kampala. From 1963 to 1968, attendance in Kampala rose 14 times. In 1970, 42 clinics gave family planning services to over 22,000 persons.

The Association sponsors branch clinics at Mengo Hospital and in Jinja, Tororo, Fort Portal, Kilembe Mines, Mbarara, Kasangati, Lugazi, Kakira, Gulu, Soroti, Kahale, and Toro/Kahuna. Some of these clinics are incorporated in municipal health centers. The Association supports a full-time cytologist at the Medical School of Makerere University College in Kampala.

In its educational program, the Family Planning Association makes use of films and of leaflets printed in English, Luganda, and four vernacular languages.

Talks on the benefits of family planning and the maintenance of sound health are given by trained workers in the Mulago Hospital wards and outpatient clinics in Kampala, Kampala City Council clinics, and mission clinics in rural areas surrounding Kampala.

Instruction in the medical, social, and economic aspects of family planning as a part of public health is available to students of medicine, nursing, midwifery, and public health. The Department of Sociology at Makerere University offers a course in demography.

A.I.D. assistance

A.I.D. allocated \$100,000 for assistance to population projects in Uganda in fiscal 1971. Of this amount, approximately \$68,000 continued activities under a maternal and child health training project, and \$32,000 went for activities in support of A.I.D. assistance to the Uganda Computer Center charged with processing the 1969 census of Uganda.

Two new participants from the Computer Center were trained in statistics during the year, and services of the American data processing computer programmer-manager were extended several months. The Family Planning Association of Uganda received some A.I.D. assistance to partially finance a training course for rural FPA employees.

Other assistance

The International Planned Parenthood Federation provides financial and commodity support to the Family Planning Association of Uganda. IPPF also supports the training of maternal and child health demonstrators at Makerere University. In April 1967, it provided for the participation of an Association director at the IPPF family planning conference in Santiago, Chile.

The Population Council is providing a resident advisor in demography to the Social Studies Center of Makerere University and is supporting a program of research and vital registration in differential growth in the various regions of Uganda, carried out by the same unit. The Council is also providing fellowships.

The Pathfinder Fund finances the services of a doctor who is a professor of preventive medicine and director of the Regional Family Health Education Center at Makerere University. Pathfinder has also supplied oral contraceptives and IUDs, as well as films. In 1970, it provided a travel grant for a prominent nurse-midwife to study at the Margaret Sanger Research Bureau in New York. Four members of the Family Planning Association of Uganda received a travel grant from Pathfinder to attend the International Family Planning Conference in Pakistan in 1969. As part of its International IUD Program, Pathfinder has analyzed 1,200 primary IUD insertions.

The Rockefeller Foundation provided grants during both 1967 and 1968 to the Medical School of Makerere University College 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. In 1969, the Foundation made a grant of \$12,500 to the Pathfinder Fund for the expenses of a visiting lecturer in the Faculty of Medicine.

Church World Service has a limited program.

In March 1967, Oxfam, through IPPF, provided about \$11,600 to the Family Planning Association for education work, salaries for doctors and midwives, and costs of maternal and child health demonstrations. In 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. Oxfam of Canada in 1968-69 provided funds to the Family

Planning Association for salaries and travel expenses of medical personnel and in 1970 paid salaries for a year of demonstrator teaching of family planning.

World Neighbors works closely with the Uganda Family Planning Association in utilizing rural clinics, training facilities, and personnel.

World Neighbors' women workers at the Martyrs Community Center in Kampala have incorporated family planning into their home visits and their work with women's groups. Women are brought into the family planning clinics held at the Center or to mobile clinics in the Kampala area. Workers in both the Kigesi and provincial programs emphasize family planning education.

Program effectiveness is expected to increase with delivery of audiovisual equipment and films for use in extension work.

In 1969, Denmark made a grant of \$148,000 to cover the building costs of a family health training center at Makerere University College in Kampala, and to supply necessary equipment. A supplemental grant of \$28,000 was made in 1970 to build a top floor on the center for use as laboratories. The center will provide family planning and maternal and child health education and training. It will operate as part of the University College's medical school.

Upper Volta

Demographic information

Population according to sample survey

<i>September 1960-April 1961.</i>	<i>¹4,400,000</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>5,438,000</i>
<i>Births per 1,000 population, 1970</i>	<i>49</i>
<i>Deaths per 1,000 population, 1970</i>	<i>29</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>181</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.0</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>35</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age</i>	<i>NA</i>
<i>Percent urban, 1970</i>	<i>5</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>87</i>
<i>Per capita gross national product, 1969</i>	<i>\$50</i>
<i>Percent literate, 1970</i>	<i>5-10</i>

¹Includes an estimated 100,000 persons not covered in survey.

Highlights of activities

Upper Volta has no official policy on population and family planning, and no organized activities. Contraceptives are not for sale. Some individual interest in family planning is reported.

The Government has planned to conduct a population census to be used in formulating its second 4-year plan for 1971-75.

A.I.D. assistance

A.I.D. has provided no direct assistance.

Other assistance

The Population Council has assisted a knowledge, attitudes, and practices survey through a grant made to the International Population Program of Cornell University and provides fellowships.

Representatives from the United Nations and the Quakers visited Upper Volta in 1966 and concluded independently that further education would be requisite to family planning efforts.

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</i>	
<i>August 22, 1969</i>	<i>4,056,995</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>4,215,000</i>
<i>Births per 1,000 population, 1970</i>	<i>50</i>
<i>Deaths per 1,000 population, 1970</i>	<i>21</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>159</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.9</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>24</i>
<i>Percent of registered births,</i>	
<i>first-born, 1967</i>	<i>36</i>
<i>Median birth order, 1967</i>	<i>2.0</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	<i>4</i>
<i>Median maternal age, 1967</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>22</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>81</i>
<i>Per capita gross national product, 1969</i>	<i>\$398</i>
<i>Percent literate, 1970</i>	<i>15-20</i>

Highlights of activities

The Government of Zambia maintains a neutral attitude toward family planning and has no official family planning policy. Some individual Government officials have shown an active interest in family planning. The Ministry of National Development and Planning would like to integrate family planning into health programs under the Ministry of Health, and the National Nutrition Commission is interested in including family planning in its education program. The Ministry of Health has given permission for formation of a voluntary family planning organization.

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.

Nurses, medical students, and other medical personnel receive some family planning training. 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. has provided no direct assistance for family planning.

Other assistance

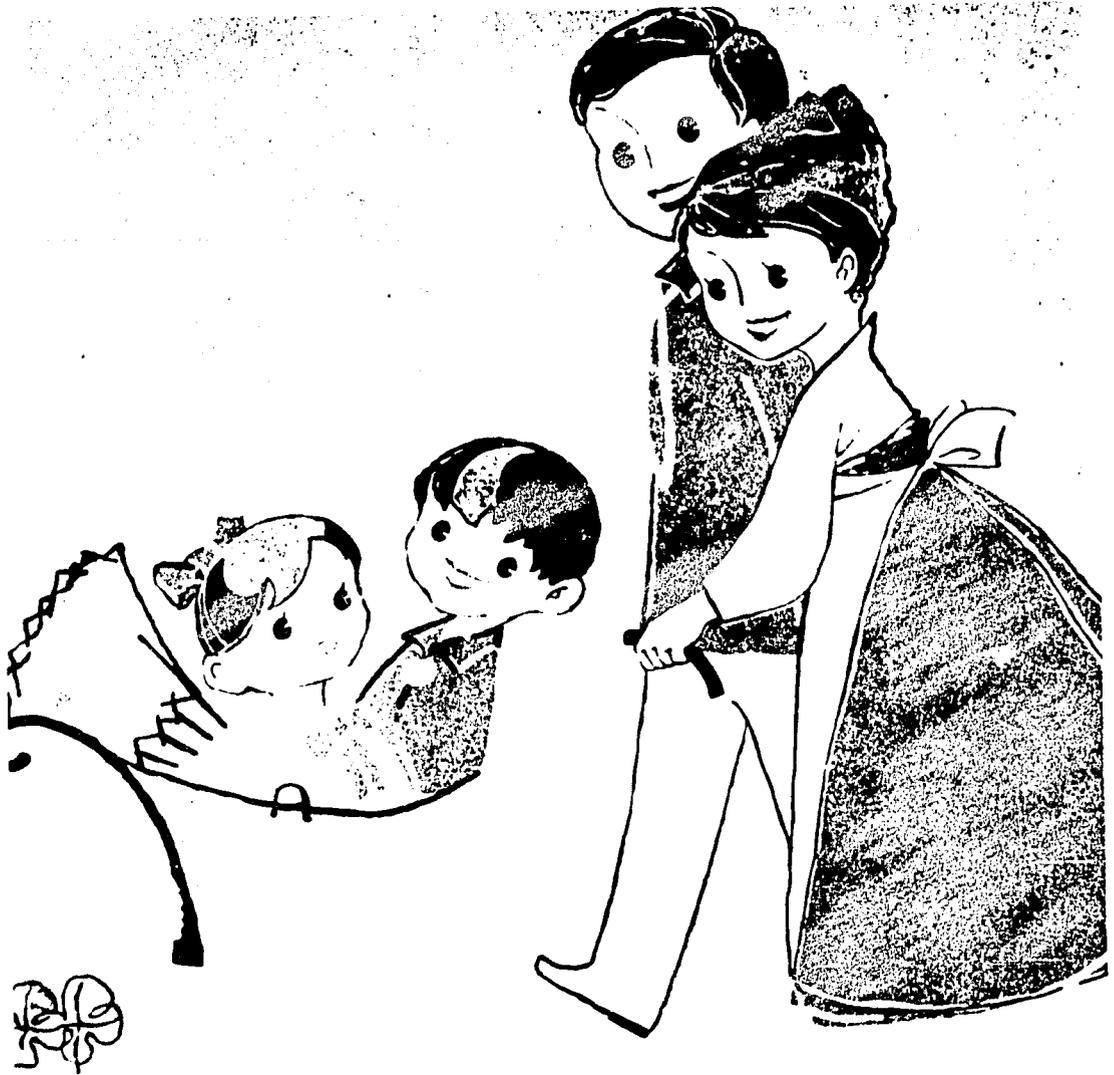
The Population Council has made two grants to the University of Zambia for support of research on rural-urban migration and for the processing and publication of a survey on population growth in selected urban and rural areas. Fellowship support is also provided.

The Pathfinder Fund has sent representatives to the country. Pathfinder has also donated contraceptives.

The Unitarian Universalist Service Committee is developing an integrated nutrition program. The program may introduce family planning education in connection with the other education activities it sponsors.

The U.N. Fund for Population Activities has provided assistance to the Government of Zambia in analyzing census data and advising the Government on their use.

East Asia

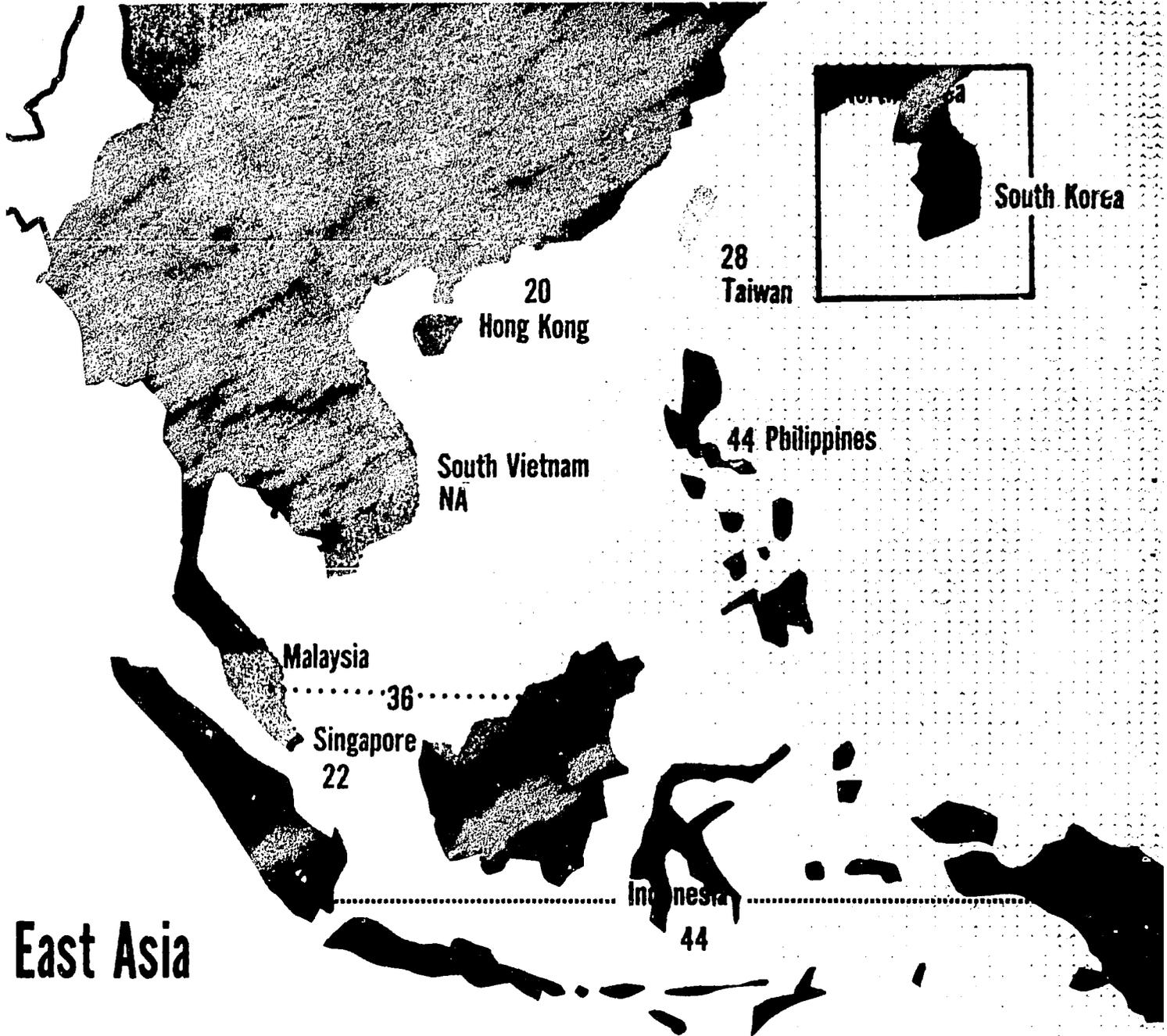


행복한 가정은 가족계획 실천으로

가장 효과적이며 안전하고 간편한 '루우프' 피임법을 아십니까?
원하시는 분은 보건소나 가족계획 지도원을 찾으십시오



Happier homes come from family planning, says this poster from Thailand. Countries of East Asia are making notable progress in expanding their population programs.



East Asia

Estimated births per 1,000, 1970

- 20 - 29
- 30 - 39
- 40 or more

East Asia

East Asian countries have made notable progress during the past year in initiating and expanding family planning programs designed to reduce population growth rates. Eight countries covered herein, comprising a population of more than a quarter billion, have national programs or support the efforts of private groups in this field.

Official programs are operating in Taiwan, South Korea, Malaysia, Singapore, Indonesia, the Philippines, and Thailand. In Hong Kong, family planning programs are conducted largely by private organizations, notably the Hong Kong Family Planning Association. However the Government provides about 35 percent of the Association's financial support. On the other hand, in Burma there is little activity officially in the family planning field as the Government believes that the country is underpopulated.

Family planning programs in East Asia have encountered little religious opposition. Even in the Philippines, an official program to reduce the population growth rate got underway in late 1969, and the Catholic Church there is developing its own program to encourage responsible parenthood. Growing levels of literacy and urbanization have boosted these programs. Primary obstacles to promoting family planning include communications difficulties in countries with several languages and/or large rural populations, sociocultural attitudes which promote large families, and discontinuance of contraceptive practices for various reasons.

Progress has been made in reducing population growth rates. In Taiwan, where a voluntary association has been active since 1954 and the Government has supported family planning since 1964, the birth rate in 1956 was 45 per thousand; today, it is 28. In the same period, the birth rate in Singapore has been reduced from 48 to 22; in South Korea from 45 to 31; and in Hong Kong from 40 to 20. Malaysia, with a current birth rate of 36 per thousand and a population growth rate of nearly 3 percent, hopes to reduce its growth rate to 2 percent by 1985.

Indonesia, the Philippines, and Thailand all have relatively high birth rates, ranging from 42 to 44 per thousand. The population of the Philippines is growing at a rate of 3.4 percent annually, the highest rate in East Asia, while the per capita gross national product is growing at 2.6 percent. However; the Government hopes to reduce the growth rate to less

than 3 percent by late 1973. Thailand's population growth rate of 3.3 percent is second highest in the region.

Some countries are barely able to maintain their current standards of living, with little or no added income for economic and social development. Most of Asia's governments recognize this problem and seek to improve the quality of life by planning population growth so as to support economic and social progress.

Moreover, a difficult challenge confronting family planning in East Asia is still to come. Births climbed substantially 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 applies particularly to Singapore, Hong Kong, and Taiwan.

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 that the current program impetus is maintained and the program is extended to rural areas.

A.I.D. assistance

A.I.D. grants in fiscal 1971 for bilateral assistance to family planning and population programs in East Asia amounted to \$10.7 million—\$2.1 million more than in fiscal 1970. The largest single recipient was the Philippines, which announced an official population policy in December 1969. In fiscal 1971, aid to the Philippine population program was \$5 million. Indonesia was the second largest recipient with \$1.8 million. Others receiving A.I.D. assistance included: South Korea, \$1.7 million; and Thailand, \$1.4 million. Regional family planning projects received assistance totaling \$1.9 million, including \$800,000 to the Population Council and \$50,000 for Colombo Plan population programs.

In the Philippines A.I.D. supports the training of doctors and paramedical personnel and helps 14 institutions engaged in population and family planning activities, including research. In Thailand A.I.D. funds support training and the extension of family planning activities to all provinces, as well as staff and commodities for the existing program. A.I.D. assistance to South Korea helps support the

new National Family Planning Research Training Center, finances research, and provides supplies and equipment. In Indonesia A.I.D. funds are used for medical equipment, contraceptive supplies, vehicles, training, and educational programs.

A.I.D. terminated its bilateral assistance program to Taiwan in 1965 as the Taiwanese economic development program has become self-sustaining. However, Taiwan's family planning program is benefiting from a Taiwan trust fund that was originally established by Taiwan and the United States with local currencies obtained from P.L. 480 sales of agricultural commodities. The Center for International Training and several research and auxiliary activities are continuing to be assisted through private organizations and research institutions in programs benefiting other countries.

On a regional basis, A.I.D. is continuing a grant program begun in 1967 with the Population Council to implement new projects in selected East Asian countries. A.I.D. also is supporting a population/family planning center at the East-West Center, University of Hawaii, offering studies in population dynamics for Asian students.

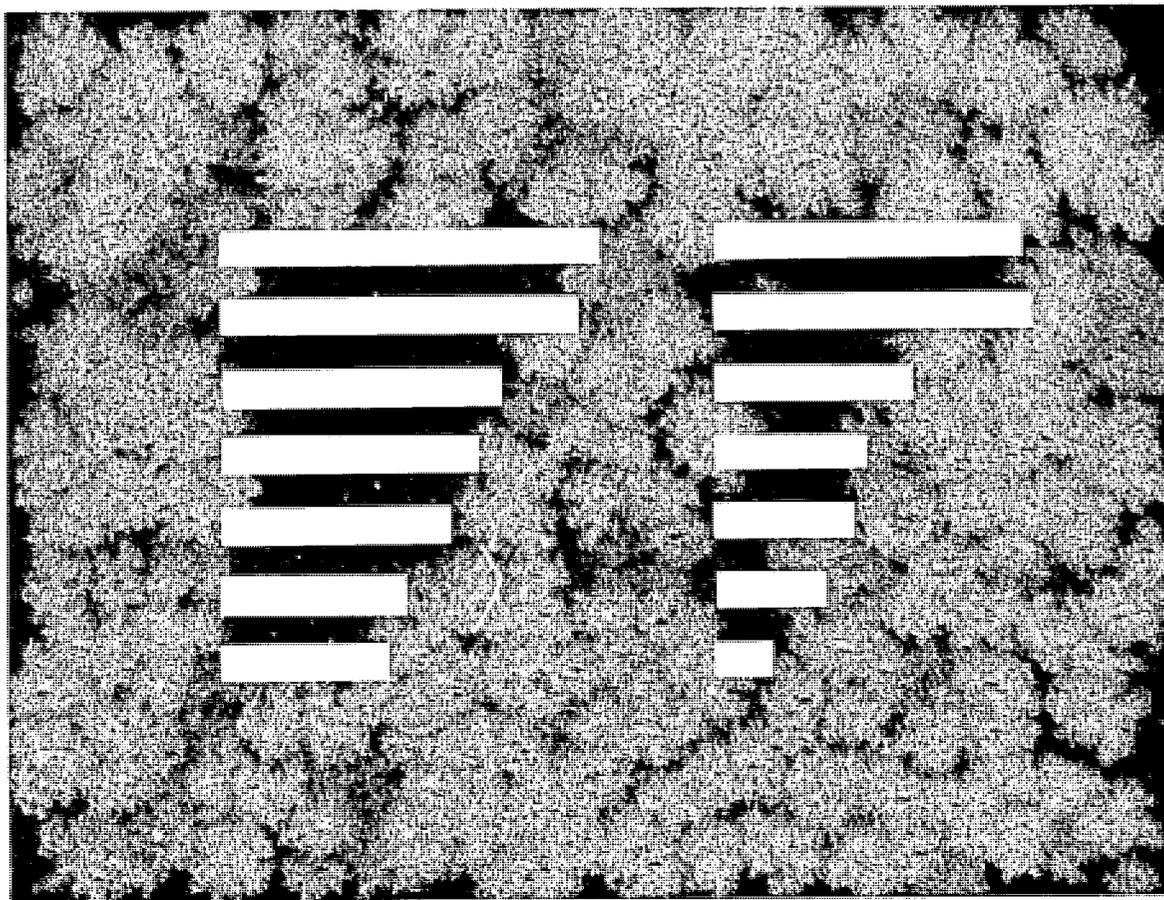
Total A.I.D. funding for assistance to population/family planning activities in the East Asia region from fiscal 1965 through fiscal 1970 is summarized in the accompanying table.

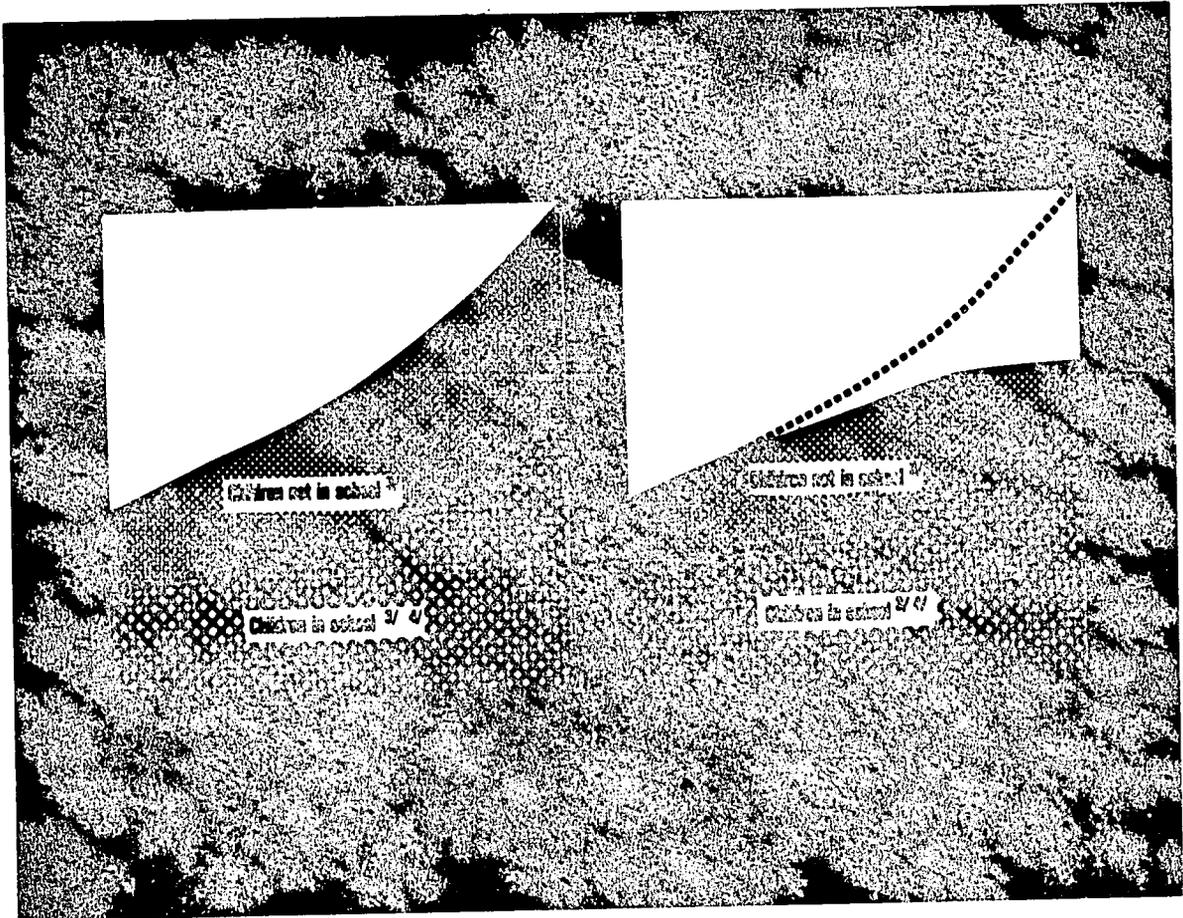
A.I.D. POPULATION PROGRAM SUPPORT, EAST ASIA

Program	Fiscal year				
	1965-67	1968	1969	1970	1971
	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Country projects ...	446	3,475	6,388	8,673	10,739
Regional projects ...	350	1,325	1,608	623	1,942
Total	796	4,800	7,996	9,296	12,681

Other assistance

More than a dozen organizations in recent years have provided various kinds of assistance to family planning activities in East Asia. Foreign governments,





including the U.S., Sweden, Japan, the United Kingdom, and the Netherlands, also have contributed to the support of individual programs, directly or through such organizations as the IPPF and the United Nations.

The International Planned Parenthood Federation has a regional office in Tokyo for its Western Pacific Region and in Kuala Lumpur for its Southeast Asia and Oceania Region. IPPF supplies substantial financial and commodity assistance on an annual basis to help the programs of its family planning association affiliates in East Asian countries. In 1971, IPPF grant assistance to family planning in six East Asian countries totaled nearly \$1.5 million.

IPPF funds are used for the development and administration of family planning services, evaluation activities, and educational and informational services. Until 1969, IPPF had a regional training institute in Singapore where participants from East Asian countries received family planning training. Emphasis now is given to developing of national training programs. IPPF has sponsored regional conferences: in Bandung in 1969, Tokyo in 1970, and Baguio City

early in 1971. A sex education seminar is planned for October 1971 in Hong Kong.

IPPF's regional offices are responsible for providing advisory services and for assisting in promoting the growth and effectiveness of local voluntary family planning associations. The office of the Western Pacific region provides training and medical support to family planning associations in the region. IPPF in Japan is working to encourage greater government involvement in family planning assistance.

The Population Council has assisted a number of the East Asian countries in family planning activities. The Council maintains resident staffs in Korea, Taiwan, and Thailand, in addition to supplying other forms of help such as staff training, fellowships, research and population studies, and contraceptives. Fifty-four hospitals and maternal/child health clinics in East Asia participate in the Council's postpartum program.

The Pathfinder Fund is giving aid to several projects in public communications, motivation, population education, and rural and urban health

services for provision of family planning services. Pathfinder has also provided consultant services, training, contraceptives, medical supplies, and field testing of new contraceptive methods.

The Rockefeller Foundation in 1969 entered a cooperative program of population studies between the University of North Carolina Population Center and the Center for Population and Social Research of Mahidol University, Bangkok, with a grant of \$100,000. This was in addition to its previous grant of \$133,000 to those institutions. In 1964, the Foundation 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. The Foundation also has assisted Hong Kong, the Philippines, and Singapore.

Church World Service assists its affiliate hospitals in East Asian countries. It also supports seminars in South Korea.

Lutheran World Relief has helped finance the operation of a mobile clinic in South Korea and gives regular support to clinics in Taiwan through the Taiwan Christian Service.

The Mennonite Central Committee has given commodities and assistance to family planning projects in South Korea and Indonesia.

World Neighbors supports clinics, training, and family planning information work in the Philippines.

Oxfam has provided a total of about \$34,000 to the Planned Parenthood Federation of Korea and

The Ford Foundation through July 1971 had made grants totaling over \$3.1 million to population programs in five East Asian countries. The Foundation's projects have included provision of a fulltime consultant to the Indonesian Planned Parenthood Association, as well as funds toward purchase of an Association headquarters location, for short-term advisors, and for vehicles. In Thailand the Foundation maintains a resident population advisor and has supplied funds for short-term experts. In Malaysia it has provided assistance for the family planning program through a contract with the University of Michigan and also funds a resident population advisor. In Singapore it has provided \$582,000 to a center for economic and demographic research at the University of Singapore. Foundation activities in the Philippines have included assistance to two universities. In 1969 the Foundation provided a grant of \$175,000 to the Press Foundation of Asia in Manila for the training of journalists specializing in development reporting and for establishment of a regional development economics/population news service in Asia.

to various voluntary groups active in that country. In Hong Kong, Oxfam funds helped equip four new Family Planning Association clinics and to pay salaries. Oxfam of Canada in 1967-68 gave \$5,000 to the IPPF to assist clinics in Hong Kong.

U.S. Peace Corps volunteers are participating in family planning activities in Malaysia and a couple of other countries.

The Swedish International Development Authority has supplied funds, contraceptives, and other commodities for Malaysia, South Korea, and Indonesia. Notably, it has provided \$50,000 toward the building of a family planning center in Korea. Starting in 1971, contraceptives and clinical supplies will be supplied to South Vietnam.

The Japanese Government has held seminars for family planning workers from Southeast Asia, and the Family Planning Federation of Japan has supplied contraceptives and vehicles to Indonesia, Taiwan, and South Korea.

The Government of the Netherlands is providing assistance for establishment of a national training center in Indonesia.

The United Kingdom provided a technical assistance expert in support of a population project at the University of Singapore.

The U.N. Fund for Population Activities has given financial assistance to a number of country and regional programs in East Asia. The regional activities include a seminar on the ecological implications of rural and urban growth; comparative studies of the interrelationships between levels of literacy, education, and skill, and fertility trends; population aspects of manpower and employment; a project to support national and international activities in the field of family planning and family health; and a project to strengthen the teaching of human reproduction, family planning, and population dynamics in medical schools.

The Fund also gives infrastructure support to the UNESCO regional office in Bangkok and to the Population Division of the U.N. Commission for Asia and the Far East (ECAFE).

ECAFE has been active in the population field since 1963 primarily through sponsorship of family planning conferences. Its fourth working group on family planning programs was held in Bangkok in July and August 1970 and focused on training.

A joint United Nations-World Health Organization-World Bank advisory mission visited Indonesia in 1969. As a result, a 5-year family planning program has been recommended to the Indonesian Government.

Burma

Demographic information

Population according to census of

March 5, 1941	16,823,798
<i>Estimated population,</i>	
January 1, 1971	27,900,000
Births per 1,000 population, 1970	40
Deaths per 1,000 population, 1970	17
Infant deaths per 1,000 live births, 1970	139
Rate of natural increase, 1970 (percent)	2.2
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	32
<i>Percent of registered births,</i>	
first-born, 1963	¹ 22
Median birth order, 1963	¹ 2.9
<i>Percent of registered births born to</i>	
women less than 20 years old, 1963	¹ 10
Median maternal age, 1963	¹ 28
Percent urban, 1970	19
Percent of labor force in agriculture, 1965	62
Per capita gross national product, 1969	\$74
Percent literate	60

¹Based on incomplete registration of births.

Highlights of activities

The Government of Burma appears to be reluctant to accept the philosophy of family planning. The policy is directed, rather, toward increasing the population. This reflects the fact that the country is rich in minerals and has a population density of only 39 persons per square mile. Also, there is a feeling of pressure from highly populated neighboring countries.

The Director General of Health has stated that he considers family planning to be desirable for the better health of mothers and children. Nevertheless, impediments remain. There is a penalty for sterilization of 3 years for both patient and doctor. Abortion apparently is fairly easy to obtain. Pills and condoms are available but expensive.

A family planning association was established in 1960 with assistance from the Pathfinder Fund. Because of Government policy, however, the association no longer is active.

In view of official attitude, there appears little prospect of progress in family planning for the time being.

Burma's attitude toward population is summed up in the following statement taken from a report presented at a meeting of Colombo Plan countries in Karachi, Pakistan, in November 1966:

"In Burma there is no population pressure Burma must therefore be considered as a relatively underpopulated country where there is available land that can be brought under cultivation The population question in Burma should be seen in the light, not of control of the birth rate, but of equipping and mobilizing the people for economic growth."

A.I.D. assistance

A.I.D. does not provide assistance for family planning to Burma.

Other assistance

The Pathfinder Fund helped set up the Family Planning Association of Burma. In 1963 Pathfinder found that the new Government of Burma had adopted a clearly negative attitude toward family planning activities. As a result, Pathfinder discontinued its assistance.

Hong Kong

Demographic information

Population according to census of

March 9, 1971	3,950,802
<i>Estimated population,</i>	
January 1, 1971	4,100,000
Births per 1,000 population, 1970	20
Deaths per 1,000 population, 1970	5
Infant deaths per 1,000 live births, 1970	20
Rate of natural increase, 1970 (percent)	1.5
<i>Annual growth rate, 1970 (including</i>	
migration)	2.4
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	46
<i>Percent of registered births,</i>	
first-born, 1967	21
Median birth order, 1967	3.3
<i>Percent of registered births born to</i>	
women less than 20 years old, 1967	4
Median maternal age, 1967	30
Percent urban, 1970	80
Percent of labor force in agriculture, 1966	5
Per capita gross national product, 1969	\$777
Percent literate	71

Highlights of activities

The impact of Hong Kong's active family planning program is shown in the rapidly falling birth rates—from 36 per thousand in 1960 to 20 per

thousand in 1970, a drop of 44 percent; 1970 was the seventh successive year in which registered births decreased.

Hong Kong has the special problem of heavy immigration contributing to the population growth. Refugees make up about one-fourth of the population. The resulting annual growth rate, including the immigration factor, is 2.4 percent.

Family planning activities are carried on by the Hong Kong Family Planning Association, established in 1937 and reorganized in 1950. It is affiliated with the International Planned Parenthood Federation. Though the Government does not have an official program or policy on family planning, it subsidizes around 40 percent of the Association's expenses and assists the operation of family planning clinics at maternal and child health centers and hospitals. The Government's Resettlement Department—responsible for the accommodation of over 1 million people—also provides clinics, and the Social Welfare Department gives assistance to family planning activities.

Some 54 clinics have been established and operate over 170 sessions weekly. Attendance has climbed from less than 3,000 in 1951 to 284,000 during 1970.

Oral contraceptives have become the most popular method among those patronizing the clinics for the first time. Of 30,470 new patients in 1970, 68 percent preferred the orals, and 9 percent, the IUDs. The low cost of orals (10 U.S. cents per monthly cycle) is one reason for their wide use; another is that no medical prescription is required, and orals are widely available through commercial outlets.

In addition to family planning clinics, the Association conducts subfertility and married life information clinics. It employs welfare workers who promote family planning through consultations at maternal and child health centers. It also sponsors training courses for welfare workers and other personnel.

The Association publicizes family planning over radio and television and through film shorts in theaters, exhibitions for organizations and factories, pamphlets, and poster-design competitions. Its latest educational effort is a campaign to broaden knowledge about family planning on the resettlement estates through films, lectures, pamphlets, and posters.

A.I.D. assistance

A.I.D. does not provide direct assistance to the family planning program.

Other assistance

The International Planned Parenthood Federation provides financial and commodity assistance on an annual program basis to the Family Planning Association.

The Population Council has supported postpartum family planning programs in six hospitals and three maternal and child health centers. The Council also provides fellowship support.

The Pathfinder Fund supports a floating clinic which brings family planning information and services to fishing communities and neighboring rural areas.

The Rockefeller Foundation in 1966 and 1967 made two \$15,000 grants for population studies at the Chinese University.

CARE has supplied clinics with instruments and equipment.

Oxfam has helped to equip four new Family Planning Association clinics and to pay salaries. Oxfam funds allocated to the Association for equipment, salaries, and running costs totaled about \$44,000 between 1965 and 1967. In 1967-68 Oxfam of Canada gave \$5,000 to the IPPF to help with the operating costs of additional family planning clinics in Hong Kong.

Indonesia

Demographic information

<i>Population according to census of</i>	
<i>October 31, 1961</i>	<i>197,019,000</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>121,386,000</i>
<i>Births per 1,000 population, 1970</i>	<i>44</i>
<i>Deaths per 1,000 population, 1970</i>	<i>19</i>
<i>Infant deaths per 1,000 live births, 1970 . .</i>	<i>140</i>
<i>Rate of natural increase, 1970 (percent) . .</i>	<i>2.6</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>27</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1964</i>	<i>13</i>
<i>Median maternal age, 1964</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>17</i>
<i>Percent of labor force in agriculture, 1967. .</i>	<i>70</i>
<i>Per capita gross national product, 1969. . .</i>	<i>\$104</i>
<i>Percent literate</i>	<i>43</i>

¹ Including estimate of 700,000 for West Irian.

Highlights of activities

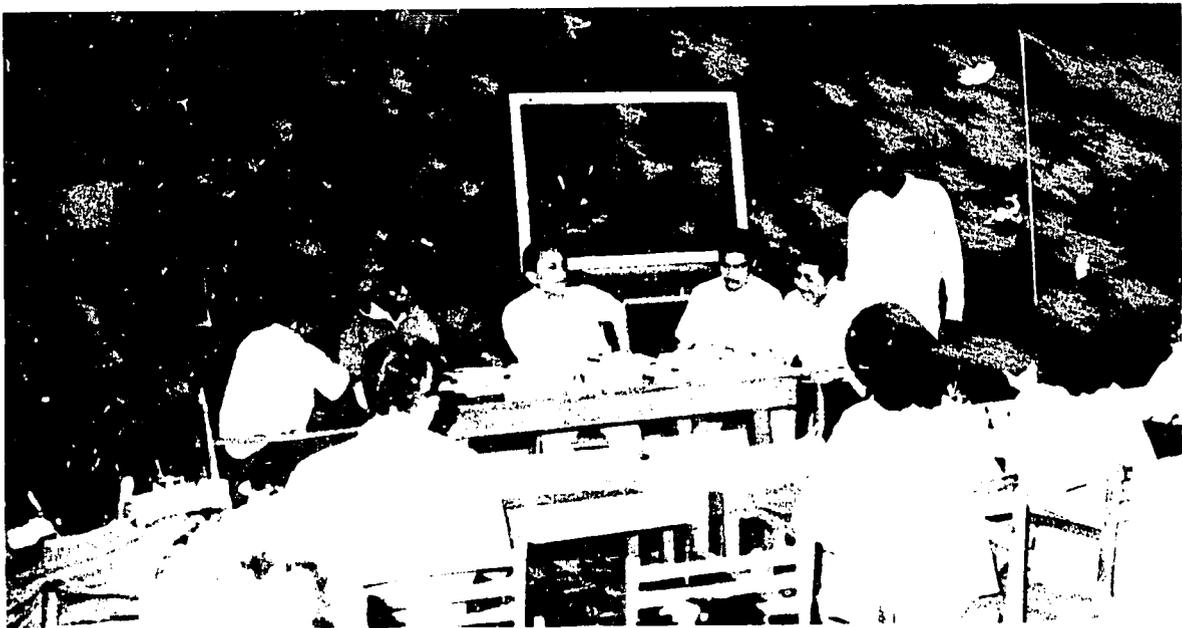
Indonesia, sixth most populous country in the world, has a population estimated at 121 million, which is expanding at a rate of 2.7-3.0 percent annually. At this rate, its population would double in 27 years. Although the nationwide population density is well under those of countries like Japan and South Korea, the Indonesian islands of Java and

Bali have the world's highest concentrations of population engaged in agriculture.

During the Sukarno regime, pronatalist leanings by the Government limited family planning activities. Nevertheless, the Indonesian Planned Parenthood Association was formed in 1957 and is affiliated with the International Planned Parenthood Federation. By 1963, the Association was operating 11 clinics and had six branches. With the change of government in



Left, an Indonesian motivator explains planning to potential acceptors. Below, workers at a training course on evaluation of fertility and family planning.



1965, the family planning policy was reversed, and the Association was able to expand its activities. By 1967, it had 16 branches and was operating some 100 clinics in Government health centers. By 1969 there were 225 clinics in Java, Madura, and Bali alone, and the Association had 85 branches.

In 1967, Acting President Suharto told Parliament: "Looking to the future, we should be aware that the growth of our population is too high in relation to our economic growth; therefore, we have to consider seriously the matter of birth control through methods of family planning which are not contradictory to religious principles"

The Indonesian Government initiated a program to slow down population growth in 1968 with the establishment of the National Institute of Family Planning (Lembaga), which was largely inactive during its existence and finally replaced in early 1970 by the National Family Planning Coordinating Board (BKKBN). With the appointment of effective leadership in June 1970, the BKKBN has moved with increasing vigor to implement the country's five-year family planning program (1971-75), which calls for 6 million acceptors and operation of 3,000 family planning clinics by the fifth year of the program. The Government estimates the 5-year effort will cost upwards of \$52 million and is concentrating its initial thrust on the densely populated areas of Java, Madura, and Bali; it will gradually extend services to the outer islands.

As of mid-1971, there were approximately 1,800 family planning clinics operating in the national program. Since the beginning of Indonesia's 1971-72 fiscal year, the BKKBN through its Reporting and Recording Bureau has been reporting the results of the national program through its recently implemented service statistic program. The reports to date have been encouraging, with acceptors averaging about 30,000 a month. As a result, the Government has revised its target for this fiscal year from 200,000 to 300,000 and next year's target from 550,000 to 800,000.

In light of the Government's commitment to family planning, the IPPA's future role was defined in 1970 as entailing responsibility for providing services in the outer islands and operating a national training center and six provincial training centers.

Indonesia has no legislation against birth control. The once-high duty on imported contraceptives has been abolished provided they are imported through the Ministry of Health. The Government's budgeted support for family planning increased from \$79,000 in 1968 to \$3.5 million in 1971.

A.I.D. assistance

A.I.D. has provided both financial assistance and technical aid to Indonesia's family planning program. Most A.I.D. funds are used to buy commodities, such as clinic equipment and contraceptives, and to finance participant training, short-term advisory services, and a health education and manpower development program. A.I.D. bilateral assistance totaled \$2.2 million during 1968-70 and was \$1.8 million in fiscal 1971.

Other assistance

The International Planned Parenthood Federation gives financial assistance to IPPA annually. Support in the past years has included the training of 40 Indonesians at the IPPF Family Planning Training Institute in Singapore, a grant used for a training center, a family planning conference in Bandung, and a fieldworkers' project.

The Population Council supports postpartum family planning programs in three hospitals in Djakarta, three hospitals in Bandung, and is expanding the program to include 20 other Indonesian hospitals. The Council supports demographic activities at the Institute of Demography of Indonesia, and is supporting training of provincial family planning officials at the Chinese Center for International Training in Taiwan. Fellowships also have been provided.

The Pathfinder Fund has made substantial donations of funds for contraceptives, medical supplies, equipment, and educational materials for clinics and motivational programs in the past year. Several new family planning clinics are functioning with Pathfinder support. A project of home visiting, which includes personal contact techniques, is being implemented to encourage people to use family planning clinics and adopt some family planning methods. Projects on education and communication have been developed, some of which are now in operation. Pathfinder is helping private, governmental, and religious organizations in developing motivational and training seminars on family planning and population education.

The Ford Foundation made two grants, in 1967 and 1969, totaling \$350,000 to the Indonesian Planned Parenthood Association to support pilot programs in family planning. The Foundation currently provides technical assistance through one resident advisor and consultant services, and assists in participant training. In 1969 the Foundation provided a \$75,000 grant to the special District of

Djakarta for the establishment of an integrated population information program. In 1970 the Foundation made a grant of \$37,000 to the Indonesian Government for the training of demographers by the Demographic Institute at the University of Indonesia.

The Rockefeller Foundation in 1970 made a grant of \$14,000 to the Faculty of Medicine, University of Indonesia, for equipment and teaching of family planning.

Church World Service has budgeted about \$30,000 for the Indonesian program, mainly to support family planning training and operational clinics for medical personnel in North Sumatra and Sulawesi, in conjunction with the National Training Institute. Motivational material is stressed. A mobile display is used in cities on Java.

The Mennonite Central Committee since 1967 has supported the Taju Christian Hospital in Central Java.

In April 1969, the World Assembly of Youth in Indonesia held a seminar on "Youth and Family Planning," attended by representatives of the Central Board of WAY-Indonesia member organizations, youth and student leaders, Government officials, and members of women's groups.

The Swedish International Development Authority has made a grant of condoms, oral contraceptives, and vaginal tablets.

The Family Planning Federation of Japan in 1968 provided contraceptives, vehicles, and equipment valued at \$15,031 and similar aid in 1969 valued at \$9,236; the Federation planned to provide \$40,278 for this purpose in 1970. In October 1969 the Japanese Government sent a family planning mission to Indonesia, and subsequently began receiving Indonesian trainees and sending advisors and materials to that country.

The Japanese Organization for International Cooperation in Family Planning provides commodity assistance.

The Government of the Netherlands is making available \$260,000 to support establishing of a national training institute for professional family planning workers, in cooperation with the Planned Parenthood Association and the Indonesian Government. Also, \$254,000 as a 4-year family planning research and training project with Leyden University, the University of Indonesia, and the National Family Planning institute.

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

establishment of cytology laboratory services; and strengthening of medical school courses in human reproduction, family planning, and population dynamics. It has also funded training courses and studies.

A joint United Nations-World Health Organization-World Bank advisory mission visited Indonesia in 1969 and has made recommendations for a 5-year family planning program which formed the basis for the current program.

Korea (South)

Demographic information

<i>Population according to census of</i>	
October 1, 1970	¹ 31,460,994
<i>Estimated population,</i>	
January 1, 1971	32,130,000
Births per 1,000 population, 1970	31
Deaths per 1,000 population, 1970	9
Infant deaths per 1,000 live births, 1970	41
Rate of natural increase, 1970 (percent)	2.2
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	31
<i>Percent of registered births,</i>	
first-born, 1964	² 20
Median birth order, 1964	² 3
<i>Percent of registered births born to</i>	
women less than 20 years old, 1964	² 1
Median maternal age, 1964	² 29
Percent urban, 1970	38
Percent of labor force in agriculture, 1968	50
Per capita gross national product, 1969	\$228
Percent literate	71

¹Not used as base for 1971 estimate. ²Based on incomplete registration of births.

Highlights of activities

The Government of South Korea adopted a national family planning program in 1962, a year after the formation of a voluntary group, the Planned Parenthood Federation of Korea (PPFK). Implementation of the national program began with the repeal of a longstanding law prohibiting the importation of contraceptives, allocation of funds for the program, and incorporation of family planning into the First Five-Year Economic Development Plan (1962-66). Today, the Government and the PPFK cooperate in administering an extensive family planning program that covers the entire country and reaches down to the village level.

The goal of the Korean Program for 1972-76, as incorporated in the Third Five-Year Plan, is to reduce the population growth rate from the current 2.2 percent to 1.5 percent by the end of 1976. In order to do this, the Government has set a target of 48 percent of eligible couples practicing contraception. It hopes that its own clinics, by providing free contraceptives, will reach 33 percent of the couples, and that the other 15 percent will purchase traditional and oral contraceptives commercially.

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

The program is operated through 192 county health centers and 1,342 health subcenters. In 1971, about 30 hospitals also are offering family planning services. About 1,800 doctors are certified for IUD insertions and/or vasectomies; 90 percent are in private practice and are reimbursed by the Government. Mobile clinics are operated by local health authorities.

The family planning program in Korea has made notable progress during the last 10 years. The IUD, vasectomy, and the oral pill are the main

methods used. Public information, training, and research promote and support the program. Data for 1970 indicate 500,000 IUDs in use, 300,000 pill users, a monthly average of 150,000 condom users and 120,000 sterilizations. Estimates indicate more than 25 percent of married couples practice contraception under the program. The pill, first made widely available in mid-1969, is rapidly increasing in use.

Major problems facing the program include a high attrition rate for trained personnel, insufficient training for some levels of workers, low retention rate of IUDs, some need for wider urban coverage, and need for greater involvement of the private sector.

To make family planning efforts more effective at the village level, a new technique, called "mothers' classes," was introduced in 1968. The classes, each consisting of a leader and 10-15 members, meet monthly in the villages and act as spokesmen for family planning in their areas. There are now some 1,700 of these groups in existence throughout the country.

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

Korean graduates of a course on "enlightenment training" in family planning



A mobile family planning clinic stops at a rural village in Korea. The country's national system of health centers and mobile units serves both urban and rural populations.



Left, family planning assistance is welcomed by a Korean mother at one of the country's many health centers. Below, a local family planning worker registers women who desire to begin using the IUD. Korea's highly successful family planning program aims to lower the birth rate to 1.5 percent by end of 1976.





Above, overview at a national women's conference on population held in late 1970. Below, a group discussion at the conference. The meeting was sponsored by the Korean National Council of Women with help from U.S. Information Service.



During 1970 a building to house the Institute was completed and a Presidential Order defining its functions was issued. The Institute serves as a training center, coordinates family planning research, serves as a central clearing house for information on population programs, and contains the Evaluation Unit for the Korean family planning program. The building houses the Population Council office, in addition to its own staff. In April 1971, the Government of Korea and SIDA agreed to build an annex to the Institute's building, to be completed in 1972. A.I.D. will assist in equipping the annex.

Training has been primarily the responsibility of the Planned Parenthood Federation, which maintains a central staff as well as contracts with five universities to train doctors and family planning workers. The Federation also produces educational and publicity material and has made wide use of all media including press, radio, television, films, and exhibitions. Its family planning magazine, "Happy Home," has a circulation of 30,000 and is distributed free to the "mothers' classes." The Federation operates mobile units, which it took over from the Government in 1967, and runs about 13 demonstration clinics which provide family planning services while carrying out research and training. In 1970, total clinic attendance was 66,210 out of which 20,179 were new acceptors.

In the future, a wider range of persons will be trained in family planning, from pharmacists and midwives to provincial administrators. Information programs will take on new emphasis toward social groups and institutions such as the army reserve, libraries, high schools, and colleges.

A.I.D. assistance

A.I.D. has been assisting the Koreans in their family planning program since its inception in 1962. The fiscal 1971 commitment of \$1.7 million is the largest to date. One form of assistance has been the purchase of commodities, such as jeeps, ambulances, mobile health units, and film equipment and other teaching aids. In the last few years 50 jeeps and 50 large vehicles used for administering IUD insertions and vasectomies, as well as for educational programs, were provided; and equipment and training aids for collection of statistics were also purchased.

Another important form of assistance has been the support of institutions and research projects. For example, \$75,000 was allocated for the new National Family Planning Institute. These funds will provide supplies; grants for study inside Korea to teachers,

students, and government personnel; and short-term technical consultants to assist in the organization and operation of the center. In June 1969, a contract was signed with the American Public Health Association to assist with the planning of the center and with possible areas of research.

In June 1970, A.I.D. agreed to finance research in the attitudinal and behavioral aspects of family planning, to be undertaken by the Korean Institute for Behavioral Sciences assisted by the University of Hawaii. A.I.D. has given assistance to the research efforts and the action family planning programs of Yonsei University.

Other assistance

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 Population Council has been involved in the Korean program since its beginning in 1962. Its assistance currently consists of support for the national family planning program, particularly training, information, and evaluation; development of a population research training center; development of a demographic training and research center; support of studies in family planning and population; support for experimental studies in family planning delivery systems; and support for technical advisory staff. Major recipient institutions have included the Ministry of Health and Social Affairs, Seoul National University, Yonsei University Center for Population and Family Planning, and Planned Parenthood Federation of Korea. Fellowships have been given.

The Pathfinder Fund has made grants for educational materials and contraceptives. It also has supported a family planning clinic.

Church World Service provides support for family planning seminars presented by the Korean Council of Churches, and also provides contraceptives for CWS-supported hospitals.

Lutheran World Relief, Inc., has helped finance the operation of a mobile clinic and family planning seminars for local leaders in this field.

The Mennonite Central Committee promotes family planning as part of its overall assistance program to 200 Korean families.

Oxfam 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.

The Swedish International Development Authority, through June 1971, had given supplies worth approximately \$1.2 million, mainly oral contraceptives, printing paper, and vehicles. In addition, SIDA is providing 90 percent (\$500,000) of the building costs of the National Family Planning Training Center in Seoul and is contributing to its first 5 years of operation.

The Family Planning Federation of Japan, which has provided vehicles and equipment, provided a boat in 1971 which is being used to bring family planning services to islands off the coast of Korea.

The U.N. Fund for Population Activities has provided assistance for teachers in nursing/midwifery schools.

Malaysia

Demographic information

<i>Population according to census of</i>	
<i>June 30, 1970</i>	<i>¹10,536,743</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>11,071,000</i>
<i>Births per 1,000 population, 1970</i>	<i>36</i>
<i>Deaths per 1,000 population, 1970</i>	<i>7</i>
<i>Infant deaths per 1,000 live births, 1970 . . .</i>	<i>79</i>
<i>Rate of natural increase, 1970 (percent) . . .</i>	<i>2.9</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>24</i>
<i>Percent of registered births,</i>	
<i>first-born, 1967</i>	<i>19</i>
<i>Median birth order, 1967</i>	<i>3.3</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	<i>9</i>
<i>Median maternal age, 1967</i>	<i>28</i>
<i>Percent urban, 1970</i>	<i>40</i>
<i>Percent of labor force in agriculture, 1965 . .</i>	<i>55</i>
<i>Per capita gross national product, 1969. . .</i>	<i>\$.352</i>
<i>Percent literate</i>	<i>43</i>

¹Including West Malaysia, Sabah, and Sarawak. Not used as base for 1971 estimate.

Highlights of activities

The Government of Malaysia has an official objective of lowering the nation's rate of population growth as a means of making more resources available

for economic development, thereby increasing national output and per capita income.

Malaysia has had an official population program since 1966, when its Parliament passed the Family Planning Act. The program was incorporated into the First Malaysia Development Plan, 1966-70, which states: "To prevent any increase in income from being nullified by rapid population growth, a large program of family planning will be implemented." The program's goal is to reduce the population growth rate to 2 percent by 1985, as compared with the current rate of 2.9 percent.

The Government's program is administered by the National Family Planning Board, which has wide-ranging representation from the Government, voluntary family planning groups, trade unions, chambers of commerce, and religious and medical associations.

The Federal Government is concentrating its efforts and resources on the 11 States of West Malaysia, which contain 85 percent of the country's total population. Family planning programs in the other two States, Sarawak and Sabah, are being carried out by voluntary associations assisted by the International Planned Parenthood Federation.

In West Malaysia, the Government operates some 60 clinics; an additional 155 are served by mobile units. In addition, the Federation of Family Planning Associations (FFPA)—formed in 1958 by several independent groups—operates over 300 clinics, including some in health centers of estates and mines. Today, the Federation is made up of 11 autonomous associations, one in each State, and is a member of IPPF. The Government helps to support the Federation with an annual grant.

All principal contraceptive methods have been available since 1968, but over 90 percent of the patients at Government clinics choose contraceptive pills. The standard price of orals is equivalent to 33 U.S. cents per month. Orals and condoms are free to those who are unable to pay—about a fourth of all users. IUD insertions are free.

The program had 170,000 acceptors by 1969. It is estimated that private doctors also provide pills to about 100,000 women per month.

The Government conducts an active program of training family planning workers, both professional and subprofessional. In 1969, with UNICEF support, a program was started to train village midwives in family planning. In 1970, 124 workers were trained at the Demonstration Training Center, besides 170 who attended lectures and practical clinic observations. Some 100 doctors, paramedical

personnel, and laymen have received training at the IPPF Regional Training Institute in Singapore. The University of Malaya offers demographic analysis as part of its Bachelor of Arts and Bachelor of Economics degrees.

Both the FFPA and the Government conduct education programs. The Federation has a full-time information office to build up its information services and to produce materials for distribution via radio, television, the press, leaflets, films, home visits, and group meetings. The services include orientation courses, lectures, and exhibits. The Government-run program is directed primarily toward postpartum women.

In Sarawak the Family Planning Association—established in 1962—operates family planning centers in nine main towns and 25 branch clinics. One mobile clinic is also in operation. The Association has 10 full-time and four part-time doctors and paramedicals, as well as 45 voluntary assistants. Its educational program utilizes all media, but emphasizes radio broadcasts in four languages as the most efficient way to reach large numbers of people. The Sarawak Government provides funds and facilities for clinics, but the Association raises three-quarters of its finances from patient dues and sales of contraceptives. It also receives financial and commodity support from IPPF.

In Sabah the Government expresses a negative attitude toward family planning mainly due to a feeling that the State is underpopulated. However, the Government is concerned about illegal abortions and allows its facilities to be used for family planning clinics. The clinics—14 in all—are run by the Sabah Family Planning Association, which was formed in 1967 and is an affiliate of IPPF. Total attendance was 20,302 for 1970, of which 2,017 were new patients. Educational activities focus on maternal and child health centers and hospital maternity wards.

A.I.D. assistance

A.I.D. does not provide direct assistance.

Other assistance

The International Planned Parenthood Federation helps support its Malaysian members—the Federation of Family Planning Associations in West Malaysia and the family planning associations in Sabah and Sarawak—with a wide range of commodities as well as financial assistance on an annual program basis. In 1970, IPPF moved its Southeast Asia and Oceania regional office to Kuala Lumpur from Singapore.

The Population Council supported the second East Asian Population Conference, which was held in Malaysia in March 1970. The Population Council is also providing fellowships.

The University of Michigan, with Ford Foundation support, has given short- and long-term advisory assistance to the family planning program. Grants in 1966, 1967, and 1970 totaled \$681,000. Also, the Ford Foundation maintains a resident advisor.

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

The Swedish International Development Authority has assisted the Malaysian program since 1967, mainly by providing contraceptives and other supplies. These supplies have included vehicles and materials for educational projects. Through mid-1971, SIDA gave \$770,000 in family planning assistance to Malaysia.

Philippines

Demographic information

Population according to census of

March 22, 1970	¹ 37,008,000
<i>Estimated population,</i>	
January 1, 1971	39,033,000
Births per 1,000 population, 1970	44
Deaths per 1,000 population, 1970	11
Infant deaths per 1,000 live births, 1970	82
Rate of natural increase, 1970 (percent)	3.4
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	20
<i>Percent of registered births,</i>	
<i>first-born, 1967</i>	² 25
<i>Median birth order, 1967</i>	² 3.3
<i>Percent of registered births born to women</i>	
<i>less than 20 years old, 1967</i>	² 9
<i>Median maternal age, 1967</i>	² 28
<i>Percent urban, 1970</i>	34
<i>Percent of labor force in agriculture, 1965</i>	53
<i>Per capita gross national product, 1969</i>	\$219
<i>Percent literate</i>	72

¹Not used as base for 1971 estimate. ²Based on incomplete registration of births.

Highlights of activities

During the past 2 years, the Republic of the Philippines has made notable progress in initiating

and implementing national population policies and programs.

The long-term goal is to provide family planning services within reasonable commuting distance of at least 90 percent of the population. It is envisioned that ultimately some 1,800 family planning clinics will be operating.

Public concern with the Philippine population problem is widespread and increasing. The Republic's rate of population increase—3.4 percent per year—is highest of any country in Asia and one of the highest in the world. Population is growing at a higher rate than per capita gross national product which is increasing at a rate of 2.6 percent.

In the past, the country's official stand on population was largely pronatalist, as illustrated by special benefits for large families. Government officials believed a growing population would help to populate and develop the country's large tracts of uninhabited land.

The Government's new position began to take form when on February 19, 1969, President Marcos established a new Commission on Population. On December 6, 1969, the President approved the Commission's conclusions, which were that a reduction in population growth was in the vital interest of the nation. On January 25, 1970, he proposed legislation making family planning an official policy of his administration—calling for a national program of information and education on family planning methods and the provision of facilities, especially to rural areas, where assistance in family planning could be extended to the poor.

On July 1, 1970, the Commission on Population became the overall coordinating and planning body of the national population program. The POPCOM administers 28 projects through some 32 organizations, both governmental and nongovernmental.

As of January 1971, there were 689 family planning clinics in the Philippines. Private clinics numbered 389 and government clinics 300. Agencies operating the largest number were the Institute of Maternal and Child Health (IMCH), the Family Planning Organization of the Philippines (FPOP), the national Department of Health, and the Manila City Health Department.

During fiscal 1971 the National Government made progress toward its first large commitment of instituting family planning services in 200 rural health units.

Private family planning efforts helped to pave the way for Government participation. Two private

organizations, which had been active for several years – the Planned Parenthood Movement of the Philippines, Inc., and the Family Planning Association of the Philippines, Inc.—merged in February 1969 to form the Family Planning Organization of the Philippines (FPOP). FPOP continues today to work actively in advancing the family planning cause, training family planning workers, helping to establish and operate family planning clinics, stimulating and underwriting related research, and seeking and giving financial support.

Family planning personnel receive training through the FPOP, the IMCH, and the Department of Health. In the 16 courses held by FPOP in 1970, for example, 482 participants were trained. With Government approval of family planning, mass-oriented information and education programs are getting underway. Arrangements have been made

for over 100 radio stations to carry daily skits on the problems of parenthood and large families. National periodicals carry articles about planned parenthood, and booklets are being distributed widely in rural areas. FPOP carries out an extensive information and education program. A motivational film has been made. The Association has initiated a special project to provide family planning services to agricultural-industrial films.

Research and evaluation is primarily the responsibility of the University of the Philippines Population Institute (UPPI) and the Institute of Philippine Culture (IPC) at the Ateneo de Manila. The UPPI is working to determine the demographic impact of clinical efforts, as well as what factors can contribute to improved clinical performance. The IPC has focused on evaluating and suggesting improvements in the information and education program.

Dr. Juanita Z. Ledda, right, from a puericulture center in San Fernando, the Philippines, reassures a group of mothers about the IUD.



Left, a nutritionist from a "mothercraft" center in the Philippines interviews prospective enrollee. Such centers emphasize family planning as a part of achieving good family health.

A.I.D. assistance

A.I.D. in fiscal 1971 obligated \$5 million to support population activities by various public and private organizations. These funds are used for technical assistance, clinic operations, medical and other equipment, training, vehicles, and research. Total A.I.D. support through fiscal 1967 was \$12.7 million.

Other assistance

The International Planned Parenthood Federation provides comprehensive financial and commodity assistance on an annual basis to the Family Planning Organization of the Philippines, which is a member of IPPF.

The Population Council supports postpartum family planning programs at Fabella Memorial Hospital and the Philippines General Hospital, training of private physicians in family planning, the development of demographic studies at Xavier University, and has provided fellowships.

The Philippine Press Institute, in cooperation with population specialists, has supported a series of population seminars for 200 Philippine journalists. The seminars provided background information about population problems and have resulted in more favorable news coverage of local and national family planning programs.

Pathfinder has helped to establish clinics, including seven in health centers in Quezon City, and supports clinics by providing oral contraceptives and medical supplies, as well as IUD insertion kits for training programs. It also provides family planning films and funds for the salaries of selected family planning nurses and social workers.

Pathfinder Fund has moved recently into population education through a multilevel (elementary-college) program in a Central Luzon university. It continues to support clinics through contraceptive and medical supplies, including IUD insertion kits for new clinics. Also, it supports two clinics in Moslem tribal areas of Mindanao, where customs, rivalry, and poor local travel impede delivery of health services. It supports a program for urban factory workers and a prison clinic where conjugal visits are permitted.

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 1964, the Foundation made a 3-year grant of \$208,500 to establish the

Population Institute for Demographic Research at the University of the Philippines. The Foundation made two additional grants, in 1967 and 1970, totaling \$465,700, 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 Rockefeller Foundation in 1966 made a \$3,500 grant to a Philippine physician to study cytogenetics at the University of Wisconsin. Other recent grants to the University of the Philippines have been made for ancillary research.

The Brush Foundation has contributed \$1,000 through IPPF.

Church World Service offers informational materials and supplies through 18 church-supported hospitals.

Open acceptance of family planning theory and methods in the Philippines has greatly aided the World Neighbors program. WN works mainly in four regions: Quezon City, Northern Luzon, Cebu, and Mindanao. Cooperating agencies include the FPOP, Southwestern University, and a number of area and local family planning associations.

In cooperation with Southwestern University College of Medicine, WN supports a family welfare clinic in Cebu City, plus a mobile unit which reaches nine municipalities. Motivational and contraceptive services are provided. The city clinic provides college interns with practice in family planning techniques.

WN supports a mobile family planning clinic in northern Luzon which initiates educational and motivational campaigns in rural areas and follows up with medical and contraceptive services. Last year the clinic reached people in 81 barrios in seven provinces.

WN provides facilities for a barrio clinic in Quezon City which is staffed by the Family Planning Organization. The clinic served last year as a training center for approximately 375 physicians, nurses, and social workers. At the WN Information Center in Quezon City, workers are training in the production of family planning motivational materials.

In Zamboanga City, Mindanao, WN provides a clinic which is staffed by the Family Planning Organization. A campaign last year enabled five motivators to reach people in 48 barrios with family planning information. Newspaper advertising and radio spots increased local interest.

The U.N. Fund for Population Activities has provided funds for census processing and analysis; maternity-centered family planning training and services at teaching hospitals and associated institutions; family planning trainers at the Center of

Mass Communications, University of the Philippines; a senior advisor on family planning; and a study of family size and health relationships.

Singapore

Demographic information

Population according to census of

<i>June 22, 1970</i>	<i>2,074,507</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>2,093,000</i>
<i>Births per 1,000 population, 1970</i>	<i>22</i>
<i>Deaths per 1,000 population, 1970</i>	<i>5</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>21</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>1.7</i>
<i>Annual growth rate, 1970</i>	
<i>(including migration).</i>	<i>1.6</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>41</i>
<i>Percent of registered births,</i>	
<i>first-born, 1968</i>	<i>25</i>
<i>Median birth order, 1968</i>	<i>2.8</i>
<i>Percent of registered births born to women</i>	
<i>less than 20 years old, 1968.</i>	<i>7</i>
<i>Median maternal age, 1968</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>100</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>7</i>
<i>Per capita gross national product, 1969</i>	<i>\$843</i>
<i>Percent literate</i>	<i>75</i>

Highlights of activities

Intense family planning activities are carried out under leadership of the governmental body, Singapore Family Planning and Population Board.

Family planning is a basic part of Singapore's Five Year Development Plan for 1966-71. By 1971 the Government had hoped to achieve a birth rate of 20 per thousand per year, compared with a 1965 rate of 30. As of 1970, the goal was nearly reached with a birth rate of 22. (Difficulties that may lie ahead are recognized in that increasing numbers of young people are reaching marriageable age.)

Singapore encourages family planning in various public ways. No anti-contraception legislation exists. Employed women who have more than three children find it difficult to get maternity privileges. Public housing is readily available to childless couples. Abortion laws have been liberalized. Sterilization is free of charge. IUDs, orals, and condoms are available at low cost.

When the Government assumed responsibility for family planning in early 1966, it found the

groundwork for its program already well laid by the Singapore Family Planning Association, started in 1949 and a founder member of IPPF. With strong Government support, the Association had established some 27 clinics and had developed a training and education program. The IPPF reports that in 1965 an estimated 10 percent of eligible women were practicing contraception under the Association's program, and the birth rate had already fallen substantially. The Association turned over activities to the national program in November 1968.

The Government's family planning program is administered by the Singapore Family Planning and Population Board. The Board now operates 35 clinics as part of maternal and child health services.

Under the Five-Year Plan, the Government budgeted \$1 million for the national family planning program. According to the Minister of Health, some 150,000 women, 42 percent of those eligible, are now practicing family planning.

Approximately 68 percent of family planning patients choose oral contraceptives. There is very little demand for IUDs.

An extensive postpartum program is operated at Kandang Kerbau Maternity Hospital, where 70 percent of Singapore's births take place. More than half the new acceptors have adopted family planning through this program. Continuing publicity also has been important, with extensive use of posters, slogans, 10 different types of publications, exhibitions, and advertising. In 1968, emphasis was changed from family planning to the small family, and the slogan now is "Keep Your Family Small."

Personnel training was provided by the regional Family Planning Training Institute of the International Planned Parenthood Federation. From 1964 until October 1969, 228 doctors, laymen, and paramedical personnel from Singapore had been trained at the Institute. Instruction in family planning also has been given to students at the University of Singapore.

A.I.D. assistance

A.I.D. support to family planning is provided via international associations. There is no program of direct assistance.

Other assistance

The IPPF's Family Planning Training Institute in Singapore gave training courses to 795 participants from a number of East Asian countries between 1964

and mid-1969. IPPF also gave support to the Singapore Family Planning Association in the early years of its work.

The Population Council has made small grants for population studies and IUDs, and has provided fellowship support.

The Pathfinder Fund has sent contraceptives.

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. In 1969, the Foundation provided \$51,000 to the University for a program of national and regional analysis by the Organization of Demographic Associates.

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 United Kingdom provided a technical assistance expert in support of the same program.

Taiwan (Rep. of China)

Demographic information

Population according to census of

<i>December 16, 1966</i>	<i>13,512,143</i>
<i>Estimated population, January 1,</i>	
<i>1971</i>	<i>14,800,000</i>
<i>Births per 1,000 population, 1970</i>	<i>28</i>
<i>Deaths per 1,000 population, 1970</i>	<i>5</i>
<i>Infant deaths per 1,000 live births, 1970. . .²</i>	<i>19.0</i>
<i>Rate of natural increase, 1970 (percent) . . .</i>	<i>2.3</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>30</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1968</i>	<i>8</i>
<i>Median maternal age, 1968</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>64</i>
<i>Percent of labor force in agriculture, 1969. .</i>	<i>39</i>
<i>Per capita gross national product, 1969. . .</i>	<i>\$334</i>
<i>Percent literate.</i>	<i>85</i>

¹Including military personnel. ²Excludes live-born infants dying before registration of birth.

Highlights of activities

Taiwan's family planning program has contributed to lowering the 1963 rate of population increase of around 3 percent to 2.3 percent by 1970. The goal of the current program is a reduction of the growth rate to less than 2 percent per year by 1973.

An unofficial family planning program got underway in 1964. In May 1968, the Government assumed responsibility for the program, and declared family planning a national policy. A year later, an official national population policy was promulgated. All Government agencies were asked to provide help. The Provincial Government agreed to pay more than 50 percent of the local budget, compared with 30 percent in 1968.

During 1969, the Institute of Family Planning was established under the Provincial Health Department to administer and evaluate the program. Incorporated into the Institute were the Taiwan Population Studies Center and the Committee on Family Planning; the latter has been set up to help form policy and promote education on family planning.

The Maternal and Child Health Association, set up by the Government in 1963, now functions under the title of the Planned Parenthood Association of China and shares responsibility for the family planning program. A smaller, voluntary association, the Family Planning Association, was formed in 1954. It provides advice on family planning, subfertility, adoption, and marriage and operates a few clinics.

Family planning services are provided by private and public institutions and individuals. About 450 family planning fieldworkers refer potential acceptors to some 700 private doctors (contracted by the Government), 380 health stations and about 30 public hospitals. In terms of new acceptors, 1970 was Taiwan's finest year. More IUDs were inserted; new pill users almost doubled over 1969; and condoms, reintroduced to give couples a wider choice, proved surprisingly popular.

At least 44 percent of 1.8 million eligible couples currently are protected by contraception. Current users of program methods include approximately 367,000 IUD acceptors, 41,000 pill acceptors, and 22,000 regular users of condoms. An additional 360,000 couples are protected by methods obtained outside the program, for a total of about 790,000 couples practicing family planning.

The Chinese Center for International Training in Family Planning established in October 1968, provides short orientation courses on Taiwan's family

planning program, as well as more detailed courses in administration, planning, education, training, and evaluation. In 1969, a total of 512 trainees and visitors attended training sessions at the Center. These persons came most frequently from high level administrative and policy-making positions in family planning programs in many countries. Fieldworkers and other interested people, including nurses, midwives, and health personnel, have participated.

Other training programs, initiated earlier, provide classroom and field practice courses for doctors and healthworkers. Fieldworkers in the Taiwan family planning program are brought back for a 2-day training session twice a year.

Mass communications media are used extensively to promote family planning, including: Radio spots, television, slides at movie theaters, posters in buses and trains, advertisements on matchboxes, and releases to newspapers. In addition, new mothers are sent letters inviting them to receive free IUD insertions. Since 1966, over 300,000 military recruits have been given orientation courses in family planning.

Under the new policy concerning distribution of orals, introduced in May 1970, pills are now made available to all women and are virtually free. Since then, the monthly demand has doubled and without any adverse effect on loop acceptors.

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 bilateral 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 was 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. It was at this time that the Chinese Government signed the World Leaders' Declaration.

Other assistance

The Population Council provided a total of \$1,724,300 from 1969 to mid-1971 to support

population and family planning activities. These include research and evaluation; a program to include population and family planning in medical education; an experimental effort to reach younger women; technical advisory services; and general support. The Council supports fellowships for overseas study, and has assisted activities at the University of Michigan Center for Population Studies in its research into fertility and family planning in Taiwan.

The Pathfinder Fund helped in the formation of the Family Planning Association in the early 1950's and has continued to provide contraceptives. Pathfinder is providing large supplies of oral contraceptives to the Training and Research Center and is working with a Catholic hospital in Chiayl County to improve implementation of the rhythm method of family planning.

Church World Service promotes family planning and supplies contraceptives through 11 church-supported hospitals. CWS also works closely with the Taiwan Provincial Ministry of Health in providing for IUD insertions in mountain regions.

A Thai housewife gives full attention to the registration for family planning assistance at one of the local family planning service units; others in the group are waiting to register.



Lutheran World Relief supports the Taiwan Christian Service in its family planning work, carried on primarily through five community development centers—one in the eastern mountain area, one in Putai in the southern coastal area, and three in slum areas of Taipei—and a mobile team that serves 30 mountain communities. The mobile team, consisting of a public health nurse, a social worker, and a driver, counsels women, holds group meetings, distributes descriptive literature, and gives introductory letters for loop insertions at nearby hospitals.

The Family Planning Federation of Japan supplied materials and equipment valued at \$39,940 in 1968 and \$24,619 in 1969, and planned to provide \$75,000 for supplies in 1970.

Other groups that have provided assistance to family planning programs in Taiwan are the Brush Foundation and the Asia Foundation.

Thailand

Demographic information

Population according to census of

<i>April 1, 1970</i>	¹ 34,152,000
<i>Estimated population,</i>	
<i>January 1, 1971</i>	38,136,000
<i>Births per 1,000 population, 1970</i>	42
<i>Deaths per 1,000 population, 1970</i>	9
<i>Infant deaths per 1,000 live births, 1970</i>	68
<i>Rate of natural increase, 1970 (percent)</i>	3.3
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	21
<i>Percent of registered births,</i>	
<i>first-born, 1966</i>	² 20
<i>Median birth order, 1966</i>	² 3.2
<i>Percent of registered births born to women</i>	
<i>less than 20 years old, 1966</i>	² 8
<i>Median maternal age, 1966</i>	² 28
<i>Percent urban, 1970</i>	15
<i>Percent of labor force in agriculture, 1965</i>	78
<i>Per capita gross national product, 1969.</i>	\$173
<i>Percent literate</i>	68

¹Not used as base for 1971 estimate. ²Based on incomplete registration of birth

Highlights of activities

Thailand's population, third largest in Southeast Asia, is expanding at the rate of 3.3 percent annually. If this rate continues, its population would double to over 75 million in 21 years.

In March 1970, the Royal Thai Government approved voluntary family planning as a national policy. While this policy does not encompass the broader objectives of population control programs, it does mark a significant step in the development of Thailand's population planning policy. Government agencies can now place priority emphasis on family planning and can submit plans for regular budget and manpower support for population/family planning programs beginning in fiscal 1972 (October 1971). The Government has also approved the use of the mass media to promote family planning concepts with the general public.

In September 1970, the Ministry of Public Health completed the extension of family planning services to all 71 provinces. At that time there were 338 family planning service units, including 22 institutions outside the Ministry. The active training program has plans for 1970-72 training of 100 doctors, 120 nurses, 525 midwives, and 80 aides.

Thailand's postpartum program has been expanded to include institutions of the Ministry of Public Health—eight provincial hospitals and three maternal and child health centers. The maternal and child health center in Khon Kaen is now Thailand's largest family planning clinic outside Bangkok, and one in Yala has the highest percentage of obstetrical patients (80 percent) accepting family planning of any postpartum program in the world. Forty percent of the obstetrical patients at the new maternal and child health center in Ratchaburi, opened in October 1969, have chosen sterilization.

The total number of initial acceptors in 1969 was 120,000:55,000, oral contraceptives; 52,000, IUD; and 13,000, sterilization. The target for 1971 is 250,000. The target for 1970-76 is 2,280,000 acceptors for orals, IUDs, and sterilization.

The family planning activities of the Ministry of Public Health are supplemented by those of various other Government and non-Government institutions in the fields of medical services and education, clinical research, demographic studies, research in reproductive biology, and applied social research. These institutions include the country's four medical schools, and related hospitals; the School of Public Health; the Population and Social Research Center; the National Research Council; the National Economic Development Board; the National Statistical Office, the Ministry of Education, the Municipalities of Bangkok, Thonburi, and Chiang Mai; McCormick Hospital; Chulalongkorn Red Cross Hospital; and the Institute of Population Studies.

The Institute of Population Studies, located at Chulalongkorn University, was established in 1966

and was, until recently, called the Population Research and Training Center. It trains demographers and studies the effects of population growth.

The Ministry of Education has designed a pilot project to disseminate information on family life, health, and family planning through an adult literacy program.

The Bureau of Public Health of Bangkok Municipality has named two of its health centers to offer family planning training to health personnel from its 24 municipal clinics. The municipality will conduct 1-week courses for 30 doctors, 200 nurses, 30 social workers, and 30 family planning workers by 1972.

The Chulalongkorn Hospital family planning clinic has extended its mobile unit operations to include other provinces near Bangkok. McCormick Hospital, in addition to providing IUDs and orals, has attracted worldwide attention to its program of long-term contraceptive injections. The continuation rate for this program is a high 78 percent. Active family planning programs are also carried out at Vajira, Chantaburi, and Siriraj Hospitals.

Two voluntary organizations, the 15-year-old Family Planning Association and the newly formed Planned Parenthood Association of Thailand, are active. PPAT will be providing information and education support to the national program.

Population/family planning has been the subject of a number of seminars in Thailand. A Medical Education Seminar was held in April 1970 to discuss and plan the integration of population/family planning into medical school curriculums. In December 1968, a regional workshop in Bangkok--sponsored by the University of Medical Sciences--covered the role of communications in family planning. Earlier, three national population seminars were held.

A.I.D. assistance

A.I.D. is supporting many of Thailand's family planning projects through the Ministry of Public Health. In fiscal 1971, assistance totaled \$1.4 million to the family planning project, which included advisory services, participant training, and commodities. Also, the A.I.D.-supported rural health project is providing indirect assistance by helping strengthen the delivery of rural health services. A.I.D. support through fiscal 1971 has totaled \$4.7 million.

Other assistance

The International Planned Parenthood Federation provides financial and commodity support

to PPAT and to the Chulalongkorn Hospital, the Bangkok Municipality, Siriraj Hospital, the Medical Women's Association, and the McCormick Hospital. The Federation has also supported Vajira Hospital.

The Population Council has provided budgetary and advisory support for the national family planning program and for postpartum programs in 14 hospitals and maternal and child health centers. Also, advisory support and research grants to the Population Institute at Chulalongkorn University, advisory assistance to the National Economic Development Board in studying effects of population growth on national development, and fellowship support for overseas training. The Council has four advisors in Thailand.

Pathfinder Fund representatives have visited Thailand since 1953 and helped in organizing the Family Planning Association. Pathfinder has supported field tests of simple contraceptive methods. It supports IUD research at three hospitals. In 1969, Pathfinder published the results of a study of IUD insertions in Thailand as part of its International IUD Program.

The Ford Foundation has provided advisory assistance since 1967 through resident population advisors and short-term technical consultants.

The Rockefeller Foundation is assisting in the overall development of the Faculty of Sciences at the Ramathibodi Medical School.

The University of North Carolina (with aid of a Rockefeller grant) has provided an advisor to the Population and Social Research Center at Mahidol University for the past 3 years.

Church World Service supports family planning through hospitals and provides contraceptives.

World Education, Inc., supports integration by the Ministry of Education of family life, health, and planning concepts into an adult literacy project.

In 1970, Denmark contributed to the newly established Thai family planning program by covering office rental costs of \$60,000 for the 1971-74 period while an administration building is being erected.

UNICEF and the World Health Organization are supporting family planning as part of their maternal and child health clinic services. UNICEF also has provided equipment and supplies, including vehicles, and gave \$15,000 for 1969-71 for training midwives. The U.N. Fund for Population Activities has supported consultant services.

The Economic Commission for Asia and the Far East (ECAFE) assists Thailand's population/family planning activities through regional seminars and workshops.

Latin America

PATERNIDAD RESPONSABLE



This "Responsible Parenthood" family planning poster from Honduras typifies the growing recognition in Latin America of the many benefits that come from family planning.



Latin America

The population in tropical Latin America (including the Caribbean) is experiencing the most rapid growth in the world. And here, as in other areas, there is a rising concern over the consequences of such growth and an emerging determination to do something about it. This is seen in the development of private family planning organizations and in the extension of family planning through public health services.

At almost 3 percent a year, the population growth rate is moving Latin America toward a population of 756 million by the year 2000 (U.N. estimate based on constant fertility), compared with the current population of 291 million. The problem of population is most severe in the cities of Latin America, where the growth rate is in the neighborhood of 7 percent per year. If continued, this would result in the doubling of urban population in only 10 years. Already the accelerated rate of growth—largely due to the migration of rural population to the cities—has led to overcrowding, slum conditions, inadequate social services, and increased unemployment.

Latin American economies are growing at respectable rates, but the gains are offset significantly by the population growth rates.

For example, the rate of increase in per capita income in Latin America has slowed substantially in recent years. In 1969 and 1970, Latin America's gross national product (GNP) grew at an average annual rate of 6.7 percent. However, because of the high rate of population growth, the increase in GNP per capita amounted to only about half—it was 3.5 percent.

Another dimension of the population problem, which also hinders economic growth, is the large proportion of young people. Over 40 percent of the Latin Americans are under 15 years of age, whereas in developed countries the figure is only 25-30 percent.

Official attitudes toward the population problem vary widely. In general, family planning is a sensitive political issue. A few governments are negative toward slowing down population growth. A few others are giving increasingly active support. Many governments are neutral, permitting private groups to offer family planning services but not getting directly involved themselves.

Nevertheless, acceptance of family planning is growing throughout Latin America. This is in part due to the high incidence of induced abortions, which is viewed as a serious health problem. Working

through maternal and child health programs, government public health services are able to offer family planning as a substitute for this hazardous means of limiting family size.

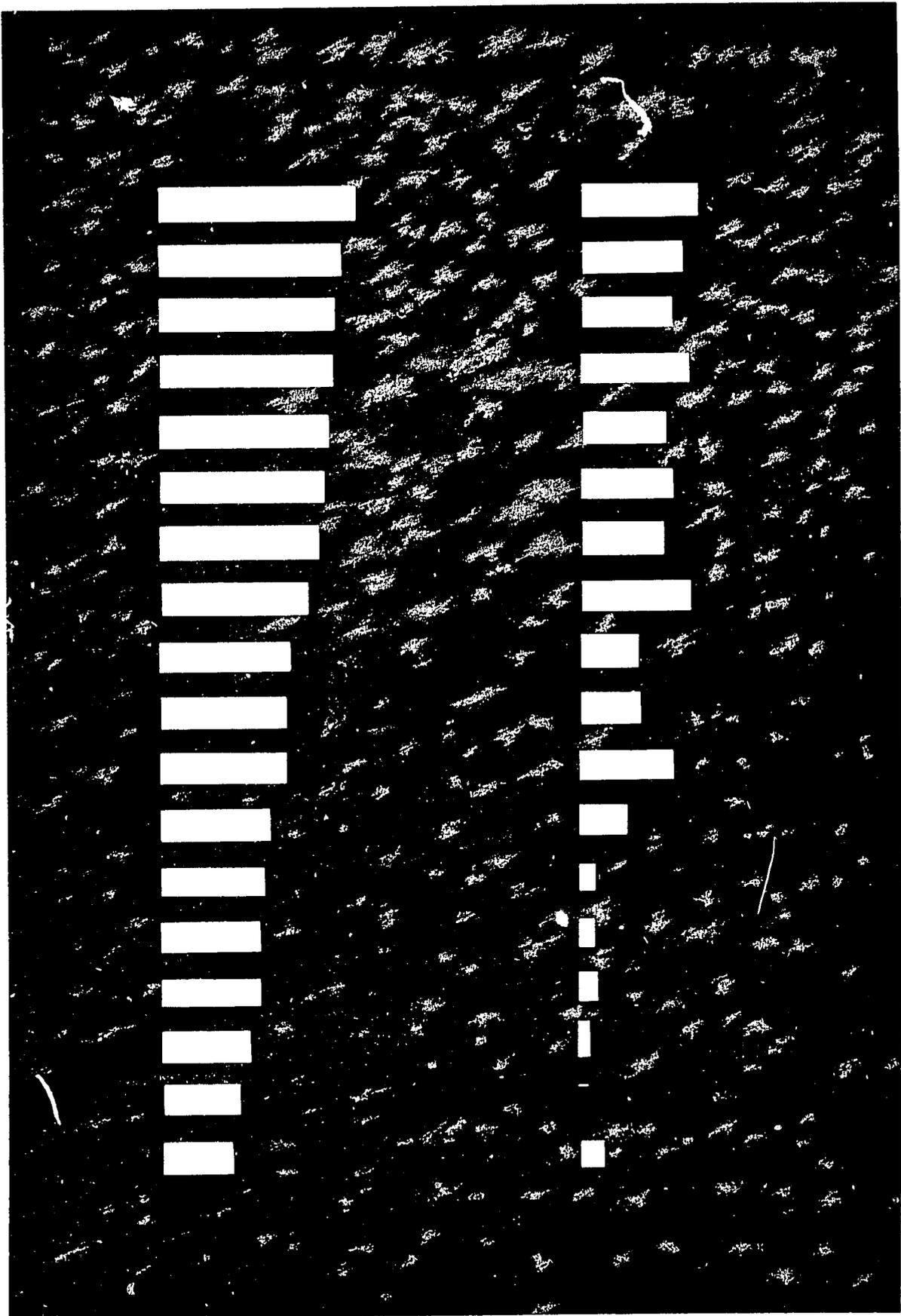
Hopeful signs are found in the declining birth rates of a few areas. Chile's birth rate fell from 37.1 per thousand in 1963 to 28 in 1970. Costa Rica's birth rate during the same period fell from 45.3 to 33. El Salvador, Guatemala, Panama, and the English-speaking countries of the Caribbean showed downward trends during the 1960's, as did the city of São Paulo, Brazil.

As to the reason for such declines, the U.N. Economic and Social Council, in reporting a 1971 session of the Economic Commission for Latin America, suggests: "A plausible hypothesis would be that during this period large numbers of persons already trying or wanting to control their fertility gained access through their own initiative to more efficient methods of doing so."

Comprehensive government programs, utilizing public health services, have been developed in several countries. In addition, some governments have extended their family planning services through their social security institutions, their armed forces, and other national organizations. Private family planning organizations, usually affiliated with the International Planned Parenthood Federation, exist in nearly all countries.

Conferences and workshops on population problems have been held regularly in Latin America. In 1967, the International Planned Parenthood Federation chose Santiago, Chile, for its Eighth International Conference—the first to be located in Latin America. A regional conference on the impact of population on economic development was later held in Venezuela under the sponsorship of the Pan American Health Organization, the Organization of American States, the Population Council, and the Aspen Institute.

In 1970, Chile was the site for a conference of the International Confederation of Midwives, which addressed the subject of population growth and family planning. Other conferences in 1970 included a Latin American regional conference of the International Union for the Scientific Study of Population (IUSSP) in Mexico City. The 14th session of the U.N. Economic Commission for Latin America met April-May 1971 in Chile to discuss "Population Trends and Policy Alternatives in Latin America."



Training in family planning and demography is carried on in many Latin American countries. Among the training centers is the Hospital Barros-Luco in Santiago, Chile. Many participants—about half from Chile and half from other Latin American countries—have received training at the center. Expansion of this program took place in 1970.

The need for data on which to base realistic planning for health, housing, education, employment, and nutrition, has resulted in an increase in training for accurate methods in census taking. This training is given periodically in Spanish. Cooperating in carrying out the training are the U.S. Bureau of the Census and the Latin American Demographic Center located in Chile.

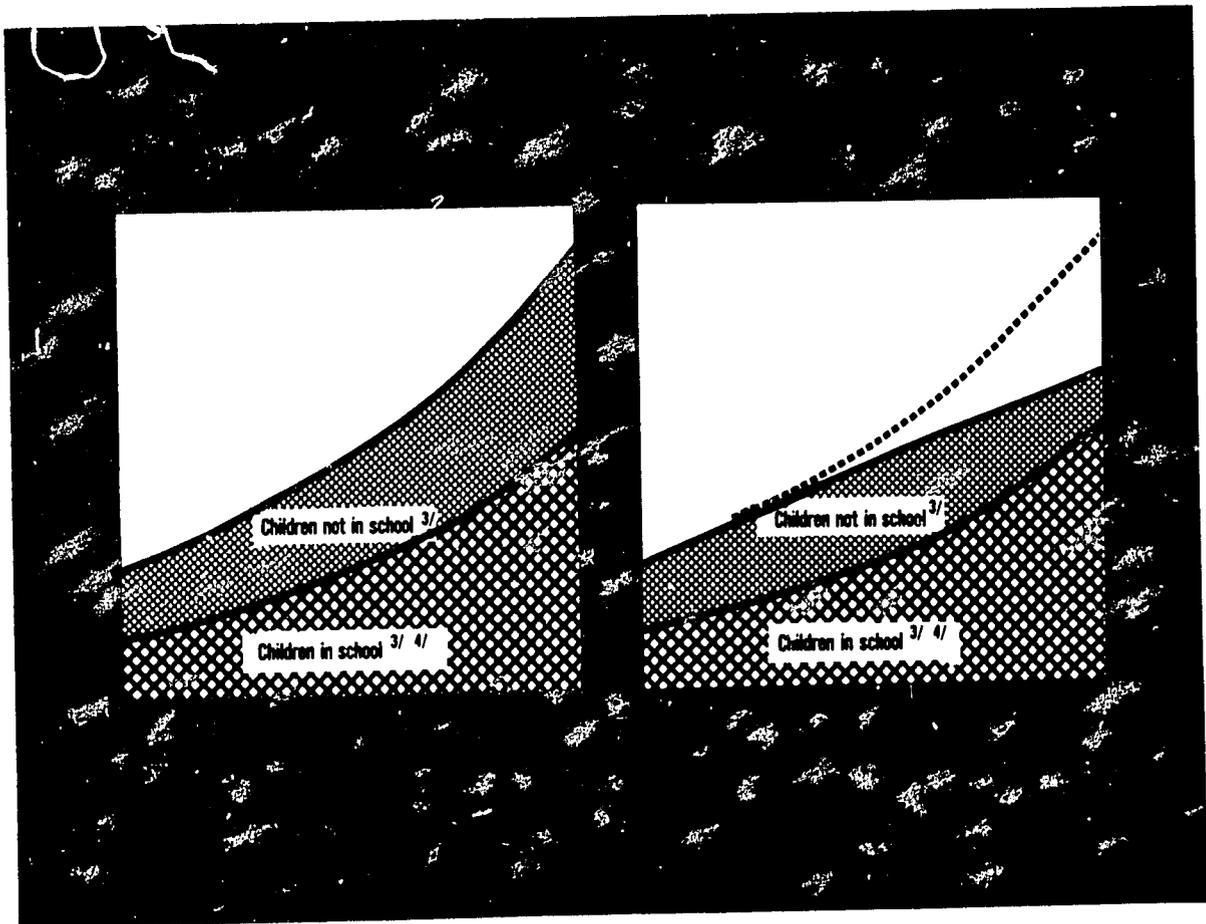
A.I.D. assistance

A.I.D. has provided assistance in Latin America through international and regional organizations such as the International Planned Parenthood Federation (IPPF), the Population Council, the Pathfinder Fund, the Latin American Demographic Center (CELADE), the Pan American Health Organization (PAHO), and

the Pan American Federation of Associations of Medical Schools (PAFAMS).

A.I.D.'s Regional Office for Central America and Panama (ROCAP) in Guatemala supports programs of the Organization of Central American States (ODECA), such as a regional information center, a regional mass-educational program, and a regional program to coordinate vital health statistics. Support was also given to training programs of the Salvadoran Demographic Association and the cytology training program in Guatemala. During fiscal 1970 ROCAP gave priority to development of an ODECA health department for regional maternal and child health programs, including family planning and responsible parenthood.

In May 1971, an interdisciplinary conference on education, information, and communication action in population and family planning programs was held at Airlie, Va. Latin and North American experts studied various ways to develop educational support planning and to inform people about family planning and population problems. They agreed to continue to study the problem intensively for 2 years while testing tentative solutions in field situations.



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

A.I.D. POPULATION PROGRAM SUPPORT, LATIN AMERICA

Program	Fiscal year				
	1965-67	1968	1969	1970	1971
	1,000	1,000	1,000	1,000	1,000
	dol.	dol.	dol.	dol.	dol.
Country projects	1,539	5,457	3,071	5,435	7,085
Regional projects	2,861	2,468	7,256	5,520	8,128
Total	4,400	7,925	10,327	10,955	15,213

United Nations and regional assistance

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. Fund for Population Activities. ECLA, under an agreement with the Chilean Government, assisted in establishing a new legal status for the Latin American Demographic Center in Santiago.

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 José, 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 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 Pan American Federation of Associations of Medical Schools is urging the inclusion of population studies and family planning in medical school curriculums. Its Population Studies Unit conducts demography seminars and workshops which include family planning; introduces family planning techniques in obstetrics/gynecology courses; and develops audiovisual materials for teaching

population courses and 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.

The U.N. Fund for Population Activities (UNFPA) provides assistance, both on a country and a regional basis, to population and family planning programs in Latin America. Regional activities in 1971 included support of population activities of the Latin America Demographic Center (CELADE); provision of advisory services to the Economic Commission of Latin America and to the regional Educational Planning Center; and financing of a training course in demography, seminars on use of demographic data and census tabulations, and a study on induced abortions.

UNESCO has provided two consultants to study ways of strengthening mass communications in national family planning programs of Colombia, Costa Rica, and El Salvador. It has also sent a consultant to survey the situation regarding family planning curriculums in schools and teachers' colleges in Latin America. Following the survey, a meeting of consultants is proposed to advise on future activities in curriculum development, teacher training, and development of materials.

Other assistance

The International Planned Parenthood Federation has been active in assisting 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 1971, IPPF supplied assistance to 27 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 1971 totaled \$5.3 million.

The Population Council makes grants; supplies IUDs, books, and other commodities; provides fellowships and offers technical advisory service to institutions and individuals throughout Latin America and the Caribbean. Such regional organizations as the Organization of American States (OAS), the Pan American Federation of Associations of Medical

Schools, and CELADE have received Council assistance for multinational activities, in addition to the local-institution support described in detail in the country sections following. Council support for activities in Latin America exceeded \$2.2 million in calendar year 1970.

Activities receiving grant support from the Council include demographic research by Peru's Center for Social Investigation, the Colombian Association of Medical Schools, the Central American Institute for Population and Family of Guatemala, CELADE, and by numerous universities and government agencies; institution building at the University of the Andes (Colombia), schools of public health in Argentina and Colombia, and at related research institutions; family planning services in the Dominican Republic, Colombia, and Venezuela; training at the Salvadoran Demographic Association, the Colombian Association of Medical Schools, the Pan American Federation, CELADE, and elsewhere; and biomedical research and contraceptive development and testing in collaboration with a number of countries.

The Council seeks to encourage population awareness and technical knowledge by supporting translation and distribution of pertinent literature; by assisting leadership seminars organized by the OAS, the Pan American Federation, the Population Reference Bureau, and others; and through provision of resident advisors and visiting consultants. Most Council publications are translated for broad distribution in Latin America, and basic books and research studies are made available to libraries of government agencies, universities, research centers, and other institutions. Two Council advisors assist the Colombian Association of Medical Schools, and a consultant is based in Mexico. Twelve graduate-level fellowships were provided in 1970.

Pathfinder Fund has furnished technical and financial assistance, contraceptive supplies, and literature to pioneering family planning groups in almost all Latin American countries. In fiscal 1970, Pathfinder sponsored projects in population education, clinical service in urban and rural areas, research, seminars in population and labor problems, and family planning workshops. To demonstrate the relationship between population issues and labor problems, Pathfinder cosponsored the Central American Seminar on Population and Labor in 1970 with the Interamerican Regional Workers Organization and the Population Reference Bureau. Pathfinder plans to implement programs in mass communication and research.

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 the regional office in Bogotá, Colombia. In addition to encouraging dissemination of population information through the press and radio, the Bureau produces audiovisual materials in Spanish.

The Bureau sponsors and participates in many conferences and symposia on population and related subjects. Among these are its own seminars, "Population Dialogues," for Latin American leaders in labor, medicine, journalism, and other fields.

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 almost \$9 million between 1962 and July 1970. Recipients of Ford assistance include institutions in Argentina, Brazil, Chile, Costa Rica, Colombia, Ecuador, Jamaica, Mexico, Peru, Uruguay, and Venezuela.

The Ford Foundation maintains resident population advisors in Brazil, Chile, Colombia, and Mexico and provides short-term advisory assistance. A staff member of the Foundation's New York Population Office has assisted in the analysis of present communications activities in selected countries of Central America and the Caribbean.

The Rockefeller Foundation has actively supported several family planning programs in Latin America, particularly in Colombia and Chile. Mass education is the aim of a program launched in 1969 with Rockefeller Foundation support, by the International Planned Parenthood Federation—Western Hemisphere Region. A grant was also made for the Population Reference Bureau's continuing reports on population developments, with special emphasis on the education program. A grant for population studies having a direct bearing on policy formulation in the Caribbean area went this year to the Pan American Health Organization for the establishment of a Population Nutrition Unit within the Caribbean Food and Nutrition Institute, which is concerned with the interdependence of efforts to maintain an adequate diet and attempts to limit population growth.

Oxfam and Oxfam of Canada have provided financial assistance to several Caribbean countries through local family planning associations. In 1969-70, Oxfam started to help a maternal and child health and family planning program in Bolivia through the United Methodist Committee for Overseas Relief.



Chairman Sidney Swensrud (l.), of IPPF Western Hemisphere region, confers with Dr. Benjamin Viel, Chilean medical researcher, prior to the latter's designation as the region's Director General.

World Neighbors is emphasizing family planning as strongly as local attitudes and its budget will permit. Working in eight Latin American countries—Bolivia, Brazil, Colombia, Ecuador, Guatemala, Haiti, Paraguay, and Peru—its services include: providing leadership training for doctors, nurses, and paramedical workers; supplying contraceptives, audiovisual films and equipment; cooperating with such agencies as BEMFAM, PROFAMILIA, Servico de Orientacao de Familia, Mennonite Central Committee, YMCA, and the Pathfinder Fund; and with local clinics and doctors.

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. Church World Service assists the family planning programs in Costa Rica and Peru.

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

The Peace Corps has small groups of volunteers presently working in the family planning programs of the Dominican Republic and El Salvador at their request.

The Swedish International Development Authority (SIDA) has initiated assistance to family planning programs in Chile, Colombia, Costa Rica, El

Salvador, Guatemala, and Trinidad and Tobago. Cuba has received assistance in maternal and child health. Responding to the need for sexual education in Latin America, SIDA arranged in April 1970 a course in sex education for experts from Central America, Chile, Colombia, Peru, Uruguay, and the Caribbean Islands. Another seminar in sex education will take place in April 1972.

The United Kingdom provided some family planning training assistance for Nicaragua in 1969, an expert to assist the family planning program in Trinidad and Tobago in 1969-70, and mobile IUD clinics for the Dominican Republic in 1970.

Argentina

Demographic information

<i>Population according to census of</i>	
<i>September 30, 1970</i>	<i>23,364,431</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>24,384,000</i>
<i>Births per 1,000 population, 1970</i>	<i>21</i>
<i>Deaths per 1,000 population, 1970</i>	<i>8</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>56</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>1.3</i>
<i>Annual growth rate, 1970</i>	
<i>(including migration)</i>	<i>1.4</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>51</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to women</i>	
<i>less than 20 years old, 1965</i>	<i>11</i>
<i>Median maternal age, 1965</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>79</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>18</i>
<i>Per capita gross national product, 1969</i>	<i>\$836</i>
<i>Percent literate, 1960</i>	<i>91</i>

Highlights of activities

In Argentina the population problem lies not in the growth rate, at only 1.4 percent per annum, but rather in the problem of unwanted pregnancies and the high rate of abortion as well as in the overcrowding of cities as a result of the migration from rural areas. Thus, the emphasis here is on provision of contraceptive and clinical services for prevention of abortions, detection of cancer, and insurance of physical and mental health of the family.

The family planning pioneer in Argentina was Dr. Nydia Gomez Ferrarottiwias, who in 1962 began a

program of family planning and sex education at Rawson Hospital. This was followed by the organization of a number of independent family planning activities and the organization in November 1965 of the Federación Argentina de Centros de Planificación Familiar to coordinate the emerging activities in Buenos Aires hospitals. Then, in 1966, the first National Family Planning Meeting was held at the University of Córdoba with representatives from the provinces attending. At this meeting, the Argentine Family Protection Association was organized to coordinate and expand the family planning movement throughout the country. The Association became affiliated with IPPF in 1969.

By early 1971, the Association operated 45 family planning clinics. Eight of these are in the Federal Capital, 10 in the Province of Buenos Aires, and the remainder scattered throughout the country. The Association has organized an educational program of talks, meetings, and film shows for the patients attending its family planning centers, and has also sponsored regional and provincial seminars on family planning and related subjects; 12 seminars and meetings of this kind were held in 1970. It also conducts a series of national intensive training courses for personnel already working in family planning or who intend to participate directly or indirectly in the program. The courses, which last from 2 to 3 weeks, include practical and theoretical classes, and cover human fertility and family planning, sex education, and mental health. In 1970, a total of 180 professionals, including doctors, paramedical personnel, and psychologists and sociologists, attended the national training courses. The association also runs regional training courses; in 1970 there were five courses, lasting from 1 to 2 days, and attended by 215 participants. The subjects of the courses included family health education for teachers, obstetrics, and gynecology, and the teacher's role in child socialization.

In 1970, the Association concentrated on information and education, and within this program made extensive use of printed material, meetings, and talks. Towards the end of the year a wider approach to the community was developed, through the mass media.

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

While Argentina has no official population programs, there appears to be a slowly increasing acceptance. Some valuable achievements are the authorization granted for new family planning centers to carry out operations, participation in the programs

by university departments of obstetrics and gynecology, recognition of and support to educational activities by the national and provincial ministries of education, and governmental approval of programs in certain provinces.

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

External assistance

Population Council grants to the Torcuato di Tella Institute amounted to approximately \$95,000 in support of demographic teaching and research. In 1969, a \$30,400 grant was made to the University of Buenos Aires School of Public Health to establish a demographic teaching program during 1970 and 1971, for fourth- and fifth-year medical students and graduate students. About 1,500 now take courses in demography each year. The goal is to create a Department of Demography responsible for the training of new personnel to staff other schools in Argentina and to provide consultative services for other institutions and government agencies.

The Argentine Association of Family Protection (AAPF) is the local affiliate of the IPPF, with central headquarters in Buenos Aires and 42 centers reaching into the interior of the country. AAPF activities include family planning, gynecological exams, early cancer detection, sterility treatment, sex education, and psychological orientation. The Association maintains working relationships with national and international organizations and exchanges information with the National Nutrition Institute of Mexico, the Margaret Sanger Research Bureau, and with other Latin American family planning associations. Informational and educational activities are carried out in the form of lectures, seminars, and conferences. Printed and audiovisual materials and press releases are distributed. Other information activities consist of training film for medical and paramedical personnel and public health officials, radio presentations, and TV round tables.

Pathfinder Fund has supplied contraceptives and literature.

During 1965-71 the Ford Foundation made grants totaling over \$1 million to the University of El Salvador in Buenos Aires to carry out studies of the effects of anovulatory drugs, and for timing and research in reproductive biology and population dynamics.

For 7 years, the National Institutes of Health have provided grants for biomedical research related

to reproduction at the Institute of Medical Research in Córdoba; the grant for fiscal 1969 was \$10,000.

Barbados

Demographic information

<i>Population according to census of</i>	
April 7, 1970	¹ 238,141
<i>Estimated population,</i>	
January 1, 1971	263,000
Births per 1,000 population, 1970	21
Deaths per 1,000 population, 1970	8
Infant deaths per 1,000 live births, 1970	42
Rate of natural increase, 1970 (percent)	1.3
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	53
<i>Percent of registered births,</i>	
first-born, 1967	26
Median birth order, 1967	2.8
<i>Percent of registered births born to women</i>	
less than 20 years old, 1967	23
Median maternal age, 1967	25
Percent urban, 1970	45
Percent of labor force in agriculture, 1966	25
Per capita gross national product	\$523
Percent literate	92

¹Not used as base for 1971 estimate.

Highlights of activities

Barbados, the most easterly of the Lesser Antilles, has had a government-supported Family Planning Association since 1955. The Association is supported by IPPF. A central clinic at the Association's headquarters with permanent staff of 14 offers full-time family planning services. Of the total of 14 clinics, 10 offer once-a-week services. Films, lectures, and radio announcements are used to build interest, with close followup by the agency. Contraceptives are made available at less than one-third market price. In addition, intensified effort is being made to reach more persons of the 15-19 age group.

Effectiveness of the program is indicated by the drop in birth rate—from 30.5 per thousand in 1960 to 21 in 1970, with maximum rate of population increase 1.3 percent. Rising incomes and improved education have contributed to the change.

External assistance

A.I.D. has assisted through an AID/IPPF grant for commodities.

Bolivia

Demographic information

<i>Population according to census of</i>	
September 5, 1950	2,704,165
<i>Estimated population,</i>	
January 1, 1971	4,742,000
Births per 1,000 population, 1970	44
Deaths per 1,000 population, 1970	19
Infant deaths per 1,000 live births, 1970	108
Rate of natural increase, 1970 (percent)	2.5
<i>Annual growth rate, 1970</i>	
(including migration)	2.4
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	28
Percent of registered births, first-born	NA
Median birth order	NA
<i>Percent of registered births born to women</i>	
less than 20 years old	NA
Median maternal age	NA
Percent urban, 1970	34
Percent of labor force in agriculture, 1967	48
Per capita gross national product, 1969	\$198
Percent literate, 1968	40

Highlights of activities

Although there are no official family planning efforts in Bolivia, there are indications of a softening of resistance to "responsible parenthood" programs. The change may be attributed to research and publications by the National Family Center's (CENAFa) Division of Demographic Research. Its first major work, "Study on Induced Abortion and the Use of Contraception," due for publication this year, produced evidence that various elements of the population in an important economic region are asking about availability of family planning clinics and methods. Also, family planning has received favorable discussion in seminar meetings.

CENAFa, in addition to its publishing program, is planning Family Life seminars for Ministry of Social Welfare/Public Health nurses and for national police; also, a seminar on Work and Population for Bolivian miners.

Departments of Preventive Medicine at universities in La Paz, Sucre, and Cochabamba have added the teaching of demography, which it is hoped will lead to courses in family life and planning.

External assistance

A.I.D. provides support to three universities which are introducing preventive medicine techniques

and courses on demography into their curriculums. A.I.D. also supports CENAFAs activities in disseminating demographic information and participates in training physicians.

The Population Council has maintained correspondence with several institutions in Bolivia but has not directly supported any population activities. Fellowship support has been provided.

The Pathfinder Fund continued support to a mobile family planning clinic serving the interior. A sex education seminar is planned for government nurses. In 1970, a medical team from the center began traveling to remote areas.

Church World Service and Oxfam are supporting limited family planning activities.

World Neighbors helps conduct a limited program of family planning education, aided by several cooperating doctors.

Oxfam has contributed to the United Methodist Committee for Overseas Relief for a Bolivian program of maternal and child health and family planning.

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

Brazil

Demographic information

Population according to census of

<i>September 1, 1970</i>	<i>92,237,570</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>93,100,000</i>
<i>Births per 1,000 population, 1970</i>	<i>37</i>
<i>Deaths per 1,000 population, 1970</i>	<i>9</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>94</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.8</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>25</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to women</i>	
<i>less than 20 years old</i>	<i>NA</i>
<i>Median maternal age</i>	<i>NA</i>
<i>Percent urban, 1970</i>	<i>52</i>
<i>Percent of labor force in agriculture, 1960</i>	<i>52</i>
<i>Per capita gross national product, 1969</i>	<i>\$348</i>
<i>Percent literate, 1960</i>	<i>61</i>

Highlights of activities

In Brazil, a private organization, the Sociedade de Bemestar Familiar (BEMFAM), has been carrying

out family planning activities since 1965. The organization was reshaped in 1968 so that the previously autonomous local clinics came under the administration of a central office in Rio de Janeiro.

From mid-1970 to mid-1971, BEMFAM established 60 clinics, gave contraceptives to 80,000 women, and had a total of 507,000 consultations. A total of 164,961 contraceptives were distributed of which 37,978 were IUDs.

BEMFAM, in cooperation with university medical schools, conducts clinical research and experimental programs, and it offers monthly training courses for medical and paramedical personnel and other interested people. In September 1966, it sponsored the first family planning congress in Brazil; the congress was held at Recife—capital of the northeastern State of Pernambuco—and drew participants from both Brazil and other countries. BEMFAM also has signed agreements with mayors of two important industrial cities for the development of cooperative projects on family planning.

In April 1970, BEMFAM sponsored the Fourth Brazilian Seminar on Family Planning, held in Natal (Rio Grande do Norte) with 98 participants. In October 1970, the Fifth Brazilian Seminar on Family Planning was held in Santa Maria (Rio Grande do Sul) with 102 participants. These family planning seminars were attended by leaders from the government, military, and church.

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

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

The Pan American Health Organization together with the University of São Paulo offer training in demography and conduct population research programs. The Universities of Rio de Janeiro and Bahia conduct research in reproductive biology, and the Catholic University of Rio is carrying out fertility and attitude studies related to family planning.

External assistance

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

The Population Council has made grants totaling approximately \$150,000 to various Brazilian institutions for biomedical and demographic research.

The Council has assisted the Laboratory of Physiology of Reproduction at the National Faculty of the University of Rio de Janeiro, where oral contraceptive tests are being conducted, and has also supported a study of male attitudes toward fertility and family size at the School of Politics and Sociology in São Paulo. Fellowship support is also provided.

The Pathfinder Fund has aided several doctors, from both urban and rural areas, in their family planning work by providing contraceptives.

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. In 1970, the Foundation provided an additional grant of \$410,000 to continue and amplify the University's research program, expand its educational and training programs, and strengthen its staff development efforts.

In 1967, 1970, and 1971, the Foundation made grants totaling \$254,000 to the Federal University of Rio de Janeiro to conduct a research program on the effects of contraceptives on patients at BEMFAM clinics and a training program for technicians in cervical cancer detection. In 1967 and 1970, grants totaling \$522,440 were given to BEMFAM for the support of an experimental program of "satellite" clinics.

In July 1971, the Foundation made a 2-year grant of \$100,000 to the Federal University of Juiz de Fora and a 1-year grant of \$70,000 to the University of Brasília, both for maternal and child health, nutrition, and family planning.

In Bahia and Maranhão, World Neighbors gives strong support to public health. WN shares with BEMFAM the support of an integrated family planning program on the outskirts of Natal. Another project is in Campinas in cooperation with the Medical School of the University of Campinas; this program involves fourth- and fifth-year medical students in family planning clinics in several of the city's major hospitals. In São Paulo, World Neighbors assists the Serviço de Orientação de Família with family planning programs in three needy areas of the city.

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

Oxfam of Canada in 1969-70 made a grant totaling \$10,000 to BEMFAM to conduct two seminars on family planning.

Chile

Demographic information

Population according to census of

<i>April 22, 1970</i>	<i>8,836,223</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>9,432,000</i>
<i>Births per 1,000 population, 1970</i>	<i>28</i>
<i>Deaths per 1,000 population, 1970</i>	<i>9</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>92</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>1.9</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>37</i>
<i>Percent of registered births,</i>	
<i>first-born, 1967</i>	<i>27</i>
<i>Median birth order, 1967</i>	<i>2.3</i>
<i>Percent of registered births born to women</i>	
<i>less than 20 years old, 1967.</i>	<i>13</i>
<i>Median maternal age, 1967</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>74</i>
<i>Percent of labor force in agriculture, 1970</i>	<i>24</i>
<i>Per capita gross national product, 1969</i>	<i>\$674</i>
<i>Percent literate, 1960</i>	<i>84</i>

Highlights of activities

Chile's family planning program, involving both the Government and a Family Planning Association, is the most advanced in Latin America. Some 200 clinics dispense family planning information and contraceptives throughout the country, and world-renowned training courses have been developed at the U.N. sponsored Latin American Demographic Center (CELADE) and the Barros Luco Hospital.

The Government now plans to centralize all family planning services in its National Health Service and to increase coverage. Plans call for setting up a new Ministry of the Family charged with integrating family planning and sex education into a broad-based strategy designed to strengthen the family structure.

Family planning activities in Chile date back to 1938 when contraceptive services were first offered in Santiago. Interest in family planning, however, did not expand notably until 1959 when Dr. Jaime Zipper began a research project at the Barros Luco Hospital on the "Zipper ring."

Three years later 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 induced 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 program.

The Association for the Protection of the Family now serves as an advisory council for the Government program and runs the family planning clinics, most of which are located in Government hospitals or clinics.

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. It also has sponsored annual training grants to recent medical school graduates who will work throughout the country, a special training course for top personnel in the Ecuadorean Army and Government Health Service, and a public-education course using mass media, conferences and seminars.

The Association also has contracted with the Ministry of Education to teach sex education in primary and secondary schools and has formed a corps of family planning volunteers.

Chile's population growth rate is not as high as

in most of the rest of Latin America and has been declining steadily. Despite this improvement, there are important reasons for continuing attention to family planning in Chile. First, the present lowered birth rate is more the result of the large number of induced abortions than of effective contraception. Studies indicate that in the Santiago area, especially, the abortion rate reaches an abnormally high level. Secondly, the high abortion rate is a strong indication that the general public is interested in limiting the number of births in their families.

Approximately 2.3 million women are in the child-bearing age group (15-44), and an estimated 10 percent of these women practice some form of birth control, using mainly oral contraceptives and IUDs. The aim of the Government program is to obtain 40 percent participation by 1976.

External assistance

Out-of-country training facilities are used moderately by Chile. Under A.I.D. sponsorship, about 40 participants were sent during fiscal 1971 to various population conferences, workshops, and

At one of the 200 or more family planning clinics in Chile a nurse explains an intrauterine device to a group of women.



training courses in other Latin American countries and the United States.

The United Nations assists the Chilean and other Latin American programs through CELADE, which was founded in August 1957 and that year officially established its headquarters in Santiago. The objectives of CELADE are to organize courses in demographic analysis for the purpose of training Latin American students in this discipline and promoting the establishment of similar courses of study in universities throughout Latin America; to begin the study of demographic problems in Latin America, utilizing the sources of existing data and carrying out new research; and to provide demographic consulting services for all Latin American governments.

The International Planned Parenthood Federation has assisted the Association for the Protection of the Family.

The Population Council continues to support biomedical research at the Universidad Catolica in Santiago, the Universidad de Chile, Catedra "E" de Obstetricia, and the Instituto de Fisiologia and also supports a family planning statistical unit at the Universidad de Chile. Fellowships in demography, public health, and biomedical subjects have also been awarded. In addition, the Council supports CELADE's comparative regional research programs in fertility and abortion as well as methodological studies on abortion measurement.

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

The Pathfinder Fund in 1970 provided funds to expand family planning facilities in a rural clinic near Santiago, where young doctors and nurses receive training. Pathfinder has furnished audiovisual equipment to several clinics and institutions, has provided one travel grant, and has sent contraceptives and literature to private clinics serving low-income patients. It has also provided funds to the Latin American Federation of Obstetricians and Gynecologists to publish a journal.

The Ford Foundation in 1962 and 1968 made two grants totaling \$427,100 to CELADE for demographic teaching and research activities in Latin America. The Foundation granted \$170,000 to the University of Chile in 1964 for research and training in reproductive biology and \$158,000 in 1969 for support of the University's Center of Biology of Reproduction. In 1970 a \$40,000 Foundation grant was made to the Latin American Association for Research in Human Reproduction.

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 and \$50,000 in 1970 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 and 1969.

The Population Reference Bureau and the Ministry of Education developed a series of seminars given to secondary school teachers on the problems attendant to population growth. The bureau has been active in distribution of educational material.

The U.N. Fund for Population Activities has contributed to a planning mission for a proposed population studies center.

The Swedish International Development Authority has provided equipment for IUD insertion and projectors for 48 maternal/child health clinics.

Colombia

Demographic information

Population according to census of

<i>July 15, 1964</i>	<i>17,484,508</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>21,466,000</i>
<i>Births per 1,000 population, 1970</i>	<i>43</i>
<i>Deaths per 1,000 population, 1970</i>	<i>11</i>
<i>Infant deaths per 1,000 live births, 1970 . . .</i>	<i>76</i>
<i>Rate of natural increase, 1970 (percent) . . .</i>	<i>3.2</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>22</i>
<i>Percent of registered births,</i>	
<i>first-born, 1967</i>	<i>¹18</i>
<i>Median birth order, 1967</i>	<i>¹3.5</i>
<i>Percent of registered births born to women</i>	
<i>less than 20 years old, 1967</i>	<i>¹10</i>
<i>Median maternal age, 1967</i>	<i>¹27</i>
<i>Percent urban, 1970</i>	<i>60</i>
<i>Percent of labor force in agriculture, 1964 . .</i>	<i>47</i>
<i>Per capita gross national product, 1969 . .</i>	<i>\$302</i>
<i>Percent literate, 1964</i>	<i>73</i>

¹Based on incomplete registration of births.

Highlights of activities

In October 1970, the President of Colombia announced the extending of "social and medical assistance to all classes of the country in order that every family may have the liberty and responsibility to determine the number of its children." The following month the National Council of Social and Economic Policy adopted a policy indicating support of making family life and sex education, and necessary medical services available to families.

A National Baseline Fertility Survey conducted in 1969 by the Division of Population Studies of the Colombian Association of Medical Schools (ASCOFAME) indicates that 73 percent of urban couples and 69 percent of rural couples favored family planning in principle; only 65 percent of urban couples and 35 percent of rural couples knew one or more reliable methods of contraception; 22 percent of urban couples and 8 percent of rural couples knew the location of the nearest clinic offering services.

Evidence indicates that since the survey was made, knowledge of effective methods and their availability has increased—particularly in view of the expanded number of clinics and the increased public attention given the subject.

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

ASCOFAME, the pioneer in training both medical and paramedical personnel since 1964, began in 1969 a postpartum family planning program, which is being implemented in 24 major hospitals throughout the country. It coordinates population studies conducted at most of the 26 member universities and has established Population Committees at several. These committees offer clinical service and research in fertility, family planning, abortion, and sociodemographic problems. ASCOFAME also undertakes demographic studies; knowledge, attitudes, and practices (KAP) surveys; and research on fertility.

The University of Valle, has received large Rockefeller grants for research in reproductive physiology. Family planning is an element of a universitywide program in the Population Studies Center. The Center, in addition to its research, is responsible for training doctors involved in the national family planning program. It is experimenting with ways of providing family planning services to rural populations through comprehensive community health services in outlying clinics.

A private organization, the Colombian Family Welfare Association (PROFAMILIA), offers family planning services to patients in 32 clinics, 7 in Bogotá, 19 in other cities.

Between 1966 and 1969, PROFAMILIA served 48,000 new acceptors. In 1970, the number of new acceptors exceeded 52,000, an increase of 24 percent over 1969. The IUD was the major type of contraception used. The Pilot Center in Bogotá, largest such clinic in the world, served nearly 12,000 new acceptors in 1970.

The Association operates an education and information program, including radio spot announcements. The Bogota pilot center offers training courses, including 2-week international courses for doctors and other personnel.

External assistance

A.I.D. has contracted with the University of North Carolina to provide technical assistance to the National Statistical Department in developing more accurate registration of vital events in two pilot areas. It also has provided assistance to short and long-term training programs for 42 participants in demography, family planning, and allied disciplines.

The International Planned Parenthood Federation assists PROFAMILIA. Supporting grants were made in 1970.

The Population Council has provided financial and technical assistance to ASCOFAME since the formation of its Division of Population in 1964, and currently has two advisors in residence. The Council support: ASCOFAME'S nationwide postpartum program, a broad training and assistance program involving seven universities, extensive KAP and other population-related research, a special program for evaluation, and a joint Spanish translation and publication program. The Association's activities have been studied by other Latin American countries. Efforts to institutionalize the population activities and to shift to local financing have been meeting with some success.

The Council has continued its support of the Pan American Federation of Associations of Medical Schools in its efforts to improve the population activities of member associations and schools throughout the region. The Council also supports the institutionalization of demographic research and training at the University of the Andes and at the School of Public Health of the University of Antioquia, Medellin, and biomedical research at the University of Valle in Cali. Numerous fellowships have also been provided.

Pathfinder Fund supports several PROFAMILIA programs.

Field staffs are being trained to help bring people into clinics. Radio spots help advertise availability of family planning services in 28 towns and cities. A pilot clinic helps train Colombian and foreign doctors. Work with women's leadership organizations helps develop a consciousness of the role, rights, and responsibilities of women, with emphasis on family planning.

In 1964, the Ford Foundation made a \$25,000 grant to the University of Valle for the tabulation of the 1964 census returns for Cali and its vicinity. The Foundation has made three grants totaling \$747,000 in 1965, 1967, and 1970 to the Colombian Association of Medical Faculties for a division of population studies, fellowships, seminars, and for research in social demography and family planning.

In 1971, the Foundation granted \$65,000 to the Colombian Association of Faculties of Medicine for an experimental training laboratory in population education.

During 1969, the Rockefeller Foundation gave \$64,161 to Colombian family planning programs. Among recipients have been the University of the Andes—for organizational and administrative costs of the Colombian Association for the Scientific Study of Population—and the University of Valle—for research in reproductive physiology and support of population studies and action programs. In 1970, the Foundation gave \$80,000 to the University of Valle for population studies.

Church World Service is supporting a number of planned parenthood programs.

World Neighbors, in a joint project with PROFAMILIA, provides a substantial part of the funding of the San José clinic and the basic budget for a new family planning program at Sincelejo, Sucre—a needy semirural area. The latter project provides the services of a doctor, nurse, "motivator" and assistant, plus rents, utilities, transportation, and equipment.

All of the Population Reference Bureau's Spanish and Portuguese publications are printed at and distributed from its regional office in Bogotá.

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

The Swedish International Development Authority has provided supplies to family planning activities in Colombia, starting in 1969. In fiscal 1970, the assistance amounted to \$54,000. In fiscal

1971, supplies worth approximately \$28,000 were scheduled to be given.

The U.N. Fund for Population Activities has provided funds to explore the possibility of using malaria eradication personnel in family planning activities.

Costa Rica

Demographic information

Population according to census of

April 1, 1963 1,379,000
Estimated population,

January 1, 1971 1,777,000

Births per 1,000 population, 1970 33

Deaths per 1,000 population, 1970 7

Infant deaths per 1,000 live births, 1970 . . . 60

Rate of natural increase, 1970 (percent) . . . 2.7

Number of years to double population at
the 1970 rate of natural increase 26

Percent of registered births,

first-born, 1967 18

Median birth order, 1967 3.9

Percent of registered births born to women
less than 20 years old, 1967 14

Median maternal age, 1967 27

Percent urban, 1970 37

Percent of labor force in agriculture, 1963 . . 49

Per capita gross national product, 1969 . . \$487

Percent literate, 1963 84

Highlights of activities

Costa Rica since 1967 has given steadily increasing attention to family planning activities.

In April of that year, the Population Office was established within the Ministry of Health and charged with preparing a comprehensive study and work plan outlining the objectives and targets of a national population program. Early in 1968, family planning was included as a integral part of the National Health Service, and in 1970 the Population Office was placed in the Maternal and Child Care Division of the Ministry. An immediate operational target was established to provide family planning services in all health facilities of the Ministry of Health. Ninety such clinics now offer such services, closely approaching the goal of 100. The Population Office recently established a postpartum family planning program in three hospitals, with assistance from the Pan American Health Organization.

The Costa Rican Demographic Association



Left, a sample of the wide variety of family planning publications issued by the Costa Rican Demographic Association in behalf of the National Population Program. Above, a typical scene at Government clinics, where child care goes hand in hand with family planning.

(CRDA) became an affiliate of the International Planned Parenthood Federation in 1967. The Association conducts informational, motivational, and educational programs by means of radio, TV, and the press and produces the bulk of the printed material for all family planning/population programs. It also publishes a monthly bulletin PLANIFAMILIA.

The Association has transferred all of its clinics to the official program, except one which is run as a pilot clinic. It administers the oral contraceptive program through a network of drugstores. It also provides technical and material support to other institutions.

The Costa Rican Social Security Institute (ISS) initiated family planning in four city clinics and one rural hospital in 1970. It plans to provide services to all the insured population (42 percent of the total population). It has set up postpartum family planning services in two affiliated hospitals.

The Center for Social and Population Studies (CESPO) of the University of Costa Rica trains health personnel in population/family planning dynamics and leadership. In cooperation with Columbia University, it now evaluates such programs. It also has set up a sociodemographic research division. Both

units receive assistance from Ford Foundation, CELADE, PAHO, and UNFPA.

The Center for Family Guidance (COF) provides sex education and family planning courses and individual counseling for students, other youths, and engaged and married couples.

The Center for Family Integration (CIF) provides services to COF's. It is Catholic-sponsored; its services are aimed primarily at Catholic students and married couples. Both it and COF get technical and financial assistance from CRDA.

The Ministry of Education recently established a sex education training program for high school teachers to serve as a basis for such education in high schools. Courses for parents also are provided.

Some other institutions are indirectly related to the programs, such as:

CELADE, a U.N.-sponsored Latin American Demographic Center, with regional offices in San José, conducts demographic studies and training and provides technical assistance.

The General Bureau of the Census conducts the census and also population surveys.

The Good Will Caravan provides medical aid, including family planning, to remote areas.

External assistance

A.I.D. provides financial and technical assistance to the Ministry of Health, CRDA, and CESPO, and indirectly through the CRDA, to COF and CIF.

IPPF gives financial support to CRDA.

Ford Foundation made two grants totaling \$326,000 in 1968 and 1970 to the University of Costa Rica for family planning training and demography. It has provided a short-term communications consultant to the Ministry of Health.

The Pan American Health Organization (PAHO) provides technical and financial assistance to CESPO and sponsors postpartum programs in MOH and SSI.

Others include the Swedish International Development Authority, Pathfinder Fund, Population Council, and Church World Service.

Dominican Republic

Demographic information

Population according to census of

January 9, 1970 4,011,589

Estimated population,

January 1, 1971 4,300,000

Births per 1,000 population, 1970 48

Deaths per 1,000 population, 1970 14

Infant deaths per 1,000 live births, 1970 . . . 72

Rate of natural increase, 1970 (percent) . . . 3.5

Number of years to double population at the 1970 rate of natural increase 20

Percent of registered births, first-born 1968 . .¹ 19

Median birth order, 1968 3.4

Percent of registered births born to women less than 20 years old, 1968¹ 14

Median maternal age, 1968¹ 27

Percent urban, 1970 40

Percent of labor force in agriculture, 1960 . . 61

Per capita gross national product, 1969 . . \$321

Percent literate, 1960 65

¹Based on incomplete registration of births.

Highlights of activities

The Dominican Government's involvement in family planning began in 1967, when it incorporated family planning services into the maternal and infant care program. In the following year, it established a National Council on Population and Family Planning

(CNPf) to determine national population and family planning policies.

Since inauguration of the first Government clinic in 1969, the Dominican Republic has seen a rapid increase in the availability of family planning services. By mid-1971, the number of family planning clinics had grown to 40, these being in the more highly populated centers.

All services of the Government clinics are provided free, including Pap smear tests. IUDs and oral contraceptives are offered by the clinics, with slightly below 50 percent of the patients accepting the IUD. More than 70 percent of the patients are below 30 years old.

Immediate goal of the program is to reach 15 percent of all Dominican women by the end of 1971 and to reach an additional 5 percent within the following 2 years.

The Dominican Republic also has a private Association for Family Welfare, which was created in 1966 and in 1969 became the only private organization to be represented on the National Council. That same year, the Association's application for IPPF affiliation was accepted. The Association works closely with the Government program, primarily on information and education activities. It also operates two clinics as pilot projects in Santo Domingo, which also train staff.

CNPf and the Association are jointly developing an intensive information and education program, using press, radio, and TV; lectures and seminars; and posters, bulletins, pamphlets, and other literature. Intensive training courses are held throughout the year for all medical and paramedical personnel, both private and governmental, involved in family planning clinical services. Courses also are given for health educator aides, social workers, social promoters, and administrative staff. A first workshop on family planning for journalists has been held.

The National Institute of Sex Education (INES) is involved in training activities. CNPF and the Pedro Henriquez Ureña National University are jointly involved in research and evaluation studies.

External assistance

The International Planned Parenthood Federation has provided financial and commodity assistance annually to the Association.

A \$7.1-million A.I.D. loan, signed April 15, 1969, is assisting the Secretariat of Health to expand its maternal and infant care program. The loan includes funds for the remodeling and construction of health facilities, procurement of commodities,

education and training of personnel, studies, mass-media materials and technical assistance. Implementation of the program started in 1970 with training courses for medical personnel. Construction and remodeling of facilities, procurement of commodities, and special studies have started.

The Population Council is supporting the central office of the CNPF and its supervision and evaluation of the Government's family planning program and research on the effectiveness of communications materials and programs. Population Council also provides support for fellowships.

Pathfinder Fund supplies family planning literature and contraceptives to selected recipients.

Church World Service assists Servicio Social to operate over 40 contraceptive distribution stations.

Peace Corps volunteers are also assisting in family planning activities. Motivational activity is underway in a Community Health program.

The United Kingdom supplied three mobile clinics to enable family planning services to be extended to remote rural areas.

The U.N. Fund for Population Activities has assisted the National Statistical Office with a sample survey and with development of vital statistics. It has also given assistance to the present family planning programs.

Ecuador

Demographic information

Population according to census of

<i>November 5, 1962</i>	<i>¹4,649,648</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>6,194,000</i>
<i>Births per 1,000 population, 1970</i>	<i>44</i>
<i>Deaths per 1,000 population, 1970</i>	<i>11</i>
<i>Infant deaths per 1,000 live births, 1970 . . .</i>	<i>80</i>
<i>Rate of natural increase, 1970 (percent) . . .</i>	<i>3.4</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>21</i>
<i>Percent of registered births, first-born, 1967 . .</i>	<i>23</i>
<i>Median birth order, 1967</i>	<i>3.4</i>
<i>Percent of registered births born to women</i>	
<i>less than 20 years old, 1967</i>	<i>10</i>
<i>Median maternal age, 1967</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>39</i>
<i>Percent of labor force in agriculture, 1965 . .</i>	<i>53</i>
<i>Per capita gross national product, 1969 . .</i>	<i>\$279</i>
<i>Percent literate, 1962</i>	<i>68</i>

¹ Population excludes nomadic Indians.

Highlights of activities

In Ecuador, a number of Government and private organizations are carrying out family planning programs.

A Department of Population in the Ministry of Health has trained, mainly through seminars, personnel in 34 of the 52 existing health centers; 29 of these centers have received equipment and supplies for family planning and are providing this service as part of an integrated health program. Twenty-seven doctors and midwife nurses have been sent to Chile for special training in family planning. Within 5 years, a total of 115 clinics are to be opened, staffed, and equipped for family planning within the framework of the Ministry of Health.

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

The program was suspended when the universities were closed. An expanded program in which the Ecuadorean Society of Pediatrics would participate is being discussed. The teaching of demography will be included in the curriculum of the schools of medicine, obstetrics, and nursing.

The Ecuadorean Family Planning Association was formed in 1965 and became an International Planned Parenthood Federation member in 1967. The Association operates four clinics and collaborates with 16 others, has provided family planning training to physicians, and has participated in training Ministry of Health personnel in six subcenters. It held a first Symposium on Family Planning and Mass Communications in 1970.

The "Women's Medical Society," through a clinical and education program, has provided education and motivational programs for members of the Armed Forces and their wives in the Province of Pichincha. Programs also have been carried out in markets and slums in the Province. The Society has a nationwide program of education, motivation, and family planning services within the National Civil Police Force.

The Armed Forces have established 17 family planning clinics in military hospitals and two mobile clinics, to extend motivation, education, and services to enlisted men and officers in all branches of the Armed Forces.

The Ministry of Social Welfare has initiated a nationwide 5-year program of "Integral Promotion of

the Family." Among its basic elements will be education and motivation in responsible parenthood and family planning.

CEEF, the Ecuadorean Center for Family Education, working with the Ministry of Education, has assumed responsibilities of a program initiated by the YMCA on sex education and family planning, directed to teachers of primary and secondary schools. CEEF organized the first Latin American Seminar on Sex Education, held in Quito in April 1971.

The Ecuadorean Institute of Social Security will initiate a program on motivation and family planning for its affiliated members. Five pilot clinics will be established.

The Ministry of Production (Agriculture) plans to launch a pilot project to prepare home economists and agricultural extension workers to do family planning motivation in rural communities.

The Ecuadorean Institute of Planning for Social Development (INEDES) is studying and analyzing effects of population growth on socioeconomic development.

External assistance

A.I.D. has supported the Ministries of Health, Defense, and Social Welfare and the universities' population study programs. A.I.D. has provided assistance for 100 auxiliary nurses who are working in the new rural medicine program of the Ministry of Health.

IPPF has provided financial and commodity assistance to the Ecuadorean Family Planning Association.

The Population Council provided IUDs during 1969 to the Ministry of Health.

The Pathfinder Fund has supplied contraceptives and literature to a number of clinics. As part of its International IUD Program, Pathfinder Fund has also carried out evaluations of studies of IUD insertions made as part of Ecuador's family planning programs.

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

The Ford Foundation is paying the salary of a coordinator in the Ecuadorean Association of Medical Faculties for research and the teaching of demography and family planning in the three medical schools. In 1970, the Ford Foundation made a 2-year \$34,000 grant to the Association of Ecuadorean Medical Schools for support of their Division of Population Studies.

A program initiated by World Neighbors in cooperation with the YMCA, and which resulted in creation of a new Centro Ecuatoriano de Educacion Familiar (CEEF), brings sex education and family planning to public schools of the Quito area, working mainly through parent-teacher organizations.

The Organization of American States sponsored a 1-week seminar on Population and National Planning with the Ecuadorean National Planning Board in April 1971.

El Salvador

Demographic information

Population according to census of

May 2, 1961 2,510,894

Estimated population,

January 1, 1971 3,480,000

Births per 1,000 population, 1970 44

Deaths per 1,000 population, 1970 10

Infant deaths per 1,000 live births, 1970 . . . 63

Rate of natural increase, 1970 (percent) . . . 3.4

Number of years to double population at

the 1970 rate of natural increase 20

Percent of registered births, first-born, 1968 . . 21

Median birth order, 1968 3.2

Percent of registered births born to women

less than 20 years old, 1968 16

Median maternal age, 1968 30

Percent urban, 1970 41

Percent of labor force in agriculture, 1964 . . 60

Per capita gross national product, 1969 . . \$285

Percent literate, 1961 49

Highlights of activities

The Government of El Salvador has an official family planning program. Seminars have been held with Catholic and Protestant leaders. The number of new patients coming to family planning clinics is increasing.

Three agencies offer family planning services at 133 clinics throughout El Salvador: Ministry of Health (MOH), 92; the Salvadoran Social Security Institute (ISSS), 29; the Salvadoran Demographic Association (SDA), 12.

In 1968, the MOH adopted a 5-year program under which it has institutionalized family planning clinical services within most of its countrywide network of health installations by opening new services and by accepting gradual transfer of clinics previously operated by the SDA. Also, the MOH has absorbed payment of part of the personnel previously



Meetings on family planning in El Salvador are far ranging, from sex education courses for teenagers, left, to the first Central American Congress on Responsible Parenthood and Sex Education, right, held in San Salvador in February 1971.

paid by A.I.D. The MOH operates a cytology laboratory which provides services to MOH and some SDA patients.

SDA is a nonprofit entity organized in 1962 to promote and support population activities. It has received continuous A.I.D. support since 1966. It trains all health personnel needed in the family planning clinics. At its Regional Training Center, it gives year-round practical courses for medical, paramedical, and leadership personnel from Central American countries. Also, it conducts a broad educational program using mass media facilities, and conducts research and special studies.

The ISSS, through provision of clinical services for insured workers, now offers family planning services in 20 clinics. A.I.D. assistance began in fiscal 1970 with assumption that ISSS will assume all program costs after 1972. ISSS has a cytology laboratory that provides laboratory examinations for its patients and some SDA patients.

Evaluation of the work of the three programs is being done through contract with Columbia University, scheduled for completion in December 1972. The work is directed toward finding problems and proposed solutions.

The various activities are coordinated through a National Coordinating Committee whose members come from the three organizations. Meetings are held monthly.

External assistance

A.I.D. assists the programs of all three agencies.

IPPF gives financial support to the SDA. The A.I.D. Regional Office for Central America and Panama (ROCAP), through the Organization of Central American States, is financing the SDA Regional Training Center and is supporting mass media education.

The Population Council has supported the SDA training center. The Pathfinder Fund has supplied contraceptives and literature. The Swedish International Development Agency (SIDA) has supplied contraceptives and equipment. The Ford Foundation made a special study of the first mass media campaign called PATER. Peace Corps volunteers refer mothers to maternal and child health clinics. The U.N. Fund for Population Activities has provided funds for the development of teacher training programs in family and sex education.

Guatemala

Demographic information

Population according to census of
April 18, 1964 4,443,000
Estimated population, January
1, 1971 5,433,000
Births per 1,000 population, 1970 43
Deaths per 1,000 population, 1970 14
Infant deaths per 1,000 live births, 1968 . . . 92
Rate of natural increase, 1970 (percent) . . . 2.9
Number of years to double population at
the 1970 rate of natural increase 24
Percent of registered births, first-born, 1965 .¹ 22
Median birth order, 1965 13.2
Percent of registered births born to women
less than 20 years old, 1965 117
Median maternal age, 1965 126
Percent urban, 1970 31
Percent of labor force in agriculture, 1964 . . 65
Per capita gross national product, 1969 . . \$319
Percent literate, 1964 38

¹Based on incomplete registration of births.

Highlights of activities

Under Guatemalan law, the Ministry of Health is responsible for all family planning services. All health centers (70) and regional hospitals (6) now offer family planning services as an integrated part of maternal and child health care.

The private Family Planning Association (Asociacion Pro-Bienestar de la Familia de Guatemala), an International Planned Parenthood Federation affiliate founded in 1962, also operates 9 family planning clinics. It offers seminars on human development and population education.

The Ministry and the Association jointly staff an integrated Office of Education, Training, and Promotion. The office develops promotional materials such as radio jingles (Spanish and 10 Indian languages), TV spots, posters, and teaching aids. It provides training for medical and paramedical personnel, social workers, and health promoters.

The national program operates a data processing unit for program evaluation and patient control, which was developed with assistance from the Center for Disease Control, Atlanta, Ga.

There is an increasing public demand for family planning services. Guatemala City clinics are functioning to the saturation level.

External assistance

A.I.D. provides assistance to the family planning program.

IPPF has made grants to the Association.

The Population Council has made grants to the Central American Institute for Population and Family for population studies and to the Guatemala School of Medical Sciences for biomedical studies.

The Pathfinder Fund has helped to finance the operation of a clinic serving the Cakchikel Indians. The clinic provides birth control services in the region of Chimaltenango.

World Neighbors assists the work of the Chimaltenango Clinic whose physician counsels patients and prescribes birth control methods. Paramedical workers serve over 60 communities.

The Swedish International Development Association has equipped 30 family planning clinics for IUD insertions and has provided other equipment, contraceptive supplies, and printing paper.

The U.N. Fund for Population Activities has financed short-term consultants to help with the 1972 census and establishment of a sex and family education program.

In 1970, with the guidance and cooperation of the Ministry of Health, a Ford Foundation communications advisor conducted a survey of communications, information, and education programs in family planning.

Haiti

Demographic information

Population according to census of
August 7, 1950 3,354,000
Estimated population,
January 1, 1971 5,296,000
Births per 1,000 population, 1970 44
Deaths per 1,000 population, 1970 19
Infant deaths per 1,000 live births, 1970 . . 130
Rate of natural increase, 1970 (percent) . . . 2.5
Number of years to double population at
the 1970 rate of natural increase 28
Percent of registered births, first-born NA
Median birth order NA
Percent of registered births born to
women less than 20 years old NA
Median maternal age NA
Percent urban, 1970 17
Percent of labor force in agriculture, 1965 . . 83
Per capita gross national product, 1969 . . \$85
Percent literate, 1950 10

Highlights of activities

The Government of Haiti in 1964 set up a department for family planning in the Social Affairs Ministry. The President of Haiti requested technical assistance in family planning as well as for other health problems from the Pan American Health Organization in 1968.

A small Family Planning Association was formed in 1962 but ceased activities in 1964 when the government program was announced. A new association was formed in 1968 and is receiving help from the International Planned Parenthood Federation's Western Hemisphere office. Some religious institutions and private physicians also offer family planning services.

In addition, the Institut des Hautes Etudes Commerciales et Economiques offers a training course in demography.

External assistance

The Population Council has provided IUDs to the hospital of the national university.

The Pathfinder Fund has conducted a nationwide survey of privately supported medical facilities now offering limited family planning services. It has also financed a study of contraceptive methods used by a Port-au-Prince clinic and sent the clinic audiovisual equipment, financed a family planning workshop conducted by the University of Chicago, and supplied contraceptives for all medical clinics operated by the Family Planning Committee under Service Chretien (Church World Service).

The Unitarian Universalist Service Committee supports a family planning field laboratory whose urban component has recently been absorbed into the national family planning program of the Haitian Government, cooperating with the Pan American Health Organization. The Committee has shifted its activities to the rural area around Croixdes-Bouquets and Fond Parisien where it will emphasize integration of family planning education and activities into basic rural health services, as well as the introduction of small-scale economic development activities.

In cooperation with the Mennonite Central Committee, World Neighbors is providing limited educational programs in the Grande Riviere du Nord.

Oxfam of Canada in 1969-70 granted \$5,700 to the Christian Service of Haiti for family planning seminars in a training course.

The U.N. Fund for Population Activities has provided funds for a population, housing, and agricultural census and demographic survey.

Honduras

Demographic information

Population according to census of

April 17, 1961	¹ 1,985,000
<i>Estimated population,</i>	
January 1, 1971	2,751,000
Births per 1,000 population, 1970	49
Death per 1,000 population, 1970	16
Infant deaths per 1,000 live births, 1970 . . .	135
Rate of natural increase, 1970 (percent) . . .	3.3
<i>Annual growth rate,</i>	
1970 (including migration)	3.4
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	22
Percent of registered births, first-born . . .	NA
Median birth order	NA
<i>Percent of registered births born to</i>	
women less than 20 years old, 1968	17
Median maternal age, 1968	26
Percent urban, 1970	26
Percent of labor force in agriculture, 1961 . .	67
Per capita gross national product, 1969. . .	\$.246
Percent literate, 1961	45

¹Enumerated population adjusted for estimated 5.3 percent underenumeration.

Highlights of activities

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

The recently installed Government has not declared a national population policy, though there has been agreement on the necessity of a family planning program by some officials. There has been no general Government recognition of the effect of rapid population growth on the achievement of economic and social development goals.

At present 25 Ministry of Health family planning clinics are in operation throughout the country, staffed with trained physicians, nurses, social workers, auxiliary nurses, and health educators. The supervisory staff has been increased and consists of three physicians, four nurses, three social workers,

and two health educators. Seventy-one persons were provided out-of-country training this year, principally physicians, nurses, social workers, and statisticians. Out-of-country training was mainly done at the University of Costa Rica Population Training Center. The English language requirement for the U.S. courses has resulted in few Hondurans participating. In-country training consisted of seminars in family planning to physicians, nurse groups, teachers, and labor leaders. This type of training is implemented jointly by the Honduran Family Planning Association and the Ministry of Health.

The Government coordinates its educational activities with those of the Honduran Family Planning Association which was organized in 1963 and is an affiliate of IPPF. The Association is largely responsible for mass communication programs, seminars, round table discussions, and lectures to public and professional groups. It operates two postpartum clinics and one family planning training clinic for physicians and nurses.

External assistance

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

The International Planned Parenthood Federation provides financial and commodity assistance to the Family Planning Association on an annual basis.

The Population Council is assisting the Family Planning Association in the implementation of postpartum family planning programs in Tegucigalpa and San Pedro Sula.

World Education, Inc., is providing assistance to incorporate family planning information in adult literacy programs.

The Pan American Health Organization has provided two short-term scholarships in Argentina for maternal and child health and family planning.

The U.N. Fund for Population Activities has provided funds for a demographic survey.

ALGUNAS PAREJAS



**TIENEN MAS HIJOS DE LOS
QUE PUEDEN MANTENER**

EL HIJO



These companion posters, from the Honduran family planning program, speak for themselves: The overwrought large family compared with the happy small family. "Some couples have more children than they can support," says the one poster. "The child should be the fruit of love between man and woman," says the other.



In Honduras, where family planning activities have been carried out by both the Government and the Family Planning Association, voluntary outreach workers receive instructions from their supervisors.



Two Honduran girls listen closely as a social worker discusses family planning with them at one of the family planning clinics.

Jamaica

Demographic information

Population according to census of

April 7, 1970	¹ 1,865,400
<i>Estimated population,</i>	
January 1, 1971	1,989,000
Births per 1,000 population, 1970	33
Deaths per 1,000 population, 1970	7
Infant deaths per 1,000 live births, 1970	39
Rate of natural increase, 1970 (percent)	2.6
<i>Annual growth rate,</i>	
1970 (including migration)	1.9
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>36</i>
Percent of registered births, first-born, 1964	20
Median birth order, 1964	3.3
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1964</i>	<i>18</i>
Median maternal age, 1964	26
Percent urban, 1970	38
Percent of labor force in agriculture, 1960	36
Per capita gross national product, 1969	\$543
Percent literate, 1960	82

¹Not used as base for 1971 estimate.

Highlights of activities

Jamaica incorporated a strong national population-family planning policy statement in its first 5-year plan in 1962 when it became an independent nation within the British Commonwealth. A Family Planning Unit was established in the Ministry of Health in 1966, followed by creation of a semiautonomous National Family Planning Board in 1967.

The Government's objective is to lower the Island's birth rate from 40 per thousand in 1966 to 25 by 1976. This is to be accomplished by intensive education combined with wide distribution of clinical services.

The Government continues to give strong support to the program, as evidenced by substantial budget increases each year.

There are 160 family planning clinics serving urban, rural, and remote areas in the 14 parishes, but many are open only half days, once or twice a week. The National Family Planning Board plans to develop at least 10 full-time clinics in major towns in 1971-72.

The Jamaica Family Planning Association, a member of the International Planned Parenthood

Girls, you don't have to get pregnant!

Control pregnancy when you don't want to see it you best. You can learn how to plan your family and prevent pregnancy by visiting your family doctor or your nearest Family Planning Clinic for help and advice.

Plan your family better your life!



Posters like the one above carry the message to families in Jamaica, whose Government hopes to reduce the birth rate to 25 per thousand by 1976.

Federation, works in cooperation with the National Board. The Association's efforts are directed toward stimulating favorable attitudes and activities of religious and community leaders, groups, and health committees. JFPA runs two family planning clinics, in St. Ann's and Kingston, and contributes to the running expenses of a third.

Because of a serious doctor shortage, the National Board is placing greater responsibility on senior clinic nurses for performing examinations, inserting IUDs, and other duties, under direction of the parish health officers.

Though attitudes have not been adequately researched, Jamaican women generally have been receptive. Targets for new acceptors have been reached each year but the high drop-out rate is causing concern. Jamaican males are known to have a negative effect on the program, and a study is planned to more precisely determine this effect. Motivational efforts at parish levels are being increased.

The Planning Board is giving high priority to training in 1971-72.

External assistance

A.I.D. assists the official family planning program, including a cancer-detection campaign. Its assistance has included technical consultation in administration, education, communications, statistics, and cytology; procurement of contraceptives, clinic equipment and supplies, and education equipment and teaching materials; participant training; and local funding for several private organizations providing family planning services in areas of special need. A.I.D. is assisting in the development of training, research, and evaluation capability at the University of the West Indies, through the University of Pittsburgh Graduate School of Public Health.

In 1970, the International Planned Parenthood Federation provided both financial and commodity assistance to the Family Planning Association.

The Population Council has assisted the Government with a postpartum patients' study and the University College of West Indies with census research. Fellowship support also has been given.

The Pathfinder Fund has donated contraceptives and literature.

In 1964, the Ford Foundation made a \$138,000 grant to the University of the West Indies for demographic research and for the Barbados fertility survey. In 1969, the Foundation provided \$200,000 to the University for support of their Institute of Social and Economic Research and the population census program. In 1970, a Foundation communications advisor conducted a survey of communications, information, and education programs in family planning.

In 1965, the Rockefeller Foundation provided IPPF with a grant to produce a documentary film on birth control for the Family Planning Association. In 1969, a grant went to Pan American Health Organization for establishment of a Population Nutrition Unit of the Caribbean Food and Nutrition Institute.

Oxfam helped meet running costs of a new private family planning service in 1967 and 1968.

The Unitarian Universalist Service Committee is developing a family planning component in conjunction with its early childhood education/family development program.

A World Bank team in 1969 made a study of the Jamaican Family Planning Program and has made a loan, its first in this field, to the Government of Jamaica for \$2 million for construction of rural maternity centers and a 150-bed wing at the Victoria Jubilee Hospital in Kingston.

The U.N. Fund for Population Activities has provided funds for a Workshop on Better Family Living Education and for fellowships.

Mexico

Demographic information

Population according to census of

<i>January 28, 1970</i>	<i>48,377,363</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>50,900,000</i>
<i>Births per 1,000 population, 1970</i>	<i>42</i>
<i>Deaths per 1,000 population, 1970</i>	<i>9</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>68</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>3.3</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>21</i>
<i>Percent of registered births, first-born, 1968</i>	<i>20</i>
<i>Median birth order, 1968</i>	<i>2.9</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1968</i>	<i>11</i>
<i>Median maternal age, 1968</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>60</i>
<i>Percent of labor force in agriculture, 1969</i>	<i>46</i>
<i>Per capita gross national product, 1969</i>	<i>\$606</i>
<i>Percent literate, 1967</i>	<i>76</i>

Highlights of activities

Family planning activities in Mexico are carried on by the Foundation for Population Studies, an affiliate of the International Planned Parenthood Federation (IPPF). The Foundation operates 52 clinics, 14 of them in Mexico City. The Foundation conducts several training courses for its own personnel and also for staffs of the Ministry of Health, Mexican Institute for Social Security, and Social Security Institute for State Employees. It organizes seminars and courses for national opinion leaders. It is now planning a training course in family planning clinic administration.

In 1968 the Foundation signed an agreement with 20 medical schools to provide technical assistance so that demography and contraception could be included in their curriculums. These schools are establishing pilot family planning clinics which will teach modern family planning methods.

The Foundation has not yet made wide use of the mass media. No radio broadcasts were made in 1970, but eight TV interviews on family planning were given at invitation of channel owners. The number of press articles also increased.

Also operating in this field is the Association for Maternal Health. A private nonprofit organization, the Association concentrates mainly on clinical research and training in population and family planning. It provides some family planning services.

External assistance

IPPF has provided assistance to the Foundation for Population Studies.

The Population Council is supporting a rural KAP study carried out jointly by the College of Mexico and the National University as well as a postpartum program, research on clinic dropouts, and a publication series of the Foundation for Population Studies. Fellowship support is also provided.

The Pathfinder Fund has sponsored training for five doctors and contributed toward salaries of two social workers. It funded two seminars by the Inter-American Regional Workers Organization, covering various aspects of population problems.

The Ford Foundation provided three grants amounting to \$324,125 to the College of Mexico in 1963, 1966, and 1967, for the establishment of a center for economic and demographic studies. Additional grants were made to the College of Mexico in 1969 for a Latin American seminar on demography, and in 1971 for a seminar on internal migration for Latin American demographers. The Hospital of Nutritional Diseases of the Mexican National Institute of Nutrition received three Foundation grants for clinical research and testing of contraceptives and support for a 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. In 1969, the Foundation made an additional grant of \$100,000 to the Hospital for a training program (now suspended) in culdoscopy. Three grants totaling \$259,937 were made to the Mexican Institute for Social Studies for a study of Catholic attitudes toward family planning. In 1970, an additional grant of \$100,000 was made to the Institute to support research and training in population studies and other applied social sciences. In 1966, 1969, and 1970, the Foundation provided grants totaling \$855,000 to the Mexican Institute of Social Security for research in postabortion fertility control.

The Foundation provided \$100,000 in 1970 to the Foundation for Population Studies for the development of administrative training, evaluation, and informational services for family planning.

In 1971, the Foundation made a grant of \$100,000 to the Institute of Biomedical Research at the National Autonomous University to support the expansion of basic research and graduate training in the biology of reproduction.

The Rockefeller Foundation has provided grants of \$210,000 to the Center for Economic and

Demographic Studies at the College of Mexico for a demographic research program.

Church World Service supports limited family planning activity in Mexico.

Oxfam of Canada in 1968-69 granted \$11,800 to the Foundation for the Study of Population.

Nicaragua

Demographic information

<i>Population according to census of</i>	
<i>April 25, 1963</i>	<i>1,535,588</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>1,947,000</i>
<i>Births per 1,000 population, 1970</i>	<i>46</i>
<i>Deaths per 1,000 population, 1970</i>	<i>15</i>
<i>Infant deaths per 1,000 live births, 1970. . .</i>	<i>121</i>
<i>Rate of natural increase, 1970 (percent) . . .</i>	<i>3.2</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>22</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	<i>14</i>
<i>Median maternal age, 1967</i>	<i>26</i>
<i>Percent urban, 1970</i>	<i>42</i>
<i>Percent of labor force in agriculture, 1963 . .</i>	<i>60</i>
<i>Per capita gross national product, 1969 . .</i>	<i>\$391</i>
<i>Percent literate, 1963</i>	<i>50</i>

Highlights of activities

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

Two other groups also have been involved in family planning activities. One, the National Social Security Institute (INSS), established family planning services in its clinics following a study on induced abortions. The other, the Moravian Missionary Group, has a small program in the Atlantic Coast area. A new private Demographic Association has been established with IPPF affiliation. The group is working to build membership from all sectors of the country.

During 1970, the Ministry of Health program was expanded to 60 health centers, plus one mobile unit to cover the peripheral areas of the capital city of Managua. The INSS program was also expanded to include all nine of its health facilities. The Moravian

Mission is enlarging its program in Indian communities along the Coco River and the Atlantic Coast.

In the educational field, a National Council has been established to evaluate the present situation regarding sex education and to prepare a national educational program. Adult sex education will come under the Health Ministry's Family Planning Office.

The central office of the Ministry of Health family planning program conducts training courses for program personnel. In 1970 two 1-week courses were given, with 15 doctors, 16 nurses, and one social worker receiving training. By mid-1971 three more such courses had been given to 39 nurses and auxiliary nurses, two social workers, and 19 home improvement workers; training was given outside Nicaragua to 27 persons in 1970 and to 20 in 1971.

External assistance

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

IPPF in 1971 provided assistance to the Nicaraguan Demographic Association.

Care has provided assistance to five INSS clinics.

The U.N. Fund for Population Activities has provided expanded demography teaching and research and a system of civil registration/vital statistics.

Panama

Demographic information

Population according to census of

May 10, 1970	¹ 1,425,343
<i>Estimated population,</i>	
January 1, 1971	1,444,000
Births per 1,000 population, 1970	38
Deaths per 1,000 population, 1970	8
Infant deaths per 1,000 live births, 1970 . . .	58
Rate of natural increase, 1970 (percent) . . .	3.0
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>23</i>
Percent of registered births, first-born, 1967 . .	21
Median birth order, 1967	3.3
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	<i>18</i>
Median maternal age, 1967	25
Percent urban, 1970	47
Percent of labor force in agriculture, 1969 . .	40
Per capita gross national product, 1969 . .	\$660
Percent literate, 1967	78

¹Not used as base for 1971 estimate.

Highlights of activities

Population/family planning policy has become clearly favorable in Panama. The Ministry of Health is sponsoring wide TV, radio, and newspaper promotion, as well as billboard advertising and other activities, encouraging family planning participation.

The Family Planning Program of the Ministry of Health, which last year offered services in over 20 clinics, is adding 15 more clinics. Nine 1-week courses in family planning have been given in recent months to 400 health center, health committee, and Social Security representatives. A total of 1,600 citizens have attended community conferences on population and family planning. Four hundred primary school leaders have attended seminars on improving hygiene and sex education instruction in the country's school systems.

Panama's interest in population programs was initiated in 1966 when the Panamanian Association for Family Planning (APLAFA) opened a pilot clinic in Panama City, and in succeeding years opened five more.

By 1968 the Ministry of Health became interested in developing a nationwide family planning program. A National Committee for Demographic Policy was established to coordinate the program, a director was appointed, and APLAFA began to turn over its clinics to Government management.

APLAFA continues to maintain an active role in information and education. Activities have included local training courses; distribution of literature; promotion of family planning through press, radio, and TV; and motivational work among patients.

External assistance

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

The International Planned Parenthood Federation provided financial and commodity assistance to the Family Planning Association in 1970 and previously.

The Population Council helped the University of Panama and the private association with an abortion survey and a related methodological study and has provided IUDs to the Ministry of Health for the national program. Fellowship support also has been provided.

The Pathfinder Fund in 1970 continued to evaluate a study of postpartum IUD insertions in Panama as part of its International IUD Program.

Paraguay

Demographic information

Population according to census of
October 14, 1962 1,819,103

Estimated population,
January 1, 1971 2,340,000

Births per 1,000 population, 1970. 43

Deaths per 1,000 population, 1970. 10

Infant deaths per 1,000 live births, 1970. 67

Rate of natural increase, 1970 (percent) 3.3

Number of years to double population at
the 1970 rate of natural increase 21

Percent of registered births, first-born, 1960. 127

Median birth order, 1960 3.0

Percent of registered births born to
women less than 20 years old, 1960 113

Median maternal age, 1960 127

Percent urban, 1970 39

Percent of labor force in agriculture, 1967. 54

Per capita gross national product, 1969. \$236

Percent literate, 1962 74

¹Based on incomplete registration of births.

Highlights of activities

The Paraguayan Center for Population Studies (PCPS) is Paraguay's most active private institution in the population/family planning field. It was established in March 1966 with assistance from the International Planned Parenthood Federation (IPPF). In July 1969, it became a member of the IPPF.

The PCPS was operating or affiliated with 21 family planning clinics by 1971, the majority in Asunción. New acceptors served during 1970 totaled 4,210, a notable increase over 1961.

The Ministry of Health has four clinics in operation and projects a total of 13 or more clinics for fiscal 1972. A.I.D. is assisting the MPH in setting up the new clinics in various parts of the country as part of MPH's maternal and child health and nutrition program. These clinics, which are in addition to those operated by other agencies, are being located in health centers and hospitals. A.I.D. is providing equipment, contraceptive training, and certain local costs.

PCPS is the most specialized center for in-country training in family planning. Since 1968 it has provided such training for doctors, nurses, social workers, and university personnel. In addition, it sponsors seminars and forums.

PCPS has initiated an adult education program called the Parents' Club. Meetings are held in clinics. The program aims to promote family planning, responsible parenthood, and sex education among couples from low-income areas with high birth rates.

External assistance

In addition to assistance to the Ministry of Health in setting up new clinics, A.I.D. has also executed agreements with the Paraguayan agencies for special population and demographic studies including an abortion and use-of-contraceptive study, with technical assistance from CELADE for this and the demographic projects.

A.I.D. has provided assistance to the setting up of an institution for the Study of Human Reproduction in the Faculty of Medicine of the National University. Also, it provides training grants.

The IPPF provides financial and commodity aid to the Paraguayan Center for Population Studies.

The Population Council is assisting the Paraguayan Center for Population Studies in carrying out a general-purpose sociodemographic survey in Asunción and another city.

The Pathfinder Fund has helped to expand clinic facilities and has supplied educational and audiovisual materials, study grants, contraceptives, and equipment to family planning clinics.

The Mennonites, in one of their East Paraguay colonies, have offered IUDs since 1966 in conjunction with their maternal and child health clinics. In the Chaco area of West Paraguay, they are providing financial, administrative, and health services assistance to four Indian settlements with a total population of 7,000. An additional 2,000 Indians also receive medical assistance from nine clinics operated by the Mennonites. Family planning services, including the distribution of IUDs, are part of the Indian medical program.

Church World Service supports limited family planning activities.

World Neighbors continues its support of the Clínica de la Protección de la Familia in Asunción, a project it started as a joint effort with the Misión de Amistad. The Clínica provides birth control information and services. Its courses on family planning and contraception are open to accredited teachers, nurses, social workers, and religious leaders. World Neighbors has also joined with the PCPS to set up a family planning center at Coronel Oviedo and assist with orientation in other areas.

The U.N. Fund for Population Activities has funded expert services in census mapping.

Peru

Demographic information

<i>Population according to census of</i>	
July 2, 1961	10,420,357
<i>Estimated population,</i>	
January 1, 1971	13,706,000
<i>Births per 1,000 population, 1970</i>	43
<i>Deaths per 1,000 population, 1970</i>	12
<i>Infant deaths per 1,000 live births, 1970</i>	62
<i>Rate of natural increase, 1970 (percent)</i>	3.1
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	22
<i>Percent of registered births, first-born, 1965</i>	127
<i>Median birth order, 1965</i>	13.2
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1965</i>	111
<i>Median maternal age, 1965</i>	127
<i>Percent urban, 1970</i>	51
<i>Percent of labor force in agriculture, 1969</i>	45
<i>Per capita gross national product, 1969</i>	\$389
<i>Percent literate, 1961</i>	61

¹Based on incomplete registration of births.

Highlights of activities

The Government of Peru does not have an official position on population/family planning but private groups are free to work as desired in areas of family planning or responsible parenthood and child spacing. Increasing interest by the National Institute of Planning in the effects of rapid population growth on various segments of the national economy is encouraging.

Peru in 1964 established by presidential decree the Center for the Study of Population and Development (CEPD) to investigate population growth and demographic matters. The Center serves as coordinator for studies on the Peruvian population, offers scholarships for training in demography, disseminates information, and promotes demographic research.

CEPD sponsors two Catholic Church affiliated responsible parenthood programs – Christian Family Movement (CFM) and Lay Apostolic Responsible Parenthood Program (PALF). Both programs offer an extensive educational program on marriage and responsible parenthood and provide limited family planning assistance. CFM operates in the “pueblos juvenes” in and around Lima; PALF’s area of responsibility is outside Lima and in the provinces.

The Peruvian Association for Family Protection

(APPF), a private organization founded in 1967, was reorganized in 1969 and became a member of IPPF. APPF runs eight clinics, five in Greater Lima and the others in the provinces. It has put major emphasis on information activities, distributing literature widely, organizing seminars and exhibitions, and publishing a news letter.

External assistance

In June 1971, the National Institute of Planning signed an A.I.D. program agreement to apply the TEMPO model to analyze demographic variables in the Peruvian economy.

The International Planned Parenthood Federation (IPPF) provides technical, financial and commodity assistance to the APPF.

The Population Council since 1966 has assisted Cayetano Heredia University in carrying out biomedical and social research of the effects of high altitude on human reproduction, scheduled for completion the end of this year. Recently two new Cayetano Heredia-proposed projects have been approved by the Population Council—one an integrated community health program including family planning services and a second which will finance postgraduate training in reproductive physiology. Also initiated early this year by CEPD with Population Council financing is an analysis of urban and rural KAP studies. The Council recently appointed an advisor to the Catholic University of Lima. Fellowship support also has been provided.

The initial Ford Foundation grant of \$282,000 made in 1965 to help establish CEPD was completed. Negotiations are underway for future financing of research and education by CEPD.

The Pathfinder Fund continued support of clinics in slum areas of major Peruvian cities and, with help from the Catholic Church, is extending its family planning efforts throughout the country. Pathfinder supports family planning work at a hospital.

Church World Service is supplying help for family planning through church-related clinics.

The World Health Organization provided a \$76,333 grant to the School of Public Health for the study of population dynamics and human reproduction in two Peruvian towns. This study, cosponsored by the CEPF, is now in its final stages.

World Neighbors works with the YMCA at Huancayo in helping to make family planning an important part of a total family welfare program. This is also characteristic of a jungle rural development project with the Summer Institute of Linguistics.

Surinam

Demographic information

<i>Population according to census of</i>	
<i>March 31, 1964</i>	324,000
<i>Estimated population,</i>	
<i>January 1, 1971</i>	410,000
<i>Births per 1,000 population, 1970</i>	43
<i>Deaths per 1,000 population, 1970</i>	8
<i>Infant deaths per 1,000 live births, 1970</i>	36
<i>Rate of natural increase, 1970 (percent)</i>	3.5
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	20
<i>Percent of registered births, first-born</i>	NA
<i>Median birth order</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	NA
<i>Median maternal age</i>	NA
<i>Percent urban, 1970</i>	38
<i>Percent of labor force in agriculture, 1964</i>	25
<i>Per capita gross national product, 1969</i>	\$617
<i>Percent literate, 1960</i>	80

Caribbean Family Planning Association executives and administrators from the Dutch-, French-, and English-speaking territories are shown at a workshop in Trinidad and Tobago in December 1970.



Highlights of activities

The LOBI Foundation of Surinam was formed in 1968 to promote family planning and sex education in the country. Members of the Foundation represent nearly all of Surinam's many racial groups.

The LOBI Foundation has recruited field-workers from various Government agencies and trained them in sex education and family planning. One clinic is maintained in a hospital in Paramaribo.

During 1970 major activities included monthly sex-education courses, discussions for women's organizations, lectures on family planning, two television programs on medical aspects of family planning, and the distribution of printed literature.

External assistance

The International Planned Parenthood Federation provides financial assistance and commodities for the Foundation.

The Pathfinder Fund in 1969 completed a study of IUD insertions in Surinam as part of its International IUD Program.

Trinidad and Tobago

Demographic information

<i>Population according to census of</i>	
<i>April 7, 1970</i>	¹ 945,210
<i>Estimated population,</i>	
<i>January 1, 1971</i>	1,060,000
<i>Births per 1,000 population, 1970</i>	20
<i>Deaths per 1,000 population, 1970</i>	7
<i>Infant deaths per 1,000 live births, 1970</i>	37
<i>Rate of natural increase, 1970 (percent)</i>	1.3
<i>Annual growth rate,</i>	
<i>1970 (including migration)</i>	1.2
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	52
<i>Percent of registered births, first-born 1967</i>	22
<i>Median birth order, 1967</i>	3.1
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	17
<i>Median maternal age, 1967</i>	25
<i>Percent urban, 1970</i>	50
<i>Percent of labor force in agriculture, 1968</i>	21
<i>Per capita gross national product, 1969</i>	\$751
<i>Percent literate, 1960</i>	89

¹Not used as base for 1971 estimate.

Highlights of activities

The Government of Trinidad and Tobago has enunciated a policy of supporting family planning as an essential complement to its fostering of social and economic development. The World Bank (IBRD) has granted a \$3 million loan to help support the national program.

The population of Trinidad and Tobago has doubled twice since the beginning of the century, reaching 1 million in 1969. This demographic trend is reflected in increased unemployment and underemployment. The World Bank loan is expected to have both economic and social benefits. It will contribute to the GOTT objective of reducing the birth rate to 15.5 by 1980.

Government action began in 1965 with setting up of a Population Council under the Minister of Health. Assisted by the International Planned Parenthood Federation (IPPF) and the Pan American Health Organization, a program was put into operation in 1967. It includes training of personnel, free distribution of contraceptives, use of mass media to educate and motivate, preparation of literature, and evaluation.

Government family planning services are being offered through the Maternal and Child Health Services as part of the public health system. Existing facilities are to be expanded and family planning services offered to all hospitals; antenatal, postnatal, and child welfare clinics; and health centers. The Government is contributing \$1 million annually.

Trinidad and Tobago also has a private Family Planning Association, which has been functioning since 1956 and a member of IPPF since 1961. At mid-1971 it was operating eight clinics, which last year served 4,255 new acceptors.

Family Planning services are also offered by the Catholic Marriage Advisory Council.

External assistance

IPPF has given financial and commodity aid to the Association.

Pathfinder has provided contraceptives.

Cxfam made grants in 1964 and 1970 to the Association for supplies and mobile clinic equipment.

The Swedish International Development Authority has supplied oral contraceptives and has equipped eight clinics for IUD insertion.

The World Bank (IBRD) announced in June 1971 approval of a \$3 million loan to help finance a new maternity hospital, seven health centers, a clinic, training facilities, and substantial technical assistance.

Population Council has made grants for clinical trials, IUDs, and fellowships.

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

The United Kingdom is providing a doctor to assist in building up the official program.

Uruguay

Demographic information

Population according to census of

October 16, 1963 1,2659,000

Estimated population,

January 1, 1971 2,909,000

Births per 1,000 population, 1970 22

Deaths per 1,000 population, 1970 9

Infant deaths per 1,000 live births, 1970 . . . 54

Rate of natural increase, 1970 (percent) . . . 1.3

Number of years to double population at

the 1970 rate of natural increase 53

Percent of registered births, first-born. NA

Median birth order NA

Percent of registered births born to

women less than 20 years old NA

Median maternal age NA

Percent urban, 1970 78

Percent of labor force in agriculture, 1963. . . 21

Per capita gross national product, 1969 . . \$682

Percent literate, 1963 91

¹Enumerated population adjusted for 2 percent underenumeration.

Highlights of activities

Uruguay since 1962 has had a voluntary family planning organization — the Association for Family Planning and Research on Reproduction (AUPFIRH).

AUPFIRH is an affiliate of the International Planned Parenthood Federation and offers family planning services, sex education, and treatment of genital diseases and sterility at its main clinic in the Hospital Pereira Rossell, Montevideo. The clinic is open 4 hours a day, 4 days a week, and in 1970 served 1,636 new acceptors. The Association runs a human reproduction research laboratory at the hospital, the first of its kind in Latin America. It operates 23 other family planning clinics.

Montevideo in October 1969 was the site of the first Latin American course on sex education and family planning. The course focused on sex

instruction and what form it should take; 41 delegates from all Latin American countries except Peru and Cuba attended. Subsequently there were six sex-education courses in the Departments of San José, Flores, Tacuarembó, Rivera, Melo, and Canelones and a complete televised course. In 1970, the Association continued its sex-education program and held courses throughout the country. University Hospital also has a family planning clinic.

External assistance

IPPF provides commodity and financial assistance to AUPFIRH on an annual basis.

The Population Council assists biomedical research at several Uruguayan institutions.

The Pathfinder Fund gives contraceptives.

The Ford Foundation in 1969 made a 5-year \$460,000 grant to the Pan American Health Organization for the establishment of an international center for training and research in reproductive physiology in Uruguay.

The National Institutes of Health of the U.S. Department of Health, Education, and Welfare has granted \$127,300 for research in reproductive physiology at the University of the Republic.

The U.N. Fund for Population Activities has provided funds for the preparation and publication of demographic data and studies.

Venezuela

Demographic information

Population according to census of

February 26, 1961 1,798,390

Estimated population,

January 1, 1971 10,572,000

Births per 1,000 population, 1970 41

Deaths per 1,000 population, 1970 7

Infant deaths per 1,000 live births, 1970 . . . 46

Rate of natural increase, 1970 (percent) . . . 3.4

Number of years to double population at

the 1970 rate of natural increase 20

Percent of registered births, first-born, 1967 . 21

Median birth order, 1967 23.3

Percent of registered births born to

women less than 20 years old, 1967 . . . 215

Median maternal age, 1967 26

Percent urban, 1970 72

Percent of labor force in agriculture, 1969 . . 25

Per capita gross national product, 1969 . . \$961

Percent literate, 1967 76

¹Corrected for 5.8 percent underenumeration. ²Based on incomplete registration of births.

Highlights of activities

The Government of Venezuela in 1965 established a Population Division within the Ministry of Public Health and Welfare. Then, in 1968 at the First National Family Planning Conference, it announced that family planning services would be integrated into the National Health Service. The Government supports a research project including training in research methods, study of family planning attitudes, and evaluation of these studies.

The Venezuelan Family Planning Association (AVFP) was established in 1966 and became a member of the IPPF in 1971. It operates 54 family planning clinics, in government and social security hospitals and in public health and welfare centers. It assists with fund raising to support local family planning associations. Since demand for family planning services is high, AVFP has concentrated on providing clinical services rather than on public information and education work. In 1971, it initiated an education program with public opinion molders, including newspapermen and labor and political leaders. In 1969, it held a first family planning conference for doctors.

Family planning services in Venezuela were actually begun in 1963 at the Concepcion Palacios Maternity Hospital in Caracas—one of the world's largest maternity hospitals. The hospital now offers family planning training to all medical and paramedical personnel in the country and conducts a large patient education program for mothers. Its family planning clinic served approximately 6,000 new acceptors in 1970, with IUDs and orals the only two methods of contraception provided.

The Venezuelan Center for Studies of Population and Family (CEVEPOF), established in 1964, conducts research and stimulates 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. A mid-1971 5-day seminar with participation of international experts was scheduled on the theme of family, urbanization, and development.

External assistance

In 1971, the IPPF made grants to AVFP and to the maternity hospital in Caracas for its family planning clinic.

The Population Council is assisting the postpartum family planning program in the

Concepcion Palacios Maternity Hospital and in approximately 20 other hospitals through the Venezuelan Family Planning Association. The Council is also supporting cytological studies at the MCP Hospital. Fellowship support is provided.

The Pathfinder Fund supplied contraceptives and family planning literature.

In cooperation with the National Planning Board (CORDIPLAN), A.I.D. gives support to CEVEPOF for research in demography, population growth, and attitudes of marginal families. It provides training grants in population subjects and helps fund meetings and seminars. Plans are being considered for assistance in studying economic consequences of rapid population growth.

The Ford Foundation in 1967 and 1969 made grants totaling \$98,000 to the Concepcion Palacios Maternity Hospital for training in family planning for medical and paramedical personnel.

Eastern Caribbean

Highlights of activities

While the mainland countries of Latin America generally have low population densities, the Caribbean islands are generally land poor, and some rank among the most heavily populated areas in the

world. This pressure on land, plus continuing high rates of population growth and induced abortion, has prompted active family planning programs in the islands.

Among the West Indies, Grenada, St. Vincent, St. Lucia, Anguilla, and St. Kitts-Nevis have family planning programs.

On Grenada, a Planned Parenthood Association formed in 1964 carries out family planning activities through two clinics, fieldworkers, and private doctors. Most of the work is carried out on an irregular basis by the fieldworkers and private doctors supplying contraceptives on demand.

St. Vincent offers family planning services through a voluntary association and Government health centers. The Planned Parenthood Association was founded in 1966 but did not begin large-scale activities until 1967; since then, family planning services have expanded rapidly. At the end of 1970, the Association was running a family planning clinic at Kingstown, serving 306 new acceptors that year. With official permission it provided family planning services at 25 government mother and child health centers. Motivational work by 12 fieldworkers is the chief educational activity.

The St. Lucia Planned Parenthood Association was founded in 1967. It increased its clinics from three to seven in 1970. It also runs a mobile clinic. Other activities include education of church and



St. Lucia, of the West Indies Associated States, in a message readily understood by the local populace, relates banana production to family planning. "You space your bananas," says the exhibit. "Why not your children?"

community leaders, motivation of patients, and provision of sex education material and courses. Government doctors and nurses cooperate.

The Family Planning Association of St. Kitts, founded in 1962, operates three clinics on the island and also carries out education and information programs.

The Netherlands Antilles provides family planning services through Government health centers in Aruba and the Foundation for Promotion of Responsible Parenthood of Curacao. The Foundation provides family planning services in three clinics and served 485 new acceptors in the first half of 1970. The Foundation uses all available methods of communication to promote family planning and responsible parenthood.

The Bahamas have a Family Planning Association. In addition private doctors give contraceptive advice.

External assistance

The International Planned Parenthood Federation has given grant support.

The Population Council has assisted with research projects in Barbados. Sunen Foundation provides financial assistance to the Barbados program.

The Pathfinder Fund completed a study of IUD insertions in St. Lucia in 1969.

Shell Oil has given grants to the Foundation for Promotion of Responsible Parenthood, Curacao.

The United Nations has given assistance to the Government of Barbados to help strengthen the Government's publicity program in family planning.

Oxfam has given grants totaling some \$29,000 from 1967 with commitments up to 1973 to the St. Vincent Planned Parenthood Federation for salaries of staff. In 1966, it made a grant of \$2,400 through IPPF towards a family planning program in Grenada.

Near East and South Asia

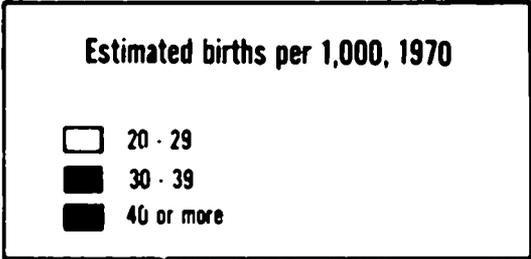
چھ بچے خوشحال گھرانہ



www.pakistan.gov



Nowhere in the world is curbing population growth more important than in the Near East and South Asia. Most of the countries have family planning programs. This poster from Pakistan emphasizes "Few Children, Prosperous Family."



**Near East
and
South Asia**

Near East and South Asia

In the countries of the Near East and South Asia, the birth rates exceed 40 per thousand – more than double the U.S. birth rate – and none of these countries has reached the stage of economic or social development which would tend to push birth rates downward. Total population in the region is now estimated at about 882 million, and at present trends will double by the end of the century. With the growing awareness of the impact of population growth on social and economic development, countries in the region are initiating and expanding population programs to slow the present rapid growth rates. Nevertheless, traditional patterns in large measure continue to prevail, eroding the hard-won rewards of economic development.

While the governments of the various countries are committed to long-term social and economic development, they are at significantly different stages of development in their attempts to cope with population growth. Widely disparate conditions in the countries are reflected in the varying stages of program planning and development in the area of population/family planning.

In the past year there have been interesting developments in population/family planning on both governmental and nongovernmental levels. In India and Pakistan, where the overall economic development effort is relatively advanced and the burden of the population problem is apparent, population policies and major programs are an integral part of 5-year development plans. In these two countries, since the development of physical infrastructures and organizations for population programs is well underway, current emphasis is being placed on improving program management, staff development, and evaluation. By contrast, in Afghanistan where the most basic demographic data are lacking, the Government is in the initial stages of analyzing and defining the nature of the population problem. In Turkey, the primary effort has been directed at expanding educational and informational activities while increasing professional competence. Nepal's approach includes elements designed both to describe more effectively the demographic situation and to improve program management and efficiency. The Government of Iran has launched a family planning program designed to bring down a population growth rate of over 3 percent per year.

In Ceylon, the Government continues to offer family planning services throughout its relatively

well-developed rural health facilities. In the U.A.R., where the achievements of the High Aswan Dam are undermined by continuing population growth, the Government's family planning program is being reorganized to increase its efficiency.

India, with the largest population in the region, has had a national family planning program since 1951, with the program gaining considerable momentum in the mid-1960's. The March 1971 Indian census revealed a provisional population figure of 547 million, substantially below the projections. This lower figure may be due to less decline in mortality than had been projected. In some urban and rural localities, birth rates have dropped, but overall program success in significantly reducing the national birth rate has yet to be attained. Government of India budget allocations for population rose from \$2 million in 1963-64 to \$56 million in 1969-70. This effort has secured more than 14 million acceptors, representing coverage of more than 14 percent of the fertile couples.

Over 8 million Indian people have been sterilized, 1.5 million couples are now using the IUD and 1.9 million couples are using conventional methods.

The Government of India's resolve to expand and improve family planning efforts is reflected in the mobilization of both governmental and nongovernmental sectors. On the governmental side, simplified budgetary procedures now operating provide new program flexibility and quicker response to state and local initiatives. The mass media have been used liberally to help create acceptance of a small family norm. About eight million condoms are being sold monthly through a subsidized commercial distribution program. At Government of India request, numbers of Indian research institutions and universities are conducting special studies on family planning motivation, on training, and on factors influencing the effectiveness of family planning services. Indian voluntary agencies are encouraged and assisted with Government of India grants-in-aid to operate local family planning programs. In the fall of 1970, several industrialists and nongovernment leaders organized the Population Council of India to coordinate and assist private efforts in research and action programs. A companion organization, the Family Planning Foundation, was established to provide financial support for the Council, drawing upon private sector resources.

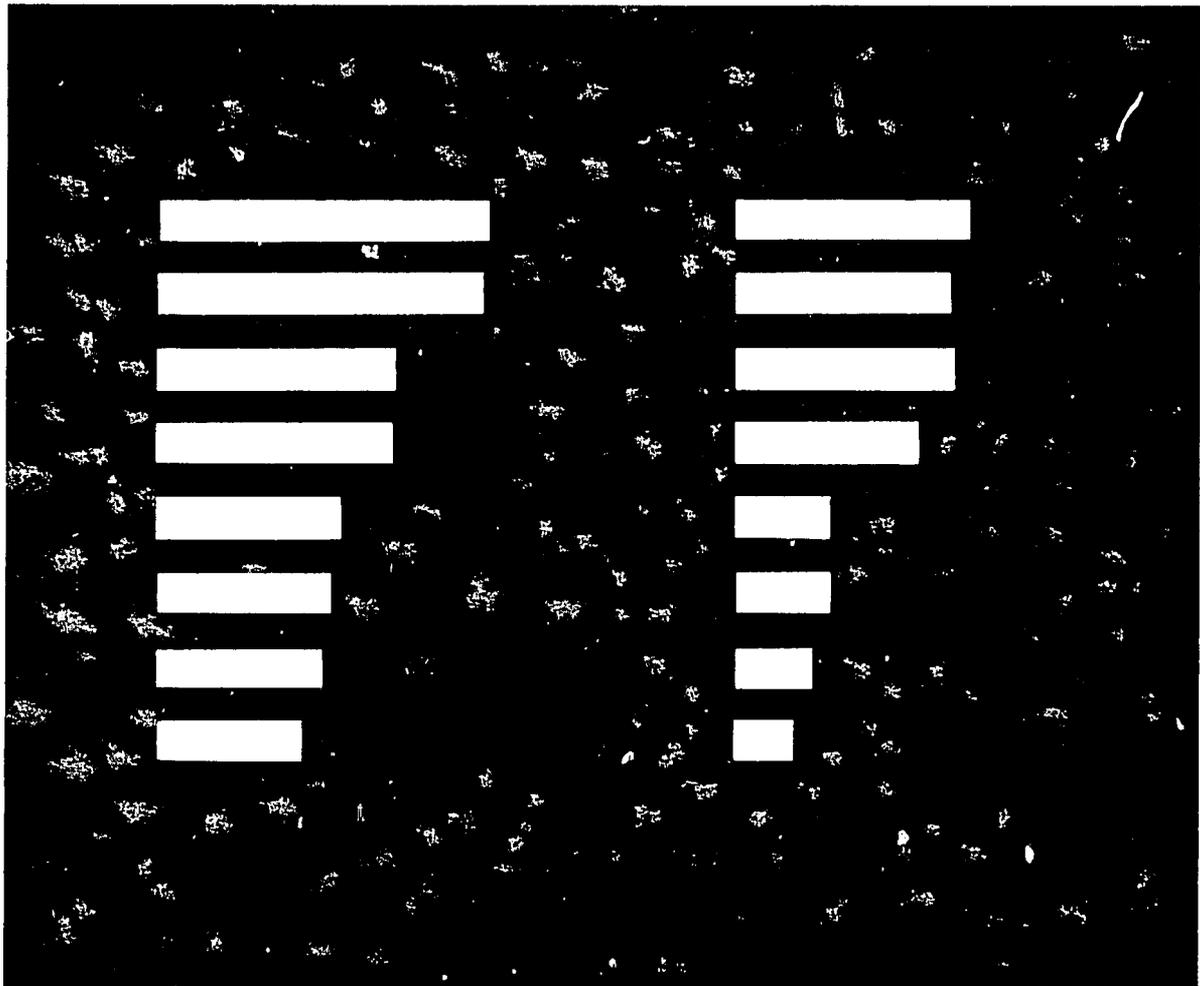
Pakistan faces population problems very similar to those of India. Its population of 132 million will double within 26 years at the present growth rate of nearly 3 percent. Under the Third Plan (1965-70), the Government launched a major long-term effort to increase public awareness and to reduce the birth rate. After an impressive start, the program's momentum has faltered and fallen short of the ambitious targets. The slippage was in part due to political uncertainties existing since early 1969 and in part to the program strategy employed.

Great strides have been made in Pakistan, however, in diffusing knowledge about family planning as a social norm, even among the illiterate. Voluntary family planning associations in East and West Pakistan have launched imaginative information and education programs using puppet shows and radio contests. Voluntary agencies have also established model clinics (including a river boat clinic in East Pakistan) and family planning education centers in cooperatives and other industrial concerns.

The Government of Pakistan program is now at a critical stage in developing facilities necessary to provide quality family planning services to a large segment of the eligible population and thereby achieve a faster and sustained demographic impact. The field operations are being restructured around a smaller but better qualified staff of fieldworkers. The staff is organized into teams of one man and one woman assigned to a population area of 10,000. Pilot efforts testing the new delivery system are underway in seven districts of Pakistan.

In addition, added emphasis is being given to training, research, and program evaluation. During the past year, Pakistan has moved to make oral contraceptives generally available in the family planning program.

In Turkey, where the population will double to 70 million in 26 years at the present growth rate, the Government has not yet launched a major population program. Dissemination of information and distribution of contraceptives was specifically



prohibited until 1965 when new legislation established a population program which has centered on educational and informational services provided by the Ministry of Health. Interest in population research and improvement of family planning services is increasing. An Institute of Population Studies has been created at Hacettepe University. Attitudinal surveys have been undertaken and local voluntary family planning groups organized.

A.I.D. assistance

The United States continues to provide bilateral population/family planning assistance to five countries in the Near East and South Asia region—Turkey, Afghanistan, Pakistan, India, and Nepal. Also, A.I.D. supports regional activities which supplement bilateral assistance and provide a channel to assist countries where there are no bilateral population programs. Focus is on research that can lead to improved family planning projects with broad applicability. The Central Treaty Organization (CENTO) sponsors technical conferences on population and family planning programs.

The Social Research Center at the American University of Cairo is conducting a series of comprehensive studies to investigate factors related to population growth in a Moslem culture with joint A.I.D. and Ford Foundation assistance. Under a grant arrangement, the University of North Carolina will complete by June 1972 a survey of demographic patterns and social and economic factors affecting fertility in Middle East countries.

Johns Hopkins University is carrying out a 5-year (1969-74) experimental research project in India designed to determine the extent to which the addition of health services will increase effective use of family planning. Four alternative methods for providing family planning services will be studied to determine comparative costs and long-term effectiveness.

The Research Triangle Institute has completed a series of studies on key problems related to the acceptance and effective delivery of family planning services in NESAs countries. Under an expanded contract RTI services are available in the field to assist with analysis needed for planning and programming.

In 1970, the Pathfinder Fund established an Indian affiliate. With local currency provided under an agreement with A.I.D., Pathfinder will continue a series of projects with Indian private organizations to improve and expand family planning services. The Fund is also helping the Turkish Development Foundation carry out a pilot project to measure the

impact of commercial availability of conventional contraceptives on contraceptive use in rural Turkey. Possibilities for Pathfinder involvement in activities in Iran, Lebanon, and Pakistan are being explored.

A.I.D. supports postpartum activities carried out by the Population Council in NESAs countries. Technical assistance by the Population Council has helped to expand the postpartum program in India.

A.I.D. funding support for population and family planning activities in the region since 1965 is summarized in the accompanying table.

A.I.D. POPULATION PROGRAM SUPPORT, NEAR EAST AND SOUTH ASIA

Program	Fiscal year				
	1965-67	1968	1969	1970	1971
	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Country projects ...	2,437	19,061	3,349	22,908	5,181
Regional projects ...	—	655	963	277	1,409
Total ...	2,437	19,716	4,312	23,185	6,590

¹Includes \$2.7 million loan to India for program vehicle parts.

A.I.D. does not provide assistance to the programs of Ceylon, Jordan, the United Arab Republic, Israel, or Iran, although it assists international agencies and institutions which aid such programs.

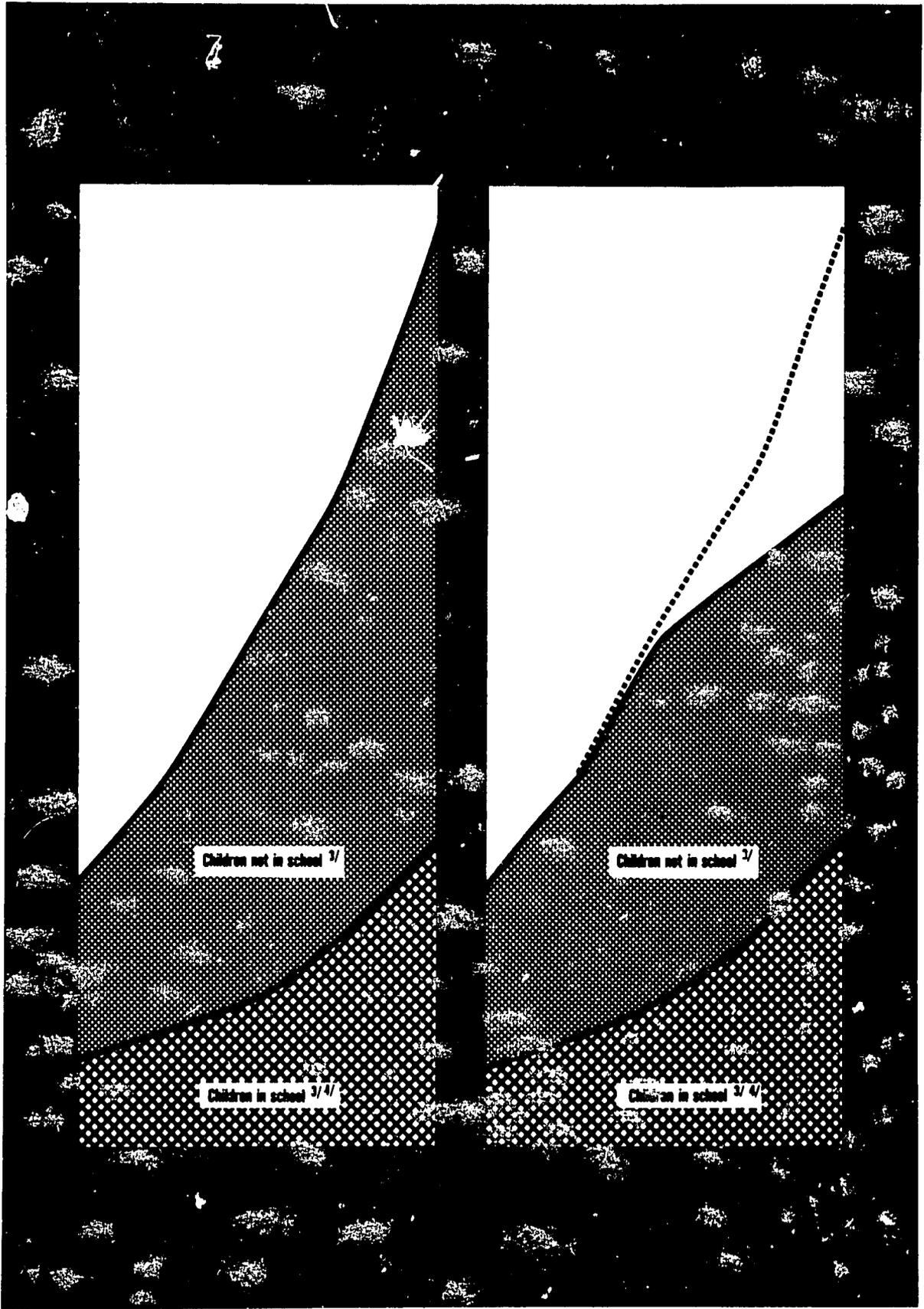
Other assistance

Population and family planning programs in NESAs countries have received extensive assistance from voluntary, national, and international organizations. Over the past 5 years, more than 25 such groups have made contributions to family planning, ranging from limited commodity, advisory, or training assistance to grants running into the millions of dollars.

The International Planned Parenthood Federation (IPPF) 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 Bombay, India. During 1970, an IPPF office was established in Beirut for the Middle East and North African countries.

IPPF's grant assistance to family planning programs in nine countries in the NESAs region totaled \$1,564,000 in 1971.

The Population Council has given support for research and special projects, technical assistance,



participant training, fellowships, and commodities. The Council was instrumental in setting up family planning programs in several NESAs countries, and many hospitals of the region are members of the Council's postpartum family planning program. NESAs countries receiving Council aid include India, Iran, Israel, Pakistan, and Turkey.

The Pathfinder Fund has supported demonstration projects through local voluntary agencies and has supplied contraceptives to many countries, including Afghanistan, Ceylon, India, Iran, Iraq, Israel, Jordan, Lebanon, Nepal, Pakistan, Saudi Arabia, Syria, Turkey, and United Arab Republic. It has provided funds for several service clinics. It is conducting pilot projects to demonstrate the possibilities of rehabilitation of the IUD, total community involvement in family planning through rural women's societies, and rural development programs that include family planning through local leaders. It is conducting programs of family planning and maternal and child health.

The Ford Foundation through July 1971 had made grants totaling over \$18 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 \$10.8 million. Other NESAs countries which have in the past received Ford Foundation assistance include Pakistan, Ceylon, the U.A.R., Turkey, and Israel.

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.

Church World Service has donated some commodities and has promoted family planning at CWS-related hospitals and clinics. World Neighbors has given assistance to a wide variety of family planning programs in India.

Oxfam has supported programs in Ceylon, India, and Pakistan with funds for technical assistance, education materials, and administrative operations. Oxfam of Canada has contributed to programs in India and Pakistan.

Other organizations lending assistance to NESAs countries have included Lutheran World Relief, CARE, the Mennonite Central Committee, the World Assembly of Youth, and the Peace Corps.

The Swedish International Development Corporation (SIDA) has made bilateral agreements with the Governments of Ceylon, India, Pakistan, and Turkey through which these countries have been

supplied with contraceptives and other commodities.

Denmark has financed a pilot study into use of the IUD in India and has given grant and commodity assistance to programs in the U.A.R. Japan has provided equipment to the Nepal program.

The United Kingdom has provided assistance to three NESAs countries. India has received U.K. assistance since 1966, including loan funds for contraceptives, and in 1970 the United Kingdom pledged \$2.4 million, subject to certain conditions. Pakistan in 1967 received contraceptives for experimental purposes, and Nepal in 1968 received advisory help in preparation of a family planning film.

United Nations assistance to NESAs programs has come mainly through the U.N. Fund for Population Activities, which has granted supplies and advisory assistance to Pakistan and the U.A.R.; advisory aid to Iran, Jordan, and Ceylon; and training fellowships to Jordan and Afghanistan. The Fund has also given assistance to the Demographic Training and Research Centers at Bombay and Cairo. UNFPA regional activities funded in 1971 have included training courses, seminars, and conferences on various aspects of population and family planning; team visits; special studies; and consultant services. The Fund also gives infrastructure support to the U.N. Economic Commission for Asia and the Far East (ECAFE).

Afghanistan

Demographic information

<i>Population according to census</i>	<i>(¹)</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>17,200,000</i>
<i>Births per 1,000 population, 1970</i>	<i>51</i>
<i>Deaths per 1,000 population, 1970</i>	<i>24</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>190</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.7</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>26</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age</i>	<i>NA</i>
<i>Percent urban, 1970</i>	<i>8</i>
<i>Percent of labor force in agriculture, 1965.</i>	<i>87</i>
<i>Per capita gross national product, 1969</i>	<i>\$85</i>
<i>Percent literate</i>	<i>8</i>

¹No census has been taken in Afghanistan.

Highlights of activities

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

The AFGA opened its first clinic in November 1968. By the end of 1971 it is planned that there will be 21 family planning clinics in operation—five in the capital city of Kabul and 16 in the provinces.

The training effort, spearheaded by AFGA, has been aimed at developing public support through indoctrination of Islamic leaders and public communications officials in family planning and providing consultative personnel. The Ministry of Public Health has assisted by allowing AFGA the use of its health facilities for family planning and allowing Ministry of Public Health personnel to assist. Nursing schools within Kabul now offer family planning training. AFGA family guides make home visits offering family planning information. Family planning information is being provided through discussion lectures to employees working in hotels and other institutions. The Ministry of Public Health not only is incorporating family planning into its health services, especially in its maternity services and maternal and rural clinics, but also has pledged the construction of 65 public health centers. Fifteen of these basic centers are under construction and are scheduled for completion in November 1971. Also authorized is the establishment of a center to train provincial staff to operate these new centers.

Films and other audiovisual aids are seen as key ways to overcome the obstacle posed by illiteracy, estimated in 1963 at about 90 percent. One 30-minute film was made in 1971 for use in provincial areas.

Acceptance of the program by religious leaders and members of the Royal Family has helped to speed progress. The Government has sponsored visits by religious leaders with their counterparts in Cairo, Tehran, and Ankara to discuss formulation of an international Moslim policy in support of family planning. Such visits and conferences are scheduled to continue.

The Cabinet in 1970 decided that the family guidance program should enjoy more open Government acceptance. Accordingly, the program has been receiving some coverage by national information media. The Ministry of Education established a committee to review the adult literacy primer to include information on family planning and population in its functional literacy pilot project. The knowledge, attitude, and practices (KAP) study now underway has been expanded to include information on the demographic composition of the population in Afghanistan using statistical sampling techniques, which is expected to establish a base for future census surveys and family planning approaches.

A.I.D. assistance

A.I.D., through a contract with the State University of New York (SUNY), will continue the demographic/KAP survey started in April 1971, working with the Ministries of Planning and Public Health. The data will be used for planning purposes, initiating census activities, and improving family planning activities.

Through advisory services, A.I.D. will assist the Ministry of Public Health to develop staff which can train public health workers to incorporate family planning activities into all maternity, maternal and child health, and provincial basic health programs. An AFGA system of family planning centers or clinics, primarily to be used as experimental stations, models, and training installations, is to be developed. A family planning training center and program is expected to be developed with AFGA and the Ministry of Public Health in order to meet staffing requirements of a nationwide program. In fiscal 1971, A.I.D. obligated \$1.7 million toward the Afghan family planning program (includes funding of the SUNY contract for 3 years). A total of \$318,000 is being programmed for fiscal 1972.

A.I.D. is providing contraceptives for family planning clinics, clinic equipment, and other training and transport equipment. A.I.D. is offering a number of scholarships for family planning training in countries abroad.

Other assistance

The International Planned Parenthood Federation is providing direct budgetary support to AFGA, including salaries of necessary full-time administrative personnel, allocations for information and education, short training courses for obstetricians and midwives, and clinical and audiovisual equipment.

In 1970 and 1971, World Education, Inc., sponsored two adult literacy/family planning workshops in India and Iran, respectively, with Afghan representatives in attendance.

The U.S. Peace Corps is expected to provide six nurse-midwives to the Afghan family planning program in fiscal 1972.

The United Nations Fund for Population Activities has made available fellowships for demographic training in the United States.

Ceylon

Demographic information

<i>Population according to census of</i>	
July 8, 1963	10,582,064
<i>Estimated population,</i>	
January 1, 1971	12,705,000
Births per 1,000 population, 1970	32
Deaths per 1,000 population, 1970	8
Infant deaths per 1,000 live births, 1970	50
Rate of natural increase, 1970 (percent)	2.4
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	29
Percent of registered births, first-born	NA
Median birth order	NA
<i>Percent of registered births born to</i>	
women less than 20 years old, 1967	7
Median maternal age, 1967	28
Percent urban, 1970	20
Percent of labor force in agriculture, 1963	49
Per capita gross national product, 1969	\$161
Percent literate	70-80

Highlights of activities

Ceylon has a stated goal of reducing the crude birth rate to 25 per thousand and the rate of natural increase to 1.7 percent by 1975. As the date draws closer, the chances of reaching that goal appear increasingly slim. In 1970 there were still an estimated 32 births per thousand, giving Ceylon a population growth rate of 2.4 percent.

Family planning continues to be a politically sensitive subject in Ceylon. It does have general acceptance, however, as an integral part of the Government Health Department's islandwide system of health clinics and their maternal and child health program.

In 1970, Ceylon had 437 health clinics and one mobile team dispensing family planning information and services. Another 50 clinics were to have been added by September 1970. Cumulative IUD

insertions through 1969 totaled about 68,621, and about 25,000 women were using oral contraceptives. In addition, the Ministry of Health has been considering a proposal for a 2-year island-wide postpartum family planning program involving the participation of 22 large hospitals (11 in first year) and covering 100,000 deliveries, or 27 percent of the yearly total.

The Government operates most of the clinics in Ceylon. About 23 clinics and two mobile units are run by the Family Planning Association of Ceylon—one of the first such organizations to be established in Asia and initiator of family planning activities in Ceylon. The main emphasis is on informational and educational activities.

Publicity for family planning has been extensive and varied. The Association plays an important role in this field and an information unit has been set up. It includes lectures and film shows carried out in part by Government film vehicles; work of information/promotion officers at tea estates, other estates, and the docks and industrial areas around Colombo; radio playlets and spots in Sinhala, Tamil, and English; and newspaper advertising and family planning articles.

The Association, whose roots go back to pre-World War II efforts by some of its founding members, was established in 1953 and received its first Government grant the following year. A decade later it had 155 clinics operating throughout the country and had stirred widespread interest in family planning. In 1965 the Government added family planning to the Health Ministry's Maternal and Child Health Services and began assuming operation of these clinics, many of which were located in Government institutions.

During the first 15 years of the family planning program, the birth rate fell about 20 percent, with about three-fourths of the decline attributed to other factors. Two of these factors are the tradition of late marriages, especially among the Sinhalese, and the relatively low number of women in the reproductive age group. Now, however, the situation is changing as children born in the late 1940's—when death rates fell sharply—come of age. As in other countries, family planning has been accepted more quickly in urban areas among more highly educated people and more slowly in rural, conservative areas. This is reflected in the acceptance rates, which vary from about 11 percent in Puttalam to nearly 37 percent in Anuradhapura.

Ceylon has been the scene of numerous family planning studies centering around fertility trends,

knowledge, attitudes toward and practice of contraception, and population growth trends. An example of such studies is one conducted by the University of Ceylon, with Population Council support, to determine the kinds of people affected by current publicity. Researchers found that clinics were most used by people in the 25-30 and 30-34 age groups and by families averaging over three children. They were found to be middleclass, success-oriented, and of Protestant, Roman Catholic, and Moslem faiths rather than of the prevailing Buddhist and Hindu faiths.

Another section of this research program involves the resurvey of villages studied in "Fertility Trends in Ceylon," to determine effects of the Government's program.

A.I.D. assistance

A.I.D. does not provide direct assistance to the Ceylon Government's program.

Other assistance

The International Planned Parenthood Federation has provided annually both financial and commodity assistance to its affiliate, the Family Planning Association.

The Population Council has assisted the Ministry of Health in the development and implementation of its family planning program and provided a resident medical advisor between 1967 and early 1970. It has provided a consultant to the Ministry of Planning and Economic Affairs to help develop studies on the economic implications of demographic trends. Fellowships have also been given.

Pathfinder in 1953-54 sent a representative to help organize and expand the Family Planning Association. Pathfinder has also sent contraceptives and provided funds for the printing and distribution of family planning literature. As part of its International IUD Program, Pathfinder published the results of a 3-year study of IUD insertions in Ceylon.

Ford Foundation, through the Population Council, in 1968 made a grant of \$271,000 for the family planning program.

Oxfam granted \$16,800 in 1965 for a 3-year project. The grant covered salaries for medical personnel and visual aids and publicity materials for mobile IUD programs in the Colombo harbor area and on tea estates. In January 1969, a further \$4,800 was allocated for information program materials and salaries for a new program in Colombo hospitals.

The Swedish International Development Authority has supported family planning work in Ceylon since 1958. Total cost of such support to mid-1971 has been about \$1,750,000. Up to 1965 the assistance consisted of experimental and research activities in a limited geographical area and training of medical and paramedical personnel. Sweden signed a 2-year agreement with the Government in 1968, providing an education advisor and help to plan a broad educational campaign as well as purchase of contraceptives and audiovisual materials. A new 3-year agreement was signed in 1970, providing for an advisor on training and information as well as contraceptive supplies and other equipment.

The U.N. Fund for Population Activities has granted \$36,000 for a consultant to assist in the preparation, implementation, and evaluation of a survey into attitudes toward and practice of family planning among Ceylonese of child-bearing age. It also granted \$50,600 for a mission by a UN/UNESCO/WHO team in mid-1970 to review the national family planning program, particularly its overall organization, implementation, evaluation, and research programs. The International Labor Organization through the Fund gave \$9,000 for a mission to Ceylon, Indonesia, and Malaysia.

India

Demographic information

Population according to census of

March 1971	546,955,945
<i>Estimated population,</i>	
January 1, 1971 ¹	558,888,000
Births per 1,000 population, 1970	42
Deaths per 1,000 population, 1970	15
Infant deaths per 1,000 live births, 1970 . .	118
Rate of natural increase, 1970 (per cent) . .	2.7
<i>Number of years to double population: at</i>	
the 1970 rate of natural increase	26
Percent of registered births, first-born, 1964 . ²	27
Median birth order, 1964	2.8
<i>Percent of registered births born to</i>	
women less than 20 years old, 1964 ²	11
Median maternal age, 1964 ²	26
Percent urban, 1970	21
Percent of labor force in agriculture, 1961 . .	73
Per capita gross national product, 1969 . . .	\$88
Percent literate	28

¹Based on projection of adjusted 1961 census data.

²Based on incomplete registration of births.

Highlights of activities

India, the most populous country on earth next to the People's Republic of China, boasts the world's oldest family planning program.

During the past year the Indian Government increased its expenditures on family planning by 22 percent over the previous year. The fourth 5-year plan calls for continued further expansion, and the Government has sought the assistance of the United States and other donors to help reach the proposed budgetary increase on a noninflationary basis.

The Aid-to-India Consortium, meeting in Stockholm in November 1969, discussed the Indian family planning program in the context of a U.N. evaluation report. The U.N. report concluded that much greater expansion would be needed if India were to meet its goal of reducing the birth rate 40 percent by the end of this decade. The report indicated that the program was handicapped by administrative and organizational problems, as well as by resource limitations, and recommended a major increase in funding coupled with operational changes.

The consortium response included a \$20 million grant from the United States in June 1970 for India's family planning program, as well as pledges of assistance from Sweden, the United Kingdom, and the World Bank.

In expanding its program, India is emphasizing improvement of family planning delivery services; increased training, research, and evaluation; better staffing and equipping of existing facilities; and expanded maternal and child health care.

In summer 1971, the Indian Parliament enacted a liberalized abortion law that may give significant additional impetus to the Government's efforts in the health and family planning field. Previous abortion legislation, over 100 years old, gave legal sanction to abortion only when the pregnant woman's life was in jeopardy. The new bill makes abortion legal when the continuance of pregnancy would involve a risk to the woman's life or injury to her physical or mental health under a number of other conditions. Essentially the new law makes the termination of pregnancy the prerogative of the woman and her physician. Provision of requested abortion services now poses a mighty challenge to the Indian Government. However, this new approach seems likely to give added strength to India's program.

Nongovernmental organizations, too, have accelerated their activities, and some new ones have emerged. Among the new organizations is the Family Planning Foundation—a fund raising and granting institution which will channel private and

Governmental funds to the family planning programs of private organizations. The Foundation was capitalized by a group of Indian industrialists. After raising additional funds from Indian sources, it may seek foreign donor support.

Also new to the field of family planning is the Indian Population Council, which was created to focus the attention of the business and intellectual community on family planning and to draw moral and financial support from these areas. Some of this support is expected to come from the Family Planning Foundation.

Government involvement in family planning dates back 20 years to 1951, when a Family Planning Policy was adopted. But it was 14 years before the Government program was to begin making significant

A mother of nine children in India's Punjab listens to a Lady Health Visitor as she discusses family planning.



headway. The turning point came in 1966, when the Indian Government greatly increased its own commitments and the United States and other foreign countries began putting aid into family planning.

Budget allocations for family planning increased from less than \$2 million equivalent in 1963-64 to \$80 million equivalent in 1971-72.

The family planning program is administratively designated as a department within the Ministry of Health and Family Planning with an authorized strength of 125,000 positions, of which about 70,000 have been filled.

The aim of the program has been to reduce annual rate of population growth from an estimated 2.5 percent to 1.5 percent within the next decade. Success in achieving this goal hinges on reaching the over 100 million couples estimated to be in the reproductive age group, on establishing programs in the rural areas where 80 percent of the population lives, and on overcoming the traditional bias in favor of large families. Of the 100 million couples in the reproductive age group, 14 percent have been reached by one or another of the contraceptive services offered to date. The immediate goal is to reach 56 percent of the total group.

In India the Central Government provides all of the funds for family planning; however, the programs are carried out by the individual States. So far, the Indian program has established some 41,780 family planning centers and subcenters and has 863 mobile units. In addition, more than 9,000 medical and other institutions engage in family planning work.

These clinics provide a number of pregnancy prevention methods, mainly sterilization, IUDs, and condoms. India, which accounts for half the world's sterilizations, is the only country to rely on sterilization as one of its major contraceptive methods; 60 percent of the Government-supplied contraception to date has been through sterilization, and the number of people accepting this method in the past few years totals over 8 million. Intensive promotional drives, the provision of mobile clinic services, and the organization of vasectomy and tubectomy camps account for much of this method's success.

The IUD was introduced in 1965; and despite some decline in use, it remains a major method of contraception. Over 3.6 million eligible couples have used IUDs. There has been a steady increase in the use of condoms and in April 1969 a factory capable of producing 144 million condoms a year was opened. Condoms are distributed free through Government clinics, and since 1968 extensive use has

been made of subsidized commercial distribution channels. Over 2 million couples use this method.

Oral contraceptives are available to those able to purchase them through commercial channels but have not been made generally available in the Government family planning program. Research is underway to develop an indigenous pill.

The impact of the Government program is hard to measure at this point. However, official estimates indicate that the program prevented about 2.7 million births in 1970-71. Drops in birth rates have been reported in several areas. In Gandhigram, Tamil Nadu, for example, the rate is estimated to have fallen from 40 births per thousand to 36.3 between 1962 and 1966; in Calcutta, there was a drop from 26 to 22.

Policymakers feel that there is no substitute for public education, information, and efficient services, including followup. Because of the voluntary nature

The family planning symbol, idealizing the family of four, is seen throughout India—even on this peanut vendor's cart.





Left, typical laboratory scene at an Indian family planning clinic. Right, Indian doctor explains use of the loop to women visiting a rural family planning center near New Delhi.



Right, CARE incentive parcels went to men of Kerala State who underwent vasectomies in mid-1971 at a Family Planning Festival. Below, some of the nearly 63,000 men who received vasectomies during the Festival.



of the program, publicity and education are of prime importance. Mass media publicity includes regular newspaper and magazine articles and broadcasts by all the leading radio stations of family planning information and speeches by noted personalities. Of the Government's mobile publicity units, 30 are devoted exclusively to family planning and the rest make it a major activity. Feature films, newsreels, regional films, and film shorts have been made, and family planning fortnights have been organized at State and national levels.

Compensatory payments are made to patients for IUD insertions and sterilization, varying from 10 rupees to 250. New legislation being considered in the family planning field includes raising the marriage age to 18 for girls and 21 for men. Some States have also passed legislation affecting family size. Madhya Pradesh and Maharashtra, for instance, limit free Government medical help to families with three children or less.

Predating entry of the Government into family planning were activities of private groups. These began in the 1920's and included opening of the first clinic in 1923 and founding of the Family Planning Association, India (FPAI) in 1949. The FPAI today has 35 branches and runs 175 of the 500 voluntary

family planning clinics. Its main emphasis is on clinic services, education, training personnel, and research. Financing comes mainly from the Government.

A.I.D. assistance

A.I.D. made a \$20 million grant to India in June 1970 to help finance local currency costs of an expanded family planning program. Highest priority is being given to training, research and evaluation, extension of family planning facilities to new areas, and improvement in the effectiveness of existing services. The \$20 million grant is in addition to other U.S. assistance, which through fiscal 1971 has included \$5.8 million in grants for support of the Government's experimental program to test oral contraceptives; a direct mailing system for family planning materials; provision of 150 million condoms to initiate the subsidized commercial condom distribution program; advisory and commodity assistance in the training field; and "intensive district" program and biomedical research; work at the International Institute for Population Studies at Chembur, Bombay; a 1968 loan of \$2.7 million; and an \$8 million local currency grant to help finance the manufacture of 6,000 family planning vehicles.

An Indian extension worker distributes literature to these rural women after explaining desirability and methods of family planning.



Other assistance

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, offering family planning education and other services, are underway in low-income and industrial areas. IPPF has also donated mobile units for educational services and gives annual grants.

The Population Council has been instrumental in the establishment of a small factory for producing IUDs and has contributed equipment in the form of loops and inserters. The Council has provided both technical assistance and commodity support for the All-India Postpartum Program, which now operates in 59 Indian hospitals and will shortly expand to 150. It has also assisted in the establishment and operation of a demographic research center at Benares Hindu University and at Jadavpur University. Fellowships for graduate study abroad are also provided.

In 1971 the Pathfinder Fund provided funds to local voluntary groups to run several clinics and has provided contraceptives to these clinics and to hospitals. It has developed population education materials to provide a syllabus for India's school system. Initially, the curriculum will be for senior classes (grades 9, 10, and 11). Later, as States and private educational institutions accept the proposals, Pathfinder will undertake to provide similar materials for grades 1 through 8 and also at college and university levels.

The Ford Foundation has provided \$10.8 million since 1959 in assistance grants for family planning in India. The 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 help establish the National Institute of Health Administration and Education and the Central Family Planning Institute. The Foundation is assisting two newly established organizations formed to strengthen nongovernmental family planning efforts. A grant was made to the Population Council of India in 1970 and another to the Family Planning Foundation in 1971.

The Rockefeller Foundation in the past 5 years has provided 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 is providing research equipment for the Indian Council of Medical Research.

CARE has provided Public Law 480 food to vasectomy camps in several Indian States over the past 2 years. As an example, such food with an approximate value of \$33,500 was contributed to the massive Vasectomy Camp at Ernakulam, State of Kerala, November 20-December 20, 1970. A CARE food package was one of the incentives for each patient. The program resulted in an average of 500 operations a day, and reached its target of 15,000 vasectomies. Based on this experimental trial, 63,000 men were vasectomized in a monthlong Family Planning Festival in Ernakulam near Cochin in July 1971. A.I.D.'s Food for Peace Office provided U.S.-owned rupees to CARE to purchase incentive packages for each vasectomy acceptor. The parcels contained a shopping bag, clothing, and rice. The Government of India provided all staff, including 50 surgical cubicles operating simultaneously, equipment, and financial incentives for each acceptor.

The Church World Service Planned Parenthood Program promotes family planning in India through 450 Christian hospitals and clinics. Its program furnishes IUDs, encourages leadership training, develops motivational materials, and sponsors seminars and conferences. Church World Service budgeted \$40,000, for family planning activities in India during fiscal 1970.

Lutheran World Relief in 1967 began authorizing funds for family planning projects in India. Currently, this work is based at Bethesda Hospital in Ambur and aims to expand family planning services by focusing on all mothers, plus fathers, with three or more living children reached by the hospital, including the hospital's outpatient department.

Oxfam since 1966 has allocated approximately \$330,000 to family planning programs in India, the major part of which has been channeled to expand the program of the Protestant Mission hospitals of the Christian Medical Association. Of this total, \$194,182 was agreed for allocation from 1970 to 1973.

The World Assembly of Youth is presenting a youth seminar program; its objective is to create a network of youth workers to promote family planning in villages.

World Neighbors places strong emphasis on family planning in its projects in India—in the States of Tamil Nadu, Andhra Pradesh, Maharashtra, Gujarat, and Kerala. Among these projects are 42 working

centers in Kerala and over 27 other centers in neighboring Tamil Nadu, which World Neighbors supports in cooperation with the National Council of the YMCA of India. These centers emphasize food production and family planning. Among WN's many contributions are support of clinics and hospitals, assistance to educational and motivational programs, and work with local governmental and private agencies in stimulating and supporting their work.

The Peace Corps in 1966 sent a group of 57 family planning volunteers to India at the request of the Government. Currently, the State of Punjab is using generalist volunteers as special assistants to district family planning officers.

The Swedish International Development Authority signed a \$2 million agreement with the Indian Government in 1968 to provide supplies and equipment such as condoms, vehicles, offset equipment, and printing paper. In fiscal 1971, the assistance totaled approximately \$200,000. A yearly grant of \$200,000 has been given to the Christain Medical Association of India for its integrated family planning project. Additional assistance is being considered.

In 1966, Denmark made a grant of \$26,650 for a pilot study on possible use in the Indian family planning program of a Danish intrauterine device, the Antigon. Ten thousand Indian women took part in the 1967-68 testing. The program also included training of medical personnel in use of the device. In 1969, an additional grant of \$5,300 was made for development and improvement.

In November 1970, Denmark committed \$266,650 to a UNICEF project to help train auxiliary nurse-midwives in Bihar.

Also in 1970, Denmark made a grant of \$827,000 to help finance a new building for the National Institute of Family Planning in New Delhi. Disbursement is expected during 1971-74.

The United Kingdom provided some assistance to India's family planning program at various times from 1966 to 1969, including interest-free loan funds (about \$11,000) for contraceptives in 1967. In the Aid India Consortium in May 1970, the United Kingdom pledged a sum equivalent to \$2.4 million for disbursement, as untied aid, to help meet local costs of India's family planning program, provided satisfactory arrangements for its expenditure could be made with the Indian authorities. Other donors were prepared also to make available untied aid for the same purpose. It is uncertain when the money (which would be an interest-free loan for 25 years with a 7-year grace period) will be disbursed.

The U.N. Fund for Population Activities has provided funds in support of the Demographic Training and Research Center at Bombay. It also is assisting programs to strengthen teaching of human reproduction, family planning, and population dynamics and to improve nurse and midwife training.

A number of other organizations also provide assistance to family planning in India.

Iran

Demographic information

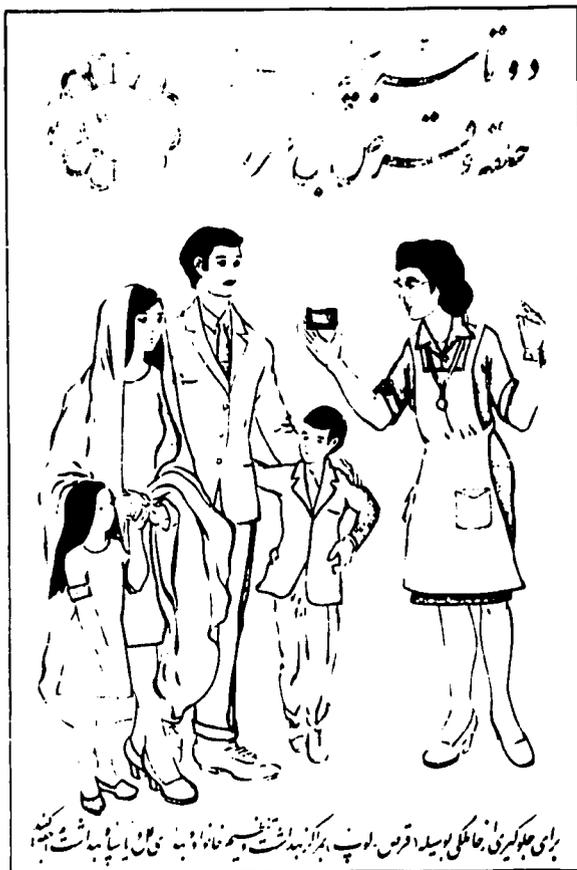
<i>Population according to census of</i>	
<i>November 26, 1966</i>	<i>25,785,210</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>29,239,000</i>
<i>Births per 1,000 population, 1970</i>	<i>48</i>
<i>Deaths per 1,000 population, 1970</i>	<i>18</i>
<i>Infant deaths per 1,000 live births, 1970 . . .</i>	<i>160</i>
<i>Rate of natural increase, 1970 (percent) . . .</i>	<i>3.0</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>23</i>
<i>Percent of registered births, first-born, 1969 .</i>	<i>17</i>
<i>Median birth order, 1969</i>	<i>2.4</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1969</i>	<i>13</i>
<i>Median maternal age, 1969</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>41</i>
<i>Percent of labor force in agriculture, 1966 . .</i>	<i>42</i>
<i>Per capita gross national product, 1969 . . .</i>	<i>\$327</i>
<i>Percent literate</i>	<i>35</i>

¹Based on incomplete registration of births.

Highlights of activities

In an effort to stem the rapid population growth, in mid-1970 the High Plan Council of the Iranian Government adopted the ambitious goal of reducing population growth to 1 percent per year within the next 20 years. The Government-sponsored family planning program, begun in 1966, has been accelerating as awareness of the implications of today's 3 percent annual population growth spreads throughout the national leadership. Along with a high annual rate of population growth, migration to cities places increasing pressure on newly-developing urban centers.

Nationwide, more than 1,300 clinics offer family planning services. There are 480 fixed clinics and 330 mobile units in rural areas. While more than a third of the clinics offering family planning services



Iranian poster proclaims that two or three children are better, that the loop and pill are safe, and that contraceptives can be obtained from Health Department's family planning center or health corps.

are directly supervised by the Ministry of Health and almost one-fourth are run by the Health Corps, 20 other governmental, nongovernmental, and private agencies offer family planning services in the context of other health services. These include other Ministries such as Labor and Defense, universities, private industrial firms, and social service groups such as Red Lion and Sun and women's organizations. With so many groups as well as private physicians offering services, the problems of national coordination and administration mount.

The program in Iran has depended largely on oral contraceptives. Roughly 80 percent of new acceptors take pills. In October 1970, the Government distributed 170,000 cycles of pills, and perhaps another 90,000 cycles are sold through commercial channels. By way of contrast, in the year ending October 1970, 25,000 clients had IUDs inserted. Use of conventional contraception and coitus interruptus may be as high as 15 percent of those practicing contraception. As the country

moves forward in its national family planning program, there is a growing need for demographic and social research as well as evaluation of program progress and study of alternative organizational, motivational, and program mixes.

To help in the task of carrying the family planning message to the over 5 million couples with wives in the reproductive ages, a massive educational program has been launched. Regional and national short seminars have been organized for decision-makers at all levels. Courses have been designed to mobilize support for all health personnel, social workers, home economics agents, rural cooperative supervisors, and members of women's associations.

In 1969, the family planning provincial organizations added rural women field workers to their staffs. But the largest source of field and clinical personnel in Iran has been the revolutionary corps made up of young men serving their national military and social service obligations.

Each of the men who serve in the Health Corps, the Literacy Corps, or the Rural Development Corps receive some instruction in family planning. A Women's Corps, now numbering over 1,000, works directly in the family planning program. These young, energetic, and trained workers make it possible for Iran to reach out to the villagers on a person-to-person basis without intensive use of mass media.

The Ministry of Education in cooperation with the Ministry of Health has provided population/family planning information to textbook publishers for grades 6 through 12. This information is now incorporated in various textbooks at different levels. Similar inputs are being developed for the primary grades.

A.I.D. assistance

Bilateral A.I.D. assistance ended in 1967 as an indication of Iran's progress in economic development.

Other assistance

The International Planned Parenthood Federation gives financial support to the Family Planning Association of Iran, which became an IPPF member in 1971.

The Population Council sent an advisory mission to Iran in 1966 to help the Ministry of Health develop its family planning program. Since 1967, it has had a resident advisor in Iran, and at the present

time the Council staff is augmented by an information and education advisor stationed in Isfahan. The Council has provided consultant services to several universities, awarded fellowships and travel grants, provided funds for the purchase of contraceptives, and aided the Institute for Social Studies and Research in preparing and publishing a demographic dictionary in Persian and in completing a fertility survey. The Farah Pahlevi Hospital, the largest maternity hospital in Iran, participates in the Council's International Postpartum Family Planning Program. Since 1970, the Council has purchased tabulating machines for the Ministry of Health and in the fall of 1971 will support an interuniversity colloquium in Iran. In September 1971 it plans to hold a seminar in population and education for educators.

The Pathfinder Fund has sent field workers and representatives to Iran and helped establish the Family Planning Association.

The Swedish International Development Authority is negotiating a grant for printing equipment and contraceptive supplies. The United Nations through its Fund for Population Activities has provided \$72,000 for two demographic advisors to assist the Ministry of Health.

Israel

Demographic information

<i>Population according to census of</i>	
May 22, 1961	2,183,332
<i>Estimated population,</i>	
January 1, 1971	2,978,000
Births per 1,000 population, 1970	26
Deaths per 1,000 population, 1970	6
Infant deaths per 1,000 live births, 1970	19
Rate of natural increase, 1970 (percent)	2.0
<i>Annual growth rate,</i>	
1970 (including migration)	2.4
<i>Number of years to double population at</i>	
the 1970 rate of natural increase	35
Percent of registered births, first-born, 1968	25
Median birth order, 1968	2.6
<i>Percent of registered births born to</i>	
women less than 20 years old, 1968	6
Median maternal age, 1968	26
Percent urban, 1970	80
Percent of labor force in agriculture, 1969	10
Per capita gross national product, 1969	\$1,676
Percent literate	90

Highlights of activities

There are two organizations in Israel carrying out family planning activities—the Israel Planned Parenthood Federation, founded in 1951, and the Association for Marital and Sexual Advice, founded in 1957. These organizations operate 11 clinics providing all types of family planning services. Financing comes from the Government, the IPPF, and patient fees. Contraceptives, including IUDs, are also available at three Government hospitals and a clinic.

The Government of Israel has no official family planning policy.

The Hebrew University of Jerusalem and the International Training Center offer training in family planning, demography, and population geography. Lectures and demonstrations are given at the clinics and at kibbutzen and other rural settlements.

A.I.D. assistance

A.I.D. does not provide population program assistance in Israel.

Other assistance

The International Planned Parenthood Federation has previously provided assistance to the Israel Planned Parenthood Federation.

The Population Council has supported demographic studies, fellowship training, and medical research in Israel. In 1963, the Ford Foundation through the Council granted \$3 million to found the Institute of Biodynamics within the Weizmann Institute of Science.

The Pathfinder Fund in 1969 published the results of a cooperative statistical program as part of its International IUD Program. Pathfinder has also given contraceptives.

In 1962, 1966, and 1971, the Ford Foundation made grants totaling \$2,205,000 to the Weizmann Institute through the Population Council for research in implantation. In 1967, the Foundation extended a 5-year grant for \$325,000 to the Tel-Hashomer Government Hospital for research and training in human reproduction. In 1969, a grant was made to the Hebrew University to support a study on the family, and in April 1970, a grant was made to the Hadassah Medical Organization for the support of three projects related to reproduction. In 1971, another grant was made to the Hebrew University on reproductive biology. Fellowship support has also been provided.

Jordan

Demographic information

<i>Population according to census of</i>	
November 18, 1961	1,706,226
<i>Estimated population,</i>	
January 1, 1971	2,393,000
<i>Births per 1,000 population, 1970</i>	46
<i>Deaths per 1,000 population, 1970</i>	13
<i>Infant deaths per 1,000 live births, 1970</i>	115
<i>Rate of natural increase, 1970 (percent)</i>	3.3
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	21
<i>Percent of registered births, first-born</i>	NA
<i>Median birth order</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	NA
<i>Median maternal age</i>	NA
<i>Percent urban, 1970</i>	44
<i>Percent of labor force in agriculture, 1961</i>	35
<i>Per capita gross national product, 1967</i>	\$286
<i>Percent literate</i>	35-40

Highlights of activities

Jordan has rebuilt and expanded its family planning program since the June War of 1967 when six of its nine clinics closed. Clinics were operating on both banks of the Jordan River in 1970.

Programs are carried out by the Family Planning and Protection Association, which was founded in 1963 and became a full member of the International Planned Parenthood Federation (IPPF) in 1965. Goal of the Association is to improve maternal and child health and family welfare and to combat abortion. One of the founders of the organization, the Women's Federation of Jordan, is in direct contact with women throughout the country and has its own child welfare and antenatal centers in all major cities; planned parenthood clinics have been started in these centers.

The Association now operates 15 clinics which provided contraceptive services to 3,292 new and 38,601 old patients during 1970. The Association plans to expand its educational and informational activities.

There is no official Government policy on planned parenthood. However, it is supported by the Government, and an annual grant was made by the Ministry of Social Affairs until the June War. King Hussein is a signatory of the United Nations's 1967 Declaration of Population.

A.I.D. assistance

A.I.D. makes no direct assistance to the family planning program, but it has supported selected activities. Among these was the sponsorship in 1966 of two Jordanians to attend a family planning conference in New Delhi, India, and of one official in 1967 to attend the IPPF conference in Santiago, Chile. In 1968, it provided family planning training to three Jordanians, began preparing a series of demographic studies for processing in Jordan, and distributed a study on implications of current population growth. It also makes available to officials education materials on family planning.

Other assistance

IPPF assistance to the Association has included financing a clinic in Amman and sponsorship of training for doctors in IUD insertions.

Pathfinder has supplied contraceptives, as have the Swedish International Development Authority and the World Council of Churches.

CARE has given donations and equipment.

The United Nations has provided a demographic expert to assist in collection and processing of demographic data and later to advise on a fertility survey and organize a population seminar. It also has awarded a fellowship for statistical and demographic training in the United States.

Nepal

Demographic information

<i>Population according to census of</i>	
June 22, 1961	9,412,996
<i>Estimated population,</i>	
January 1, 1971	11,383,000
<i>Births per 1,000 population, 1970</i>	45
<i>Deaths per 1,000 population, 1970</i>	23
<i>Infant deaths per 1,000 live births, 1970</i>	162
<i>Rate of natural increase, 1970 (percent)</i>	2.2
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	33
<i>Percent of registered births, first-born</i>	NA
<i>Median birth order</i>	NA
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	NA
<i>Median maternal age</i>	NA
<i>Percent of labor force in agriculture, 1965</i>	92
<i>Per capita gross national product, 1969</i>	\$80
<i>Percent literate</i>	5-10

Highlights of activities

The Government of Nepal has had a family planning program since 1966 as part of maternal and child health activities of the Directorate of Health Services. The policy-making body since 1969, the Family Planning and Maternal and Child Health Development Board is semiautonomous and is made up of representatives from various ministries.

While there has been progress since its beginning, especially in the last 2½ years, the program operates under a number of handicaps. Important among these is the lack of economic development in Nepal. Another is the ruggedness of the terrain, which has greatly retarded the building of roads and other needed infrastructure. Other inhibiting factors are the high rate of illiteracy – 90 percent, and the scarcity of doctors – only one per 50,000 people nationwide and less than one per 200,000 in the hill areas.

Nonetheless, the Government has been able to expand the number of family planning clinics to 90. During 1966-71 these clinics performed 12,941 vasectomies and 7,401 IUD insertions and gained 36,044 condom acceptors plus 25,178 acceptors of oral contraceptives. This covers about 2 percent of eligible fertile couples.

Vasectomy mobile camps reach many areas where family planning services are not otherwise available. The camps enable men who want vasectomies to obtain them without going long distances to reach medical facilities.

The Family Planning Association of Nepal began clinical activity in 1963 at the Kathmandu Maternity Hospital, in cooperation with the Women's Voluntary Society, and is a member of IPPF. The Association was reorganized in 1965 and was instrumental in bringing the Government into the family planning effort. After the Government's move, it was decided that the Family Planning Association would give increasing attention to education and motivation.

The FPA now has one rural and three urban clinics, as well as a program of family planning camps with teams of doctors and nurses using mobile units to visit outlying districts. It carries out information and education activities through press, radio, exhibitions, and film shows.

A.I.D. assistance

A.I.D. has given major support to the Nepal Government's family planning program since its inception. It has provided funding for nearly 75 percent of the budget from excess U.S.-owned local

currencies, practically all of the contraceptives and other commodities required, and all participant training funds. A.I.D. technical assistance in the next years will focus on building institutions capable of achieving Nepal's very optimistic goals. A.I.D. dollar grants in fiscal 1971 were approximately \$706,000.

Other assistance

The International Planned Parenthood Federation provides financial assistance and commodities to the Family Planning Association to expand its clinical and educational activities.

The Population Council has provided a fellowship for graduate study in demography.

Pathfinder has provided contraceptives.

Church World Service serves a number of Nepal's hospitals with supplies and subsidy through the Christian Medical Association of India.

The Swedish International Development Authority has supplied contraceptives.

The Japanese Organization for International Cooperation in Family Planning in 1968 supplied contraceptives and other equipment valued at \$5,405.

The United Kingdom has provided an advisor on film-making.

Pakistan

Demographic information

<i>Population according to census of</i>	
<i>February 1, 1961</i>	¹ 101,500,000
<i>Estimated population,</i>	
<i>January 1, 1971</i>	132,017,000
<i>Births per 1,000 population, 1970</i>	43
<i>Deaths per 1,000 population, 1970</i>	14
<i>Infant deaths per 1,000 live births, 1970</i>	136
<i>Rate of natural increase, 1970 (percent)</i>	2.7
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	26
<i>Percent of registered births, first-born, 1969</i>	² 31
<i>Median birth order, 1969</i>	² 3.9
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1969</i>	² 24
<i>Median maternal age, 1969</i>	² 32
<i>Percent urban, 1970</i>	14
<i>Percent of labor force in agriculture, 1965</i>	68
<i>Per capita gross national product, 1969</i>	\$129
<i>Percent literate</i>	20

¹Adjusted for 7.6 percent underenumeration. ²Based on incomplete registration of births. West Pakistan only.

Highlights of activities

By the end of June 1971, Pakistan completed the first year of its Fourth Five-Year Plan, having made some progress in its ambitious family planning program under a partly new organizational pattern. Statistically, however, the progress made in this period shows a declining trend, moving down much below the average reported achievements of the past few years. Even though some of the decline may be attributed to more realistic reporting, there has been a slowing of the pace, growing out of administrative reorganization of West Pakistan and elections, and natural disasters and political upheaval in East Pakistan.

When viewed against the prospect that at the present rate of population growth, the population of Pakistan will be doubled in the next 26 years, the situation is alarming. High rate of dependency, and nonparticipation of women in the labor force due to social and cultural reasons, makes the population problem all the more complicated.

In the words of the Fourth Five-Year Plan document, "This burden in conditions of uncontrolled population growth tends to mount further. At the rate of population growth estimated to be prevailing in Pakistan during the last decade, every year about 4 million persons are added to the population. In addition to food, clothing, shelter, sanitation, drinking water, and health facilities required immediately after birth, this population needs schooling in 5 years' time and gainful employment in another 15 years. It is estimated that during the Fourth Plan period 6.5 million persons will be added to the labor force. Three million children of primary school age will need schooling and the entire additional population of about 20 million will be requiring medical facilities. . . ."

With these observations made, the budget allocation for the family planning program was doubled for this plan period. The investment was aimed at bringing the birth rate down to 35 per thousand by preventing 9 million births (against 3 million estimated to have been prevented during 1965-70). Because of the relatively heavier pressure of population on the resources of the province, the share of East Pakistan in this allocation was twice as much as that of West Pakistan and three times larger than the amount earmarked for the province in the last plan.

The declining progress in family planning in the first year of the Fourth Plan can be attributed to several factors. Of these one is the political uncertainty that followed the resignation in early



Visual aids, such as these signs, are used by Pakistan to help motivate citizens to practice family planning. The country's family planning target calls for slowing birth rates from the current 43 per thousand to 35.

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1969 of President Ayub Khan, which led to a slackening of family planning efforts extending into fiscal 1970. During fiscal 1971, preoccupation with political activities and elections in the country and reorganization of the West Wing Government had their adverse influence. In East Pakistan, floods in July-August 1970, the cyclone (hurricane) of November, and civic upheaval during the last half of fiscal 1971 brought family planning program activities almost to a standstill. The changes made in the administrative and organizational structure of the program also took considerable time to put in place.

The Pakistan Government's family planning program, nevertheless, has kept moving. The program has benefited from generally strong Government support and an infusion of financial and technical assistance from the developed countries.

The Government of Pakistan became involved in family planning as early as 1952 when it began endorsing and supporting the programs of volunteer organizations. In 1959, the Government undertook pilot programs of its own, and for the Second Five-Year Plan it authorized \$6.4 million for family planning. During that period some 3,000 Government clinics were created to dispense family planning services. It was not until 1966 that the program began making notable headway.

The allocation of \$59.7 million to family planning in the Third Plan (1965-70) and the introduction of the IUD provided the basis for rapid expansion. Also, a dynamic new Family Planning Commission reshaped the service to include administrative units at all major government levels — from the Central Family Planning Council at Cabinet level to the union councils at village level — and attracted outstanding personnel.

The enlarged program included some 3,000 full-time officers, 50,000 part-time workers, and 100,000 commercial distributors. The village dais, or midwives, became key persons in the program, making up the corps of part-time workers. They were paid small salaries, plus fees for IUD insertions and sterilizations. They also dispensed conventional contraceptives.

During the Third Plan, spending on family planning rose well above allocations and reached \$75 million, with the United States and other developed countries providing substantial assistance. By the plan's end, some 30 percent of the women in the reproductive age group (about 20 million) had practiced contraception at one time or another. Also, 3.1 million IUDs had been inserted, 1.2 million sterilizations performed, and over a half billion conventional contraceptives distributed.

The apparent popularity of sterilization was one of the program's surprises: a 90,000-acceptor goal had been originally set because of the objections expected from the male-oriented Moslem society, which places much emphasis on virility. Sterilization proved to be especially well accepted in East Pakistan. Acceptance of IUDs, on the other hand, has not entirely fulfilled expectations owing to real and rumored complications involving their use, the lack of adequately trained personnel and of adequate sterilization facilities and equipment, and inadequate followup to maintain high continuation rates.

Oral contraceptives were not distributed by the Government during the Third Plan period, owing to their high cost and, subsequently, to the judgment of the program director that they were not essential for program success. At the beginning of 1970, however, some 70,000-80,000 monthly cycles were being sold through commercial outlets (drug stores) each month. For the Fourth Plan period the Family Planning Council has provided for distributing about 30 million cycles of pills through the program.

The plan aims at a cut in birth rates to 35 per thousand. More conservative estimates see 40 as a more realistic goal. The plan provides for 67 percent of the women of child-bearing age to be reached before the Plan's end and for the insertion of another 3.6 million IUDs, for 4.5 million sterilizations to be performed, and for 1 billion units of conventional contraceptives to be distributed. The rise in sterilizations reflects a planned shift in emphasis to this means of contraception away from the IUD and conventionals. Of total protection offered under the plan, 46 percent is to be through sterilization, compared with only 16 percent during the Third Plan.

To achieve these newly set targets several changes in the field structure and the organizational setup were made, based on the experience gained during the Third Plan period. At the national level a new Directorate of Statistics was established. National postpartum programs were launched in both East and West Pakistan under the guidance of separate directorates established for the purpose. The program in West Pakistan has already established clinics in 11 of the most well-attended hospitals. In both East and West Pakistan Directorates of Inspection have also been set up, as well as Training, Research, and Evaluation Centers. These centers (TRECs), which amalgamate and centralize training, research, and evaluation activities, previously carried out by three separate units, are still in the process of taking shape and becoming functionally useful. Consultant/advisory assistance to the TRECs will be

provided through donor agencies such as Ford Foundation, the UNFPA, SIDA, and ultimately A.I.D.

Another change in the program was to begin a shift away from dependence on the largely illiterate dais as the primary family planning counselors to two-person teams (male and female) better trained and better paid, engaged on full-time basis. This change has been made in about eight of the 42 districts in West Pakistan and had started in East Pakistan at the time the civil disturbance brought the program to a halt. In the new system, the couples in each area in the reproductive age group are registered systematically, and educated to accept a contraceptive technique. A system of incentives for the workers has been made dependent on the number of births prevented among the accepting group and not on the number of IUDs inserted or other targets met. In the District of Sialkot (near Lahore), where the project was launched on a pilot basis in January 1970, the new system has shown encouraging results.

The new field structure also provides for a strict system of records maintenance, better training, supervision, inspection, and evaluation. Many observers of the new field structure program believe it to be a great improvement over the previous system.

As projected for the Fourth Plan period, the new program system was to be in place countrywide by the end of the third year. The total force of men and women workers in the new system is projected at more than 25,000. As indicated earlier, adjustments will no doubt be required in the time schedule and perhaps in the shape of the program.

With breakup of West Pakistan into four administrative provinces – Punjab, Sind, Baluchistan, and NWFP – the Provincial Family Planning Board of West Pakistan was also decentralized and four autonomous Provincial boards have been created.

As in most countries, the Pakistan Government's family planning program was preceded by private activities – in this case, the Family Planning Association (FPA) of Pakistan, a member of

Refugees from the 1970 flood disaster in East Pakistan are shown at a makeshift camp. Pakistan's population pressure was a factor in the heavy loss of life caused by the flood as low-lying delta areas, submerged by the flood waters, were heavily populated.



the International Planned Parenthood Federation (IPPF). The Association was created in 1953, with separate branches serving the west and east wings of the country, and developed an extensive network of clinics, especially in densely populated East Pakistan. The organization helped to popularize family planning and to pave the way for the Government program.

The Association runs four model clinics in Lahore, Karachi, Dacca, and Narayangang (Gandaria) and concentrates mainly on research, publicity, and education. Recent FPA projects have included a survey to test the effect of a mass media campaign on family planning in the Lahore area and a postpartum project to promote family planning acceptance in three leading West Pakistan hospitals. The Association also has carried out clinical trials and researched the acceptability of various contraceptives in clinic programs.

Beside providing some commodity assistance to the FPA, A.I.D. during fiscal 1970 also helped its program of integrating family planning services with the work of voluntary social welfare agencies.

Family planning has been promoted in Pakistan through publicity and educational campaigns using all major media - press, radio, and TV; puppet and minstrel shows; films; leaflets; pamphlets; posters; frequent conferences, seminars, and meetings; and involvement of officials and private citizens at all program levels. Remote areas are reached by jeep-mounted audiovisual units. Incentive payments have been used to encourage educators, doctors, and other personnel as well as patients. Although payments have undergone some downward adjustments, in the past they have ranged between 42 cents to patients and motivators and \$1.26 to doctors for IUDs and between \$1.50 to referrers and \$4.22 to patients for sterilization.

A.I.D. assistance

In fiscal 1971, A.I.D. allocated \$2.1 million for population programs in Pakistan. The fiscal 1970 program included \$853,000 for commodities, a total of \$990,000 for advisory and contract services (\$236,000 for direct advisory staff and \$754,000 for advisory/consulting services to be obtained through contracts with universities and other institutions), and \$235,000 for participants which includes program extensions for previous year's participants and the training of 23 new participants in the United States and third countries.

A.I.D. advisory service to the program began in 1964 and reached its highest level in fiscal 1969 with



Above, Pakistani Lady Health Visitor explains prenatal and postnatal requisites for good health of mother and child to expectant mothers, who are urged to consider spacing of future births.

six full-time and two part-time technical advisors; there were five advisors from the United States at the end of fiscal 1971.

Other assistance

The International Planned Parenthood Federation gives financial and informational assistance to the East and West sections of the Pakistan Family Planning Association.

The Population Council's first grant to Pakistan took place in 1961 when it funded a population growth estimate study carried out by the Pakistan Institute of Development Economics and the Central Statistical Office. Since then, demographic advisors have also been provided to the Pakistan Academy for Rural Development in Comilla, and to the National Family Planning Council. Since that date, the Population Council has supported seven advisors to the Institute: four physicians, two health educators, and one social scientist. Since January 1971, the Population Council medical advisor has been assigned to the Pakistan Family Planning Council. The Population Council has also extended help for demographic research at universities and financed



Over the entrance door of the Family Planning Program Pavilion at the 1971 Industrial Exhibition in Rawalpindi was this motto in Urdu: "Few Children - Prosperous Family."

fellowships for overseas training. In late 1968, the Council provided support for overseas training. In late 1968, the Council provided support to help plan a center for advanced training in population. The Council has also provided support for pilot projects to the Ministry of Health, Labor and Social Welfare, and with Ford Foundation funding assisted in the development of a National Research Institute for Family Planning.

The Pathfinder Fund, in fiscal 1971, made a grant to enable a sociologist from Pakistan to study at Johns Hopkins University for a doctoral degree in demography. In 1969, Pathfinder provided a travel grant for a Pakistani nurse to visit U.S. family planning clinics. Evaluation of IUD insertions has been made as part of Pathfinder's International IUD Program.

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 Fertility Control. Subsequent grants have been made to the Johns Hopkins University for a family training and research center in Lahore and to the University of California for a similar center at Dacca. Grants to date for the Pakistan program total \$3.9 million.

Oxfam provided \$8,400 in 1965 to publicize the family planning program. Oxfam of Canada in

1968-69 granted \$15,000 to the Family Welfare Cooperative Society to build a maternity, child welfare, family planning, and public health clinic in Lahore and help finance operating costs. It granted \$17,350 to the FPA to assist research, motivation, and publicity.

The Swedish International Development Authority (SIDA) since 1961 has helped develop and operate clinics, organize communication research, assist in education programs - concentrating on the training of paramedical personnel - and provide equipment. Two mass communication centers were also created to help the family planning program produce material for information, education, and promotion. The Sweden-Pakistan Family Welfare Project was transferred to Pakistan authorities on July 1, 1970. Sweden has, however, continued to assist the national family planning program through one advisor on mass communication and one advisor on paramedical training. Equipment and financial assistance have also been given to the mass communication program. All condoms needed in the national family planning program have been supplied by SIDA. The present agreement expires as of June 30, 1971. Expenditures in Pakistan from 1961 through June 1971 have been about \$9.5 million.

The Government of the Netherlands has provided experts to assist with attitude and motivation family planning research and fellowships

to train Pakistanis in family sociology and evaluation methods. Total budget has been \$364,000. Netherlands is in process of ending its bilateral assistance in this field and helping instead through multilateral organizations.

The United Kingdom in 1967 gave contraceptives to Pakistan for experimental purposes.

During 1970, the U.N. Fund for Population Activities agreed to support the broad aims set forth in Pakistan's Fourth Five Year Plan and has committed itself to provide up to \$1.7 million of family planning assistance in the first year. This is the Fund's largest single commitment so far to any one country.

UNICEF has assisted family planning both directly and indirectly by virtue of its traditional interest in maternal and child health; through fiscal 1969, it had expended a total of \$1.6 million for family planning. In addition, UNICEF was given a grant by SIDA for the purchase of vehicles for the program. The United Nations sent an evaluation team to study the program in 1968, and WHO has sent a consultant to devise a system of vital registration.

Turkey

Demographic information

<i>Population according to census of</i>	
<i>October 25, 1970</i>	<i>135,700,000</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>35,809,000</i>
<i>Births per 1,000 population, 1970</i>	<i>40</i>
<i>Deaths per 1,000 population, 1970</i>	<i>13</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>119</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.7</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>26</i>
<i>Percent of registered births, first-born</i>	<i>NA</i>
<i>Median birth order</i>	<i>NA</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>NA</i>
<i>Median maternal age</i>	<i>NA</i>
<i>Percent urban, 1970</i>	<i>35</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>72</i>
<i>Per capita gross national product, 1969</i>	<i>\$227</i>
<i>Percent literate</i>	<i>47</i>

¹Not used as base for 1971 estimate.

Highlights of activities

Until the mid-1960's, Turkey's policies and laws favored large families, and the distribution of

contraceptive information and devices was prohibited. However, the threat of population growth to economic and social well-being and the widespread problem of illegal abortion prompted the Government to adopt a new family planning policy. In 1965 the Government passed a family planning law, created a General Directorate of Population Planning within the Ministry of Health and Social Assistance (MOH), and set up family planning clinics on a trial basis.

The family planning program has grown slowly, and opportunities for expansion have been limited by social and political factors. However, by the end of 1970 family planning clinics had been established in 540 maternal and child health care centers, maternity hospitals, and health centers. In addition, mobile units provide family planning education and commodities to the towns and villages of 16 provincial districts. One thousand doctors and 5,660 other personnel have received family planning training. Through early 1971 the MOH's major effort was directed toward gaining new IUD acceptors, and approximately 273,000 insertions were made from 1966 through April 1971. There is insufficient data on the number of pill users but a study by the Institute of Population Studies of Hacettepe University in 1968 indicated a total of over 300,000 had tried pills, and regular users numbered about 90,000. As the new Turkish Government

A representative of Turkey's Health Directorate is shown giving information on family planning to village women.



(spring 1971) moves more vigorously with a "cafeteria" program including orals, significant increases in numbers choosing this method can be expected.

The program is publicized in films, lectures, radio, leaflets, puppet shows, and a widely distributed poster depicting a father with seven children in a basket on his back, warning, "Do not have more children than you can look after."

Training for program personnel in Turkey is carried out at the Ministry of Health training center and Hacettepe University. A number of doctors, midwives, and social workers have received training in the United States and have also participated in IPPF's Europe and Near East Regional training courses.

Turkey has a Family Planning Association, which was founded in 1963 and became an associate member of the International Planned Parenthood

Federation (IPPF) in 1965. At the end of 1970, it had 28 branches, 21 clinics, and 9 mobile units. In 1971, more than 20 members of the Association will attend family planning program seminars in five Asian countries. Cost of these seminars is being met largely by a grant from the U.N.

A.I.D. assistance

A.I.D. assistance to Turkey's family planning effort was initiated in mid-1965 with the visit of a survey team. The following February, A.I.D. made its first grant - \$277,777 in Turkish lira derived from P.L. 480 sales of agricultural products - for the purchase of 50 jeeps to be used by rural health centers. A further grant of \$500,000 of U.S.-owned Turkish lira in April 1967 was provided to the MOH to encourage the work of mobile teams, for training



Turkish men, like the women, receive instruction in family planning. Poster in background of bottom picture says, "Having so many children makes a large load for any couple."





A Health Mobile Team from the Turkish Ministry of Health arrives in village of Kopru to conduct a family planning information program.

expenses, and for research and program evaluation costs. A loan of \$2.7 million (with an option to increase 25 percent) was made for the procurement of 530 vehicles and advisory services for vehicle maintenance. The vehicles began arriving in Turkey in early 1971 and are being placed with the Provincial Family Planning Offices.

In 1971, A.I.D., the Government of Turkey, and World Education, Inc. (WEI), jointly funded a program for introducing family planning concepts into the large Turkish Adult Literacy programs. Both the Ministry of Health and Social Assistance and the Ministry of Education are participating. The budget for the initial phase, 20 months, is approximately \$200,000 (Turkish lira equivalent) of which A.I.D. has provided \$77,500.

A.I.D. has helped Turkish efforts to develop a modern statistical system to provide reliable family planning data, has provided training in family planning administration, has supported the Turkish Demographic Survey to produce basic data on population growth, and has financed the services of a population/family planning advisor.

Other assistance

The International Planned Parenthood Federation began in 1966 to assist the Turkish Family Planning Association, financing development

expenses for opening new clinics, providing training manuals, and conducting seminars. This assistance has continued annually. IPPF has also financed the travel of Turkish officials to regional IPPF conferences.

The Population Council has had a major role in assisting Turkey's national family planning program. In 1963 the Council conducted a feasibility study and recommended guidelines for a national program. Council funds have been used for demographic training, research, distribution of IUDs and oral contraceptives, and for general support to the family planning program. The Council also participated in a postpartum program with the Ankara Maternity Hospital and maintained a medical resident advisor in Turkey until 1971. The Council's support from 1963 to 1971 totaled about \$2 million.

The Pathfinder Fund provided specialists in 1963 and 1964 to help form the Family Planning Association of Turkey. In 1966 Pathfinder officials visited Turkey and subsequently made a grant to the Association. In 1970 and 1971 they provided \$70,000 to assist the Turkish Development Foundation, a nonprofit organization active in family planning research and pilot projects. Pathfinder has set up an office in Ankara to serve Turkey.

The Ford Foundation in 1969 and 1970 made two 3-year grants totaling \$682,000 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 demonstrator projects.

CARE has provided 10 jeeps to the General Directorate of Population Planning. These jeeps provide transportation for the five mobile unit teams that serve the rural population in the eastern high plateau.

The Swedish International Development Authority (SIDA) has made a grant of \$97,000 to the Turkish Government for the purchase of contraceptives. In 1971 a new grant of approximately \$15,000 was made to equip a new offset printing facility for the preparation and production of family planning education and promotional materials. Also, \$94,000 was provided for seven vehicles (including four snow trucks) and 20,000 gross condoms.

The United Arab Republic

Demographic information

Population according to census of

<i>May 30, 1966</i>	<i>30,075,858</i>
<i>Estimated population,</i>	
<i>January 1, 1971</i>	<i>34,350,000</i>
<i>Births per 1,000 population, 1970</i>	<i>44</i>
<i>Deaths per 1,000 population, 1970</i>	<i>16</i>
<i>Infant deaths per 1,000 live births, 1970</i>	<i>120</i>
<i>Rate of natural increase, 1970 (percent)</i>	<i>2.8</i>
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	<i>25</i>
<i>Percent of registered births, first-born, 1966</i>	<i>120</i>
<i>Median birth order, 1966</i>	<i>12.9</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	<i>14</i>
<i>Median maternal age, 1967</i>	<i>130</i>
<i>Percent urban, 1970</i>	<i>43</i>
<i>Percent of labor force in agriculture, 1960</i>	<i>57</i>
<i>Per capita gross national product, 1969</i>	<i>\$188</i>
<i>Percent literate</i>	<i>30</i>

¹Based on incomplete registration of births.

Highlights of activities

The population explosion and the growing rural-urban migration into the big cities loom as threats to nullify the developmental efforts being made in the U.A.R. With population growth negating its substantial developmental efforts, the Government

of the United Arab Republic is implementing an official family planning program dating from 1962. Recently this program has gained momentum with a new executive director.

Egypt's 34 million people live and depend on the narrow Nile Valley. Absolute population growth is about 800,000 persons per year which severely taxes schools, public transport, and medical services as well as the basic economic infrastructure. The U.N. has recently agreed to a substantial contribution matching 2 for 1 the Government's own annual contribution of \$3.5 million to the Executive Council for Family Planning. All expenditures, governmental and nongovernmental, for family planning annually are about \$14 million. By Presidential decree in 1965, an autonomous Supreme Council for Family Planning, an interministerial board chaired by the Prime Minister, was established to set policies effective for all ministries, governorates, and governmental organizations. Similar family planning policy-setting committees were established in each of the 26 governorates. Direct family planning program administration is the responsibility of an executive chairman who reports to the policy boards.

The family planning program which offers pills, IUDs, and conventional methods is directed to the 5 million women of childbearing age. Only about 200,000 women have accepted IUDs since the program began, but lack of qualified personnel prevents wider usage of the loop. On the other hand, 600,000 women receive oral contraceptives from clinics every month. "Cafeteria" family planning services are available in 3,000 family planning centers where other maternal and child health services are also provided. Since family planning services were initiated, the birth rate has reportedly dropped from 45 per thousand substantially. Part of that drop has been due to improved social conditions, but organized family planning may have played an important part.

A.I.D. assistance

A.I.D. does not provide assistance to the U.A.R. program.

Other assistance

The International Planned Parenthood Federation gives an annual grant to the Egyptian Family Planning Association.

The Population Council since 1963 has given financial assistance to the North African Regional

Demographic Center in Cairo and the Egyptian Association for Population Studies, as well as help for various additional demographic and medical studies. The Shatby Maternity Hospital and the Cairo University Hospital have participated in the Council's International Postpartum Family Planning Program. The Council has supplied IUDs, other materials, and a consultant on the manufacture of IUDs. In 1965 and 1968, the Council helped carry out a study on the use of mobile teams to provide IUD services in rural areas. Fellowship support is provided as appropriate.

The Pathfinder Fund has been involved in family planning in the U.A.R. since the early 1950's, when Pathfinder representatives assisted in organizing a voluntary society for family planning. Since development of the national program, Pathfinder has provided equipment, contraceptives, and vehicles for clinics. Pathfinder helped introduce IUD research and has completed a study of three devices as part of its International IUD Program.

The Ford Foundation has provided participant training, advisory services, and equipment to help support the U.A.R.'s national family planning program. In the 1965-71 period, a total of \$1.5 million went for projects associated with reproductive biology and family planning.

The Danish Secretariat for Technical Cooperation has been assisting the Association. In

1968, Denmark made available \$72,000. The grant is administered by IPPF; it has not yet been fully utilized.

At the same time, Denmark made available \$133,500 to finance deliveries from Denmark to the Supreme Council for Family Planning of raw materials for pill production.

In 1969 and 1970, Denmark concluded agreements with U.A.R. for deliveries of wheat under the Food Aid Convention of the International Grains Arrangement. Counterpart funds arising from the deliveries will be used, with minor exceptions, to finance U.A.R. family planning activities. The Minister of Health has suggested use of funds to construct a national center for training family planning personnel, and a Danish mission to U.A.R. concur in use of at least part for such purpose.

T. United Nations Fund for Population Activities, in addition to \$417,200 in supporting funds provided previously, in April 1971 signed a supplementary agreement with U.A.R. to give continuing support to 1974. An initial contribution in the amount of \$1,250,000 will cover the first 12 months of implementation. The funds are to supplement existing U.A.R. family planning activities in such fields as public information, education, study of population trends, program evaluation, research, fellowships, and supply of commodities.

South Vietnam

Demographic information

<i>Population according to census</i>	⁽¹⁾
<i>Estimated population,</i>	
<i>January 1, 1971</i>	18,570,000
<i>Births per 1,000 population, 1970</i>	NA
<i>Deaths per 1,000 population, 1970</i>	NA
<i>Infant deaths per 1,000 live births, 1970</i>	NA
<i>Rate of natural increase, 1970 (percent)</i>	2.6
<i>Number of years to double population at</i>	
<i>the 1970 rate of natural increase</i>	27
<i>Percent of registered births, first-born, 1968</i>	² 39
<i>Median birth order, 1968</i>	² 1.7
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1968</i>	² 18
<i>Median maternal age, 1968</i>	² 30
<i>Percent urban, 1970</i>	24
<i>Percent of labor force in agriculture, 1965</i>	65
<i>Per capita gross national product, 1969</i>	\$175
<i>Percent literate</i>	60-65

¹No census has been conducted in South Vietnam. ²Based on incomplete registration of births.

Highlights of activities

A committee for Research in Family Planning was established by decree of the Minister of Health (MOH) of the Government of Vietnam (GVN) in 1967. The present committee is composed of officials of the MOH and three advisors representing the Ministries of Economy, Education, and Social Welfare. As of June 1971, there were 21 Government clinics in operation, most of them in maternal and child health centers in provincial capitals throughout the country. Four are in the Saigon metropolitan area. A target has been set for establishing a total of 60 clinics within the coming year, to include one for each provincial capital. Several provinces are operating clinics at district level and one is organizing a mobile clinic program.

The Government program provides free contraceptive services to married women who are over 30 years of age, or have 5 living children, or have a medical referral. Training for family planning clinic staff was formerly conducted overseas. In 1969, in-country training programs for national and rural midwives were established. The first in-country training seminar for physicians was completed in June 1971. Family planning has been included in the curriculum of national and rural midwifery schools,

and special seminars are being held in the Government medical schools at Saigon and Hue. Family planning motivation is being taught at the School of Social Work in Saigon by MOH personnel. An agreement has been made between the Ministry of Social Welfare and the private Family Happiness Protective Association (FHPA) to train Government social workers. A site has been designated for the training center which will also serve as a free clinic operated by the Association.

The FHPA was founded in Saigon in 1968 and has two chapters located in other cities. The Saigon chapter presently operates a free clinic through a local Buddhist social service groups in Saigon are actively working in family planning motivation and referral, including the Foster Parent Association and the Ban Co Community Social Work Association.

Communications of the family planning program beyond the clinic level have been greatly limited because of a 1933 law against the proliferation of birth control practices. Although the statute was imposed on Vietnam under the French colonial administration, the law remains in effect in Vietnam—long after the law on which it was based was repealed in France. An amendment to repeal the anticontraceptive portions of the regulation is under consideration in the lower House of the National Assembly.

Special attention has been given to the education of Government officials on population problems. Groups composed of legislators and ministerial officials have visited national family planning programs in neighboring Asian countries and attendance in regional seminars on population problems is highly encouraged. Articles on population and family planning appear frequently in medical journals and in the local press. The program has been featured several times on television and is a regular topic of medical seminars. Programs for the education of the general public are being planned, beginning with an intensification of motivational efforts within the Government health system. A program for training community health workers in family planning and a "better life concept" has been underway for 3 years. This program utilizes the indigenous health worker as a primary motivator in attaining family economic and social goals through the self-help principle. This concept has been incorporated into the sanitary hamlet development program and into the training programs for rural health technicians and rural midwives.

The quality of basic demographic and fertility information is constantly improving through the efforts of the National Institute of Statistics and the

MOH Bureau of Statistics. NIS has included fertility studies in its sample surveys of selected urban and rural areas. MOH has improved its hospital reporting system to gain more accurate information on births and deaths. A KAP (knowledge, attitude, and practice) study conducted on over 10,000 women is being analysed by the MOH, and an MOH booklet on "Aspects of Population Growth in South Vietnam" has recently been submitted for publication.

A.I.D. assistance

A.I.D. has assisted the program with training and commodity support as follows: (1) Third country training (Taiwan) for 120 rural health workers in family planning motivation. (2) In-country training (per diem and travel) for up to 160 midwives. (3) Special long-term training for medical and paramedical staff, including training of national and regional supervisory personnel, national demographic/statistical staff, and national family planning administrative personnel. (4) Special short-term training for family planning communications staff and official representation in regional seminars related to population growth and fertility problems. (5) Clinic equipment and transportation for MOH family planning services. (6) Audiovisual aids, training materials,

and motivation aids for all operating clinics. (7) More than 160,000 cycles of oral contraceptives.

Other assistance

IPPF has assisted the Government program by providing family planning training for 26 doctors and 28 midwives in third countries, 5,000 cycles of oral contraceptives, and funding (tuition fees and rental of facilities) for in-country training and motivational materials. In 1971, IPPF withdrew its support from governmental programs on a worldwide basis but will continue to assist the private Vietnamese family planning organization.

The Population Council has contributed both to gaining official acceptance for the program and to development of services by providing observation tours of national family planning programs for GVN officials and 90,000 IUDs (Lippes Loops) for distribution by Government services.

The Pathfinder Fund has made small contributions of oral contraceptives and IUDs.

The Vietnam Christian Service, administered by the Church World Service, supplies and staffs hospital clinics that promote family planning. CARE has provided for the printing of booklets which help the Family Happiness Association to explain use of contraceptive devices.

**Population Situation
and Activities
in Additional Countries**

Population Situation and Activities in Additional Countries

Canada

Canada's population is growing at a natural increase rate of 1.0 percent a year, only slightly higher than that of the United States. At this rate, the present population of 21.6 million would double in 68 years.

Canada has recently liberalized its official attitude toward family planning. Until 1969, under the heading "Practices Tending to Corrupt Morals," Canada's Criminal Code prohibited advertising, sale or disposal of, or instruction in any item having to do with contraception. During the 1960's the Family Planning Federation of Canada (an IPPF affiliate organized in 1963) led a successful campaign to reform the law. In 1969, changes were made in the law which made contraceptives a legal commodity, legalized a network of family planning clinics, made it possible for the Family Planning Federation to achieve charitable status, and enabled the Federal Government to support new domestic and foreign family planning activities.

The amended Canadian law permits therapeutic abortion in cases where a woman's mental or physical health is in danger.

Family planning services currently are provided throughout Canada by the Federation's member associations, by private doctors, and by some health departments. Several associations conduct or sponsor family planning training for professionals involved with medical services and community welfare. Efforts are being made to make family planning a part of medical education.

While some opposition still exists, the Federal Government of Canada has acknowledged the need to expand family planning services and has entered the population program field, both at home and abroad. In September 1970, the Minister of Health and Welfare announced a federal family planning program; public and private agencies are to receive grants and contracts for research; the national government is to collaborate with provincial governments and private agencies in disseminating information; and assistance is to be given to training health and welfare professionals. In May 1971, the Minister of Health announced a grant of \$100,000 to

the Family Planning Federation for an information program aimed at providing birth control information to low-income families.

Europe

Europe, with its rate of natural increase at 0.7 percent, has the lowest population growth of any continent.

Most of Europe's people are in their economically productive years, supporting the 25 percent of the population that is under 15 years of age. (This is contrasted with the situation in Africa, Asia, and Latin America where 40 to 44 percent of the population is under age 15.)

Europe's population problems, like those of other economically developed areas, are expressed more in terms of urbanization and pollution of the environment than in terms of retarded national development.

Europe's population at mid-1971 is estimated at somewhat more than 460 million. The overall birth rate is 1.7 percent and the death rate is 1.0 percent. At the current 0.7 rate of national increase, it will require approximately 100 years for Europe to double its population.

Even though Europe is one of the pioneers in birth control, family planning policies and facilities vary considerably from country to country. Sweden, for example, had a family planning organization as far back as 1932 and today provides full family planning services through its public health department and requires sex education in schools. Belgium and Ireland, while permitting voluntary planned parenthood activities, forbid the sale of contraceptives. Spain has an official negative attitude toward planned parenthood.

It may be said for most of Europe, however, that family planning associations are active, many governments either aid such associations or extend the services themselves, contraceptives are usually readily available, abortion laws often are liberal, and sex education in school systems is frequent.

An important factor in Europe's low birth rates is said to be the widespread practice of induced abortion. The practice is widespread in a number of

countries where abortion is legally restricted. In such countries, efforts to substitute contraception for abortion are increasing.

Japan

Japan's population is increasing at the lowest percentage rate of any country in Asia. Since 1948 Japan has purposefully reduced its population growth rate from nearly 2 percent to a current 1.2 percent. The population today is 104 million. At the 1970 rate of natural increase, this population would double in about 60 years.

Family planning is an accepted part of Japanese family life, practiced by more than half of the fertile population. The Government does not have a specific family planning program but has supported voluntary and local government family planning activities since the early 1950's. It seeks to enlighten the public on family planning, promote responsible parenthood, and replace induced abortions with use of contraceptive methods.

Some controversy exists as to the extent population growth should be limited. Business firms tend to fear that limited population growth will mean a shrinking labor force. Also, official reservations exist with regard to general use of pills and IUDs, though other contraceptives are fully available.

The family planning movement has a long history in Japan, going back to a visit by Margaret Sanger in 1922 and pioneering work by several Japanese family planning leaders. For a time preceding World War II, the Government adopted a pronatalist policy and banned family planning activities. After the war, Japan experienced a sudden population increase because of returning troops and a postwar baby boom. In absence of effective contraception, many people resorted to abortion, causing the Government in 1948 to make abortion legal. In 1952, Japan launched a program to promote contraception as an alternative to abortion.

Japan's prefectural and municipal governments play leading roles in making available family planning services, including those provided through both public and voluntary efforts. Large numbers of public health centers and maternal and child health centers offer services. Also, some industries encourage family planning among their employees, motivated by the thought that family planning leads to happier employees which in turn causes them to be more effective in their work.

The Family Planning Federation of Japan, an IPPF member, was organized in 1954. It conducts research, seminars, and training courses, and raises funds for overseas family planning activities. The Japanese Government gives financial support to IPPF, as well as direct family planning aid to Asian countries that request it. In 1970, Japan gave \$1.5 million to the United Nations Fund for Population Activities.

Oceania

Australia

Australia, with its 12.7 million people, has the largest population of any Pacific area. Its rate of natural increase is 1.2 percent a year, which would double its population in 67 years.

The Australian Government has been inviting population growth through its immigration policies and in past years has expressed concern about the falling birth rate. Nevertheless, the Government today is steadily increasing its support of family planning activities, and birth control is extensively practiced. No method of contraception is illegal, but there are laws that restrict the advertising of contraceptives. South Australia liberalized its abortion laws in 1970.

The Family Planning Association of Australia was founded in 1926 and significantly expanded its activities beginning in 1968. It receives grants from IPPF. It will be host in 1972 to the IPPF Southeast Asia and Oceania Regional Conference on Family Planning. Its national program calls for setting up family planning clinics in all states, conducting trials for contraceptive research, training medical and paramedical personnel from Australia and overseas, and conducting public education on family planning.

About one-third of Australia's eligible women are reported to practice family planning. Per capita use of orals is said to be highest in the world. There is growing interest in vasectomy.

Several Australian universities are introducing family planning at undergraduate levels. The Ministry of Education is considering sex education within public schools.

New Zealand

New Zealand has a population somewhat under 3 million and a natural increase rate of 1.3 percent. At this rate, its population would double in 53 years.

The attitude of the Government toward family planning is negative, based on the belief that the

country is underpopulated. Some moderating of this view may be taking place.

The New Zealand Family Planning Association, an IPPF member, was founded in 1935. It has eight branches which run clinics in the larger towns. It is financed by clinic charges, donations from private firms, and a small grant from a state lottery. All clinics provide family planning training for their personnel. The Association carries out an active education-information program through the press, films, talks, and discussion.

An estimated 40 percent of eligible women practice contraception, mainly through use of orals.

The Maoris (a Polynesian-type native population) tend to remain aloof from family planning efforts, partly because many of the men consider large families a mark of prestige. Maori birth rates and death rates are much higher than those of the non-Maori population. Special effort is being made to motivate them toward family planning.

Fiji

Fiji, an island group that lies east of Australia, has been successful in sharply lowering its birth rate — from 4.2 percent in 1959 to 2.9 percent in 1970. The Government's aim is to cut this further to 2.5 percent in 1971. At the current natural growth rate of 2.4 percent, Fiji's population of somewhat more than one-half million would double in 29 years.

The Government of Fiji has a well-established family planning program, started in 1962, in which the Family Planning Association (an IPPF member) plays a major role, particularly in education.

Among contributors to Fiji's family planning work are the Population Council, Oxfam, U.K. Ministry of Overseas Development, and A.I.D.

Papua-New Guinea

The Papua-New Guinea area forms the eastern half of the island of New Guinea. It is administered by Australia. A family planning program is being developed by the Department of Public Health and mission hospitals. Family planning services are available at 25 health centers. Participation by eligible women currently is limited.

Other

Family Planning programs exist in varying degree in other areas of Oceania—Gilbert and Ellice Islands, Tahiti, and Tonga, among them.

In the Gilbert and Ellice Islands (a British island colony) a Family Planning Association recently has been formed. The Government is including family planning in its health services, and family planning has been built into the 1970 Development Plan. Contraception is increasingly practiced. An education-information campaign includes daily radio spots and use of other media.

Tahiti (French Polynesia) is a French island territory. It has a high birth rate — 4.6 percent — and a rate of natural increase of 3.7 percent. At this rate, its population would double in 19 years. A new French law permits local governments to initiate family planning policies. Two voluntary associations for family planning recently have been formed and one of them has undertaken to train a group of doctors and nurses in family planning.

Tonga, formerly under British protection, is another island group of the South Pacific. The Government has provided family planning services to its citizens since 1958. The Tonga Family Planning Association, formed in 1969, has a long-range aim of cutting in half the birth rate which is locally estimated at 2.4 percent.

People's Rep. of China¹

The People's Republic of China, with its estimated population of more than 840 million, contains about one-fifth of the world's people. What happens to population growth in China obviously is an important part of the world's total population equation.

Population programs have existed in China in recent years but on an irregular basis. Government support has swung from fertility control to non-control and back again.

In 1957, Chairman Mao recommended a national policy of stable Chinese population. The Great Leap Forward era that followed, however, included the tenet that "people are capital" — the more the better, provided people are properly organized and motivated. During the 1953-58 period, apparently the rate of population increase was about 2.5 percent per year.

During the 1959-62 years, however, poor crops and food shortages were a retarding problem

¹ Official information on population developments in mainland China is lacking at this time. Information for this section came from private sources; including the Population Crisis Committee and Victor-Bostrom Fund, and the International Planned Parenthood Federation.

throughout China. During this period, the population growth rate dropped sharply.

In 1962-63, the Chinese organized a vigorous birth control program with intention of reducing from the normal growth rate of 2.5 percent a year to 2 percent by 1970 and 1.5 percent by 1980.

At the present time, China's population is growing at an estimated 2 percent per year. A projected 2-percent increase throughout this decade would push China's population to more than 1 billion by 1980.

China's official policy currently is to try to slow its annual population growth rate to 1 percent or less by the end of the century. The effort to limit births is national and pervasive, and is accompanied by a certain amount of coercion. Family planning services are widely available. Apparently the response is favorable among urban, more highly educated people, but is less so among village people.

China has put much research effort into devising an effective pill, which has been introduced in the last several years and is said to be manufactured in the billions. One observer has reported that about 70 percent of women of pregnancy age in Peking use contraceptives and by now two-thirds of them take the pill. It is not clear, however, how much the pill is used outside of mainland China's major cities.

Intrauterine devices also are in common use. Condoms and other contraceptives such as foam tablets and jellies are available. Abortion is legal and free to working women; a small charge is made to nonworkers. A commonly used method is the "fire-suction" bottle (aspiration method) with simple apparatus designed especially for use in rural areas without electricity. Sterilization also is freely available.

Besides contraceptive techniques, China places emphasis on the moral element of self-control, particularly postponement of marriage. Marriage before the age of 18, once prevalent, is now said to be infrequent. Women are urged to wait until age 25 to marry and men until they are 28-30. Couples are told that the maximum number of children must be thought of as three, the ideal number two. Women are urged to participate with their husbands in deciding the size of their families, as part of their new liberation.

The younger generation is the main target of Chinese birth control motivation. It is recognized that the young people are not as strongly bound by traditional practices as their elders, many of whom continue to like the idea of having many sons and grandsons and resist the idea of family limitation.

Education and communications campaigns emphasize the personal benefits and the duties and responsibilities of reduced childbearing. The campaigns use variety of techniques — literature, posters, films, exhibitions, meetings, and individual followups.

Doctors, hospitals, health clinics, communes, factories, and other organized areas are all urged to participate in providing family planning assistance. Chinese laboratories conduct extensive research into effective contraceptive techniques and also are said to keep actively in touch with similar research being done elsewhere in the world, particularly in Japan.

"Barefoot doctors," among their other duties, are scheduled to play a special role in bringing family planning motivation and services into rural areas. These "doctors" are, in effect, medical first aid personnel — young people of both sexes who receive a few months of training in hospital schools, then go out into the countryside as rural health workers.

The fundamental view in China today is said to be that family planning is indispensable to the protection of maternal and child health. Unless family size is limited, the study, work, and output of people is hindered, and children's education and advancement are retarded. Family planning is said to be needed for the welfare both of the family and of the country itself.

United States

Family planning through modern means of contraception is widely practiced throughout the United States by individual families, with advice and materials from private and public sources. Efforts of pioneering individuals and private organizations have helped to remove earlier taboos and to make family planning respectable, accepted, and generally supported. Most American couples today believe that they should have only as many children as they can adequately support.

A special governmental Commission on Population Growth and the American Future, in its 1971 interim report to the President and the Congress, commented that "Voluntary family planning has become a prevailing pattern of American life, practiced in some fashion at sometime by almost all couples, regardless of income, class, religion, or color."

The extent and effect of family planning is indicated by 1970 census data which show that during the 1960-70 decade the Nation's children under 5 years of age decreased in number by a

dramatic 15.5 percent. A foundation-financed study by the Washington Center for Metropolitan Studies concludes that if this slowing of the rate of population growth continues, the United States faces the distinct possibility of achieving "zero population growth" within this century.

Family planning programs in the United States are carried out principally through private family planning organizations, with increasing interest and support in specific areas by the Federal Government. (The Government's activity is largely within its public health and antipoverty programs and includes family planning research and family planning services for low-income families who otherwise might not have such services available.)

While the population growth rate of the United States is a little less than 1 percent a year, or less than the world average, countless leaders in the private sector and in Federal, State, and local Governments have been increasingly concerned that even this relatively low rate of increase—should it continue—will pose problems.

Again quoting the Commission on Population Growth and the American Future, its members noted that what American couples do in the decades just ahead will make a big difference in the country's future. Large changes in total population result from small changes in average family size. If two-child families predominate, the U.S. population (estimated at 205 million January 1, 1971) may attain 266 million by the year 2000. But if three-child families predominate, the population's expansion will be 20 percent greater, reaching a projected 321 million by year 2000.

A difference of only one child per family will make a striking difference in educational demands alone. If families average three children, year 2000 elementary school enrollment will be 50 percent higher than with two-child families, secondary school enrollment will be 43 percent higher, college enrollment 34 percent higher, and total annual costs of education nearly \$40 billion greater.

Many Americans are asking: If the Nation's population reaches 300 million by the year 2000, how well can the demands be met? The demands on water, air, land, food, and other resources? The demands of jobs, housing, and the very quality of life itself?

This growing national concern has led to the entry of the United States Government, quite recently, into the sensitive and hitherto private area of population programs. It was on July 18, 1969, that President Nixon sent to the Congress the first

Presidential message on population. In it he proposed that the Congress create a Commission on Population Growth and the American Future, with responsibility for inquiry into and recommendations on the probable course of population growth to year 2000, the additional resources that will be required by such growth, and ways that Federal, State and local Governments may be affected.

"One of the most serious challenges to human destiny in the last third of this century will be the growth of the population," the President said. "Whether man's response to that challenge will be a cause for pride or despair in the year 2000 will depend very much on what we do today."

The Congress enacted legislation setting up the Commission. The President signed it into law on March 16, 1970, as Public Law 91-213. The Commission submitted its 1-year interim report exactly 1 year later and reported that it would continue during 1971, through research and public hearings, to "examine the relationships between population growth and the quality of life in the United States, and the issues that would be involved if the Nation were to develop an explicit policy on population." Its findings and final recommendations will be submitted early in 1972.

Just before the end of 1970, the U.S. Government began its first major action in the population field. By overwhelming majorities, the Congress passed the Family Planning Services and Population Research Act of 1970, Public Law 91-572. The main purposes of the Act are: (1) to support research for new and better methods of family planning; (2) to support manpower training and preparation of informational materials; (3) to create an Office of Population Affairs in the Department of Health, Education, and Welfare, as the primary focus for family planning programs in the United States, and (4) to make family planning services fully available to some 5 million women, mainly of low income, who lack adequate services. This legislation brought the U.S. Government, for the first time, strongly into domestic population program activity.

U. S. Government agencies

Family planning programs of the U.S. Government, as carried out within the United States, are administered in the main by two agencies: the Department of Health, Education, and Welfare (HEW), and the Office of Economic Opportunity (OEO).

HEW. — This agency has been involved to some extent in population programs for several years, as shown by its budgetary obligations for fiscal 1968 of \$27.7 million for population research and family planning activities. With enactment of P.L. 91-572, however, its work was greatly expanded. Budgeting for population research and family planning services became \$103.4 million in fiscal 1971 and grew to \$172.8 million for fiscal 1972.

HEW's family planning activities today are nationwide, comprehensive, and diverse. They involve training, research, and public education in many aspects of population affairs and the providing of direct family planning services for all Americans who want and need them.

OEO. — OEO's family planning program is a pioneer in the field of government activity in that in 1964 the agency made the first Federal grant in the United States (\$8,000) specifically for family planning. The program began and continues to be a response to the initiative of local groups throughout the country. The program supports some 450 projects in 48 States and Puerto Rico. More than 500,000 women have been given family planning information and services through OEO-funded projects. OEO's family planning budget for fiscal 1971 was \$23.8 million, most of it used by regional offices as grants to service delivery projects, a smaller amount for demonstration and research.

Other. — A few other Federal agencies are involved, directly or indirectly, in various aspects of family planning.

The Department of Defense makes family planning services available to U.S. military personnel and dependents through its numerous hospitals and facilities. Family planning policies at each military installation conform to the individual policies of the States where located.

The U.S. Bureau of the Census provides a flow of information on national population trends. Availability of such data is a requisite of population program planning and administration. The United States is well off in this regard. Since 1790 through its national census every 10 years, and during the past three decades through the Monthly Population Survey, the Nation has been collecting statistics about the characteristics of its people. This information is an invaluable resource for all agencies, public and private, that work in the population field.

HEW performs helpful functions of collecting and analyzing data on births, deaths, marriages, divorces, and health needs and is developing a system for reporting local family planning activities.

Several other agencies carry out demographic research in their special areas of competence.

Private agencies

The U.S. Government's recent entry into population program activity is an important milestone. The fact that the Government is today lending its prestige, its technical resources, and its financial support to family planning has been a helpful factor in speeding up and strengthening the total effort. Clearly, however, Government effort might still be cautious, nominal, or nonexistent had not the way been paved by private agencies. Extensive efforts by private organizations and individuals have been going on since the early part of the century. Today's accelerating action, with Government help, is the fruition of such action.

Following are some of the leading private organizations concerned with family planning:

Planned Parenthood Federation of America (also known as Planned Parenthood-World Population). PPFA, a member of the International Planned Parenthood Federation, is a major voluntary family planning organization. It has a notable history, going back to the crusading work of Margaret Sanger who in 1923 founded the American Birth Control League, which later became the Planned Parenthood Federation. PPFA offers direct family planning services and carries out research and education projects in many aspects of the U.S. population problem. In 1970 it aided over 413,700 patients through 189 affiliates in 356 cities of 42 States.

Population Reference Bureau. — The Bureau is a center for the collection, analysis, publication, and distribution of information on population and related subjects. It works to focus public attention on the facts and meaning of population growth. In 1970, for example, it cosponsored the first private workshop on population education for secondary school teachers held in the United States.

The Pathfinder Fund. — This public foundation has pioneered in the field of population planning both in the United States and in developing countries. Initiated by Dr. Clarence J. Gamble in 1929 in connection with the National Committee on Maternal Health of New York, its purpose was to bring family planning services to the women most in need of them. During the 1930's and 1940's in the United States and Puerto Rico, more than 40 such services in 14 States were established. In 1958, the network of field representatives and programs was embodied internationally in the newly incorporated Pathfinder

Fund. It provides educational materials, conducts studies of contraceptive methods, and supports training in family planning, demography, and population leadership.

Population Council. — Although the Council supports family planning and population activities mainly in the developing countries, many of its programs provide support and useful information to projects and studies for the U.S. situation. They include research grants, training programs, and technical assistance in demography, population policy, family planning, and reproductive biology. The Council is a center for the collection and exchange of information on population questions.

Population Crisis Committee. — This organization seeks to stimulate understanding and action on population problems both in the United States and abroad. It fosters increased private and governmental activity and helps to raise supporting funds. A Washington, D.C., newsletter is issued periodically and the Victor-Bostrum Reports also emanate from this office. Selected reprints are made.

Population Institute. — This privately-financed agency seeks to stimulate interest and action in family planning on the part of theologians, high school and college students, and the TV and press.

Coalition for a National Population Policy. — A private nonprofit U.S. organization, supported by a number of concerned individuals and dedicated to securing the establishment of and support for "a reasonable national policy of population stabilization."

Zero Population Growth. — ZPG's purpose is to help halt U.S. population growth through educational and political activity. As of mid-1971, ZPG had a membership of about 40,000, working through 410 chapters in 49 States.

Ford and Rockefeller Foundations. — These two private foundations are active in the population field. In addition to their extensive support for such programs overseas, they assist U.S. programs also. Such help includes the financing of research and training in reproductive biology and grants to U.S. private organizations and universities.

Universities. — Many U.S. universities offer courses in one or more aspects of population and family planning. A number offer comprehensive studies leading to advanced degrees in population, demography, family planning, and related areas of biology and public health. A few are actively engaged in research for American public and private agencies in the population field. Such work is of value to population programs both at home and overseas.

U. S. S. R.

The Soviet Union has a comparatively low rate of population increase of 0.9 percent per year. At this rate, 76 years would be required to double the population—now about 244 million.

The Soviet Union does not appear to have a clearcut population policy. On the one hand, there seems to be a generally felt desire for small families, so that parents can provide better for their children. On the other hand, some public leaders have taken a pronatalist view that anything approaching zero population growth could weaken the Soviet Union's world position. Some have suggested the need for higher birth rates in those areas where such rates are exceptionally low (such as European Russia).

One leading Soviet economist has said that "If (Soviet) families take the view that they want to have one to two children only, then even this will not ensure replacement. In our country, therefore, it is becoming necessary to follow a demographic policy that would encourage the births of second and third children."

Soviet interpreters of Marxist doctrine maintain that Marxism is not antagonistic toward birth control as shown by freedom of women to determine the number of children they have, the fact that sale of contraceptives is not prohibited, and the availability of abortions for other than medical reasons. At the same time they tend to think of population control as needed by the overpopulated less developed nations but extraneous to needs of the U.S.S.R.

Reports on the extent of contraceptive practice in the Soviet Union vary widely. Soviet spokesmen maintain that birth control based on responsible parenthood is practiced throughout all of the nation except for some of the central Asian areas where ethnic factors intervene. A general impression from various sources, however, indicates that while contraceptives are freely available in theory, they may not always be available in practice. One informed estimate of U.S.S.R. abortion rates indicates one abortion per live birth, excluding illegal abortion.

The extent of professional planned parenthood training is not clear. Reports indicate, however, that it is routinely included in the curriculums of physicians and midwives. Advice to the public on birth control is reported to be available within the public health service, at local health centers, and at gynecology departments of hospitals.

Many periodicals carry papers and articles on various aspects of planned parenthood. Booklets have been produced by the Ministry of Health on contraceptives and abortion.

Demographic and Project Data

**● A.I.D. Projects in Population
and Family Planning**

● World Population Facts

WORLD POPULATION DATA

Country or region	Population Jan. 1, 1971	1970 birth rate	1970 death rate	Infant deaths per 1,000 live births		1970 natural growth rate		Of registered births					Urbaniza- tion	Labor force in agri- culture	Per capita GNP about 1969	Literacy				
						Rate of growth	Years to double	Year	First- born	Median age of mother	Mothers under 20	Median birth order					Pct.	Pct.	Dol.	Pct.
	Thous.	(Per 1,000 pop.)		Year	No.	Pct.	Years		Pct.	Years	Pct.	Pct.	Pct.							
World	3,734,000	34	13	1970	105	2.1	33	-	-	-	-	-	42	49	803	52				
United States	208,150	18	9	1970	20	0.9	77	-	-	-	-	-	74	6	4,538	98				
The 50 States and the District of Columbia	205,056	18	9	1970	20	0.9	78	1968	38	24	17	2.0	74	5	4,584	98				
American Samoa	33	33	4	1969	17	2.8	25	1967	20	27	9	3.5	6	NA	550	94				
Canal Zone	59	12	2			1.0	69	1968	40	25	10	1.9	38	NA	1,810	NA				
Guam	105	27	4	1970	22	2.2	32	1967	24	27	10	2.9	20	NA	1,790	NA				
Pacific Islands	102	42	9	1970	53	3.3	21	1968	18	27	15	4.3	3	65	300	NA				
Puerto Rico	2,732	25	7	1970	28	1.8	38	1966	27	25	18	2.6	48	10	1,494	87				
Virgin Islands	63	42	8	1970	28	3.4	20	1966	24	24	18	2.9	62	6	2,480	93				
Latin America	276,500	38	10	1970	78	2.8	25	-	-	-	-	-	56	45	471	69				
Argentina	24,384	21	8	1970	56	1.3	51	NA	NA	27	11	NA	79	18	836	91				
Bahamas	159	23	6	1970	42	1.7	41	1968	25	26	12	3.0	54	16	1,460	85				
Bermuda	52	18	7	1970	28	1.1	66	1965	30	26	14	2.1	100	NA	2,670	98				
Bolivia	4,742	44	19	1970	108	2.5	28	NA	NA	NA	NA	NA	34	48	198	40				
Brazil	93,100	37	9	1970	94	2.8	25	NA	NA	NA	NA	NA	52	52	348	61				
British Honduras	124	43	7	1970	54	3.6	19	NA	NA	26	17	NA	51	39	410	89				
Chile	9,432	28	9	1970	82	1.9	37	1967	27	27	13	2.3	74	24	674	84				
Colombia	21,466	43	11	1970	76	3.2	22	1967	18	27	10	3.5	60	47	302	73				
Costa Rica	1,777	33	7	1970	60	2.7	26	1967	18	27	14	3.9	37	49	487	84				
Cuba	8,569	29	7	1968	41	2.2	32	NA	NA	12	19	NA	60	37	NA	94				
Dominican Republic	4,300	48	14	1970	72	3.5	20	1968	19	27	14	3.4	40	61	321	65				
Ecuador	6,194	44	11	1970	90	3.4	21	1967	23	27	10	3.4	39	53	279	68				
El Salvador	3,480	44	10	1970	63	3.4	20	1968	21	30	16	3.2	41	60	285	49				
Faeroer Islands	3	28	12	-	NA	1.6	43	NA	NA	NA	NA	NA	0	NA	NA	NA				
French Guiana	49	33	10	1968	77	2.4	29	1967	20	28	6	3.3	56	30	890	72				
Guatemala	5,433	43	14	1968	92	2.9	24	1965	22	26	17	3.2	31	65	319	38				
Guyana	767	37	7	1970	43	3.0	23	1956	18	25	17	3.5	30	33	317	80				
Haiti	5,296	44	19	1970	130	2.5	28	NA	NA	NA	NA	NA	17	83	85	10				
Honduras	2,751	49	16	1970	135	3.3	22	NA	NA	26	17	NA	26	67	246	45				
Mexico	50,900	42	9	1970	68	3.3	21	1968	20	27	11	2.9	60	46	606	76				
Netherlands Antilles	222	22	6	-	NA	1.6	43	NA	NA	28	8	NA	58	2	1,200	NA				
Nicaragua	1,947	45	15	1970	121	3.2	22	NA	NA	26	14	NA	42	60	391	50				
Panama	1,444	36	8	1970	58	3.0	23	1967	21	25	18	3.3	47	40	660	78				
Paraguay	2,340	45	10	1970	67	3.3	21	1960	27	27	13	3.0	39	54	236	74				
Peru	13,706	43	12	1970	62	3.1	22	1965	27	27	11	3.2	51	45	389	61				
Surinam	410	43	8	1970	36	3.5	20	NA	NA	NA	NA	NA	38	25	617	80				
Uruguay	2,909	22	9	1970	54	1.3	53	NA	NA	NA	NA	NA	78	21	682	91				
Venezuela	10,572	41	7	1970	46	3.4	20	1967	21	26	15	3.3	72	25	961	76				
Caribbean Islands	4,558	29	7	1970	39	2.2	32	-	-	-	-	-	39	29	561	82				
Antigua	64	29	8	1970	45	2.1	35	NA	NA	NA	NA	NA	44	42	330	89				
Barbados	263	21	8	1970	42	1.3	53	1967	26	25	23	2.8	45	25	523	92				
British Virgin Is.	9	25	9	1970	67	1.7	41	NA	NA	NA	NA	NA	NA	NA	NA	NA				
Cayman Islands	10	29	6	NA	NA	2.3	30	NA	NA	NA	NA	NA	0	NA	NA	93				
Dominica	81	40	8	1970	45	3.2	22	1966	15	26	14	3.8	19	50	260	59				
Grenada	111	26	7	1970	40	1.9	38	1968	22	25	22	3.3	19	40	220	NA				
Guadeloupe	333	30	8	1970	34	2.2	32	1967	16	30	4	3.7	23	NA	510	88				

WORLD POPULATION DATA—Continued.

Country or region	Population Jan. 1, 1971	1970 birth rate	1970 death rate	Infant deaths per 1,000 live births		1970 natural growth rate		Of registered births					Urbaniza- tion	Labor force in agri- culture	Per capita GNP about 1969	Literacy				
						Rate of growth	Years to double	Year	First- born	Median age of mother	Mothers under 20	Median birth order					Pct.	Pct.	Dol.	Pct.
Caribbean Islands—Continued	Thous.	(Per 1,000 pop.)	Year	No.																
Jamaica	1,989	33	7	1970	39	2.6	36	1964	20	26	18	3.3	38	36	543	82				
Martinique	34½	27	8	1970	34	1.9	36	1967	18	31	2	3.6	49	28	610	85				
Montserrat	15	18	9	1969	38	0.9	90	NA	NA	NA	NA	NA	44	57	NA	80				
St. Kitts— Nevis and Anguilla	58	24	8	1970	45	1.6	44	1968	20	24	26	3.6	44	46	300	88				
St. Lucia	117	41	7	1970	42	3.4	29	1963	19	26	19	3.7	19	48	220	52				
St. Vincent	100	36	9	1970	72	2.7	26	1954	15	25	20	4.0	19	40	210	76				
Trinidad and Tobago	1,060	20	7	1970	37	1.3	52	1967	22	25	17	3.1	50	21	751	89				
Turks and Caicos Islands	7	29	7	NA	NA	2.2	31	NA	NA	NA	NA	NA	0	50	NA	91				
Europe	697,900	17	10	1970	27	0.7	99	—	—	—	—	—	61	29	1,831	95				
Albania	2,154	34	8	1965	86.8	2.6	27	1967	21	28	6	3.1	38	61	475	72				
Andorra	19	18	6	NA	NA	1.2	NA	NA	NA	NA	NA	NA	0	NA	NA	NA				
Austria	7,399	15	13	1970	25	0.2	365	1968	35	26	9	2.0	54	20	1,686	98				
Belgium	9,672	15	13	1970	22	0.2	347	1967	39	27	7	0.9	69	5	2,372	97				
Bulgaria	8,524	17	10	1969	31	0.8	93	1968	44	24	14	1.7	51	38	1,225	87				
Channel Islands	118	16	13	1969	14	0.3	217	NA	NA	NA	NA	NA	44	NA	1,040	NA				
Czechoslovakia	14,366	16	12	1970	22.1	0.4	157	1968	47	24	13	1.6	71	19	2,050	NA				
Denmark	4,917	15	10	1970	15	0.5	144	1966	38	25	12	1.9	50	15	2,811	99				
Faeroe Islands	39	23	7	1970	18	.6	43	1966	32	26	13	2.2	5	26	1,570	99				
Finland	4,726	14	10	1970	13	0.4	108	1967	44	26	11	1.7	61	32	1,945	99				
France	50,874	17	11	1970	16	0.6	114	1967	38	26	11	1.9	67	15	2,596	96				
Germany, East including East Berlin	17,041	14	14	1970	18.8	0.0	—	1968	39	24	17	1.9	81	14	2,100	NA				
Germany, Federal Republic of	59,146	13	12	1970	—	0.2	408	1967	40	28	5	1.8	81	10	2,707	99				
West Berlin	2,118	10	19	1970	27	-1.0	—	1967	54	27	8	1.4	100	—	—	NA				
Gibraltar	27	21	9	1970	27	1.1	63	1968	35	25	6	1.9	100	NA	640	66				
Greenland	50	39	7	1970	50	3.2	22	NA	NA	13	NA	NA	12	35	790	NA				
Hungary	10,347	15	12	1970	36	0.3	224	1969	49	24	15	1.5	43	29	1,400	84				
Iceland	203	21	7	1970	12	1.4	51	1967	33	25	17	2.2	72	22	1,660	99				
Ireland	2,966	22	12	1970	21	1.0	67	1968	25	30	3	2.7	47	31	1,189	99				
Isle of Man	50	15	18	1970	18	-0.3	—	1961	34	28	6	1.9	58	9	1,330	NA				
Italy	54,735	17	10	1970	30	0.7	98	1967	36	28	9	1.9	53	21	1,548	92				
Liechtenstein	22	20	8	1970	8	1.2	59	NA	NA	NA	NA	NA	67	NA	NA	98				
Luxembourg	337	13	12	1970	17	0.1	866	1968	40	26	6	1.8	67	11	2,636	98				
Malta	327	16	9	1970	24	0.7	100	NA	NA	27	4	NA	68	6	638	58				
Monaco	23	9	12	1970	15	-0.2	—	NA	NA	NA	NA	NA	100	NA	NA	NA				
Netherlands	13,086	18	8	1970	13	1.0	69	1963	40	27	5	1.8	71	9	2,196	98				
Norway	3,891	16	10	1970	14	0.6	108	1968	39	26	8	1.9	53	18	2,528	99				
Poland	32,605	17	8	1970	33.4	0.9	81	1969	42	25	10	1.8	53	37	1,300	96				
Portugal	9,711	20	11	1970	57	0.9	75	1967	33	28	6	1.3	37	40	598	62				
Romania	20,373	21	10	1970	49.5	1.2	83	1969	31	26	14	2.1	42	52	1,100	90				
San Marino	19	17	9	1970	10	0.7	96	NA	NA	NA	NA	NA	21	NA	NA	NA				
Spain	33,507	20	9	1970	30	1.1	66	NA	NA	29	3	NA	61	34	872	87				
Sweden	8,031	14	10	1970	13	0.4	187	1966	42	26	6	1.7	60	12	3,547	99				
Switzerland	6,238	16	9	1970	15	0.7	100	1967	41	27	4	1.8	58	10	3,016	98				
Union of Soviet Socialist Republics	243,893	17	8	1970	25	0.9	76	1969	39	27	8	1.9	57	31	1,769	98				
United Kingdom	55,905	16	12	1970	18	0.4	161	1967	38	26	8	1.9	81	3	1,978	98-99				
Yugoslavia	20,460	18	9	1970	55.1	0.9	80	1968	38	26	13	1.9	37	48	900	80				

WORLD POPULATION DATA—Continued.

Country or region	Population Jan. 1, 1971	1970 birth rate	1970 death rate	Infant deaths per 1,000 live births		1970 natural growth rate		Of registered births					Urbani- zation	Labor force in agri- culture	Per capita GNP about 1969	Literacy
						Rate of growth	Years to double	Year	First- born	Median age of mother	Mothers under 20	Median birth order				
						Pct.	Years	Pct.	Pct.	Years	Pct.	Pct.				
Africa	317,900	47	21	1970	136	2.6	27	-	-	-	-	-	20	76	184	Pct. 20
Algeria	14,083	49	16	1970	86	3.3	21	1963	14	28	13	3.5	43	50	275	25-30
Angola	5,750	50	30	1970	192	2.0	35	NA	NA	NA	NA	NA	14	82	190	10-15
Botswana	630	44	22	1970	175	2.2	32	NA	NA	NA	NA	NA	22	91	100	20
Burundi	3,624	48	24	1970	161	2.4	29	NA	NA	NA	NA	NA	3	95	50	10
Cameroon	5,871	39	18	1970	110	2.1	32	NA	NA	NA	NA	NA	20	84	150	10-15
Cape Verde Islands	260	41	10	1970	92	3.2	22	NA	NA	NA	NA	NA	0	40	NA	27
Central African Republic	1,624	46	24	1970	163	2.2	32	NA	NA	28	7	NA	25	90	120	5-10
Chad	3,751	48	24	1970	129	2.3	30	NA	NA	27	14	NA	8	92	60	5-10
Congo	280	46	21	1970	191	2.5	28	NA	NA	NA	NA	NA	5	NA	NA	NA
(Kinshasa)				1970	115	2.5	28	NA	NA	27	14	NA	16	69	96	35-45
Republic of the Congo, Brazzaville	17,889	45	21	1970	148	2.3	30	NA	NA	28	9	NA	39	64	230	20
Dahomey	947	44	21	1970	149	2.2	32	NA	NA	26	14	NA	17	84	80	20
Equatorial Guinea	2,531	50	28	1970	149	2.2	32	NA	NA	NA	NA	NA	15	NA	260	20
Ethiopia	292	35	22	NA	NA	1.3	53	NA	NA	NA	NA	NA	8	88	65	5
25,543	46	24	1970	162	2.2	32	NA	NA	NA	NA	NA	NA	8	88	65	5
French Territory of the Afars & the Issas	89	46	21	NA	NA	2.5	28	NA	NA	NA	NA	NA	63	NA	NA	5
Gabon	483	35	25	1970	184	1.0	69	NA	NA	27	21	NA	21	84	310	12
Gambia	366	42	22	1970	125	2.0	35	NA	NA	NA	NA	NA	10	86	100	10
Ghana	9,246	49	19	1970	122	3.0	23	NA	NA	28	15	NA	31	56	260	25
Guinea	3,967	47	24	1970	216	2.3	30	NA	NA	28	19	NA	11	85	100	5-10
Ivory Coast	4,369	51	27	1970	154	2.4	29	NA	NA	26	17	NA	21	86	308	20
Kenya	11,467	51	18	1970	126	3.3	21	NA	NA	NA	8	NA	10	88	132	20-25
Lesotho	937	39	19	1970	137	2.0	35	NA	NA	NA	NA	NA	2	NA	80	NA
Liberia	1,207	50	18	1970	143	3.2	22	NA	NA	27	NA	NA	9	80	196	9
Libya	1,937	46	16	NA	NA	3.0	23	NA	NA	NA	NA	NA	27	35	1,601	27
Malagasy Republic	7,400	46	23	1970	102	2.3	30	NA	NA	27	18	NA	13	84	106	39
Malawi	4,500	43	18	1970	119	2.5	28	NA	NA	NA	NA	NA	5	81	63	15
Mali	5,152	55	30	1970	190	2.5	28	NA	NA	28	15	NA	12	90	90	5
Mauritania	1,183	44	22	1970	137	2.2	32	NA	NA	27	12	NA	2	90	180	1-5
Mauritius	817	27	8	1970	70	1.9	36	1968	20	27	13	3.7	48	38	230	61
Morocco	16,115	49	15	1970	145	3.4	20	1956	32	27	5	2.1	35	54	203	14
Mozambique	7,790	44	22	NA	NA	2.1	33	NA	NA	NA	NA	NA	5	69	200	7
Niger	3,634	52	22	1970	148	3.0	23	NA	NA	28	16	NA	3	96	70	5
Nigeria	55,367	50	25	1970	157	2.5	28	NA	NA	NA	NA	NA	23	80	88	25
Portuguese Guinea	560	41	29	NA	NA	1.2	56	NA	NA	NA	NA	NA	10	NA	230	3-5
Reunion	453	35	9	1970	58	2.6	27	1967	16	28	5	3.8	47	42	610	52
Rwanda	3,641	52	22	1970	124	3.0	23	NA	NA	NA	NA	NA	0	95	70	10
St. Helena	5	49	25	1970	148	2.4	29	NA	NA	NA	NA	NA	10	NA	NA	NA
Sao Tome & Principe	69	49	15	1970	79	3.4	20	1958	19	27	8	2.9	16	NA	NA	NA
Senegal	3,867	45	21	1970	156	2.4	29	NA	NA	NA	NA	NA	26	74	185	5-10
Seychelles	52	36	11	1970	53	2.5	28	1967	16	28	8	4.1	0	NA	70	NA

WORLD POPULATION DATA—Continued.

Country or region	Population Jan. 1, 1971	1970 birth rate	1970 death rate	Infant deaths per 1,000 live births		1970 natural growth rate		Of registered births					Urbaniza- tion	Labor force in agri- culture	Per capita GNP about 1969	Literacy
						Rate of growth	Years to double	Year	First- born	Median age of mother	Mothers under 20	Median birth order				
						Pct.	Years		Pct.	Years	Pct.					
Africa - Continued	Thous.	(Per 1,000 pop.)	Year	No.												
Sierra Leone	2,681	45	22	1970	136	2.3	30	NA	NA	NA	NA	NA	14	75	164	10
Somali Republic	2,823	45	24	1970	190	2.2	31	NA	NA	NA	NA	NA	11	89	63	5
South Africa, Republic of	21,621	41	17	1970	NA	2.4	29	NA	NA	NA	NA	NA	51	29	716	35
South West Africa (Namibia)	634	44	23	NA	NA	2.0	55	NA	NA	27	8	NA	10	55	NA	15
Southern Rhodesia	5,419	47	12	1970	65	3.5	20	1968	36	26	8	1.9	22	73	255	25-30
Spanish North Africa:																
Cueta	89	15	6	1970	55	0.9	69	NA	NA	NA	NA	NA	100	NA	NA	NA
Melilla	78	15	7	1970	18	0.8	87	NA	NA	NA	NA	NA	100	NA	NA	NA
Spanish Sahara	66	NA	NA	NA	NA	3.2	55	NA	NA	NA	NA	NA	0	NA	NA	NA
Sudan	15,965	49	17	1970	121	3.2	22	NA	NA	NA	NA	NA	10	78	114	10-15
Swaziland	427	48	19	1970	168	2.9	24	NA	NA	28	13	NA	4	NA	194	36
Tanzania	13,478	47	20	1970	165	2.7	26	NA	NA	26	NA	NA	7	95	95	15-20
Togo	1,991	51	25	1970	163	2.6	27	NA	NA	NA	NA	NA	16	79	124	5-10
Tunisia	5,291	41	15	1970	120	2.6	27	1960	14	29	6	3.8	44	41	242	30
Uganda	9,904	45	17	1970	124	2.8	25	NA	NA	27	14	NA	8	89	118	20
Upper Volta	5,438	49	29	1970	191	2.0	35	NA	NA	NA	NA	NA	5	87	50	5-10
Zambia	4,215	50	21	1970	159	2.9	24	1967	36	27	4	2.0	22	81	398	15-20
Near East:	148,300	43	15	1970	126	2.8	25	-	-	-	-	-	40	59	353	39
Bahrain	219	50	19	1970	146	3.1	22	NA	NA	NA	NA	NA	75	9	390	25
Cyprus	644	23	8	1970	25	1.5	47	1968	37	27	5	1.5	44	40	800	76
Greece	8,986	17	8	1970	32	0.9	82	1967	43	28	7	1.7	49	54	951	82
Iran	29,239	48	18	1970	160	3.0	23	1969	17	27	3	2.4	41	42	327	35
Iraq	9,733	49	15	1970	104	3.4	20	NA	NA	NA	NA	NA	44	48	288	20
Israel	2,978	26	6	1970	19	2.0	35	1968	25	26	6	2.6	80	10	1,676	90
Gaza Strip	526	44	8	NA	NA	3.6	19	NA	NA	NA	NA	NA	NA	27	NA	NA
Jordan	2,393	46	13	1970	115	3.3	21	NA	NA	NA	NA	NA	44	35	286	35-40
Kuwait	747	43	10	1970	41	3.3	21	1968	22	26	12	3.0	80	1	3,360	47
Lebanon	2,914	NA	NA	NA	NA	2.4	23	NA	NA	NA	NA	NA	41	55	511	86
Muscat & Oman	667	50	19	1970	NA	3.1	22	NA	NA	NA	NA	NA	5	NA	250	NA
Qatar	80	50	19	NA	NA	3.1	22	NA	NA	NA	NA	NA	68	NA	3,490	NA
Saudi Arabia	5,456	50	21	1970	157	2.8	25	NA	NA	NA	NA	NA	25	72	592	5-15
Syrian Arab Republic	6,287	48	14	1970	98	3.4	21	NA	NA	NA	NA	NA	44	62	273	35
Trucial Oman	196	50	19	NA	NA	3.1	22	NA	NA	NA	NA	NA	55	NA	1,920	NA
Turkey	35,809	40	13	1970	119	2.7	26	NA	NA	NA	NA	NA	35	72	227	47
United Arab Republic	34,350	44	16	1970	120	2.8	25	1966	20	30	4	2.9	43	57	188	30
Yemen	5,817	50	21	1970	160	2.5	24	NA	NA	NA	NA	NA	6	89	80	10
Yemen, Peoples Democratic Republic of	1,299	50	21	1970	160	2.9	24	NA	NA	NA	NA	NA	33	78	110	10 est.
South Asia:	733,400	42	15	1970	123	2.7	26	-	-	-	-	-	19	71	96	27
Afghanistan	17,200	51	24	1970	190	2.7	26	NA	NA	NA	NA	NA	8	87	85	8
Bhutan	880	NA	NA	NA	NA	2.5	28	NA	NA	NA	NA	NA	0	99	60	NA
Ceylon	12,705	32	8	1970	50	2.4	29	NA	NA	28	7	NA	20	49	161	70-80
India	558,888	42	15	1970	118	2.7	26	1964	27	26	11	2.8	21	73	88	28
Makive Islands	113	46	23	NA	NA	2.3	31	NA	NA	NA	NA	NA	12	NA	80	NA
Nepal	11,383	45	23	1970	162	2.2	33	NA	NA	NA	NA	NA	5	92	80	5-10
Pakistan	132,017	43	14	1970	136	2.7	26	1969	1	32	4	3.9	14	68	129	20
Sikkim	196	48	29	1970	208	1.9	36	NA	NA	NA	NA	NA	9	NA	70	16

WORLD POPULATION DATA—Continued.

Country or region	Population Jan. 1, 1971	1970 birth rate	1970 death rate	Infant deaths per 1,000 live births		1970 natural growth rate		Of registered births					Urbaniza- tion	Labor force in agri- culture	Per capita GNP about 1969	Literacy	
						Rate of growth	Years to double	Year	First- born	Median age of mother	Mothers under 20	Median birth order					
									Pct.	Years	Pct.	Years					Pct.
	<i>Thous.</i>		<i>(Per 1,000 pop.)</i>	<i>Year</i>	<i>No.</i>												
Other Asia	1,306,500	36	14	1970	114	2.2	32	—	—	—	—	—	37	54	260	39	
Brunei	122	40	6	1970	42	3.3	21	NA	NA	NA	NA	44	35	910	43		
Burma	27,900	40	17	1970	139	2.2	32	1963	22	28	10	2.9	19	62	74	60	
China, Peoples Republic of	845,355	37	15	1970	122	2.2	28	NA	NA	NA	NA	NA	NA	63	129	25	
China, Republic of, (Taiwan)	14,800	28	5	1970	19	2.3	30	NA	NA	27	8	NA	64	39	334	85	
Hong Kong	4,100	20	5	1970	20	1.5	46	1967	21	30	4	3.3	80	5	777	71	
Indonesia (including West New Guinea)	121,386	44	19	1970	140	2.6	27	NA	NA	27	13	NA	17	70	104	43	
Japan	104,023	18	7	1969	14	1.2	60	1967	46	27	1	1.6	72	17	1,626	9	
Khmer Republic (Cambodia)	6,928	42	20	1970	159	2.2	32	NA	NA	28	11	NA	12	80	111	41	
Korea, North	14,356	46	18	1970	144	2.8	25	NA	NA	NA	NA	NA	NA	NA	210	NA	
Korea, Republic of	32,130	31	9	1970	41	2.2	31	1964	20	29	1	3.0	38	50	228	71	
Laos	3,003	42	17	1970	137	2.4	29	NA	NA	NA	NA	NA	13	81	73	15	
Macau	263	NA	NA	NA	NA	0.8	87	1967	14	32	2	4.1	100	5	270	70	
Malaysia, including West Malaysia, Sabah and Sarawak	11,071	36	7	1970	79	2.9	24	1967	19	28	9	3.3	40	55	352	43	
Mongolia	1,265	43	13	1970	86	3.0	23	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Philippines	39,033	44	11	1970	82	3.4	20	1967	25	28	9	3.3	34	53	219	72	
Portuguese Timor	608	43	25	1970	190	1.7	41	NA	NA	31	6	NA	10	90	80	NA	
Ryukyu Islands	988	21	5	1970	22	1.6	43	1968	30	29	4	2.2	56	27	580	75	
Singapore	2,093	22	5	1970	21	1.7	41	1968	25	27	7	2.8	100	7	843	75	
Thailand	38,136	42	9	1970	68	3.3	21	1966	20	28	8	3.2	15	78	173	68	
Vietnam, North	20,331	37	17	NA	NA	2.0	34	NA	NA	NA	NA	NA	NA	NA	100	NA	
Vietnam, Republic of	18,570	NA	NA	NA	NA	2.6	27	1968	39	30	18	1.7	24	65	175	60-65	
Western Samoa	145	36	9	NA	NA	2.5	28	1967	20	27	9	2.5	23	74	130	86	
Other	40,700	19	8	1970	20	1.1	63	—	—	—	—	—	76	10	2,984	97	
Canada	21,567	17	7	1970	21	1.0	69	1967	36	26	12	2.0	75	6	3,446	NA	
St. Pierre Miquelon	5	31	8	1970	??	2.3	30	NA	NA	23	6	NA	0	13	NA	99	
Australia	12,670	21	9	1970	1E	1.2	67	1967	36	26	8	2.0	89	8	2,655	98	
British Solomon Islands	164	NA	NA	NA	NA	2.0	35	NA	NA	NA	NA	NA	4	NA	200	NA	
Cook Islands	22	41	8	1970	56	3.3	21	NA	NA	NA	NA	NA	0	72	NA	92	
Niue	6	NA	NA	NA	NA	3.0	39	NA	18	26	8	3.0	NA	NA	NA	94	
Fiji	538	29	5	1970	22	2.4	29	1968	28	26	9	3.0	20	54	330	64	
French Polynesia	109	46	9	1970	52	3.7	19	NA	NA	NA	NA	NA	25	41	1,420	94	
Gilbert and Ellice Is.	57	NA	NA	NA	NA	1.9	36	NA	NA	NA	NA	NA	21	NA	400	90	
Nauru	7	32	8	1966	52	2.4	29	NA	NA	32	NA	NA	0	1	NA	NA	
New Caledonia	101	NA	NA	NA	NA	2.5	28	NA	NA	27	11	NA	55	38	1,720	84	
New Guinea	1,775	NA	NA	NA	NA	2.2	32	NA	NA	NA	NA	NA	0	64	NA	NA	
New Hebrides	85	NA	NA	NA	NA	2.5	28	NA	NA	NA	NA	NA	0	NA	390	NA	
New Zealand	2,825	22	9	1970	17	1.3	53	1968	34	26	9	2.1	66	12	1,919	98	
Papua	664	NA	NA	NA	NA	2.7	26	NA	NA	NA	NA	NA	4	34	NA	NA	
Tonga	87	NA	NA	NA	NA	3.1	23	NA	NA	NA	NA	NA	16	20	300	90-95	

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS

Description and purpose	1965-67	1968	1969	1970	1971
Nonregional	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
OFFICE OF POPULATION					
Goal 1: Development of Adequate Demographic and Social Data					
Development of Methodology for Estimating Birth and Death Rates and Population Changes from Interview Data. Research PASA ¹ 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. Project 931-17-570-450; RA-1-66.	64 Completed Aug. 1967				
Demographic Studies. PASA ¹ 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.	27 Completed Jan. 1965				
Demographic Methods Handbook. PASA ¹ 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. Project 931-11-570-802; WOH(CA)-7-67.	28	58		8	8
Demographic Services. PASA ¹ 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. Project 931-11-570-810; WOH(CA)-10-68.		17	393	557	766
New Florencia Workshop. PASA ¹ with Bureau of the Census to improve censuses and surveys in LDCs for the 1970's. Procedural models have been devised for developing countries. These models are used in a worldwide workshop training program to facilitate their incorporation in national programs. Project 931-11-570-808; WOH(CA)-9-68.		15	158	129	204
Laboratories for Population Studies - Phase I. 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. Project 931-11-570-825; csd-2161.		61 Phase I Completed			
Laboratories for Population Studies - Phase II. 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. Project 931-11-570-861; csd-2495. To establish the Moroccan Demographic Research Center (CERED) in Rabat. PROAG. 608-70-10.			353	208	424
Correspondence Training in Household Sample Surveys. PASA ¹ with the Bureau of the Census to develop and implement correspondence training courses in specialized fields of statistical operations. Project 931-11-570-881; PASA TA(CA)-6-70.				200	
				21	134
OFFICE OF POPULATION					
Goal 2: Development of Adequate Population Policy and Understanding of Population Dynamics					
Study of the Effect of Population Growth on A.I.D. Goals. Contract with the University of Pittsburgh to prepare a report on the impact of alternative foreseeable population					

¹Participating Agency Service Agreements.

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
Nonregional—Continued	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
trends upon economic development prospects and assistance needs of less developed countries, utilizing data for Pakistan. Project 946-11-590-735; csd-751	11 Completed Jan. 1965				
Conference on Population Dynamics. 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.	13 Completed June 1965				
Multivariate Factors Influencing Fertility. Contract with Harvard University to develop and pretest a questionnaire schedule designed to evaluate the interrelationships of the level of living, fertility behavior, and mortality for use in the research project "Determinants of Family Planning Attitudes and Practices." Project 931-13-570-818; csd-2153.		61		Completed March 1970	
Rationale for Population Policies. Contract with National Academy of Sciences to conduct symposia to explore and define interactions between population change and economic and social development as a basis for developing a comprehensive rationale for appropriate population policies applicable to individual country situations. Project 931-11-570-817; csd-1925.		72	40		Completed July 1971
Development Center Population Project. Grant to the Organization for Economic Cooperation and Development (OECD) to help support the operation of the Population Center at the OECD Development Center. Project 931-11-570-827; csd-2166; csd-2782.		109		100	
Population/Economic Growth Analysis. 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. Project 901-11-570-016; csd-1936; csd-2611.		110	24		
To provide revision and extension of the basic models and analytical materials (Task Order No. 1.)				147	
To assist Mission in Chile in the application of analytical materials (Task Order No. 2.)				60	
To assist five LDC expert teams in country applications (Task Order No. 3.)					239
To carry out in depth studies on issues raised by model applications (Task Order No. 4.)					155
Human Fertility Patterns - Determinants and Consequences. Research contract with Rand Corporation to analyze determinants and consequences of human fertility patterns, for use in formation of A.I.D. policy. Project 931-17-570-824; csd-2151.		143			
Improvement of Population Program and Policy Design. 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. Project 931-11-570-856; csd-2507.			435	1,174	
Situation Reports on Population Problems, Policies, and Programs. 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. Project 931-11-570-858; csd-2515.			405	398	411
International Union for Scientific Study of Population. 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. Project 931-11-570-839; csd-2258.			10	Completed May 1970	

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
Nonregional—Continued	<i>1,000 dol.</i>				
The Epidemiology of Outcome of Pregnancy in Diverse Cultures in Selected Countries. 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. Project 931-17-570-496; csd-2246.			194		
Determinants of Family Planning Attitudes and Practices. 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. Project 931-17-570-497; csd-2478.			106		
Utilization of Family Planning Services. 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. Project 931-17-580-510; csd-2512.			262		101
Programmatic Grant to the Population Council. 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. Project 931-11-570-863; csd-2508.			1,000		1,000
Law and Population Program. Contract with the Fletcher School, Tufts University, to establish a reporting network on legal data, for subsequent publication and distribution, and to undertake studies and seminars that will provide a better understanding of the living law and legal changes as related to several countries. Project 931-11-570-880; csd-2810.				640	
Determinants of Fertility. Research contract with Rand Corporation to develop a general theoretical statement of knowledge of the determinants of fertility, and a set of associated papers that explore elements of the theory from various conceptual, empirical, and policy points of view. Project 931-17-570-517; csd-2533.				326	
A Study of Fertility Rates and Earning Capacity of Rural Migrants in Latin America. Research contract with the Land Tenure Center, University of Wisconsin, to determine differential fertility rates and earning capacities before and after migration, and between migrants and nonmigrants, the study to be conducted in two Latin American countries. Project 931-17-570-528; csd-2863.					223
Cross-Cultural Research in Fertility Behavior. Research contract with American Institutes for Research to establish an International Reference Center to collect data on pregnancy termination and to conduct studies into behavioral factors associated with acceptance of new fertility control methods. Project 931-17-580-539; csd-3155.					842
Expansion of Harvard University Center for Population Studies. Grant to the Center for Population Studies, Harvard University, to provide an expanded program of training, research and public service. Project 931-11-570-891; csd-3290.					1,458

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
Nonregional—Continued	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
OFFICE OF POPULATION					
Goal 3: Development of Adequate Means of Fertility Control					
Research on Family Planning-Pathfinder Fund. Research contract with the Pathfinder Fund to establish a Family Planning Evaluation Center to carry out collaborative international field studies of IUD performance patterns in 40 countries and to carry out research to develop and study other means of fertility control. Project 931-17-580-478; csd-1573.	194		1,289		
Research for Development of a Once-a-Month Birth Control Pill. Research contract with the Worcester Foundation for Experimental Biology, to study uterine luteolytic substances and factors which control corpus luteum function. Project 931-17-580-493; csd-2169.		109			99
Contraceptive Development: A Method to Prevent Pregnancy by Direct or Indirect Antiprogestational Activity. 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." Project 931-17-580-512; csd-2491.			3,000		
Research into the Corpus Luteum Function. Research PASA ¹ with the Center for Population Research, NICHD/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. Project 931-17-580-509; RA(HA) 8-69.			² 1,540	53	
Research on Reversible Sterilization. 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 tubal occlusion. Project 931-17-580-498; csd-2504.			79		135
6th World Congress of Gynecology and Obstetrics. Grant in partial support of the 6th World Congress of Gynecology and Obstetrics held in New York City in April 1970. Project 931-11-570-870; csd-2577.				94	
Development of Releasing Factor Inhibitors as Contraceptive Agents. Research contract with the Salk Institute of San Diego, Calif., to develop a new contraceptive based on the characterization of gonadotrophin-releasing factors and development of substances which interfere with their function. Project 931-17-570-518; csd-2785.				2,255	
Development of a Combined Agent for Disease Prophylaxis and Contraception. Research contract with the University of Pittsburgh to develop an intravaginal agent, or combination of agents, which will be effective as a contraceptive as well as a prophylactic against infectious diseases. Project 931-17-570-526; csd-2822.				581	

² Includes \$30,000 deobligated in FY 1970.

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
Nonregional—Continued	1,000 dol.				
OFFICE OF POPULATION—Goal 3—Cont'd.					
Prostaglandin and Other Contraceptive Development Research. Research contract with the Worcester Foundation for Experimental Biology, Inc. Sherwsbury, Mass., to develop prostaglandins as contraceptives; to study the effects of progestins and antiestrogens on fertility, and the development of agents which inhibit the corpus luteum function. Project 931-17-580-520; csd-2837.				2,980	
Research on the Safety of Contraceptive Steroids. Research contract with Southwest Foundation for Research and Education, San Antonio, Texas, to test the safety in long-term use of contraceptive steroid hormones in a variety of populations. Project 931-17-570-521; csd-2821.				913	
Development of IUD and Controlled-Release Contraceptives. Research contract with the Pacific Northwest Laboratories, Battelle Memorial Institute, Richland, Washington, to develop an improved intrauterine device which is effective and will not cause bleeding, pain or other side effects. Project 931-17-570-527; csd-2819.				150	495
Third International Conference on Prostaglandins. Grant to N.Y. Academy of Sciences in support of an international conference on prostaglandins held in New York City Sept. 17-19, 1970. Project 931-11-570-898; csd-2867.					60
Studies on the Synthesis of Prostaglandins. Research contract with University of Wisconsin to develop a simplified synthesis of prostaglandins using microorganisms to simplify and reduce the cost of prostaglandin synthesis. Project 931-11-570-532; csd-2965.					227
International Fertility Research Program. Research contract with the University of North Carolina to establish an international network of field trials centers to evaluate new methods of fertility control on a comparative basis in a spectrum of countries and cultures. Project 931-17-580-537; csd 2979.					3,106
A Study on Side Effects and Mechanism of Action of Prostaglandins. Research contract with Washington University at St. Louis, Mo., to carry out controlled clinical trials on human subjects using prostaglandins as a means of fertility control and to study mechanisms of action of prostaglandins. Project 931-17-570-541; csd-3160.					293
Surgical & Engineering Research on Means of Fertility Control. Research contract with Battelle Memorial Institute to develop simplified techniques for male and female sterilization and improved and simplified techniques and equipment for other means of fertility control. Project 931-17-570-538; csd-3152.					830
Research on Prostaglandins in Relation to Human Reproduction. Research contract with Makerere University, Kampala, Uganda, to further test and develop prostaglandins as a means of fertility control. Project 931-17-570-540; csd-3300.					821
OFFICE OF POPULATION					
Goal 4: Development of Adequate Systems for Delivery of Family Planning Services					
Support to Regional Conference. 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.			2		
			Completed		
			June 1965		

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
Nonregional—Continued	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Training Resources for Nurses and Midwives. PASA ¹ with Children's Bureau, Welfare Administration, HEW, to develop and administer a training program for foreign nurses, nurse midwives, and professional midwives. Project 915-11-990-039; TCR-12-65.	40 Completed June 1966				
Evaluation of Family Planning Programs. 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. Project 931-11-580-815; csd-1185.	329				
Evaluation Studies of an International Postpartum Family Planning Program. 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. Project 931-17-580-479; csd-1565.	300		300		
International Planned Parenthood Federation. 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. Project 931-11-580-838; csd-1837.		3,500	4,000	5,550	3,000
Family Planning Services - Pathfinder Fund. 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. Project 931-13-580-807; csd-1870.		700	2,500		2,266
Cost-Benefit Analysis of Pilot Family Planning Programs. 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. Project 931-11-570-806; csd-1884.		92	6	111	14 Completed June 1971
Expansion of Postpartum Family Planning Program. Grant to Population Council to support the rapid expansion of postpartum family planning to more large maternity hospitals in less-developed countries. Project 931-13-580-812; csd-2155.		500	750		956
Conference on Social Work Responsibility Relating to the Dynamics of Population and Family Planning. 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. Project 931-11-580-862; csd-2483.			160		
Methodology for Evaluating Family Planning Programs. Contract with Columbia University to develop a framework for family planning program evaluation, methods, and indices for components of family planning programs, for application by evaluation units to be established within host country programs upon their request. Project 931-11-580-855; csd-2479.			88	182	1,381
Accelerated Feedback for Family Planning Programs. PASA ¹ with the National Communicable Disease Center, U.S. Public Health Service, to generate an experimental system to accelerate the feedback of service statistics to guide			³ 10 Completed June 1969		

³ Includes \$4,000 deobligated in FY 1970.

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
Nonregional—Continued	<i>1,000 dol.</i>				
OFFICE OF POPULATION—Goal 4—Continued					
programmed responses by the field staff of family planning programs. Project 931-11-570-853; WOH(HA)-7-69.					
Rapid Feedback for Family Planning Improvement. Contract with the Community and Family Study Center, University of Chicago, to design improved evaluation systems in selected countries, develop new computer programs for evaluation, and conduct short-term workshops. Project 931-11-580-842; csd-2251.			175	98	399
Field Support Technical Services. Contract with the American Public Health Association to provide technical and professional personnel for consultation to the Missions and their host countries. Project 931-11-570-877; csd-2604.				522	
Expansion of Margaret Sanger Research Bureau. Grant to the Margaret Sanger Research Bureau of New York City to enable it to make qualitative improvements in its research and training programs in the clinical, demographic, and administrative aspects of family planning operations. Project 931-11-570-875; csd-2790.				1,035	
Clinical Training of Nurse-Midwives in Family Planning. Grant to the Research Foundation of the State University of New York, to expand its program of family planning clinical training of nurse-midwives from LDCs. Project 931-11-570-918; csd-2940.					1,176
International Development of Qualified Social Work Manpower for Population/Family Planning Activities. Contract with the International Association of Schools of Social Work, New York, N.Y., to introduce relevant population/family planning content into social work curriculums and prepare LDC social workers for more effective service in population. Project 931-11-570-948; csd-2971.					963
Development of Family Planning Programs of CWS and Other Charitable Organizations. A grant to the Planned Parenthood Federation of America to develop and improve family planning programs assisted by Church World Service and other Charitable organizations. Project 931-11-580-955; csd-3289.					3,800
Accelerated Feedback for Guidance of Family Planning Programs. Project to improve the collection, processing and utilization of family planning services statistics through the use of computers in selected LDCs. Project 931-11-570-943. Implemented jointly through: a. PASA ¹ with Bureau of Census PASA TA(CA)-11-71. b. Contract with Battelle Memorial Institute, Seattle; csd-2966.					43 52
Survey of Global Patterns of Commercial Distribution of Contraceptives in Selected Developing Countries. A contract with Westinghouse Electric Corp., Columbia, Md., to carry out an inventory and analysis of contraceptive production, marketing and distribution through the private sector in selected LDCs. Project 931-11-570-942; csd-3319.					226
Family Planning Management Information System. Contract with Management Services for Health, Inc., Cambridge, Mass., to improve the management of family planning programs through the application of modern management techniques. Project 931-11-570-951; csd-3298.					561
Institutional Development and Program Grant (Family Health, Inc.). A grant to Family Health, Inc., New Orleans, La., to develop its capability to provide a variety of services to collaborating institutions in LDCs concerned with family planning programs. Project 931-11-580-957; csd-3311.					954

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
Nonregional—Continued	1,000 dol.	1,000 dol.	1,000 dol.	1,000 dol.	1,000 dol.
OFFICE OF POPULATION—Goal 4—Continued					
Advanced Training to Develop a Leadership Cadre in Preventive Social Work. Contract with the University of Michigan to develop and provide advanced training in social work with a population/family planning specialty relevant to LDC schools of social work. Project 931-11-570-959; csd-3313.					475
Medical Education—Association of American Medical Colleges. Support for a contract with the Association of American Medical Colleges which provides technical advice and information on matters relating to international medical education including training in family planning. (Office of Health.) Project 931-11-540-212; csd-2587.					24
OFFICE OF POPULATION					
Goal 5: Development of adequate Systems for Delivery of Information/Knowledge					
Prototype Pamphlets on Family Planning Programs. 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. Project 946-11-590-735; csd-1948.	3 Completed April 1967				
Proceedings of Population Symposium. Contract to edit proceedings of population symposium of the Pacific Science Congress, held in Tokyo in 1966. Project 931-11-570-003.		2 Completed Nov. 1967			
International Training Seminar in Communication Aspects in Family Planning Programs. 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. Project 931-11-580-809; csd-1914.		76 Completed Dec. 1968			
FSI Course on Population Matters. 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.		6	(⁴)	(⁴)	(⁴)
Population Technical Support. Support for purchases of technical films and publications; for consultant and other backstopping costs; and for establishment of technical library and publication of annual "Population Program Assistance." Project 931-11-570-002.		42	13	173	113
Family Planning Education Through Adult Literacy Programs. 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. Project 931-11-580-820; csd-2456; csd-3280.			53	295	470
World Assembly of Youth (WAY) Family Planning Conferences. Grant to the World Assembly of Youth in Brussels to support national and local conferences of youth organizations in developing countries to promote family planning. Project 931-11-570-850; csd-2271; csd-2610.			55	233	430
Inventory & Analysis of Information, Education and Communication Support. Contract with East-West Center, Univ. of Hawaii to establish a continuing inventory and analysis service covering IEC activities, plans, and needs of population programs. Project 931-11-570-900; csd-2878.					312
Improvement of Population Library and Reference Services in Less Developed Countries. Contract with the University of					

⁴Now handled by Office of Personnel and Manpower, A.I.D.

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
Nonregional—Continued	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
OFFICE OF POPULATION—Goal 5—Continued					
North Carolina to raise the overall adequacy of population library and reference institutions in LDCs for stronger population research, program and policy development. Project 931-11-570-857; csd-2936.					524
Development of Institutional Capacity for IEC Support of Population Programs. Grant to the Center for Cultural Technical Interchange Between East and West, Honolulu, Hawaii, to improve and maintain institutional capability for support of information/education/communication activities for population programs. Project 931-11-570-917; csd-2977.					1,047
Training Film in Population Field. Contract with Dick Young Productions, Ltd., New York, N.Y., to produce a 16-mm sound & color motion picture for orientation and training use in U.S. and overseas. Project 931-11-570-922; csd-3318.					43
Computer Assisted Instruction in Population Dynamics & Economic Development. Contract with the University of Illinois at Urbana to develop and present a computerized course in Population Dynamics and Economic Development to approximately 300 participants a year. Project 931-11-570-924; csd-2937.					281
Promotion of Family Planning Among Midwife Organizations. Contract with the International Confederation of Midwives, London, England, to conduct a conference to plan Working Parties for education and preparation of midwives in LDCs for more effective participation in family planning programs. Project 931-11-570-947; csd-2948.					23
Family Planning Support Through Home Economists. Contract with the American Home Economics Association to assess needs and opportunities for home economics associations and institutions in LDCs to provide family planning concepts and information. Project 931-11-570-925; csd-2964.					118
Training Films and Related Teaching Materials Series. Contract with Airlie Foundation, Warrenton, Va., to produce three training films and concurrent teaching materials. Project 931-11-570-953; csd-3304.					394
Expansion of Population Program Communication. Grant to University of Chicago to enable it to expand its graduate training capabilities in population program communication. Project 931-11-570-958; csd-3314.					509
OFFICE OF POPULATION					
Goal 6: Development of Adequate Multi-Purpose Institutional Capacity & Utilization					
Population Dynamics Unit. 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. Project 931-11-570-813; csd-841.	475			Terminated June 1970	
Center for Population Studies. 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. Project 031-11-570-814; csd-1059.	268	Completed June 1968			
Family Planning Studies Unit. Grant to University of Hawaii to establish a family planning studies unit with the School of Public Health to provide training facilities for foreign	325			Terminated June 1970	

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
Nonregional—Continued	<i>1,000 dol.</i>				
OFFICE OF POPULATION—Goal 6—Continued					
participants; develop and conduct short- and long-term courses; and develop and maintain institutional capacity to provide consultant and advisory services. Project 931-11-570-822; csd-1439.					
Institutional Grant to the University of North Carolina. Grant ⁵ to develop within the University of North Carolina specialized competency in the population and family planning field. Project 931-11-570-102; csd-1940.		2,400			
Institutional Grant to Johns Hopkins University. Grant ⁵ 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. Project 931-11-570-101; csd-1939.		1,300			
Institutional Grant to the University of Michigan. Grant ⁵ to develop within the University of Michigan specialized competency in population planning in developing nations. Project 931-11-570-119; csd-2171.		1,250			
University Overseas Population Internships. Contract with University of North Carolina to establish an internship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Project 931-11-570-882; csd-2830.				939	
University Overseas Population Internships. Contract with the University of Michigan to establish an internship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Project 931-11-570-893; csd-2831.				933	
University Overseas Population Internships. Contract with Johns Hopkins University to establish an internship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Project 931-11-570-894; csd-2832.				990	
University Services Agreement. Grant to Johns Hopkins University to fund a broad range of services designed to overcome obstacles, fill gaps, and meet needs of population/family planning programs overseas. Project 931-11-570-916; csd-2956.					717
University Services Agreement (University of Michigan). Grant to University of Michigan to fund a broad range of services designed to overcome obstacles, fill gaps, and meet needs of population/family planning programs overseas. Project 931-11-570-923; csd-3321.					1,089
University Services Agreement (University of North Carolina). Grant to University of North Carolina to fund a broad range of services designed to overcome obstacles, fill gaps, and meet needs of population/family planning programs overseas. Project 931-11-570-956; csd-3325.					1,083
Institutional Development for Family Planning. Grant to the University of Hawaii to develop the School of Public Health into a comprehensive academic center for family planning training, research, and advisory services. Project 931-11-570-952; csd-3310.					774
Office of Population total	2,079	10,623	17,398	22,055	36,248

⁵ Authorized under Section 211(d), Foreign Assistance Act of 1966.

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Nonregional—Continued					
OFFICE OF INTERNATIONAL TRAINING					
Training Program for Vital Statistics and Measurement of Population Change. PASA ¹ 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. Project 915-11-570-038; IT-1-68.	132	38	40	42	59
Family Planning Seminars and Facilities. Project provides specially tailored training programs in population/family planning field. In FY 1970 it included 1-week seminar at Columbia University for 35 participants from the 6th World Congress of Gynecology and Obstetrics; and long- and short-term training courses for 100 family planning professionals, provided through Planned Parenthood Association of Chicago. Project 915-11-580-045.				40	139
Planning and Management of Population Programs. Contract with Governmental Affairs Institute, Washington, D.C., to provide 7 weeks' training seminars in U.S. on development and management of population programs to 50 participants in decision-making levels in developing countries. Project 915-11-580-048; csd-2573; csd-2876				121	202
Population Impact on Technical Training Programs. Contracts with Governmental Affairs Institute, Washington, D.C., and with the University of Pittsburgh to provide brief training courses for participants from a variety of fields on the relationship of population growth to other aspects of development such as education, agriculture, industry, health, and public administration. Project 915-11-570-050; csd-2789 and csd-2802.				101	146
Office of International Training total	132	38	40	304	546
AID/W OTHER		435	1,431	1,932	2,536
UN FUND FOR POPULATION ACTIVITIES	524	500	2,500	4,000	14,000
Nonregional total	2,735	11,596	21,369	28,291	53,330
NEAR EAST AND SOUTH ASIA					
Country projects:					
Afghanistan:					
Population Family Planning. To assist in building a stronger base for strategy planning, decision-making, and program implementation in population-family planning activities. A university team under a long-term contract will initiate this process by conducting, with Afghan assistance, a sample census survey of the population. (306-11-570-110)		10	87	130	1,740
India:					
Population-Family Planning. To assist the Indian Government to accelerate its population-family planning program by providing a 19-man U.S. advisory staff; a training program in the U.S. and in other countries; local currency for key research and demonstration activities; and, in FY 1970, granting \$20 million for U.S. imports in order for the Indian Government to spend an equivalent amount for rupee local currency (386-51-580-332; 386-1642)	127	⁶ 7,721	730	20,318	540
Nepal:					
Population Family Planning. To assist the Nepalese Government to develop and expand the organization necessary					

⁶Includes \$2.7 million loan to India for program vehicle parts.

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
	<i>1,000 dol.</i>				
NEAR EAST AND SOUTH ASIA—CONTINUED					
to initiate a nationwide population-family planning program by providing advisory services, training in the U.S. and in other countries, and selected equipment and supplies. (367-11-580-096)		299	222	413	706
Pakistan:					
Population-Family Planning. To assist the population-family planning project through commodity support and by strengthening the government's program in training, evaluation and planning, and improvement of demographic statistics. (391-11-580-256)	210	1,031	2,297	2,000	2,078
Turkey:					
Family Planning. 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; technical assistance in demographic education. (Loan 227-H-068; 277-11-580-595)	2,100				77
CENTO:					
Population-Family Planning. To finance training of leaders of family planning programs from Iran, Pakistan, and Turkey; also preparations for CENTO workshops and seminars. (290-11-580-250)			13	47	40
Regional projects:					
Family Planning Expansion. Grant to Pathfinder Fund to assist private organizations in NESAs to expand family planning operations. (298-15-580-019)		350	270		
Postpartum Program in India. Grant to Population Council to support a postpartum family planning program in 150 hospitals. (298-15-580-019)		100			
Family Planning Training. 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			
Middle East Population Center Study. Grant to American University in Beirut to study possibility of a population center in Middle East. (298-13-995-015)		5			
Colombo Plan Advisor. To support a Population Advisor to the Colombo Plan countries. (298-15-580-019)			30		
Family Planning and Health Services. A 5-year study by Johns Hopkins University on integration of family planning with rural health services in India. (298-15-995-017)			575		630
Middle East Survey. To survey demographic patterns, socioeconomic factors and family planning policies in Middle East countries. (298-15-995-017)			86		29
Research Triangle Institute. Contract with Research Triangle Institute to undertake information and data synthesis and analysis as assistance to regional strategy planning. (298-15-590-019)				277	480
Regional Family Planning. Consultants.			2		
Population/Family Research in the Middle East. Grant to American University in Cairo to support a 3-year research program. (298-15-580-019)					270
Country projects total	2,437	69,060	3,349	22,908	5,181
Regional projects total		655	963	277	1,409
Near East-South Asia total	2,437	69,716	4,312	23,185	6,590

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
LATIN AMERICA	<i>1,000 dol.</i>				
Regional projects:					
Latin America Demographic Center. 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/la-200 and AID/la-603)	240	294	361	316	300
Demographic Research and Training. 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/la-247)	164 Completed				
Sociological Study of Family Structure. 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/la-309)	417	96	Completed		
Assistance to Latin American Family Planning. 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/la-308 and AID/la-523)	346	500	1,964	1,750	2,000
IPPF Conference. 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/la-468)	100	Completed			
Research and Analysis of Population Growth in Latin America. 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/la-286, AID/la-549 and AID/la-604)	400	300	993	1,115	891
Assistance to Country and Regional Postpartum Projects. Grant to the Population Council to expand its support to hospitals providing postpartum family planning information and services. (598-15-570-456; AID/la-550)		525	619	720	
Research Training in Population Dynamics with Relation to Public Health and Medical Care. 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/la-430, AID/la-547, AID/la-551, and AID/la-552)	175		2,346	553	2,750
Study of Family Size and Family Growth. 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/la-266)	560	200	230	350	
Research, Training and Production of Educational Audiovisual Materials. 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/la-298)	40	Completed			
Communications Techniques in Population Programs. 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/la-232)	2				

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
LATIN AMERICA—CONTINUED	<i>1,000 dol.</i>				
Regional Projects—Continued					
Sociological Research in Rural Areas. 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/la-417)	140		Completed		
Translation and Distribution of Population/Family Planning Informational Materials. Allotment of funds to Regional Technical Aids Center (RTAC) to translate and distribute informational materials region-wide. (598-15-580-477)		100	54	62	65
Advisory Services. Project provides for the development and evaluation of innovative family planning programs, especially in the field of education, information, and communication, and for consultants' services and seminars related to implementation of population programs. (598-15-570-438; AID/la-672; LA(HA17-69; AID/la-123)	34	29	53	153	784
Assistance for ROCAP (Regional Organization for Central America.) Program for Health and Demographic Studies (596-15-570-023)	243	424	186	260	209
Assistance to Latin American Family Planning Services. 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/la-599)			300		800
Demographic and Family Planning Training and Development of Audiovisual Materials. Grant to the Pan American 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 in medical schools curriculums. (598-15-570-456; AID/la-605)			150	241	362
Country projects total	1,539	5,457	3,071	5,437	7,085
Regional projects total	2,861	2,468	7,256	5,520	8,161
Latin America total	4,400	7,925	10,327	10,957	15,246
EAST ASIA					
Country projects:					
Indonesia:					
Family Planning Program. 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	430	1,759
Korea:					
Health and Family Planning. 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)	151	1,491	1,200	888	1,660

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
EAST ASIA—CONTINUED	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Philippines:					
Reprints and travel.	60				
Population Planning. 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	4,948	5,000
Thailand:					
Family Planning Clinics. To provide equipment for 40 family planning research clinics in provincial hospitals.	25				
Family Planning. 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	1,295	1,395
Other			990	1,112	925
Regional projects:					
Family Planning Seminar. Grant to Economic Commission for Asia and Far East (ECAFE) for family planning seminar.	25				
Asian Family Planning Assistance. To assist the Population Council to expand its family planning program in East Asia and Vietnam. (498-11-580-200)	325	325	525	600	800
Asian Population Dynamics Study. 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		1,000
Colombo Plan. To provide a population advisor to the Colombo Plan and to support a population-family planning program consisting of seminars, workshops, and population educational activities in member countries. (498-11-580-200)				17	50
Regional Development (RED). To finance a preliminary survey and liaison activity in SEA countries to determine their interest in a regional population-family planning effort. (498-11-580-200)				6	65
Seminars and Conferences; To promote population concepts and programs and stimulate Asian Institutional involvement in family planning.					27
Country projects total	446	3,475	6,388	8,673	10,739
Regional projects total	350	1,325	1,608	623	1,942
East Asia total	796	4,800	7,996	9,296	12,681
AFRICA					
Country projects:					
Ethiopia:					
Study of Births and Deaths. Portion of Public Health Demonstration and Evaluation Project dealing with registration of births and deaths in sample households. (663-11-530-055)	23 Completed Sept. 1967				
Demographic Planning. Consultant services to prepare recommendations for grant assistance to family planning and					

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
AFRICA—CONTINUED	<i>1,000 dol.</i>				
demographic studies in Addis Ababa and selected provinces, and to provide a demographic advisor. (663-15-570-165)				1	30
Ghana:					
Family Planning and Demographic Data Development. Three-year project to provide technical and financial support for sample demographic survey, University of Ghana. (641-15-570-051)		130	98	20	
Danfa Rural Health-Family Planning Program. Contract with the University of California (Los Angeles) to establish a demonstration family planning/MCH program at Danfa (641-11-580-055)			21	770	393
National Family Planning Program Supplies. Five-year project to provide commodity support for the National Family Planning Program. Project provides full support for 2 years with decreased graduated support over remaining 3 years. (641-15-580-065)					215
Population Program Support. Project provides support for participant trainees to upgrade technical capabilities of National Family Planning Program personnel. (641-15-580-064)					35
Kenya:					
Population Dynamics. To provide an audiovisual expert, a demographer, and a computer programmer for the family planning program in Kenya. (615-11-580-141)			133	164	141
Liberia:					
Demographic Household Survey. A 5-year project to develop demographic data by household surveys. (669-11-570-109)		14	184	200	141
Maternal Child Health/Family Health Training. 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	94	81
Morocco:					
Population/Family Planning. 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	170	90
Tunisia:					
Family Planning. 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	665	858
Uganda:					
Agreement with the Bureau of the Census to provide a data processing specialist for 2 years. (617-11-780-051)			73	25	32
Maternal-Child Health Training. Contract with University of California at Berkeley to provide training of personnel in MCH techniques and family planning at Makerere University for regional hospitals and rural family health centers. (617-11-570-057)				375	68

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
AFRICA—CONTINUED	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Regional projects:					
Participation in IPPF Conferences. 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			
Pathfinder Fund Activities. Support for family planning activities carried on by Pathfinder Fund in a number of African countries. (698-11-580-189)		250	Completed		
Regional Population Support. Provides A.I.D. backstopping for field activities, translation of information materials, and regional population officers covering all of Africa, stationed in Ghana. (698-11-580-166)		9	24	151	297
Regional Demographic Survey Workshop. Agreement with the Bureau of the Census to carry out demographic sampling survey workshops for training of African statisticians. (698-11-570-337)			97	28	10 Completed
Census Data Analysis. Contract with Northwestern University to analyze data obtained in census of Douala and Yaounde, Cameroon. (625-11-570-512)			36	Completed Sept. 1969	
Regional Population Planning, Population Council. Grant to the Population Council to assist African programs in demography, census and family planning programs. (698-11-580-346)			300		600
Population Census and Demographic Studies. Agreement with Bureau of the Census to assist African countries in carrying out demographic activities in coordination with ECA and UNFPA. (698-11-570-361)					16
University Teaching of Population Dynamics. Contract with University of North Carolina to assist in establishment of Population Centers in selected African Universities. (698-11-570-360)					1,034
Maternal and Child Health Extension. Contract with University of California Extension to improve MCH services and to include child spacing activities in selected African countries. (698-11-580-358)					1,414
Maternal and Child Health/Family Planning Training and Research Center Development. Grant to Meharry Medical College, Nashville, Tenn., to develop center to improve American competence to assist African countries in MCH/Family Planning and provide training in MCH/FP to African Scholars. (698-11-580-373)					2,231
Special Population Activities. Provided support for various population activities such as training, assistance to maternal & child health/family planning clinics, and the supply of vehicles or other equipment, in five countries, namely Botswana, Burundi, Dahomey, Mali, and Mauritius.					97
Country projects total	53	404	983	2,484	2,084
Regional projects total		259	457	179	5,699
Africa total	53	663	1,440	2,663	7,783
VIETNAM, SOUTH					
Family Planning - Population Council. 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			

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS—Cont'd.

Description and purpose	1965-67	1968	1969	1970	1971
SOUTH VIETNAM—CONTINUED	<i>1,000 dol.</i>				
Population/Family Planning. Through this project, assistance is provided to the Vietnamese Government in establishing a family planning program. Specific targets are to assist the Ministry of Health (MOH) to establish at least one family planning clinic in each province; to supply information to Vietnamese officials to demonstrate the economic and health benefits of fertility reduction; to provide training programs for Vietnamese personnel; and to assist in carrying out public information programs. (730-11-580-405)				180	238
Vietnam total	50	50		180	238