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# Population Program Assistance

U.S. aid to developing countries

## Annual Report • 1975



AGENCY FOR INTERNATIONAL DEVELOPMENT  
Bureau for Population and Humanitarian Assistance  
Office of Population  
Washington, D. C. 20523

# **Population Program Assistance**

United States aid to developing countries

## **Annual Report • 1975**

- **Demographic Data Collection and Analysis**
- **Population Policy Development**
- **Research**
- **Strengthening Family Planning Services**
- **Communications**
- **Manpower and Institutional Development**

AGENCY FOR INTERNATIONAL DEVELOPMENT  
Bureau for Population and Humanitarian Assistance  
Office of Population

April 1976

# Preface

This annual report of the Office of Population, Bureau for Population and Humanitarian Assistance, Agency for International Development, reviews the Agency's activities for support of population programs of developing countries in the period July 1, 1974, through June 30, 1975.

It provides a comprehensive summary of this assistance, including related information regarding the population situation and programs of AID-assisted countries. In individual country summaries, only those countries are covered that receive directly or indirectly AID help for their population/family planning programs.

Major sections of the report include:

- An overall summary of fiscal 1975 activities of the Office of Population.
- A review of activities of the Office's six functional divisions.
- A review of contributions to the world population program effort by the United Nations and private organizations that work closely with and whose efforts are supported by AID.
- Summaries of population and family planning program activity in regions and countries which AID, through the Office's four area divisions, is assisting.
- Demographic data on all countries of the world.
- Summary of AID projects in population and family planning covering each fiscal year from 1965 through 1975.

The regional and country situation sections of the report are essentially the same as those which appear in "World Population Growth and Response 1965-1975", a decade of global action (April 1976), prepared by the Population Reference Bureau (PRB) under contract with the Agency for International Development. While the data therein are believed to be technically sound, they do differ in some cases from estimates provided by other sources. As a result, AID does not necessarily endorse all the economic, demographic and social data used by PRB.

Special acknowledgement is made of the cooperation and information provided by other agencies including the United Nations and such private organizations as the International Planned Parenthood Federation, the Association for Voluntary Sterilization, the Population Crisis Committee, The Pathfinder Fund, and the Population Council. Special thanks also is made for the photographs and other illustrative material supplied by AID missions, private family planning organizations, and other groups and individuals.

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## Summary

# Annual Report, Fiscal 1975

## Office of Population

The United States through the Agency for International Development continued its role in fiscal 1975 as the major supporter of global action toward solution of the world crisis of runaway population growth. Its total allocation of \$109.9 million for population programs in fiscal 1975 was moderately less than the fiscal 1974 allocation of \$112.4 million. In both years AID support for population programs in developing countries provided about 55 percent of the total external assistance for such programs throughout the world.

During the 1965-75 decade, AID provided \$732 million (70 percent) of the \$1,054 million total of bilateral and multilateral donor assistance provided for population programs in the developing countries of Asia, Latin America, and Africa.

Significantly, however, the continuing spread of world concern with population problems in the past decade has been marked by rising assistance provided by the United Nations, by other countries and institutions, and by great increases in individual countries' funding of their own programs. Progress toward this wider assistance and action has been stimulated and encouraged by the Agency for International Development.

AID's population program assistance is extended through the Office of Population of the Bureau for Population and Humanitarian Assistance and the AID Missions in individual countries. The work is performed under authority of "Title V—Programs Relating to Population Growth," of the Foreign Assistance Act of 1961 as amended. The assistance is provided at the request of developing countries and their institutions, and for family planning programs in which the participation of individuals is wholly voluntary. The requests for this type of help reflect the experience of development programs in numerous countries where rapid population increases have retarded overall national development and prevented urgently needed improvements in per capita income, nutrition, education, housing, health, and general living standards.

The 1965-75 decade of global population action,

in which AID has played a leading role, is itself a historic development. It marks the period of world awakening to the problems of rapid population increase and their effects on individuals and societies.

### World Situation

World population is rising at a pace that, if not reduced, would double human numbers in the next generation or so. From mid-1965 to mid-1975 alone, the increase was 658 million—equal to the world total of two centuries ago. Just since 1900, population has increased from about 1.5 billion to the mid-1975 level of nearly 4 billion.

It is the effects of these increases, present and future, that have compelled the attention—regrettably late—of so many governments, institutions, and agencies. In the developing countries of Asia, Latin America, and Africa where birth rates and growth rates are very high, many of their development programs since the 1950s have achieved impressive gains in gross national product, national income, food output, education, and public services. Through these programs, the countries have hoped to relieve widespread poverty and enable accumulation of the savings necessary for self-sustaining national development. For many countries, however, the unprecedented increases in numbers have kept per capita gains distressingly low. In this situation, the majority of the people, their discontent intensified by disappointed expectations, are continuing to face the old problems of unemployment, underemployment, poverty, and hunger.

### Family Planning Progress

The increase in population/family planning activities through 1974-75 is now showing measurable effects on birth rates and percentage rates of population increase in many developing countries which are receiving or have received direct and indirect AID assistance for population programs. Notable among these are India, Indonesia, Korea, China (Taiwan), the Philippines, Tunisia, Costa Rica, and Jamaica. Also, program action is intensifying markedly in

Pakistan and Bangladesh. (According to a world-wide survey by the Population Reference Bureau, a world total of 127 countries had lower birth rates in 1974 than in 1965. It estimates the world rate of natural increase—the excess of births over deaths—at 1.8 percent for 1974, compared with 1.9 percent in 1965.)

Shrinking rates of natural increase are essential to moderation of population growth. Therefore, this slowing of the percentage rise, including lower birth rates in countries conducting population programs, is a major advance.

At the same time, the rise in absolute numbers of people, in contrast with the percentage rate, is continuing at a record level owing to the already-huge population base and its high proportion of young people. Together with the need for further advances in the economic and social development of many countries, slower population growth is increasingly recognized as an integral factor in the development equation.

### **AID Organization**

The organization and personnel of AID's population program assistance have evolved significantly since 1965. At the end of fiscal 1975, the Office of Population consisted of 81 professional and 20 clerical personnel organized into six functional and four

area divisions. (See organization chart.) In addition, AID had approximately 34 professional population officers in US AID missions in developing countries.

AID's assistance for the population programs of developing countries is guided by the following principles: (1) Assistance is extended at the request of the recipient country or institution and as a supplement to the country's own efforts; (2) help is given only for voluntary programs in which each individual is free to choose methods of family planning which are in keeping with his or her beliefs, culture, and personal wishes; and (3) the Agency does not advocate any specific population policy for another country nor any particular method of family planning. Its aim is to provide needed assistance upon request so that the people of assisted countries may have freedom to control their reproduction as they desire.

The Agency's assistance in this field is carried forward through six major types of activities aimed at specific goals for program advancement. These activities, described in the following numbered sections, include improvements of demographic data collection and analysis, population policy development, biomedical and social research, family planning services programs, communication, and manpower and institutional development.

# Major Types of AID Assistance

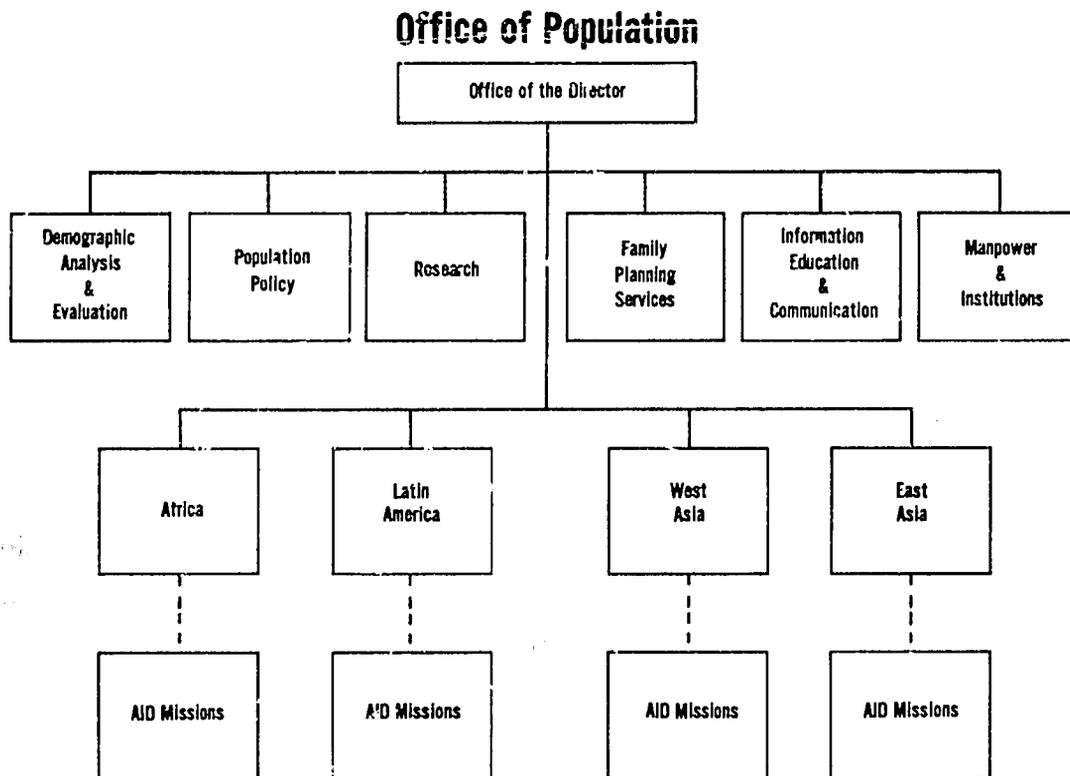
## 1. Demographic Data Collection and Analysis

The U.S. Agency for International Development (AID) has supported the collection and analysis of population, economic, and other statistics for many years. As one of AID's oldest activities, such data provide an accurate "yardstick" to evaluate social change programs in developing countries where such data are frequently unreliable, or more commonly nonexistent. In the population sector AID has funded the collection and analysis of demographic data in order to develop an awareness and understanding of population problems in developing countries, to help family planning administrators improve program design and implementation, and to measure the impact of AID-supported family planning programs. Early AID support for statistical activities was aimed at defining and describing the still little-understood relationship between population growth and economic development--the analysis of which revealed that in many developing countries excessively high

birth rates were reducing the overall quality of life for individuals. In more recent years, increasing emphasis has been placed on the improvement and evaluation of family planning programs. In fiscal 1975, the Office of Population obligated \$11.9 million (11 percent of its funds) for demographic data collection and analyses activities.

### Past AID Assistance

In the past, AID has provided substantial support for census and survey operations, the development of management information systems for family planning programs, the development of experimental systems for collecting and processing demographic data, and research on the effectiveness and validity of data collection techniques. For example, AID has provided a number of short- and long-term advisors from the U.S. Bureau of the Census to assist developing countries with their census and survey operations.



AID/PHA/POP

Substantial resources were also made available in support of the Africa Census Program of the United Nations Economic Commission for Africa under the aegis of which more than twenty countries have undertaken a census.

AID has also initiated and provided substantial collaborative support for the World Fertility Survey

(WFS). The WFS is an international research program aimed at assisting a large number of countries, particularly the developing nations, to carry out nationally representative, internationally comparable, scientifically designed and conducted sample surveys relating to human fertility. The WFS is being undertaken by the International Statistical Institute in

## *A.I.D. Population Program Assistance, Financial Summary Fiscal Years 1965 – 1975*

Program goals	1965-67	1968	1969	1970	1971	1972	1973	1974	1975	Total 1965-75	
<b>Goal 1</b> Development of adequate demographic data . . . . .	1,000 <i>dol.</i> 900	1,000 <i>dol.</i> 2,632	1,000 <i>dol.</i> 4,082	1,000 <i>dol.</i> 4,480	1,000 <i>dol.</i> 7,720	1,000 <i>dol.</i> 9,778	1,000 <i>dol.</i> 9,121	1,000 <i>dol.</i> 11,601	1,000 <i>dol.</i> 11,906	1,000 <i>dol.</i> 62,220	<i>Per- cent</i> 8
<b>Goal 2</b> Development of adequate population policies:											
Policy development . . . . .	665	620	1,259	2,844	950	2,134	1,430	654	999	11,555	2
Social science research . . . . .	679	932	955	1,527	4,424	7,698	3,480	2,166	3,771	25,632	4
<b>Goal 3</b> Development of adequate means of fertility control:											
Biomedical research . . . . .	204	173	5,963	8,163	6,820	11,520	5,550	3,356	4,227	45,976	6
Operational research . . . . .	651	1,262	1,088	7,787	3,231	1,639	2,025	1,704	1,377	20,764	3
<b>Goal 4</b> Development of adequate family planning services:											
Contraceptives (orals, condoms, IUD's, etc.) . . . . .	—	1,059	4,130	4,105	3,686	7,049	36,067	21,857	26,009	103,962	14
Service programs . . . . .	4,258	17,828	16,555	30,307	33,031	45,368	25,771	29,129	26,966	229,213	31
<b>Goal 5</b> Development of adequate information programs . . . . .	225	2,002	3,873	4,204	10,766	17,277	16,335	13,999	12,976	81,657	11
<b>Goal 6</b> Development of adequate manpower and institutions:											
Training . . . . .	888	2,102	2,666	7,195	13,840	9,954	15,308	12,475	8,799	73,227	10
Institutional development . . . .	1,477	5,705	3,789	2,491	9,507	8,434	6,538	3,204	2,945	44,090	6
AID operational expense . . . . .	524	435	1,084	1,469	1,893	2,414	3,929	12,300	10,000	34,048	5
<b>Total . . . . .</b>	<b>10,471</b>	<b>34,750</b>	<b>45,444</b>	<b>74,572</b>	<b>95,868</b>	<b>123,265</b>	<b>125,554</b>	<b>112,445</b>	<b>109,975</b>	<b>732,344</b>	<b>100</b>

<sup>1</sup>Includes \$99,336,000 of contraceptive supplies purchased directly by AID.

collaboration with the United Nations and with the cooperation of the International Union for the Scientific Study of Population.

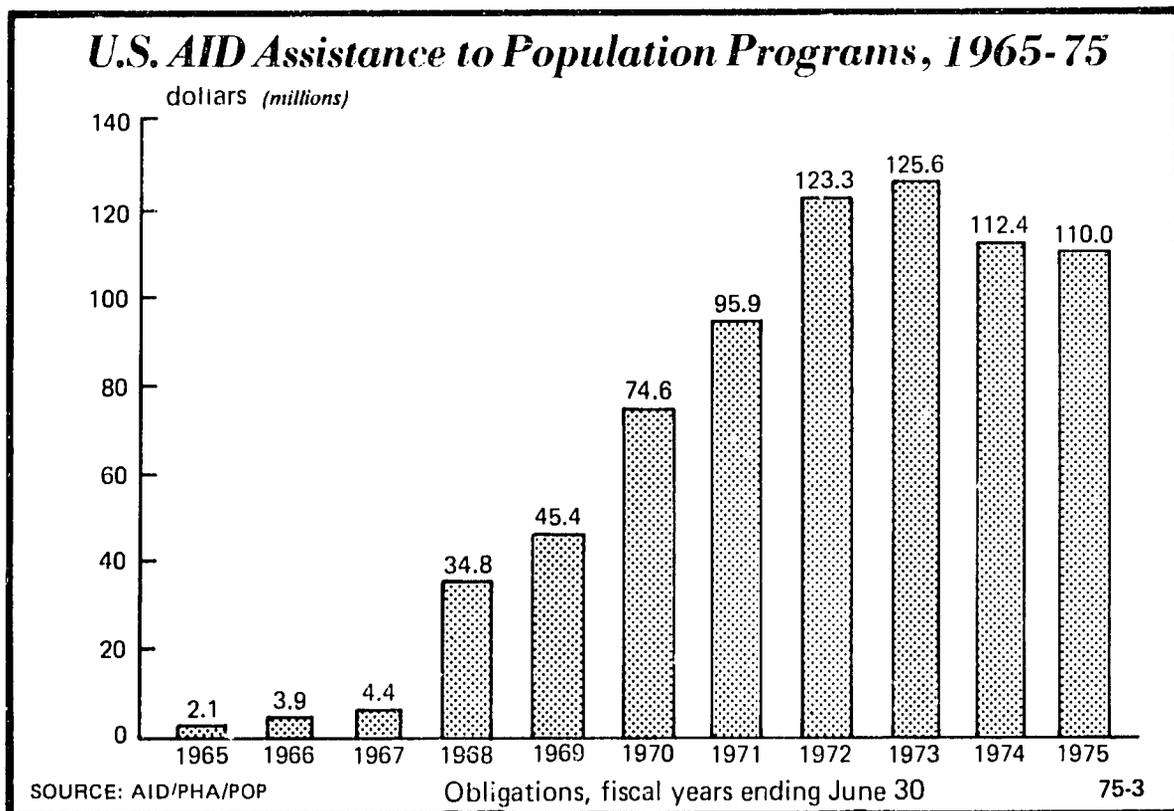
The primary objective of the WFS program is to provide accurate information which will permit each participating country to describe and interpret its population's fertility. Within the broad area of fertility research, the individual country surveys undertaken as part of the WFS strive to identify meaningful differentials or patterns of fertility as well as fertility regulation and help in the clarification of factors affecting fertility. Improved data on these topics clearly facilitate national efforts in economic and social planning. Employing analytical techniques now available, the WFS also provides valuable indications of fertility levels where such information is now lacking.

Perhaps more important than providing much needed data for individual countries, the WFS represents a major effort towards the production of internationally comparable data. Demographers around the world have found that the interpretation of national data is greatly enhanced when put into a

comparative framework. One can, for example, discover in this fashion whether a particular finding is idiosyncratic to a particular country or common to other nations of the same developmental standing. There is also considerable interest in the availability of comparative data on fertility for populations which differ widely with respect to their socio-economic character.

A final objective of the WFS is the provision of training and documentation to the participating countries and the consequent yield in the institutionalization of high quality demographic research resources. The WFS aims to be a major instrumentality whereby the demographic expertise of the developed nations is focused on helping developing countries become self-sufficient in the scientific study of their own populations.

In addition, AID has sponsored the concept of the management information system (MIS) to help in sound decision-making. The process of developing an MIS calls first for the identification of "decision points," that is, the individuals who, within a certain period of time, must make the critical decisions. The



*AID support for population programs in developing countries is authorized by the Foreign Assistance Act. Through fiscal 1975, cumulative obligations for this purpose totaled \$732.4 million.*

next step is to determine what information is required at each decision point to enable management to arrive at sound judgments. Then an MIS can be designed and implemented. Such systems have been established in about a dozen countries with varying levels of assistance from AID.

Another example of AID support is the development of the Census Tabulating System (CENTS), a method of rapidly tabulating data from censuses and surveys. This method, designed for the IBM 360 Model 25 computer, was an immediate success and was adopted by a large number of countries. However, because not all countries have IBM 360 computers, a companion package called COCENTS, written in the COBOL language and adaptable to a number of computers, was also developed. COCENTS has been made operational on computers manufac-

tured by several U.S. companies as well as those of Japanese and British makers. CENTS/COCENTS is now operational in about 40 countries and the demand remains strong because it can be used for processing any type of data. The development of CENTS/COCENTS has saved much time previously spent preparing computer programs tailored to specific tasks, often by inexperienced programmers. Studies have shown that the simplicity of the CENTS/COCENTS system results in substantially lower costs than those incurred when other systems are used.

Finally, AID has provided support for the establishment of dual record systems for collecting demographic data in Colombia, Kenya, Morocco, the Philippines, and Turkey. These programs have provided extremely valuable information concerning the

## *Summary of 1965-75 AID Funding Allocations to Organizations for Population Activities and to Bilateral Programs*

Organization or program	Fiscal years								Total 1965-75	Share of total
	1965-68	1969	1970	1971	1972	1973	1974	1975		
Voluntary organizations:	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	Percent
International Planned Parenthood Federation	dol.	dol.	dol.	dol.	dol.	dol.	dol.	dol.	dol.	
The Pathfinder Fund, . . .	4,378	5,964	7,300	5,000	8,000	12,104	12,747	12,437	68,030	9
Population Council, . . .	1,494	4,359		3,066	4,350	6,735	4,001	3,660	27,665	4
Association for Voluntary Sterilization, . . .	3,104	7,487	2,435	4,247	5,525	7,280		750	30,828	4
Family Planning Inter- national Assistance - Church World Services,					876	1,000	1,250	1,850	4,976	1
Other private voluntary organizations . . . . .				3,800	4,000		3,730	4,424	15,954	2
	421	458	6,868	6,241	13,542	9,469	6,654	8,204	51,857	7
Voluntary subtotal . . . . .	9,497	18,268	16,603	22,354	36,293	36,588	28,382	31,325	199,310	27
Universities . . . . .	8,014	3,797	6,494	23,559	14,741	14,100	11,430	10,672	92,807	13
Participating Agency Ser- vice Agreements . . . . .	419	2,585	1,301	1,883	2,911	3,767	3,667	3,772	20,305	3
Bilateral programs, . . . . .	22,942	13,778	39,635	25,287	34,230	47,588	33,617	30,319	247,396	34
United Nations Fund for Population Activities, . . .	500	2,500	4,000	14,000	29,040	9,000	18,000	20,000	97,040	13
Other <sup>1</sup> . . . . .	2,890	3,432	5,070	6,892	3,636	10,582	5,049	3,887	41,438	6
AID operational expenses . .	959	1,084	1,469	1,893	2,414	3,929	12,300	10,000	34,048	4
Total . . . . .	45,221	45,444	74,572	95,868	123,265	125,554	112,445	109,975	732,344	100

Prepared by the Office of Population, U.S. AID.

<sup>1</sup>Includes primarily the Pan American Health Organization, the Salk Institute, the Latin American Demographic Center, the Latin American Center for Studies of Population and Family, Management Services for Health Incorporated, and the General Electric Company.

accuracy of various data collection techniques.

As a result of the many programs designed to improve the statistical—primarily census—capabilities of developing countries, many census and statistical organizations have been considerably strengthened

and a sizeable cadre of trained statisticians now exist in a number of countries. Moreover, these efforts have yielded sufficient data to generate an awareness of the magnitude and dimensions of the population problem, a fact which is exemplified most clearly in

## *Summary of a Decade of AID Dollar Obligations for Population and Family Planning Projects, by Fiscal Years*

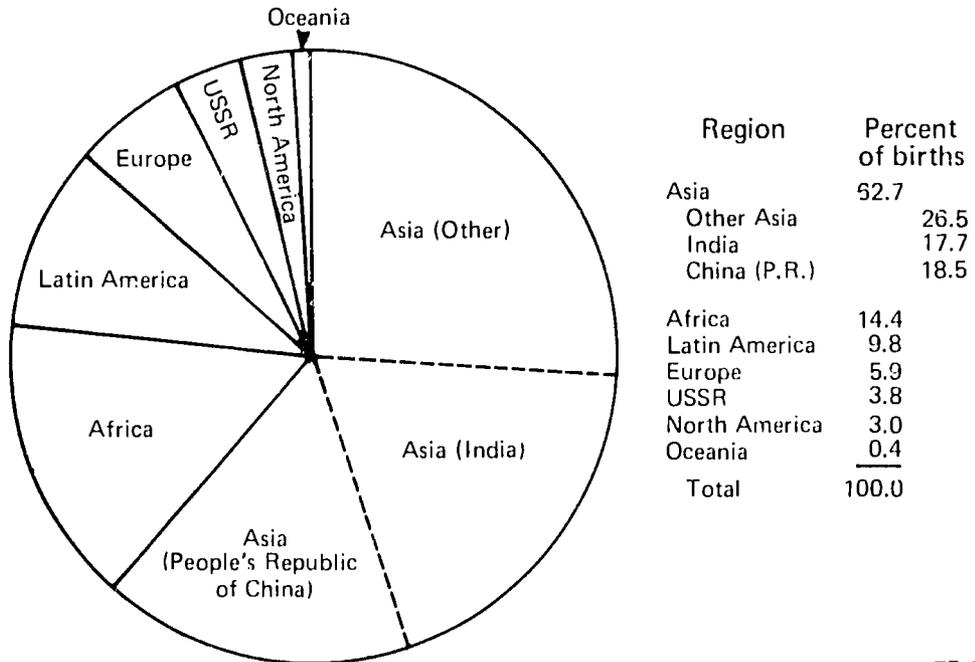
Project	1965-67	1968	1969	1970	1971	1972	1973	1974	1975	Total 1965-75
Nonregional:	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Office of	dol.	dol.	dol.	dol.	dol.	dol.	dol.	dol.	dol.	dol.
Population . . . . .	2,079	10,623	17,745	22,518	35,913	50,206	59,422	157,547	159,415	1,315,468
Office of Health . . .	—	—	—	—	978	1,355	438	750	667	4,188
Office of Science and Technology . . .	—	—	—	—	—	—	200	200	180	580
Office of International Training . . . . .	132	38	40	304	546	503	430	531	399	2,923
AID operating expenses . . . . .	524	435	1,084	1,469	1,893	2,414	3,929	12,300	10,000	34,048
U.N. Fund for Population Activities . . . . .	—	500	2,500	4,000	14,000	29,040	9,000	18,000	20,000	97,040
Nonregional total . . . . .	2,735	11,596	21,369	28,291	53,330	83,518	73,419	89,328	90,661	454,247
Africa:										
Country projects . .	23	404	983	2,484	2,084	9,008	7,596	4,071	3,862	30,515
Regional projects . .	30	259	457	179	5,699	2,259	3,556	334	1,262	14,035
Africa total . . . . .	53	663	1,440	2,663	7,783	11,267	11,152	4,405	5,124	44,550
East Asia:										
Country projects . .	496	3,525	6,388	8,853	10,977	12,620	15,194	7,971	6,620	72,644
Regional projects . .	350	1,325	1,608	623	1,942	1,826	1,425	96	29	9,224
East Asia total . . . . .	846	4,850	7,996	9,476	12,919	14,446	16,619	8,067	6,649	81,868
Latin America:										
Country projects . .	1,539	5,457	3,071	5,437	7,085	7,223	6,230	4,792	4,238	45,072
Regional projects . .	2,861	2,468	7,256	5,520	8,161	3,911	7,393	2,655	1,430	41,655
Latin America total . .	4,400	7,925	10,327	10,957	15,246	11,134	13,623	7,447	5,668	86,727
Near East and South Asia:										
Country projects . .	2,437	29,061	3,349	322,908	5,181	1,395	10,471	3,138	1,473	59,413
Regional projects . .	—	655	963	277	1,409	1,505	270	60	400	5,539
Near East and South Asia total . . . . .	2,437	29,716	4,312	323,185	6,590	2,900	10,741	3,198	1,873	64,952
Country and regional total . . . . .	7,736	23,154	24,075	46,281	42,538	39,747	52,135	23,117	19,314	278,097
Grand total . . . . .	10,471	34,750	45,444	74,572	95,868	123,265	125,554	112,445	109,975	732,344

<sup>1</sup>Includes contraceptive commodities supplied to programs in developing countries.

<sup>2</sup>Includes \$2.7 million loan to India for program vehicle parts.

<sup>3</sup>Includes special \$20 million grant to India.

## World Births, Percent by Region, 1974

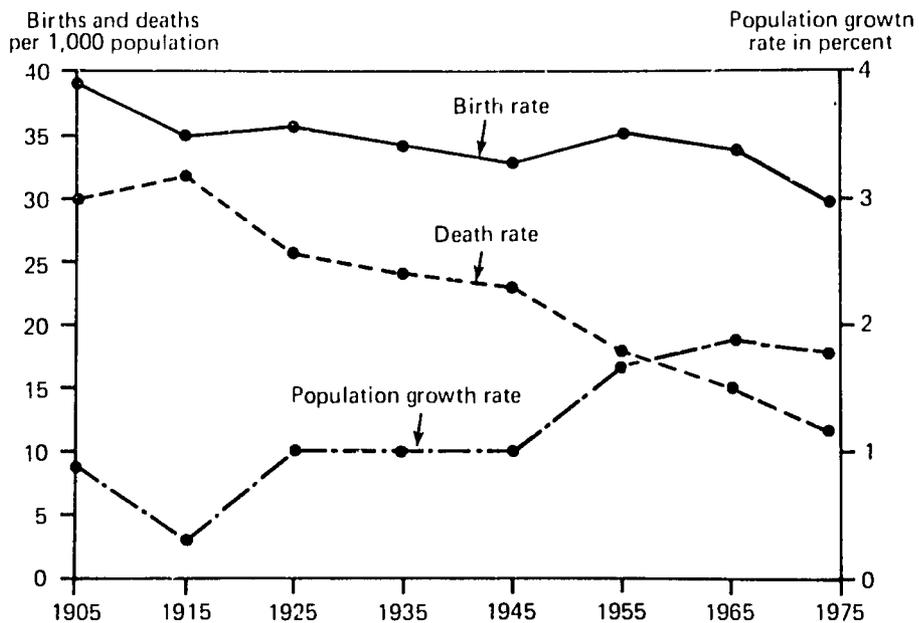


SOURCE: U.S. Bureau of the Census/ISPC

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*Three-fifths of the babies coming into the world in 1974 were born in Asia. But this great region is making real progress in reducing fertility. Birth rates dropped from 39 per 1,000 people in 1965 to 31 in 1974.*

## World Birth, Death, and Population Growth Rates, 1905-1974



SOURCE: Population Reference Bureau

75-17

the increasingly large number of countries which have implemented family planning programs. Continuation of some of these existing programs perhaps at a lower level will undoubtedly play an important role in improving the data base of other countries as well.

### **Future AID Assistance**

Now that rapid population growth is recognized as a barrier to successful economic and social development and family planning programs have become operational, it is imperative that increased attention be given to the measurement of fertility and changes in fertility on a more continuous basis. Clearly, the ability to detect real, but relatively small, changes in fertility and population growth rates has important ramifications for development planners, family planning program administrators, and international assistance agencies as they attempt to evaluate these programs. However, although reasonably current and reliable fertility data are available for certain periods or intervals of time for some places, a continuous flow of such data which can be compared over time is rarely available in the developing world. Consequently, if the impact of family planning programs on fertility is to be measured, it will be necessary to place increasing emphasis on data collection and analysis systems which provide not only current and reliable fertility data, but also a continuous flow of such data.

In order to meet this need, AID plans to initiate a number of new statistical activities in the next few years while phasing out some of its older, less relevant programs. For example, although many countries require that births be registered, there is great variability in registration. Some countries register most of their births, but have difficulty in processing the data and putting them into useable form. Other countries have spotty registration—good in some areas, poor in others. For countries where existing registration systems are reasonably strong, future efforts will be directed toward improving these systems. For countries where registration systems are weak, other

methods such as sample surveys, sample registration systems, or dual record systems can be most effectively utilized to provide the requisite data.

In addition to measuring the impact of family planning programs, demographic data continue to be necessary for the establishment and administration of family planning programs. For example, data are needed for "target definition," that is to pinpoint geographic areas of greatest fertility, to identify the age-sex structure of the population, to chart the demographic and socio-economic characteristics of potential acceptors, and to assess current knowledge and attitudes toward the practice of contraception. In order to secure these data, new programs will be developed to assist developing countries with the 1980 round of censuses and to assess the utility of market surveys for measuring contraceptive prevalence. With respect to census assistance, the program will focus on the revision and updating of training materials, the provision of consultative assistance relating to census operations, the development of a computer software package for editing census and survey data, and the continued installation and maintenance of COCENTS. In addition to the census program, a new program will be developed to measure contraceptive prevalence by means of market surveys. These surveys will be designed to generate data relating primarily to the age, parity, method utilized, and source of supplies for contracepting couples, although modules designed to generate data relating to contraceptive availability and knowledge may also be incorporated. The data generated by these sample surveys, conducted quarterly, semi-annually, or annually, will prove to be invaluable for family planning program administrators and evaluators alike, especially in view of the trend for family planning programs to move away from a clinic-based distribution system towards community-commercial distribution networks. In combination, these programs should yield the requisite data for participating countries during the second decade of AID population assistance.

## **2. Population Policy Development**

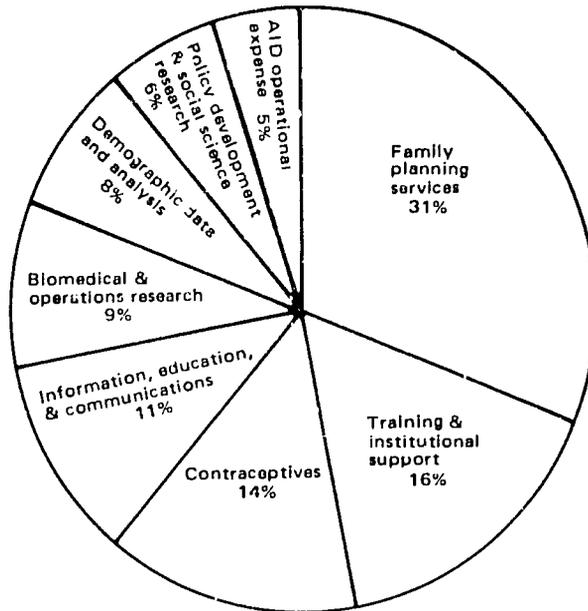
Attitudes on population matters differ widely among countries. Some countries announce as official policy their determination to slow the population growth rate through certain types of family planning programs. Others, though espousing no official policy, permit both public and private population

programs to function and may even support or encourage them. Within each of these two categories some programs are more advanced, more purposeful, and more goal-minded than others. Still other countries have adopted some form of population growth control but do not adequately implement

*Birth rates since 1965 have declined to a greater degree than death rates, possibly denoting the beginning of a downward trend in the population growth rate.*

## *AID Assistance to Population Programs*

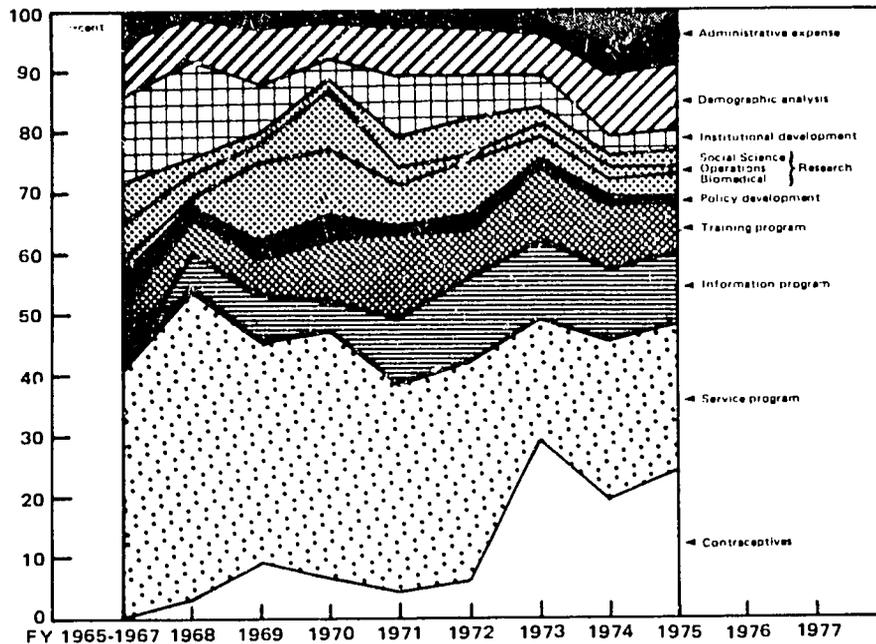
Resources allocated by major work goals, fiscal years 1965-1975



SOURCE: AID/PHA/POP

75-10

## **Distribution of AID Financial Assistance to Population Programs, by Function, 1965-75**



SOURCE: AID/PHA/POP

75-44

## *Allocation of AID Funds for Population Program Assistance, fiscal years 1965 to 1975*

During the first 11 years of its assistance to population programs in developing countries, the U.S. Agency for International Development obligated \$732 million for that purpose. Although this was less than 2 percent of the \$39 billion the Agency extended for all developmental assistance over the period, it was more than two-thirds of the international grant assistance provided by all donors for population programs in developing countries.

Without regard to the operating agencies through which AID resources have been channeled, the charts opposite show the functions for which the funds were used. The circle diagram shows the overall percentage which went to each function. The other chart portrays the evolving program emphasis from year to year by showing the percentage applied to each function.

The latter chart shows five operational and four support functions. The operational functions--Contraceptives, Service Programs, Information Program, Training Program, and Policy Development--are the fundamental ingredients for effective family planning programs, the cutting edge of population programs in developing countries. They have received 68 percent of the total population program funds obligated by the Agency since 1965. The support functions--Research, Institutional Development, Demographic Analysis, and Administrative Expense--are less directly focused on country activity. They have received 32 percent of population assistance resources.

Together, the support provided for these functions add up to a coherent effort focused on helping public and private agencies in the developing countries to increase knowledge about family planning and provide effective modern family planning services.

During the first 3 years, the initial resources were devoted principally to Service Programs, Research, Institutional Development, Demographic Data, and Training. In these first years, provision of contraceptives was excluded by Agency policy.

Fiscal year 1968, however, brought important breakthroughs. Agency policy permitted the supply of contraceptives on request for programs in developing countries. Also, support funding increased to \$34.8 million, more than three times the total for the first 3 years.

By fiscal year 1969 the principal needs of an effective research program were defined and the resources applied to that function expanded. A series of projects were funded which over about 5 years have produced:

- Worldwide comparative studies of modern methods of fertility control.
- Effective means for menstrual regulation.
- Development and application of laparoscopic

female sterilization on an out-patient basis.

- Development of the Fallopering as a safer means of interrupting tubal function.
- Studies of side effects of various formulations of contraceptive pills.
- Studies to improve the safety and reduce the difficulty of first and second trimester abortions.

Research and field experience accumulated from work in more than 50 countries by 1973 provided the basis for dramatically expanding the availability of contraceptives.

But research was not the only factor that prepared the stage for the push on contraceptives. Equally important were the efforts to develop service delivery organizations, information activities, and training. From the beginning, the largest proportion of resources has helped country operating groups, public and private, to develop the organizations, clinics, and supply systems necessary to deliver services.

Information activities have received support from the beginning. The proportion going to this function grew slowly until fiscal year 1970, but since then has been about 12 percent of the total each year.

Training activities started at 8 percent of the total and have held fairly constant at around the 10 percent level throughout the decade.

Resources going to help developing countries improve their population policies have been modest. Early in the decade the percentage ran from 6 to 4 percent while later it has decreased somewhat.

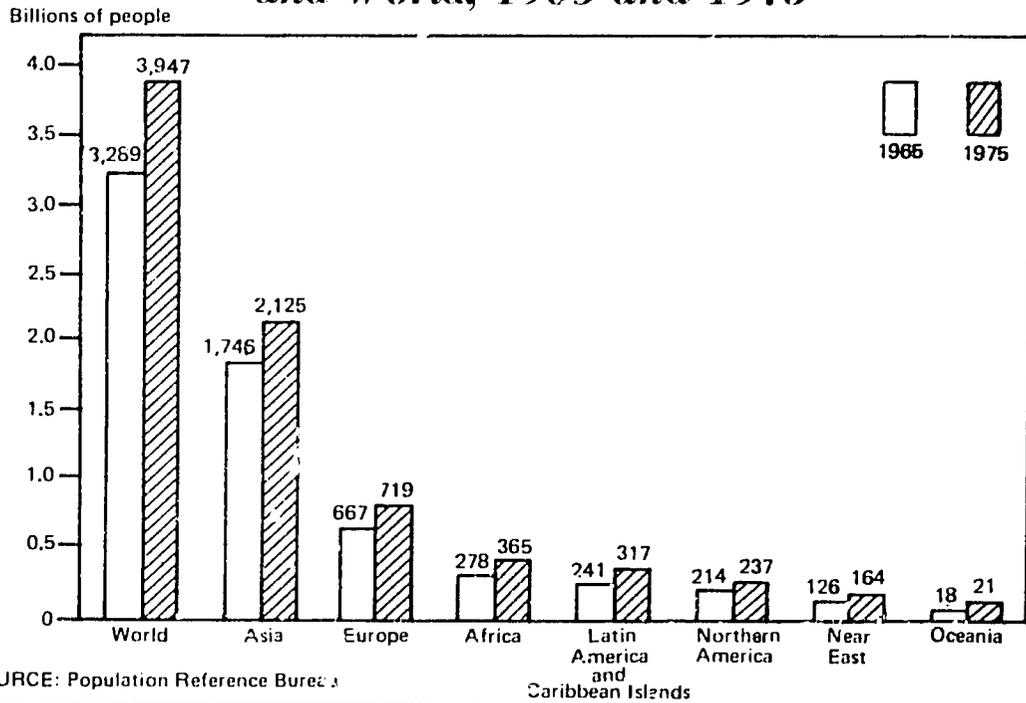
Through fiscal year 1972, contraceptive commodities received only 3 to 9 percent of resources each year, with procurement being made by a limited number of country programs. In fiscal year 1973, a central procurement system was set up, the first thrust of which was to fill the supply line against a probable rapid rise in the number of users that would result from the increase in supply points.

The institutional development function raised the capacity of the United States and the institutions of developing countries to perform research and training. Early in the decade it consumed a fairly large proportion of resources, declining later as the capacity came into being.

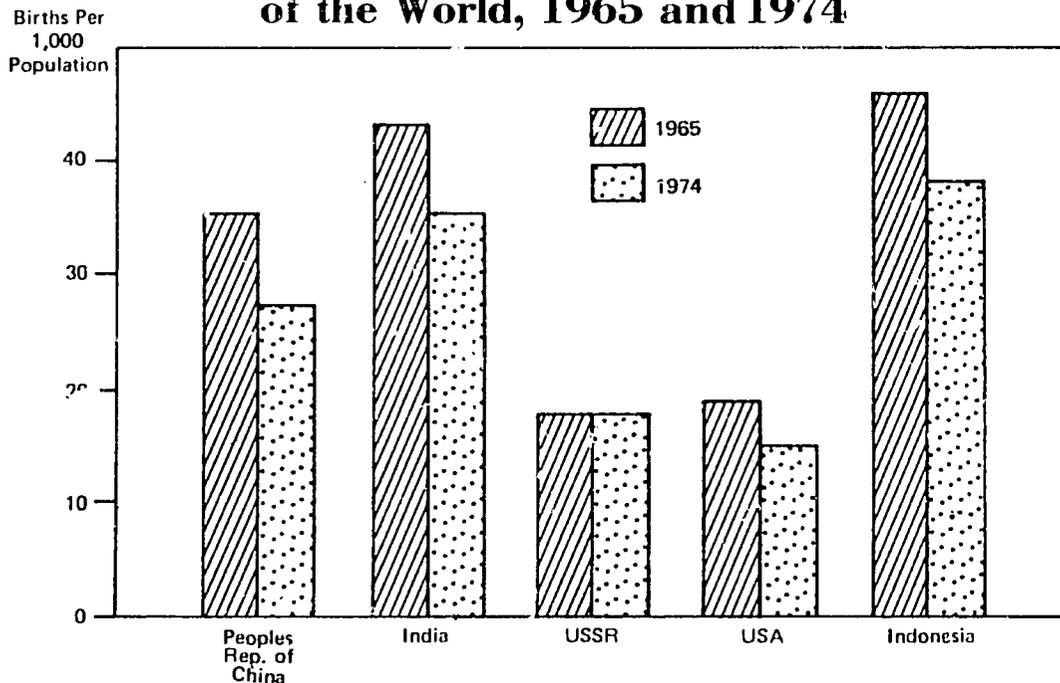
Demographic data and analysis have remained remarkably constant at 8 to 11 percent of AID's population assistance. Work in this sphere is now directed toward developing more rapid and reliable means of measuring program impact on fertility.

The Administrative function for the 11 years has consumed 5 percent of the Agency's funding for population programs. From fiscal years 1969 to 1972 it ran at 1 to 3 percent. In fiscal year 1974 it was restated at 11 percent as a result of charging costs to Title X funds which formerly were paid from overall Agency funds.

## Population Growth for Major Regions and World, 1965 and 1975



## Birth Rates in the Five Most Populous Countries of the World, 1965 and 1974



*Populations expanded in all parts of the world between 1965 and 1975. But declining birth rates and some decrease in the overall world rate of natural population increase indicate that the percentage rate of population expansion was slowed in the 1965-75 period.*

the program. And still others have not yet developed any significant national policy of family planning. These differing attitudes stem from broadly varying historical, cultural, religious, philosophical, psychological, and economic factors.

The U.S. Agency for International Development (AID) has identified among countries experiencing serious population growth problems four stages of policy development—start-up, intermediate, maturing, and self-sustaining. AID, to support and speed policy development in countries in the start-up and intermediate stages, is disseminating information to decision-makers on the unfavorable impact of too rapid population growth on national development goals and on the need for measures to encourage reduced fertility. Also, AID is furnishing numerous countries periodic information on the social and economic determinants of fertility, and sponsoring studies of the status and implication of laws bearing on family planning activity. Through this assistance a country's decision-makers and its scientific community gain an understanding of population dynamics in that country an understanding that is essential to establishing and implementing rational population policies.

In fiscal 1975 the Office of Population obligated \$4.7 million (4 percent of its funds) to population policy development activities. In fiscal 1974, it obligated \$2.8 million (3 percent).

AID's objective in the policy field consists primarily of enlisting and supporting indigenous leaders who will themselves determine and implement whatever measures are needed to promote policy development. In pursuing this objective, AID uses research and persuasion to discover and elaborate lines of informal national self-interest that, in turn, can buttress an adequate fertility control policy. AID, in a sense, is an "information broker," bringing together the experts who study the problem of population with the decision-makers of the developing countries—the latter the ones in a position to direct resources to deal with population problems.

Country studies and conferences have been AID's principal means of bringing together population experts and decision-makers.

Through fiscal 1974 a total of 50 subprojects

supported by seven AID contracts were initiated to study population factors in countries experiencing serious population growth problems. A total of 32 of the 50 subprojects have been directed at the six countries with maturing population policies—India, Indonesia, Pakistan, Philippines, Thailand, and Kenya. Examples of these 50 subprojects include work agreements executed by the Interdisciplinary Communications Program (ICP) of the Smithsonian Institution with indigenous researchers to study social and economic determinants of fertility. The American Academy for the Advancement of Science (AAAS) has initiated studies of cultural factors in population dynamics, employing host country scientists. Tufts University, through the International Advisory Committee on Population and Law (IACPL), has compiled and analyzed national laws related to population and fertility control. GE-TEMPO, the Center for Advanced Study of the General Electric Company, has also sponsored a series of country studies that measure the consequences of rapid population growth and assist development planners in weighing the policy alternatives.

Workshops and seminars have reached decision-makers in five countries in the policy start-up stage and four countries having inadequate policies. The ICP has held nine conferences on the population problem and determinants of fertility. The AAAS held a seminar in Bucharest just prior to the World Population Conference (August 1974), to discuss studies on cultural consequences of population growth. The IACPL sponsored a seminar on law and population in Nairobi, while the National Academy of Sciences held five international seminars on population dynamics.

Officials of AID's Population Office took part in the 1974 World Population Conference, which focused global attention on population policies and their development. Wide-ranging debates at the Conference dramatically displayed the way myriad political considerations influence population policies. Representatives of most developing countries insisted that population matters be integrated among other concerns, such as a more equitable distribution of income within and among countries. And countries were more willing to support family planning services

*Of the five most populous countries in the world, four showed significant decreases in birth rates over a 10-year period. These four countries, with a combined population of 1,778 million in 1975, account for 45 percent of the world's total population. (Estimates of China's current birth rate vary considerably.)*

from the standpoint of improving health of their populations than of reducing fertility for demographic reasons.

These and other attitudes evident at the Conference demonstrated once again that population policy is subject to endless change in nearly every country. In part, this condition derives from the continued evolution of the unique set of demographic, economic, and social factors that shape each country's current development prospects. Furthermore, population policies are often closely identified with forceful public figures whose own rise or fall in power greatly affects the state of policy commitments. Finally, public decisions typically rest on inadequate demographic data and rough-and-ready analysis. As improved data and improved studies come to light, future policies will be more finely tuned or yield to more relevant expressions of public commitment.

Insofar as the basic stock of population dynamics knowledge is inadequate to meet AID's program requirements, AID has developed a strategy to fill the critical knowledge gaps. Research is needed in four basic areas: (1) study of those consequences of rapid population growth that, in the view of a significant body of developing country policy-makers, are *favorable* to development, e.g., low-density countries that relate population growth to the effective occupation of national territory; (2) research on those socioeconomic determinants of fertility whose close association with fertility decline is known but where research findings are not specific enough to guide policy decisions, e.g., the kind of female education or type of student that is most likely to bring about reduced fertility; (3) cross-cultural studies designed to distill from country research more general findings and new or revised hypotheses to be rested in specific country research, e.g., a common education threshold beyond which further female education has little effect on fertility; and, (4) research to clarify the processes of policy formulation and development.

In carrying on its policy development work, AID has compiled a ranking of 92 developing countries. Variables used in measuring the urgency of relative assistance claims are: (1) projections of country population growth over the decade of the 1970's, (2) an index comparing country birth and death rates to average developed country vital rates; and (3) GNP per capita.

The top 20 countries—those having the most serious population problems—fall into the first three

stages of policy development. One group, Ethiopia, Sudan, Mali, Afghanistan, Yemen Arab Republic, and Burma, represents the "policy start-up" stage. These countries have not yet developed a significant national policy to restrain fertility. Implicit population policy may be pronatalist. A national consensus to support the development of population policy is weak or absent; popular views may favor rapid population growth, rather than restraints on growth, as a path to national greatness.

Another group of countries are in an "intermediate policy" stage, Zaire, Tanzania, and Nepal. These have generally adopted some form of population growth control policy, but the public commitment has shallow roots in terms of demographic understanding and an inadequate pace and breadth of implementation. No high-level governmental body exists with the power to coordinate national policy. Many influential public officials pay lip service to it.

The remaining group of countries of the top 20, Indonesia, Thailand, and the Philippines, have "maturing policies." Policies have been adopted and a basic institutional framework has been established to promote the implementation of policy. However, policy decision is not translated into adequate support; policy tends to rely solely on family planning efforts to achieve lower fertility goals. There is need to orient development initiatives outside of the area of family planning toward support for lower fertility. Moreover, the national coordinating body occasionally needs expert consultation services and it lacks adequate staff training opportunities to ensure its continuing effectiveness.

None of the 20 countries are in the "self-sustaining policy" stage, where there are reasonably adequate national policies and institutional bases to carry them on.

Of the 72 other countries in the AID ranking, approximately a third do not receive AID support—for instance, Angola, Argentina, Cuba, Iraq, Libya, New Guinea, Saudi Arabia, and Uganda.

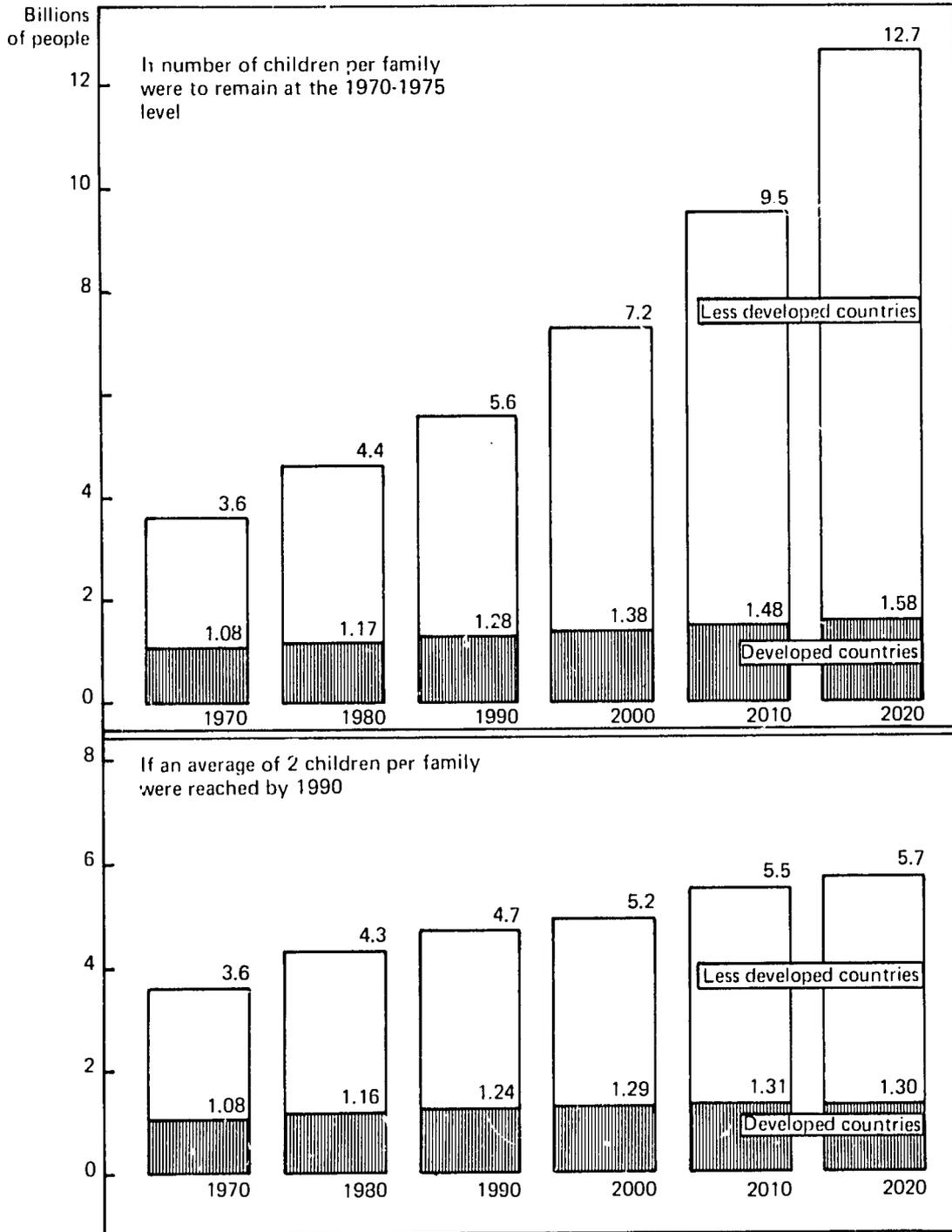
The next largest group of countries are in the "policy start-up" category—Upper Volta, Niger, Haiti, Malagasy Republic, Bolivia, Cameroon, and Senegal. All of these are in Latin America or Africa.

A smaller group of the 72 are considered to have "intermediate policies" at the present time—Ecuador, Guatemala, Liberia, and Zambia; again, all of these countries are in the developing world outside Asia.

A similar number of nations are classified as having achieved a "maturing policy"—Egypt, Ghana,

*A lowering of the world's fertility rate from present levels to the replacement rate of two children per family by 1990 would mean a difference of 7 billion people in the world's total by the year 2020.*

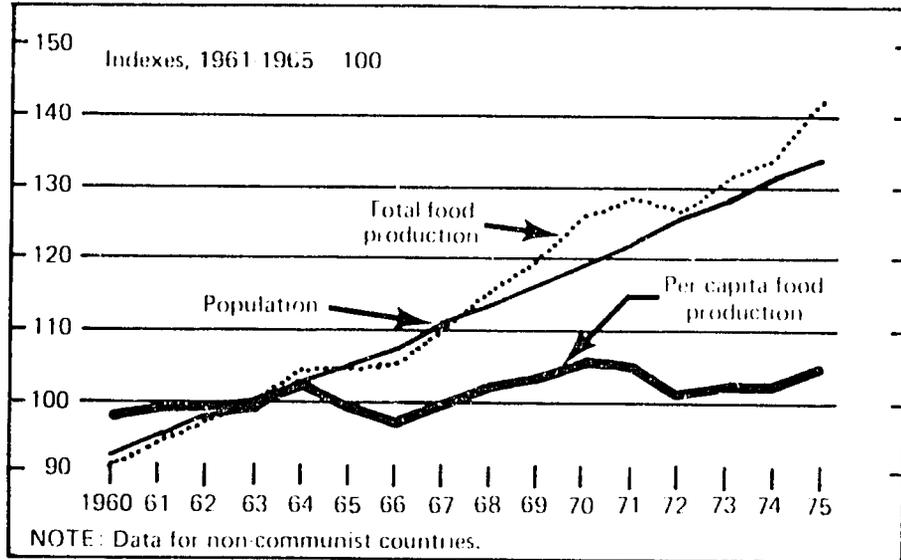
# World Population Growth, 1970–2020



SOURCE: United Nations data

75-27

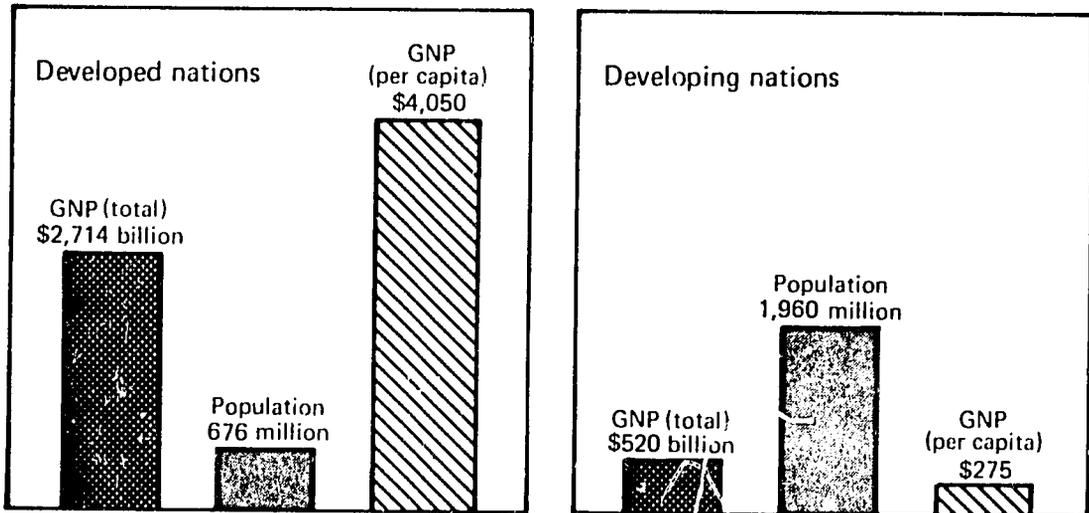
## Food and Population in Developing Countries, 1960-75



SOURCE: Economic Research Service, USDA

75-6

## Gross National Product (GNP) and Population for Developed and Developing Nations



1972 gross national product for non-communist countries.

SOURCE: AID/SRD

75-8

*Total food production of the developing countries as a whole has risen in most recent years. But population increase has tended to keep pace. As a result, per capita food production as a whole has increased but little.*

Malaysia, Venezuela, and Costa Rica.

Finally, a few countries among the 72 have vigorous, "self-sustaining policies," such as South Korea, Taiwan, Chile, Hong Kong, and Singapore.

Looking toward the future, AID's highest policy development priority will be given to those lines of activity likely to result in relatively clear prescriptions by public decision-makers—in general, research on the social determinants of fertility and application of fundings to policy issues. This activity will focus on the situation of nations whose natural population increase poses the most serious problems for the world as a whole, including India, Indonesia, the Philippines, Pakistan, Bangladesh, Thailand, Zaire, Nepal, Kenya, Morocco, Egypt, Mexico, Iran, and Colombia. It is possible, however, that small-scale determinants research will continue to be supported in countries considered to have relatively weak population policies at present but which are demographically important—Nigeria, Ethiopia, and Afghanistan. Since only a few selected countries will be candidates for large-scale research on determinants of fertility in the near future, AID will closely coordinate its activities with those of other international agencies and organizations to minimize overlap of activities.

### **3. Research**

Since the mid-1960's, AID has supported population research with the purpose of developing and implementing improved means of controlling fertility. This research falls into two major categories: (1) biomedical research to develop improved fertility control technology and (2) operational, or "action," research to improve implementation of family planning programs.

Both types of research are essential to improve effectiveness of family planning programs. Biomedical research is supported on the premise that the ready availability of means for fertility control is a prime determinant of fertility behavior and of the time and fiscal requirements for a fertility control program to achieve its objectives. The objective of operational research is to improve the effectiveness of family planning delivery systems.

In fiscal 1975 the Office of Population obligated \$5.6 million (5 percent of its funds) for biomedical and operational research activities. In fiscal 1974 it obligated \$5 million (5.3 percent).

#### **Biomedical Research**

Between 1967 and 1975 AID has provided about \$46 million for biomedical research to develop improved means of fertility control. The high priority given this work has been based on the assumption that, if effective fertility control technology can be developed and delivered to countries with rapid population growth, the people of those countries tend to make use of that technology. AID's research program has been directed toward applied rather than basic research, and has pursued relatively few leads in depth rather than attempting to explore all possible approaches to the development of new technology. Relevance to the needs of developing countries has been a consideration of paramount importance in the selection of topics for research.

Funds for biomedical research have been applied in three areas:

1. Research on a once-a-month self-administered method.
2. Research to improve currently available means of fertility control.
3. Comparative clinical field trials of means of fertility control under use conditions in developing countries.

This biomedical research has been carried out through contracts with various universities, including, in the United States, Colorado, Harvard, Johns Hopkins, Minnesota, North Carolina, Northwestern, Pittsburgh, Washington (St. Louis), Wisconsin, and Yale, and, abroad, Makerere University (Uganda), Royal Veterinary College (Sweden), and the University of Singapore. Cooperating institutes and foundations have included the Battelle Memorial Institute, the International Fertility Research Program, the National Institute of Child Health and Human Development, The Pathfinder Fund, the Population Council, the Salk Institute, the Southwest Foundation for Research and Education, and the Worcester Foundation.

*When national resources are inadequate and must be shared by many, the proportion per person is often extremely small. A relatively small total gross national product in most developing countries is restricting individual savings and country revenues, and retarding capital accumulations needed for self-generating development in these countries.*

**Once-a-month self-administered fertility control method.** Research is being conducted to develop a self-administered means for controlling fertility after exposure to or recognition of pregnancy.

A "hindsight" means of fertility control would be a major technical advance in this field. Since fiscal 1965, AID has obligated about \$15 million for research on a self-administered once-a-month means of fertility control.

The effort has been focused on four areas:

1. Research on regulation of ovarian corpus luteum (ovarian) function.
2. Studies on anti-progestins.
3. Research on gonadotropin-releasing factors.
4. Prostaglandin research.

AID has obligated \$4.8 million for over 40 studies seeking new ways to control corpus luteum function and block progestational activity. This research is based on the premise that by altering the function of the corpus luteum--the part of the ovary that produces a hormone (progesterone) essential to reproduction--fertility can be regulated.

AID has obligated \$4.4 million for research to develop inhibitors of gonadotropin-releasing factors as contraceptive agents. Releasing factors are chemical "messengers" that link the hypothalamus part of the brain with the pituitary gland. The pituitary, among other functions, produces gonadotropic hormones required for conception; it is theorized, therefore, that if the releasing factors can be inhibited from stimulating the pituitary, the hormonal "chain" would be broken and conception prevented. Some anti-releasing factor substances have been identified. Although their value for fertility control has not yet been fully established, the compounds can be taken orally and seem to have no bad side effects.

Since fiscal 1968, AID has obligated about \$7 million to support prostaglandin research, seeking "a nontoxic and completely effective substance or method which, when self-administered on a single occasion, would ensure the nonpregnant state at completion of a monthly cycle." Following early promising results, progress on developing a practical self-administered means of fertility control was stymied for several years because termination of pregnancy was not always satisfactory and side effects remained troublesome.

But work to solve these problems with new prostaglandin analogs and delivery systems has continued. Recent findings have given rise to considerable optimism among researchers and others that many of the old difficulties are on the way to being solved. A report at the May 1975 International Conference

on Prostaglandins at Florence, Italy, indicated that an excellent post-conceptive, self-administered means of fertility control based on prostaglandins is close to being a reality. The farthest along at present is the vaginally administered analog 15 (S)-15 Me PGF<sub>2</sub> methyl ester, which appears to offer virtually certain and complete induction of menses with acceptable side effects in the first 4 weeks following missed menses.

**Improving currently available control methods.** Although important progress will come from research in new means of fertility control, many important gains have come from the less costly research aimed at improving existing technologies, for example oral contraceptives, condoms, sterilization, and pregnancy termination. Improvements in existing technologies are now exerting a powerful "multiplier effect" on the effectiveness of family planning programs wherever these technologies are being made available.

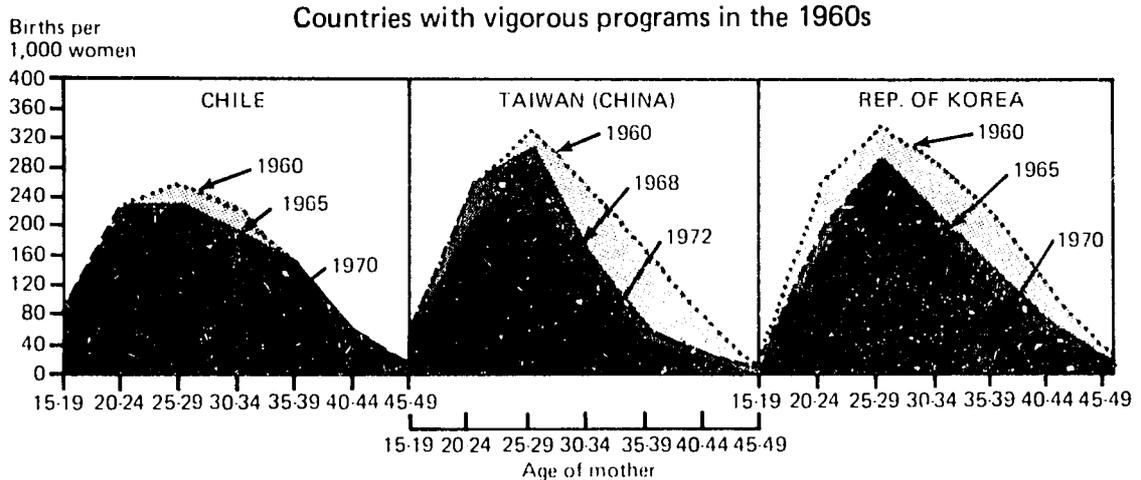
AID's research efforts to improve existing means of fertility control relate to such characteristics as improved convenience for the individual; simplicity of use; attractiveness and appeal of the product or method; safety and freedom from side effects; effectiveness (relatively few failures); a low cost--simple and cheap to manufacture and distribute; cultural acceptability; minimal reliance on highly skilled medical practitioners; and, overall adaptability in family planning programs.

Although often disparaged for their imperfections, *oral contraceptives* constitute a tremendous advance toward womankind's ancient goal of a completely effective and coitally independent means of preventing unwanted pregnancies. Use of oral contraceptives is increasing rapidly in developing countries. Because major improvement in steroidal contraception is unlikely, AID has confined its research to studies on safety and side effects in developing countries, devoting \$2.1 million to that area since fiscal 1970.

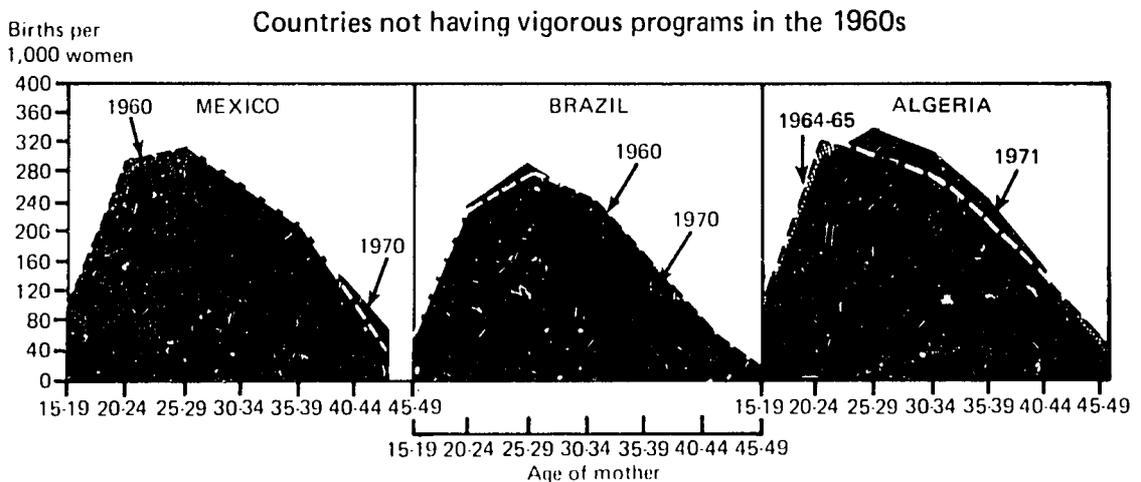
Progress toward perfection of *intrauterine devices* has been slow. Although innumerable IUD's of plastic, metal, and fiber have been "invented" and tested, few, if any, have demonstrated decided advantages over the Lippes Loop. Earlier enthusiasms for copper-bearing IUD's and a variety of plastic shapes have been tempered by increasing experience and awareness of practical limitations to their use. Although the loop continues to have an important place in family planning programs, limitations on its use include lack of complete contraceptive protection in some cases, lack of retention by some, and unavailability of adequate follow-up clinical services

# Family Planning Programs and Fertility Rates

Impacts of vigorous and less-vigorous programs



The fertility of women declined during the 1960s in countries with vigorous family planning programs.



Fertility rates remained high during the 1960s in developing countries not having vigorous family planning programs. Private family planning associations did not exist in most of these countries before the 1960s and government policy often actively discouraged contraceptive availability. However, Mexico in 1973 initiated an official program of family planning and Brazil in 1974 announced a policy embracing recognition of the right of couples to determine the number and spacing of their children and the obligation of the government to make the necessary means available.

SOURCE: AID/PHA/POP

75-5

especially in many remote rural areas.

Introduction of attractively packaged, colored, and lubricated condoms has led to greatly increased demand for these as a means of fertility control. Wherever available, these are useful for family planning.

Important advances are being achieved in the technology of *female sterilization*. Previously considered a difficult and dangerous procedure requiring expensive hospitalization, female sterilization is now being done as a low-cost out-patient procedure by any of several methods.

One of these recent AID-supported developments includes single aperture laparoscopic sterilization with tubal (Hulka-Clemens) clips and (Yoon) Fallopie rings; it avoids the two main hazards of laparoscopic female sterilization—general anesthesia and electrocautery.

Clinical trials with improved tubal clips and rings and their applicators are now in progress in several countries—the United States, Britain, India, Thailand, Korea, and Singapore. As results of additional field trial experience become available, AID will apply knowledge gained to perfect specifications for laparoscopes; and then will purchase the instruments in considerable number for delivery to developing countries.

AID is also sponsoring experimental work on new techniques of female sterilization using cornual trauma, cryosurgery, tissue glues, plugs, transcervical methods—all would eliminate the need for an operation.

AID-sponsored studies are seeking a reversible means of *male sterilization* and simplified means of male sterilization for field use.

**Termination of Pregnancy** remains a controversial means of fertility control. Nevertheless, the proportion of the world's population living in countries where abortion is now legal has increased from one-third in 1971 to two-thirds in 1976. In 1973 the U.S. Congress adopted an amendment to the Foreign Assistance Act which prohibits assistance by AID for abortion services as a means of family planning. However, some abortion-related research and training are supported by AID for the purposes indicated below.

AID-supported research relating to termination of pregnancy has focused on development of methods and equipment which allow safe termination of pregnancy and effective treatment of illegal and spontaneous abortions and miscarriages suitable for use in developing countries.

AID also sponsors research in pregnancy testing. Early detection of pregnancy allows early initiation

of prenatal care or, for those who choose it, early termination of pregnancy on a wholly voluntary basis and in accordance with prevailing local custom and medical practice. A new 5-minute test which can detect pregnancy as early as the time of the missed menses has been developed at Johns Hopkins University and is entering field studies.

**Field studies.** To improve currently used means of fertility control and to evaluate fertility control methods which may have differing efficacy and risks associated with them when used in the less developed countries, a major component of the AID research program is collaborative and comparative clinical trials of new methods. The focus of this effort is the epidemiologic evaluation of the success and the performance characteristics of each of these methods under use conditions in field programs. This type of evaluation studies is performed through a network of collaborating investigators. These field studies have also made it possible to carry out double blind trials of new methods in the same clinical setting.

Beginning in fiscal 1967, AID supported the development of the International IUD Program of The Pathfinder Fund. This \$1.5 million field study of IUD characteristics has provided high-quality comparative data from 40 countries. Uniform records and centralized data processing have allowed the determination of which performance patterns are related to IUD user and clinic characteristics. For example, the highly important category of removals because of bleeding or pain has been shown to be greatly related to individual clinics providing contraceptive service.

To extend the availability of a clinical network for field trials, an International Fertility Research Program (IFRP) was initiated in fiscal 1971. Since that time a total of \$9 million has been provided to the IFRP to support conduct of collaborative field trials of new IUD's, sterilization techniques, pregnancy termination techniques, prostaglandins, and pharmacologic contraceptives in many countries.

**Biomedical research by others.** Although AID's fertility research program is focused on the applied end of the spectrum, a great deal of basic research concerning human reproductive processes is being carried on by others. The major institutional sources of funds for both applied and basic research in reproductive biology and contraceptive development are governments, private foundations, international organizations, pharmaceutical firms, and universities. Research is being carried out in government laboratories, universities, private research laboratories, and at pharmaceutical firms. It was estimated in 1970 that at that time there were 145 major institutions carrying out research in the biomedical field.

## Operational Research

In the fiscal period 1965-74 AID provided \$20 million for over 70 technical assistance and operational research projects in 20 countries of Africa, Asia, and Latin America to improve delivery of family planning services.

In many developing countries, especially those in Asia, the family planning infrastructure is well established and the full spectrum of fertility regulation methods is available. There are, however, numerous economic, administrative, geographic, and cognitive barriers which restrict this availability. In many programs, people still must pay for contraceptives, wait in long lines, fill out lengthy forms, receive services only during certain hours, and travel long distances. In addition, many persons are not aware of the services that are available, or have inaccurate information about specific fertility regulation methods. The general objective of "action" research projects is to develop delivery systems that eliminate or minimize such barriers, thereby making fertility regulation methods truly available. These systems must be cost-effective and have the potential

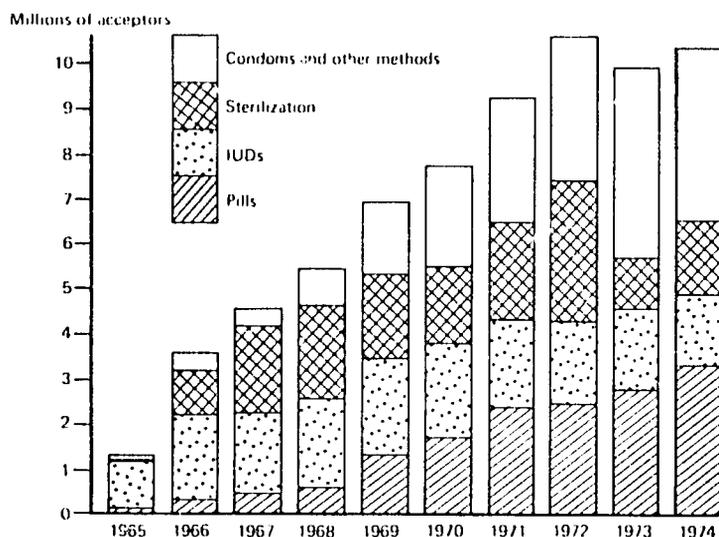
for replication by the host countries.

**Taiwan.** The project's objective is to measure use and effects of contraceptives when made available to women in their homes. Twelve study townships and twelve control townships are used in the project. Each study area is matched with a control. A baseline survey of client characteristics has recently been concluded and a followup survey will be conducted at the end of the project in mid-1976.

**Egypt.** AID is providing the American University in Cairo with funds to demonstrate two contraceptive delivery systems in both urban and rural settings. The first system entailed a household canvass during which pills or condoms were offered free to residents. Under the second system, pills and condoms were distributed through group meetings of neighborhood women. This year-long demonstration has been adjudged highly successful and will be continued.

**Korea.** A new project provides for the "saturation" of a study area with pills and condoms through village-wide household canvasses. After an initial canvass/meeting, resupplies can be obtained from a village depot. The study area has a population of

## *New Acceptors of Contraceptive Methods in Family Planning Programs of 46 Developing Countries, 1965-1974*



SOURCE: AID/PHA/POP

75-13

*Use of pills and condoms continues to expand, while use of IUD's has just about held its own. The sharp decline in sterilization in 1973 and 1974 reflects India's decision to de-emphasize its mass camps for vasectomies, while sterilizations were increasing elsewhere. The upswing in sterilization in 1974 is apparently continuing.*

approximately 450,000 people. There will be a control area which will not receive the saturation, and an intensive cost analysis of the saturation area. Backup services offering other fertility regulation methods will be provided. In addition to this cost analysis, there will be three contraceptive prevalence surveys in each area—before, mid-point and after.

**Bangladesh.** This is a study of the acceptability of various contraceptive methods in rural Bangladesh. It involves assessing household delivery of contraceptives in rural areas by comparing acceptor data, periodic estimations of prevalence of contraceptive use, and age-specific fertility rates.

## 4. Strengthening Family Planning Services

From the beginnings of assistance to family planning programs of developing countries, the U.S. Agency for International Development has emphasized types of aid aimed at the development and strengthening of field services of country programs. Through its Office of Population and Country Missions, AID acts in this sphere to (1) provide and encourage adequate availability of contraceptives and program services, (2) promote the development of improved delivery systems for family planning supplies and services, and (3) provide technical consultation on program problems. Such services—available at the request of the host country—are essential to the growth and expansion of family planning programs in these countries.

In fiscal 1975 the Office of Population obligated \$53 million (48 percent of its funds) to the strengthening of family planning services and the provision of contraceptives. In fiscal 1974, it obligated \$50.9 million (45 percent).

Over the 10-year period AID has provided \$99.3 million for purchase of contraceptives and other fertility control materials alone. The Agency is now, as it has been since 1966-67, the leading source of contraceptive supplies and other assistance for the family planning programs of developing countries. To date some 7 million IUD's have been purchased. Further, more than \$9.5 million has been used for purchase of medical equipment and other commodities used in extending family planning services. For fiscal 1974, contraceptive purchases totaled \$21.9 million and other equipment \$6.0 million. In fiscal 1975 such purchases totaled \$26 million and \$1.5 million, respectively.

AID outlays for family planning services other than contraceptives for the 1966-75 period amounted to \$229.2 million. In fiscal 1974 they amounted to \$29.1 million and in fiscal 1975 to \$27 million.

**Research by others.** The international effort supporting research to improve family planning delivery systems is much less extensive than that supporting biomedical research. Much support has come from the budgets of national programs. Other major sources of funding are the Ford and Rockefeller Foundations and the Population Council, although recent cutbacks in foundation funding have diminished the role of the foundations. The International Planned Parenthood Federation has recently launched some projects relating to community-based distribution and demonstration projects.

In Washington this type of assistance centers in the Family Planning Services Division. The Division arranges delivery of contraceptives and other medical supplies and equipment as requested by the AID Missions, provides technical consultation, and monitors grants to private agencies.

Program strategy is focused on delivery of contraceptive services to those in greatest need of family planning services, through both unipurpose activities and integrated systems for delivery of maternal child health, family planning and nutrition services. Descriptions of specific projects are found in the Region and Country sections.

### Postpartum Approach

A first step in this direction during the 10-year period was the postpartum approach—a technique pioneered by the Population Council in 1966 with AID assistance and since widely adopted as a basic part of family planning programs in countries throughout 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 most fertile segment of society. They are readily reached by family planning educators, the aura of confidence in the hospital staff is favorable, and the setting for subsequent delivery of contraceptive services seems appropriate and logical to the potential clients.

The hypothesis that a program conducted in keeping with such a setting would be effective was first verified in demonstration projects conducted in large urban hospitals. On the basis of the success of these projects, the approach was then extended to smaller units in a wide array of countries.

Reports from large urban hospitals indicate that younger women tend to prefer different means of contraception than older women. Younger women having few or no children prefer oral contraceptives while sterilization acceptors were of a median age of over 32 years and had a median of 5 living children.

### **AID Commodity Support**

In keeping with the growth in family planning programs throughout the world, AID during the past 10 years has dramatically expanded its program of providing contraceptive commodities to cooperating private and government organizations. It financed delivery of contraceptive supplies to more than 70 countries in fiscal 1975.

The provision of commodities authorized under Title X of the Foreign Assistance Act includes a wide range of supplies and equipment. In addition to oral contraceptives, intrauterine devices (IUD's), condoms, aerosol foam, diaphragms, creams and gels. AID has provided essential clinical equipment and supplies such as examining tables and sterilization equipment for both stationary and mobile clinics.

Expanded education and training activities have required increased amounts of training aids, audio-visual equipment, and a wide range of auxiliary supplies including films, booklets, and pamphlets.

As a reflection of expanded activity in family planning programs in developing countries and of increased demand for contraceptive supplies, expenditures for contraceptives increased from \$21.9 million in fiscal 1974 to \$26 million in fiscal 1975. Of the \$99.3 million expenditure for contraceptives and other fertility control materials made in the last 10 years, \$35.9 million was destined for countries in Asia. For deliveries, \$24.6 million has gone to Asia of a total of \$76.9 million. Similar patterns were maintained in fiscal 1975.

### **Oral Contraceptives**

In fiscal 1975, AID assistance amounted to 66.5 million cycles of oral contraceptives representing a value of \$10.4 million. Cumulatively, through fiscal 1975, AID has furnished 355 million cycles of oral contraceptives at a cost of \$62.0 million. AID supplies oral contraceptives on a bilateral basis to 20 countries at the present time and, by working through other participating organizations, makes contraceptives available to some 70 countries.

AID has procured contraceptives through contracts negotiated by the General Services Administration (GSA) using the competitive bid procedure which resulted in changes in the brand or type of

oral contraceptives supplied from time to time. Brand changes in some cases brought complaints from users, with resultant detrimental program effects. In June of 1973, after a thorough review of procurement practices, AID initiated a policy of central procurement for oral contraceptives. This allows procurement under generic specifications rather than under brands that may change, thus enabling cost savings to the U.S. Government as well as aiding the continuing acceptance by the users.

Since June 1972, all AID-furnished oral contraceptives have been in a standard "Blue Lady" pack, each containing three monthly cycles. The Blue Lady pack, with a silhouette of a young woman, putting a pill in her mouth, has become familiar to women in the developing world and has facilitated education and communication concerning oral contraceptives as well as enhancing distribution.

Oral contraceptives are widely available commercially in many countries, including the Philippines, Jamaica, Bangladesh, Botswana, Chile, Egypt, El Salvador, Ethiopia, Gambia, Honduras, Iraq, Jordan, Nepal, Liberia, Paraguay, Sudan, Trinidad, Tunisia, Uruguay, and Pakistan. In several of these countries there are no prescription barriers. Others such as Thailand and Korea are considering a similar approach.

Since an estimated 60 percent of women of child-bearing age in developing countries are less than 30 years of age and over half of all children are borne by women in their twenties, assistance for oral contraceptive distribution is being given priority by AID. To meet the rapidly growing demand, alternative methods of manufacture, procurement, and distribution are being explored. For example, AID is providing support for the distribution of oral contraceptives and/or condoms through retail outlets at subsidized prices in the following countries: Pakistan, Bangladesh, Jamaica, Sri Lanka, the Philippines, and Indonesia. These efforts complement existing family planning programs by greatly increasing the availability of contraceptives, especially for individuals who do not have easy access to family planning clinics.

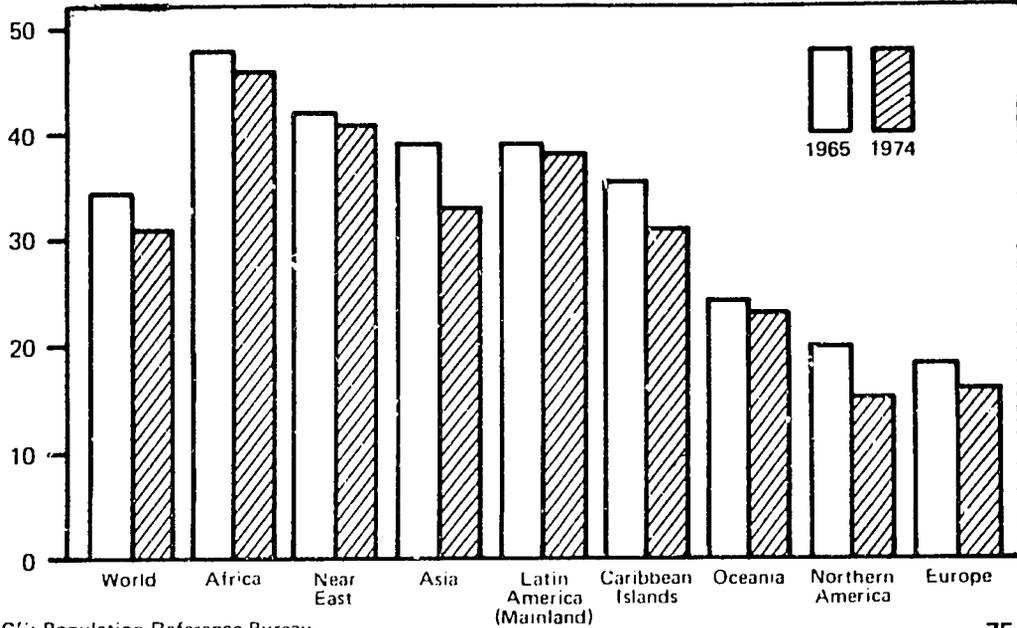
### **Intrauterine Devices**

Although demand for IUD's has decreased in recent years, AID provided some 830,000 IUD's in fiscal 1975. The types now being furnished are the Lippes Loop and the Saf-T-Coil. AID has supplied four sizes of Lippes Loops (A, B, C and D).

Until it came under question by the U.S. Food and Drug Administration, two sizes of Dalkon Shields (small and standard) were also provided. However, the Dalkon Shield is no longer provided and all out-

## *Birth Rates for the World and Major Regions 1965 and 1974*

Births per 1,000 population

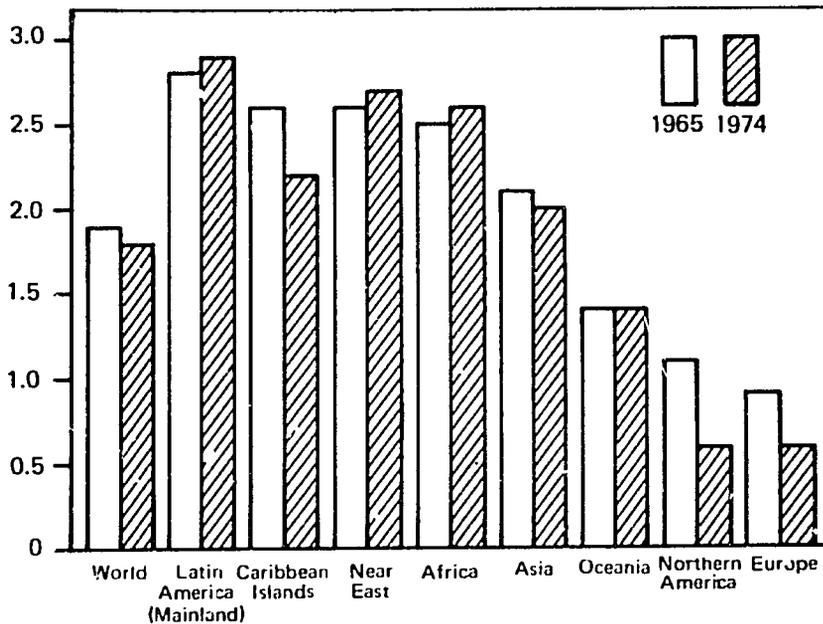


SOURCE: Population Reference Bureau

75-40

## *Rates of Natural Increase for Major Regions and the World, 1965 and 1974*

Percent



SOURCE: Population Reference Bureau

75-41

*The world rate of natural population increase declined between 1965 and 1974. Declines in the developed countries, the Caribbean area, and Asia were offset in considerable degree by increases in Latin America, Africa, and the Near East.*

*Birth rates appear to be associated with per capita gross national product. In 1974, Europe, Northern America, and Oceania had an average birth rate of 16 per 1,000 people and a per capita GNP of \$3,456, whereas all other regions, mainly developing countries, had a birth rate of 32 and a composite per capita GNP below \$450.*

standing supplies have been recalled. Cumulatively, AID has provided 7 million IUD's at a cost of \$2.8 million during the past decade.

### **Condoms**

Condom provision in fiscal 1975 showed a marked increase from previous years' purchases—346 million units as compared to 9.3 million in fiscal 1966. Renewed interest in this type of contraceptive has resulted from the introduction of multicolored lubricated condoms which are now available in red, green, black, blue, and pink. Cumulatively through the program, 950 million condoms have been provided at a total cost of \$25 million.

### **Other Contraceptives**

There is only a limited demand for other contraceptives of the conventional variety. Aerosol foam continues to be provided by AID to developing countries requesting it for their programs. Similarly, diaphragms, vaginal creams, and gels are also provided on request. Cumulatively, funds used to provide the latter commodities amounted to slightly more than \$810,000.

In addition to supplying the above listed contraceptive devices, AID has acted to standardize the components supplied in medical kits so as to simplify procurement procedures and assure availability of the necessary equipment in the numerous special-purpose clinics in developing countries. Major activities have included development of specifications for a simplified mini-laparotomy kit.

To assure the availability of all the various commodities in adequate quantities to carry out the objectives of the family planning programs, AID has established a policy to maintain a 1-year supply in country and a 1-year supply on order.

### **Sterilization**

Accompanying marked improvements in equipment and techniques for surgical sterilization, especially laparoscopic and minilaparotomy sterilization for women, greatly increasing numbers have chosen voluntary sterilization for control of fertility in recent years.

Sterilization is popular in many countries including the United States. Sterilization, especially

tubal ligation, has long been widely used in Puerto Rico. India is also a leader in use of sterilizations, the number rising to a peak of more than 3 million in 1972, mainly vasectomies. With a decline in vasectomies since 1972, the growing availability and acceptance of advanced techniques of female sterilization lifted the 1975 total in India to more than 3 million sterilizations. It is estimated that some 17 million couples in India are currently dependent on this method of fertility control.

Increasing demand for female sterilization has also been manifest in other countries whenever quality services have been made available—in Bangladesh, Colombia, Costa Rica, Egypt, El Salvador, Jamaica, Korea, Nepal, Pakistan, Philippines, Thailand, Tunisia, among others.

Assisting country programs in use of advanced techniques of female sterilization, especially laparoscopic sterilization, the Agency for International Development has supplied 455 laparoscopes for programs in 53 countries since 1972, plus more than 10,000 mini-laparotomy kits.

### **Monitoring of Grants**

In providing assistance to strengthen field work by private organizations abroad, the Office of Population monitors four major grants.

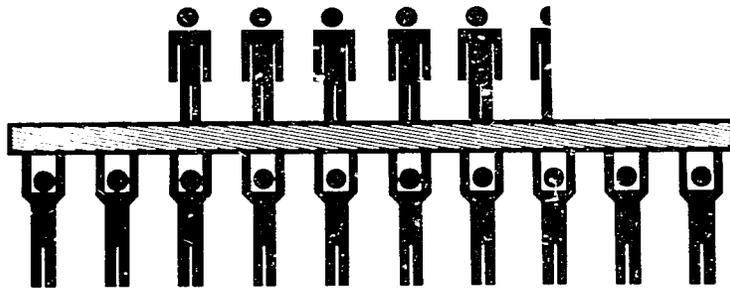
The International Planned Parenthood Federation (IPPF) uses its amount from AID to help establish and support affiliate associations in 84 developing countries. These associations provide family planning information and services through over 3,000 clinics. IPPF also trains clinic personnel in basic contraceptive techniques and family planning education and it develops and distributes information/education materials to increase knowledge about family planning among prospective acceptors.

Family Planning International Assistance (FPIA), the international division of Planned Parenthood Federation of America, uses its grant to help provide financial, technical, and commodity assistance to family planning programs of church-related and other private service organizations in developing countries. Since the inception of its program, FPIA has provided grants to more than 80 projects in 22 countries, with the emphasis on low-cost/high benefit programs that are innovative and have the potential for replication elsewhere. In addition to direct project grants, FPIA has provided commodity assistance—contraceptives, medical equipment and supplies, educational materials—to a total of 75 countries to date.

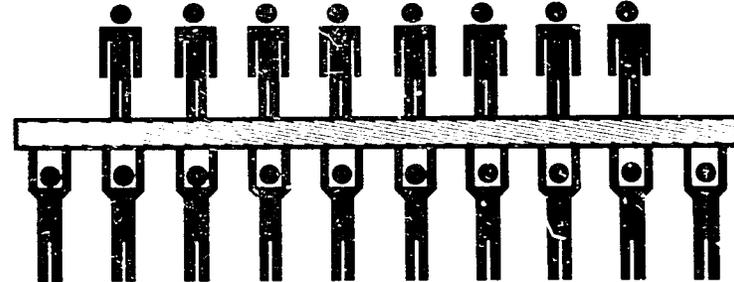
The Pathfinder Fund uses its grant in dealing with a variety of groups which demonstrate a willingness

# *Dependents Supported by Adults in Developed and Developing Countries, 1975*

Developed countries



55 persons under age 15 and  
over age 64 are supported by  
each 100 aged 15 through 64



79 persons under age 15 and  
over age 64 are supported by  
each 100 aged 15 through 64

*The high proportion of young people in the populations of developing countries, plus people over age 64, puts a burden on working-age people and reduces living standards of all age groups. Also, countries with a high dependency ratio have difficulty in accumulating the savings required for investment and stimulation of economic growth.*

and capacity to undertake innovative and pioneering family planning programs, particularly in areas where none have existed. Pathfinder has supported projects in a total of 56 developing countries.

The Association for Voluntary Sterilization (AVS), in turn, uses its grants in working with all the aforementioned groups, but limits its efforts to voluntary sterilization. It supports some 35 voluntary sterilization information and service projects in 25 developing countries. AVS also trains medical personnel in advanced techniques of sterilization and sponsors international and regional conferences on voluntary sterilization for leading medical and health professionals. In addition, AVS helped establish several national voluntary sterilization associations in developing countries and a World Federation of Associations for Voluntary Sterilization.

#### **Data Collection for Management Purpose**

In order to provide maximum support to national family planning programs, monitor the development of program progress, and gather information vital for the proper management of its large contraceptive commodity assistance, the Office of Population has instituted a quarterly and annual reporting system which measures the in-country flow of contraceptives and the development of family planning services.

The data requested from the field are limited to relatively few variables considered most important in providing support to programs and thought to be standard for almost all programs. Feedback reports are provided to all countries submitting data so that the data can be used for management purposes in the field as well as in the Office of Population.

By collecting these data quarterly, the Office of Population can adjust its contraceptive procurement and shipping procedures to reflect actual program realities and support programs by providing technical assistance when logistical and managerial problems are noted in the submitted information.

#### **Technical Services**

The Family Planning Services Division provides

technical back-up to the Office of Population and to USAID Missions and responds to requests for help from overseas family planning organizations,

These functions are performed by two full-time physician/family planning specialists who provide technical services in several ways:

(1) Developing specifications for contraceptives commodities and medical instruments and providing medical guidelines to the field on use of these.

(2) Keeping field staff informed of medical developments related to family planning.

(3) Responding to written and cable requests for technical help from USAID Missions.

(4) Attending national and international family planning meetings to present AID's point of view.

(5) Visiting overseas family planning programs to assess progress and provide technical advice.

(6) Providing short-term highly specialized family planning consultant help to voluntary programs through the use of contracts with the American Public Health Association, the Family Planning Evaluation Branch of the Center for Disease Control in Atlanta, and Management Sciences for Health, a Boston-based firm.

(7) Expediting the acceptance of contraceptive and medical family planning techniques overseas by persuading physician colleagues in developing countries of their importance and benefits.

## **5. Communication**

Just a decade ago, most of the world's people, particularly those in the developing nations, had never heard of family planning. Most did not realize that their countries had population problems or that many of their own family problems were directly related to the fact that they could not adequately care for the number of children who were being born.

Now, in country after country, people have become aware that rapid population growth is occurring and that family planning exists. What made the difference? New research from demographers, economists, and social scientists described the magnitude and seriousness of explosive population growth and

*Until the age structure of a population can be shifted away from one with many young people (as in Mexico) to one with many older people (as in Sweden) rapid population growth will continue. This "momentum" arises from the fact that there will be more young people forming families and having babies at a faster rate than older people are dying. Even if fertility rates were to drop to the replacement level of slightly over 2 babies per mother, it would take an estimated 60 years before populations of the developing countries would stabilize.*

its negative effects on development, the environment, and individual health and well-being. New inventions and improved applications in contraceptive technology made family planning methods more effective and safer. However, the mere existence of new information and materials was not enough. To bring these findings out of scholarly literature, to grasp public attention and generate action, dozens of organizations mounted a broad range of information, education, and communication (IEC) programs through a variety of channels.

IEC activities over the past 10 years have greatly expanded public knowledge, and interest concerning the problems of high rates of population increase have stimulated needed program action and provided information on family planning methods and program services. Radio, television, posters, pamphlets, newspaper articles, and films have spread the word; health and family planning curriculums have been developed and introduced in thousands of schools; local, national, and regional meetings have brought people together for discussions and to initiate action.

The overall purpose of the U.S. Agency for International Development (AID) in this field is to assist developing nations create or improve their systems for the delivery of information and education in support of population and family planning programs. With so many differing conditions and settings involved, the importance of specific IEC programs for a developing country cannot be over-emphasized. Varying messages must be delivered in different ways depending on the resources available, the stage of policy acceptance and interest in a country, the social and cultural climate, the target audiences to be reached, the channels and media to be used, and a number of other factors.

In fiscal 1975 the Office of Population obligated \$13 million (12 percent of its funds) for information and education activities. In fiscal 1974, it obligated \$14 million (12 percent).

### Funding Channels

Approximately 11 percent of AID population resources over the past decade has gone into IEC activities, including those conducted by various organizations such as the United Nations Fund for Population Activities (UNFPA) and the International Planned Parenthood Federation (IPPF). AID funds for IEC projects reach developing nations through four major channels:

1. Bilateral or country-to-country financing in 27 nations is directed toward providing resources needed for IEC activities within a given country.
2. Financing through UNFPA-sponsored projects

in more than 40 countries goes primarily for governmental population/family planning activities, such as health delivery systems and population education in the schools.

3. AID assistance to IEC programs of private voluntary organizations such as IPPF and The Pathfinder Fund supports private family planning associations, church-related health and community programs, private welfare agencies, and service projects in more than 80 countries.

4. Interregional projects funded through AID contracts and grants are carried out by institutions or private firms to support and supplement programs being conducted through the other channels.

### Action Audiences

Despite the increase of knowledge and acceptance of family planning in many areas and despite the wide variety of projects already mounted, the IEC task is just beginning. The availability of services and supplies in an area often depends upon the level of local interest and demand stimulated by information and education. At the same time, the use of services/supplies depends on public knowledge of them and their availability.

In recent years, AID has sought to aim its IEC assistance toward five basic "action audiences" and encourage other contributors to do the same. These audiences are definable target groups who help determine the success or failure of a national family planning program.

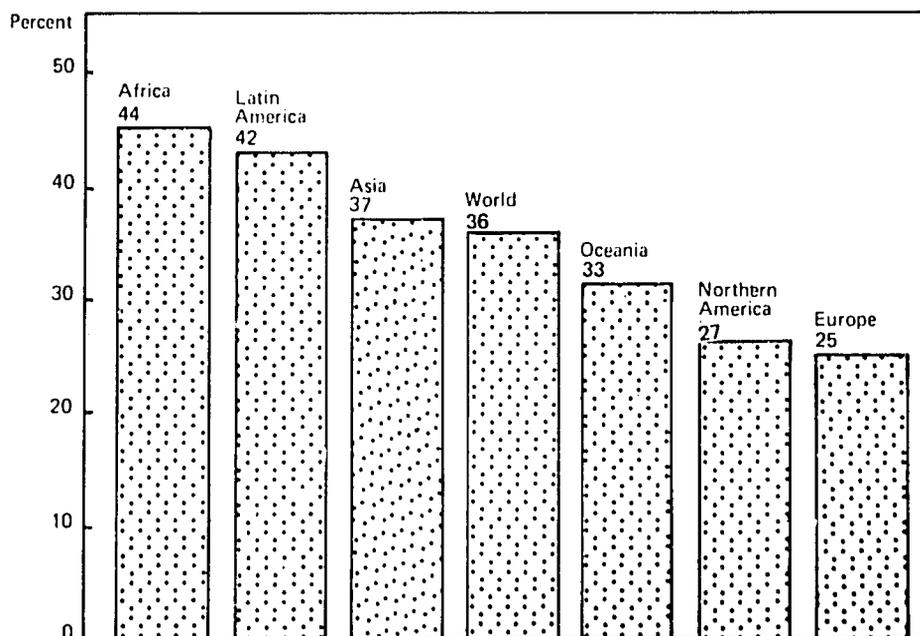
The potential *reproducers* action audience is the primary target. These are the women of childbearing age and their partners who must be encouraged in appropriate ways to adopt and practice effective means of family planning.

IEC activities attempt to persuade the *controllers of policy* audience to adopt and support population policies applicable to their areas of influence. Policy controllers are the individuals or groups who make family planning programs possible and give them a respected stamp of approval.

*On-coming reproducers* are children below the age of marriage and childbearing. IEC projects both in and out of school aim to provide this key target group with full knowledge of the national and personal reasons for family planning.

Messages to the *general public* help develop knowledge of population problems in society, family, and individual—which fosters the concept of family planning and the introduction and widespread use of program services. The public is urged to adopt lower family size norms and determine to slow the rate of population growth in their countries.

## *Percent of World Population Under 15 Years of Age, By Region, 1975*



SOURCE: Population Reference Bureau

75-26

*The developing countries, with a high proportion of young people in their population and high annual rates of natural increase, will provide the bulk of the world's population gain in the next 60 years and possibly beyond.*

*Deliverers of information and services* are those who staff clinics, serve as family planning field workers, have access to media channels, and are in other ways responsible for bringing reproducers together with services. IEC activities teach them effective methods for doing their work, provide continuing information on developments in family planning, and encourage them to treat clients in ways that promote sustained family planning practice.

Because resources are limited, AID is concentrating mainly on campaigns to reach the first three audiences--the reproducers, the controllers of policy, and the on-coming reproducers.

### **Program Strategies**

Through its years of population/family planning experience, AID has adopted six major strategies as those most likely to result in the development of successful IEC support for population programs:

1. Through country-specific IEC programs taking into account the differing needs of the people to be reached, to encourage population/family planning groups within a country to design and implement IEC activities in the country which will greatly increase

public knowledge of the need for fertility control and of the availability of commodities and services.

2. To organize AID's staff, skills, and resources, plus those of contractors and grantees, around a series of campaigns aimed toward action audience projects which are relevant to country plans and abilities.

3. To cooperate and coordinate with international organizations and major voluntary groups on activities to improve the quality of assistance provided and avoid duplication of effort.

4. To work with and through professional and broad-based special interest groups, such as home economics association and, labor unions, to reach their members and the people they influence, enlisting their educative support for family planning.

5. To encourage local production of IEC materials required by country programs and cooperate with other groups to improve the quality and usefulness of materials going to developing nations.

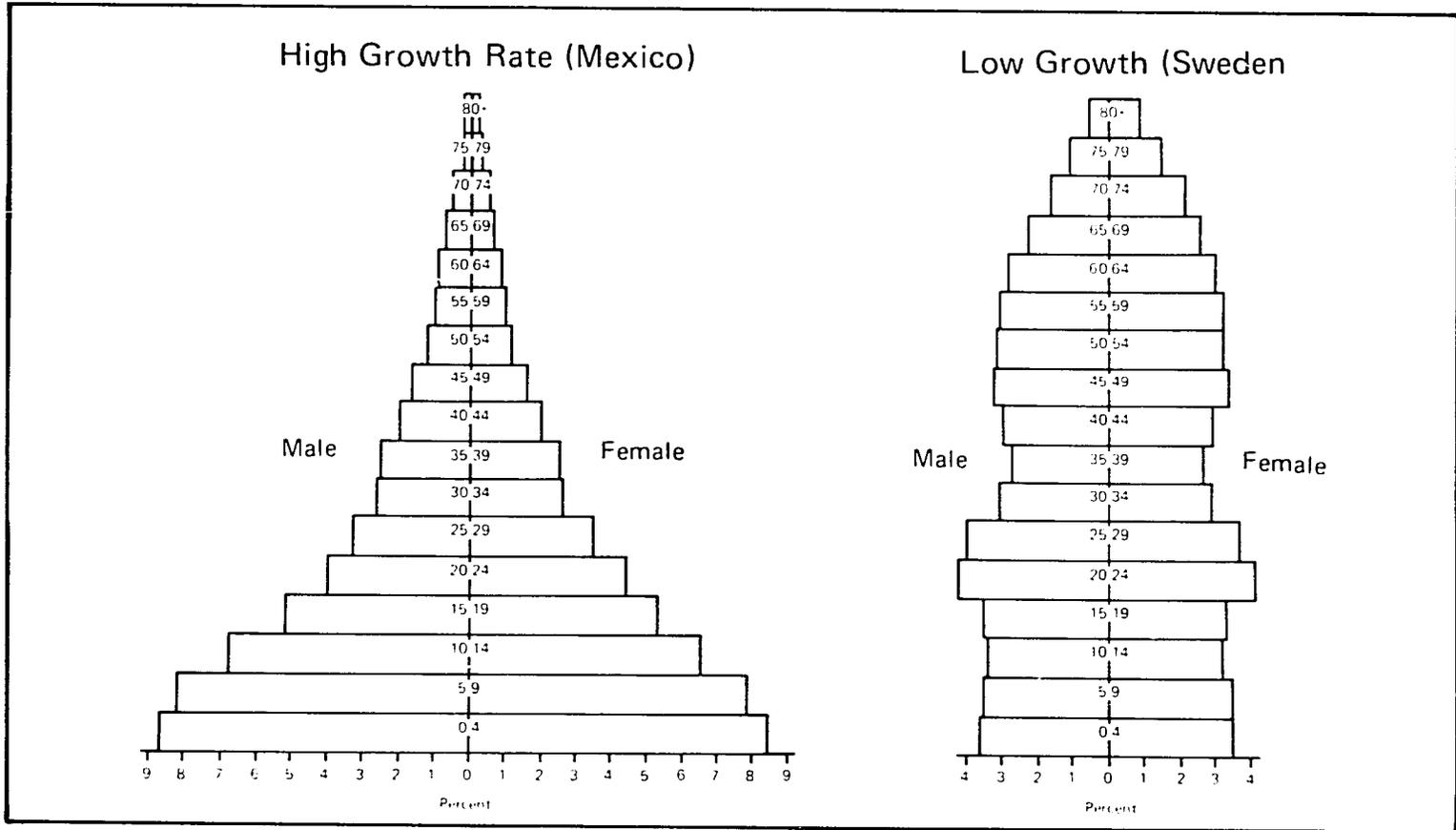
6. To utilize the mass media for wide dissemination of basic messages of population/family planning programs.

### **Grant/Contract IEC Support**

By awarding grants and contracts to a number of

# *Population Composition of Two Countries with Widely Differing Growth Rates*

30



SOURCE: 1972 Demographic Yearbook, United Nations (1972 data)

75-24

organizations to carry out specific IEC activities, AID multiplies the skills and resources it has available in the IEC field, greatly expands the numbers of people reached, and is able to meet developing country needs more quickly and effectively than would otherwise be possible. Staff specialists within the Office of Population's IEC Division monitor grants covering far-reaching IEC programs. They also coordinate closely with other AID officers on AID-funded projects, such as those of Family Planning International Assistance, which have a major IEC component as part of their operations. Grants monitored directly by the IEC Division include:

*East-West Communications Institute (EWCI).* An AID grant to EWCI in 1970 assisted that organization to improve its capabilities to serve as an international resource for improving information-education support of population/family planning programs. EWCI is involved in IEC training service and research in the population field and other spheres of economic and social development activities.

More than 325 participants from 42 countries have taken part in the 19 conferences and workshops sponsored by the Institute through June 1975. EWCI staff members have collaborated on research and case studies with personnel of action programs and research institutions in 14 developing nations. Major surveys have been conducted of the abilities, magnitude, and needs of IEC programs in 25 selected countries. Numerous graduate students and short-term trainees have learned IEC methods and contributed to projects at the Institute.

One recent innovation is the development of a modular training system incorporating instructional materials for 15 different segments of IEC studies. With general guidance and tutoring from the EWCI staff, a student selects modules according to his interests, professional needs, and time available.

EWCI's Resource Materials Collection Center serves as a clearinghouse of IEC materials which are made available to professionals on an exchange basis. The Institute has received more than 7,000 requests for materials, 1,325 in FY 1975 alone. EWCI publishes the bimonthly IEC newsletter which reaches approximately 4,000 people in more than 100 countries. EWCI staff members and consultants have provided technical assistance to a number of on-going country IEC programs through short-term visits.

*University of Chicago.* The Community and

Family Study Center (CFSC) of the University of Chicago has carried out a number of population research, training, publication and consultation activities for more than a decade. Funding for its fall program has been provided from both private and public sources.

Long-term, graduate-level IEC training, initiated in 1971 under an AID grant, emphasizes a combination of classroom training and practical laboratory experience to prepare graduates for posts as top-level administrators or technicians in IEC population programs in their own countries. Since it began, the degree program has granted 37 Master's degrees, 7 Ph.D.'s and 4 certificates to students from 23 countries. The program has a capacity of 25 students annually and has 8 fellowships to award to professionals who will become key communication experts in their own countries.

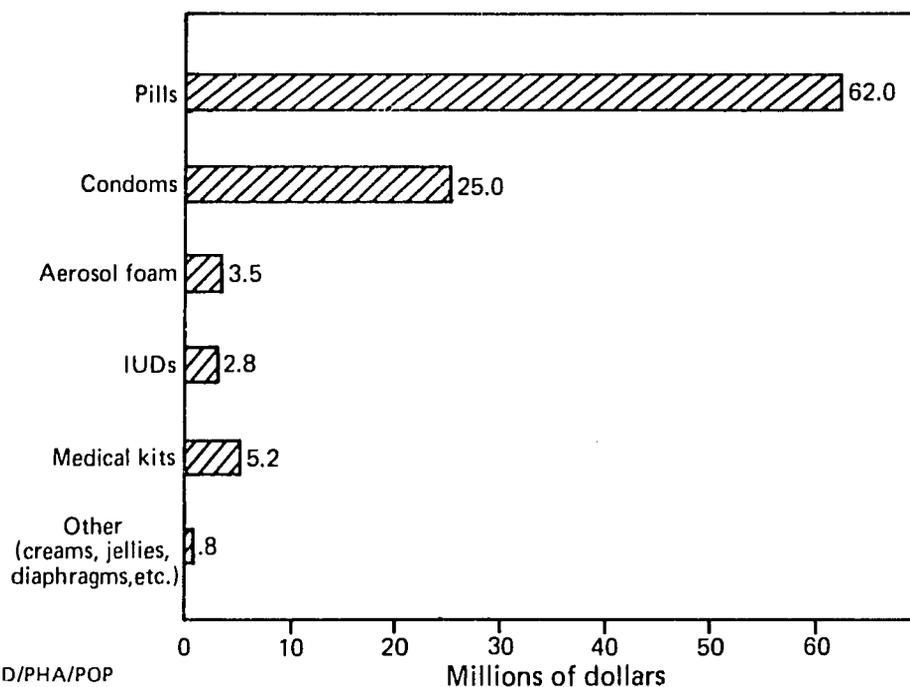
Some 957 participants from 79 countries have attended CFSC's summer workshops on "Mass Communication and Motivation for Family Planning" since they began in 1962. The workshops, funded mainly by the Ford Foundation, were partially funded by AID in recent years.

Beginning in 1974 a parallel program in population education (which includes the training of family planning workers) for both long-term and short-term training was launched in collaboration with the Department of Education of the University.

The CFSC has established a Communications Laboratory with a materials production branch and a research branch, and a small population research library. The Center has produced a variety of monographs which serve an international teaching function and are of practical use to programs in developing nations. Staff members have undertaken a number of short-term consultation activities.

*American Home Economics Association (AHEA).* Helping young women and girls understand family needs and processes has long been a role of home economists in schools and through extension services. They are recognized as authorities in this field and their programs are growing in many developing nations. They reach both urban and rural women. Thus, home economists occupy a strategic position for teaching population concepts and motivating women to practice family planning. To add this new dimension to the home economist's activities, the AHEA has been conducting an international IEC program under an AID grant to involve home economists in

## *Total Contraceptive Supplies Financed by AID for Developing Countries, 1966-75*



*Orals (pills) are the most widely used of all contraceptives in family planning programs of developing countries, but use of condoms is increasing. AID offers other safe and effective supplies and equipment, because a broad choice of methods increases program flexibility and effectiveness.*

active support of family planning programs underway in their own countries. Since July 1972, AHEA has conducted 33 seminars and workshops in 14 countries. Some 3,000 home economists have participated. Eleven summer institutes held at U.S. universities have provided specialized family planning training to 135 home economists from developing nations.

*International Confederation of Midwives.* Assisted by a 5-year grant from U.S.-AID, the International Confederation of Midwives has been conducting a project since 1972 emphasizing the family planning responsibilities of midwives throughout the world, especially in regions and areas where midwives are the usual source of assistance at child-birth.

Three regional programs for this purpose were conducted in fiscal year 1975—in Bogota, Colombia, for South American midwives and obstetricians; in Manila, the Philippines, for delegates from East Asia; and in Kuala Lumpur, Malaysia, for those from West

Asia. Others were conducted in fiscal 1974 for the Caribbean area, in Bridgetown, Barbados; and for western Francophone Africa, in Dakar, Senegal. In the preceding year, they were held in San Jose, Costa Rica, for Central American delegates; in Nairobi, Kenya, for East African representatives; in Yaounde, Cameroon, for midwives and obstetricians from the Francophone countries of Central Africa; and in late 1972, the first of the programs was held in Accra, Ghana, for delegates from English-speaking countries of West Africa, with midwives and physicians attending from five countries.

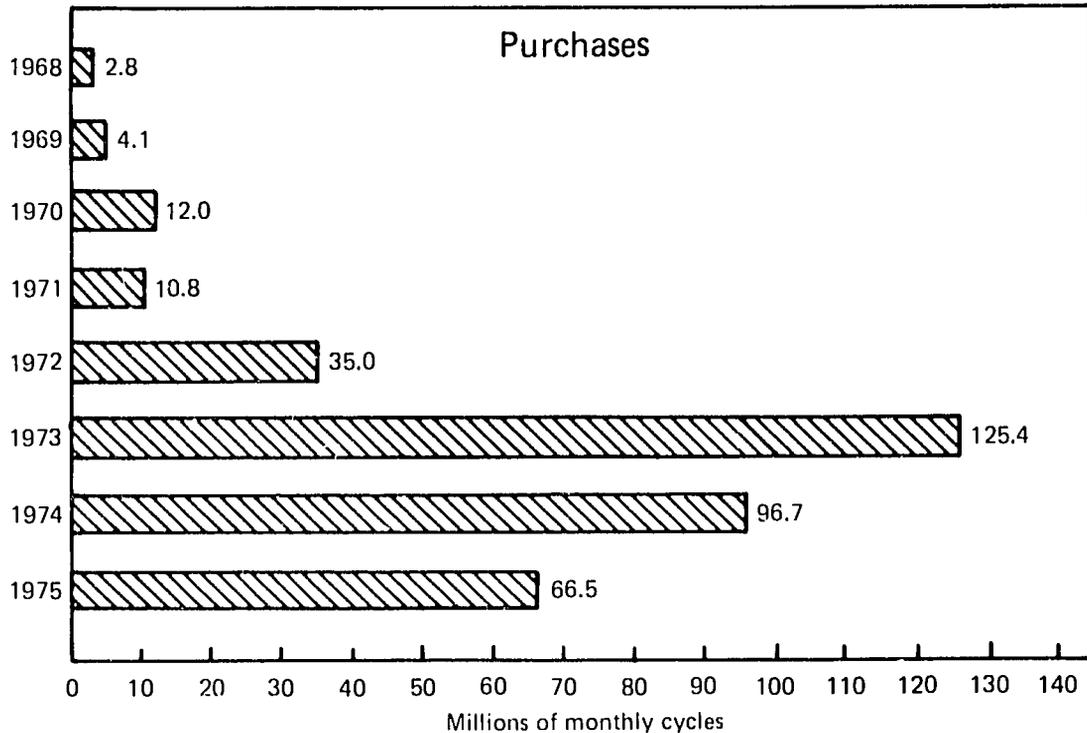
*Airlie Foundation.* Under projects funded by U.S.-AID, the Airlie Foundation has received support for its continuing information-education services to population programs in developing countries, particularly in Latin America.

The AID funded projects include support for the Inter-American Dialogue Center at Airlie House and

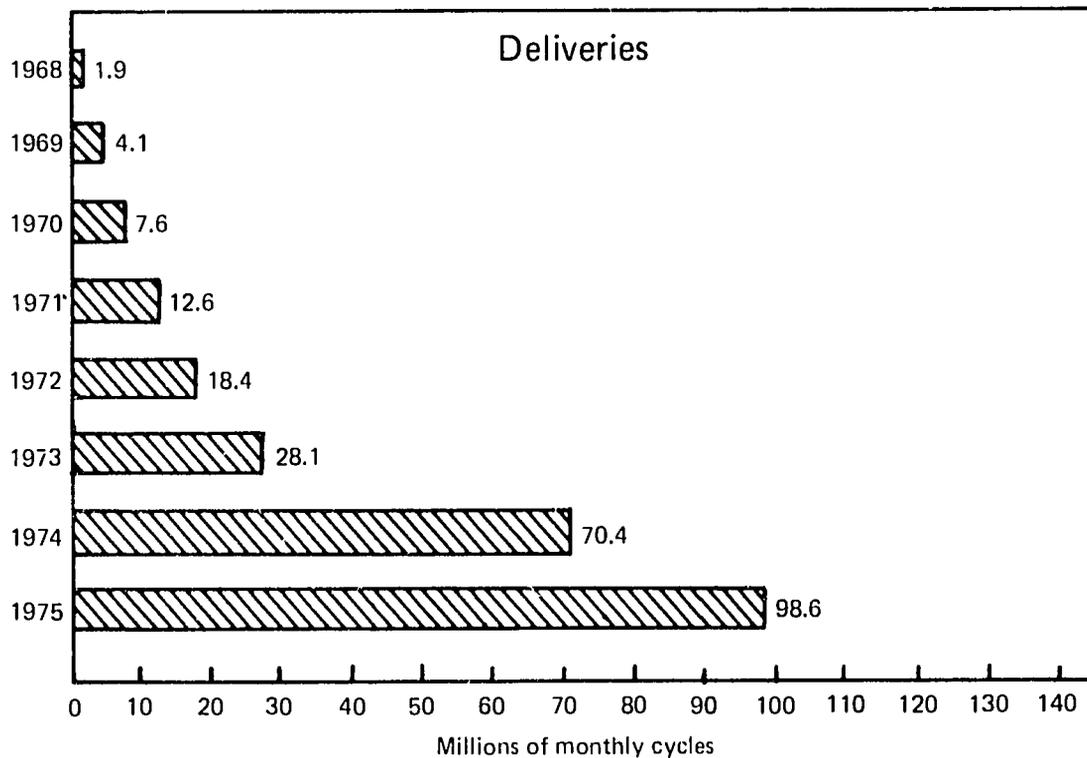
*AID's large-scale purchasing of oral contraceptives in bulk, with standardized ingredients and packaging, has reduced procurement costs. Costs of large purchases in 1973, 1974, and 1975 ranged from .1378 cent to .1498 cent per monthly cycle, as compared with costs of earlier smaller contracts ranging from .1675 cent to .3470 cent per cycle.*

## *Oral Contraceptives Financed by AID for Family Planning Programs*

Fiscal Years



Fiscal Years



SOURCE: AID/PHA/POP

75 - 1

funding for production of training films and teaching materials relating to population problems and family planning. Since establishment of the Inter-American Dialogue Center in 1962, the Center has been host to approximately 50 dialogues on population matters in which more than 1,800 Latin American leaders took part. In 1975, Airlie completed a series of 63 population films in support of country family planning programs in 13 Latin American countries.

*Asia Foundation.* Working with a wide variety of Asian local and cultural groups, the Asia Foundation has assisted some 235 population projects, including law and policy projects, in 14 countries under an AID grant awarded in 1972. The Foundation has emphasized help to small-scale locally initiated projects, bringing many new people, new approaches, and new organizations into the family planning field for the first time.

The Foundation supports training and study tours to increase the competence of persons engaged in population/family planning work; the design, production, and distribution of IEC materials; purchase of IEC commodities, such as slide projectors; purchase and distribution of books on population for universities, organizations, and key individuals; family planning education programs in cooperation with unions, midwives and other groups.

*World Assembly of Youth (WAY).* A broad range of international, regional, national, and local youth organizations has been made aware of the need for action in the population field through the World Assembly of Youth. AID supported its program through grants from 1969 through fiscal year 1975.

The organization has sponsored a series of seminars, conferences, and workshops in many countries of Latin America, Asia, and Africa. It has initiated population essay contests, mass media programs, public meetings, speaking contests, house-to-house visits, and other events. WAY has cooperated with UNFPA, IPPF, and other groups and joined with several youth associations to organize an International Youth Population Conference in Bucharest in 1974. A "Population File" produced and distributed by WAY as a comprehensive kit for population information-education campaigns includes graphs, charts, articles, and suggestions for activities.

*World Education, Inc. (WEI).* Under AID grants first provided in 1969, WEI has performed a series of country analyses of functional literacy programs in 32 countries. In 16 nations, the organization created enthusiasm for incorporating family planning concepts and information into the curriculums of these nonformal education programs conducted by many different organizations. More than 300,000

acceptors have been recruited through this project.

WEI provides technical assistance to develop or redesign curriculums tailored to specific programs and countries, trains teachers, provides assistance in developing publications and teaching materials, and evaluates the effectiveness of materials used. The organization's major operations are in Colombia, Ecuador, Ethiopia, Ghana, Indonesia, and Thailand.

## Country Programs

Assistance for the population IEC activities of specific countries is often extended by AID in collaboration with the UNFPA or other international organizations. Programs in Asia—most notably India, Indonesia, Korea, Pakistan and the Philippines—have been the major recipients over the past decade. Increased attention to and interest in information, education, and communication in the population/family planning field is now being seen in many areas of Latin America and Africa, with significant programs underway in Colombia, Costa Rica, Ghana, Kenya, and many others. Projects are too numerous to detail, but a selection of different types of country IEC activities supported by AID countries includes:

*Philippines.* With a strong national leadership dedicated to reducing population growth rates, the Philippines has created a dynamic program. AID provides assistance for the activities of the National Media Center, which produces a broad range of population information materials, including radio and television programs, films, pamphlets, and posters. Rapid strides are being made in incorporating population curriculums in the entire school system.

*Colombia.* Consultation and financial aid were provided to help Javeriana University introduce population-related materials into the health curriculum and develop a graduate level program of population studies. Information on family life and responsible parenthood is disseminated through radio and newspapers.

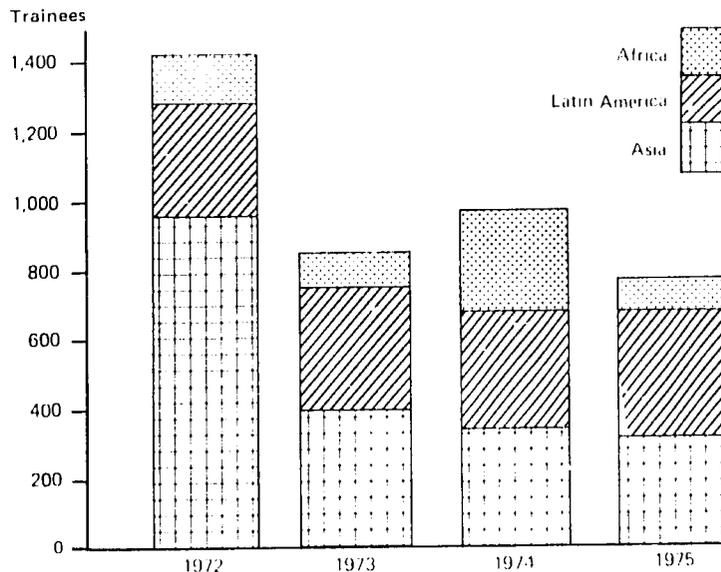
*Ghana.* Funds were provided to operate IEC activities within the Danfa Rural Health/Family Planning Project, a comprehensive demonstration, teaching, and research program.

*Indonesia.* A cadre of health education specialists is being developed to act as a community catalyst in linking family planning services with community and individual needs. IEC materials development has been given support and now plays a role in many aspects of the population program.

*Korea.* The IEC program directed by the Planned Parenthood Federation of Korea (PPFK) for the Korean Government has developed a trained staff and professional IEC direction to serve as a model for

## *Developing Country Participants in Training for Population Programs, 1972-1975\**

*(AID-Funded in the United States and Other Countries)*



SOURCE: AID/PHA/POP

\*Fiscal years ending June 30

75-15

*AID-funded training for population programs covers a broad personnel spectrum. Training is carried on for physicians, nurses, midwives, economists, social workers, demographers, statisticians, communicators, administrators, and other personnel categories.*

Asia. The senior staff has been trained at the Universities of Chicago and North Carolina, the East West Communication Institute, and other AID-supported centers of population communication. Several years ago the Korean Government asked AID to assist in

the design of the population IEC program and in its training efforts. The innovative promotional and informational techniques developed by the PPFK, and successfully applied, now serve as prototypes for other Asian countries and beyond.

## 6. Manpower and Institutional Development

Population and family planning activities in developing countries require the services of many skilled, dedicated people. To meet these needs, the U.S. Agency for International Development (AID) since 1965 has made it possible for over 4,000 trainees to study in the United States in programs lasting at least 1 week.

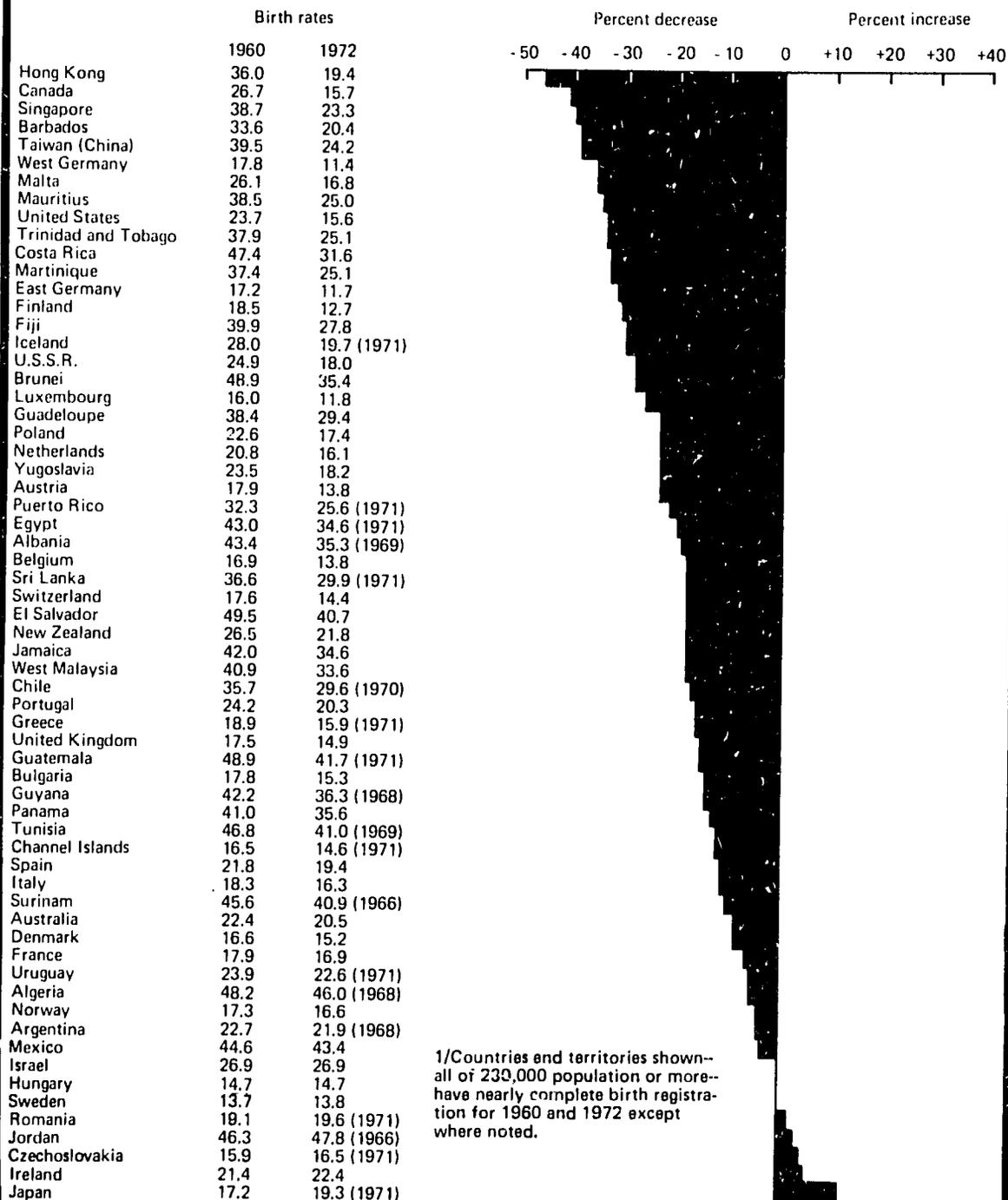
In fiscal 1975 the Office of Population obligated \$11.7 million (11 percent of its funds) for training and institutional development activities. In fiscal 1974, it obligated \$15.6 million (14 percent).

Many different capabilities are needed for effective programs. Clinical personnel, including physicians, nurses, and midwives, accounted for about 67 percent

of all U.S. AID-sponsored trainees, and social workers, outreach personnel, and training officers brought this total to over 75 percent. Also required are support personnel: Sociologists, economists, communication specialists, demographers, accountants, and a nonprofessional and clerical support staff. In addition, bio-medical researchers and instructors in universities and medical and nursing schools play an essential role in a nation's family planning program. Of those trained in the United States since 1966, 22 percent were support personnel.

To a maximum extent, the training and utilization of population manpower should take place within the countries where programs operate. The transfer

## Changes in Birth Rates Since 1960 in 63 Countries



1/Countries and territories shown--all of 230,000 population or more--have nearly complete birth registration for 1960 and 1972 except where noted.

SOURCE: AID/PHA/POP  
(See World Fertility Trends 1974 by Ravenholt, R.T. and J. Chao)

75-11

*Birth rates in most countries are lower than a decade ago. For the world as a whole birth rates declined from 34 per 1,000 people in 1965 to 30 in 1974. Natural increase, the excess of births over deaths, also is beginning to drop despite the continuing decrease in the mortality rate. The world rate of natural increase declined from 1.9 percent in 1965 to 1.8 percent in 1974.*

of U.S. capabilities within the developing countries often takes place through (1) the training facilities of the agency operating family planning programs (such as the Ministry of Health or the International Planned Parenthood Federation affiliate in the country), and (2) through the training facilities of universities, medical and nursing schools, institutes of public health, and other institutions. Nevertheless, highly qualified individuals from developing countries still have a great interest in coming to the United States for training at an institution that has worldwide reputation in the field and the capacity to develop effective short-term training programs for individuals who already have expertise in a particular subject matter area.

The manpower training inventory reveals that fewer than 33 percent of all AID-funded participants were trained for a period of 15 weeks or more whereas approximately one-third of the participants received training of 2 to 5 weeks. The data are revealing, for rather than primarily seeking a degree, two-thirds of the participants received intensive "involvement" type seminars, clinical and nonclinical on-the-job training and organized occupational study. The training experiences provided these participants were "academic" programs--22 percent, seminar-workshops--40 percent, on-the-job training or organized occupational study--31 percent, and "observation" training programs--14 percent.

Within these short-term training programs, the problems brought by trainees from their own countries are given priority analysis and attention. Participants receive essential instruments, books, and documents to use when they return. Trainees are expected to apply their new knowledge to training programs in their own countries--the "multiplier effect"--and are expected to provide "feedback" to the U.S. training centers: the experience, knowledge and data they encounter in their own country, a reverse flow that improves the overall quality of training.

### **Nurse-Midwives**

Training for nurse-midwives in the United States is based at the Downstate Medical Center of the University of New York in Brooklyn, where teams of nurse-midwives, leaders, and trainers from less developed countries take 8 to 10 weeks of intensive advanced training in all aspects of family planning relevant to services nurse-midwives provide. These

teams then return to their home countries to strengthen or establish nurse-midwife family planning clinical training programs, and in the process are advised and assisted by the faculty of Downstate. Thus far Downstate has been instrumental in upgrading the quality of training for nurse-midwives in 10 developing countries. In addition, many individuals have been trained simply as practitioners and in some cases as trainers providing additional training outside their country.

### **Public Health and Community Nurses**

Enrollees in this program are being trained at the Harbor General Hospital in Los Angeles, at Meharry Medical College in Nashville and its contracted sub-training centers, and at the University of California at Santa Cruz.

Collectively, the need for increased involvement of obstetricians, gynecologists, nurse-midwives, and public health and community nurses is great. A 1970 survey of 37 program countries having a combined population of 1.2 billion found 300,000 physicians, 185,000 nurses, and 129,000 midwives providing medical services for this population. Significantly, only 3.0 percent of the doctors, 1.6 percent of the nurses, and 17.9 percent of the nurse-midwives in these countries were giving half or more of their time to family planning.

### **Managers and Executives**

A twice-a-year training program for managers and executives is conducted by the Center for Population Activities at Washington, D.C. Top and middle management personnel are given training in all aspects of family planning program development and operation from the point of view of the managers at various levels from clinic to national. Transfer of this training to overseas locations is under consideration.

### **Social Workers**

Training for social workers is conducted through the International Association of Schools of Social Work which has set up pilot programs in 30 schools within 15 developing countries. The schools provide pre-service professional training for social workers so that whether they enter full time work in family planning organizations or work in social welfare or social service capacities in other kinds of institutions, they can teach or handle counseling, referral, and

other service necessary in the family planning field.

Under a related program operated by the University of Michigan's School of Social Work selected young professors from less developed country schools of social work are given masters degrees in population and family planning.

### **Economists and Behavioral Scientists**

Government representatives and scholars are being given advanced education at Harvard University in population economics, dynamics, and policy. The project over a 5-year period will have encompassed graduate level instruction for 56 students, 41 of whom are degree recipients or candidates. The program not only is helping highly qualified people from developing countries acquire a systematic overview of the character and consequences of rapid population growth, but also is giving them the status and capability needed to become influential voices in population matters in their own countries.

### **Trainers**

A program aimed at improving the quality and effectiveness of trainers in developing countries is carried on at the University of Connecticut, in Hartford.

This program provides trainers 12 weeks of intensive work in how to design, manage, and teach all aspects of family planning through training programs operating in their home countries. These officers are responsible for the training of the very large number of para-professional personnel that make up the great bulk of family planning workers having direct contact with client families. Plans are now underway to increase the capacity of this program to provide training at overseas locations—a development that could markedly expand high-priority countries' capacity to meet training requirements.

### **Family Planning Orientation Training**

A program of family planning orientation is targeted at influential people from developing countries who come to Washington as diplomats, development specialists, public administrators, and businessmen. The program also is aimed at Americans who go to developing countries in connection with assistance programs.

The program, through a wide variety of orientation visits, demonstrations, seminars, and printed materials, shows participants that the United States through public and private action is effectively providing its citizens with the knowledge and means to practice family planning. The program is conducted by the Planned Parenthood Association of Metropoli-

tan Washington, and during its first 22½ years over 1,300 people have received from ½ day to 3 days of orientation, or have attended conducted seminars and conferences. Many participants have expressed surprise that the United States is practicing at home what it advocates for developing countries: family planning conducted on a voluntary basis.

### **Training Communicators, Home Economists**

These activities are discussed in the section on information, education, and communication.

### **Training of Demographers and Statisticians**

Training in this area is discussed in the section on demographic data collection and analysis.

### **Supportive Institutions**

Since an overall AID objective is helping developing countries reach the point where they are able to conduct their affairs without outside assistance, one requirement in the area of population/family planning programs is "institution building." There must be effective institutions within the United States to help such development in the less developed countries. Similarly there must be institutional support within the developing countries themselves. Institutional development has absorbed 6 percent of total resources allocated to population programs.

AID's institutional development program consists of six projects. Three are conducted under the "university service agreements" with Johns Hopkins University, the University of Michigan, and the University of North Carolina. Through another project the University of North Carolina also provides technical assistance to development of a population center at the University of Ghana. Two other projects are carried out by the University of Hawaii and the Population Council. Three other projects are carried out by the University of Hawaii, the University of North Carolina, and the Population Council.

The prime objective has been to help U.S. universities gear up for research, training, and advisory services needed for population/family planning programs in the 1970's. A second objective has been to expand the number of knowledgeable U.S. and developing country students capable of staffing or assisting family planning/population programs in developing countries.

In 1971 AID negotiated follow-up agreements with grantee universities which involved activities in research, demonstration programs, pilot studies, and experiments—activities which were prototypical, innovative, and practical. But as these subprojects were implemented, it became obvious that, in the

main, the developing countries had inadequate supportive functions and by and large were incapable of sustaining and promoting the self-sufficiency required for more extended programs.

On the basis of this evidence, AID revised its grant to the University of North Carolina to test the applicability and viability of long-range subproject: that would permit the United States and collaborating developing countries to participate in more sustained institutional building activities. University services agreements are being focused and structured to enable universities to respond to basic training and specialized problem needs, while every effort is being made to channel funds into subprojects closely integrated with the needs of population/family planning programs in developing countries.

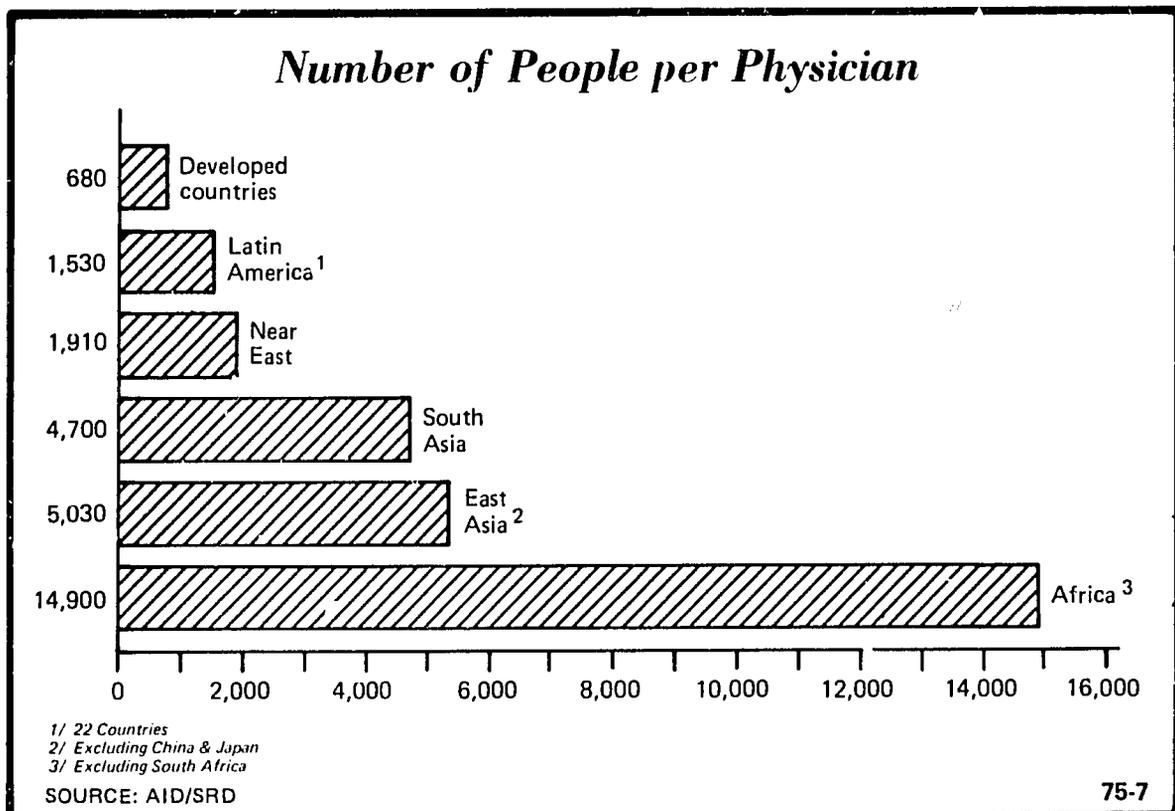
### U.S. Participant Training

Each year between 450 and 500 participants have come to the United States under existing bilateral agreements and contracts to study in a variety of

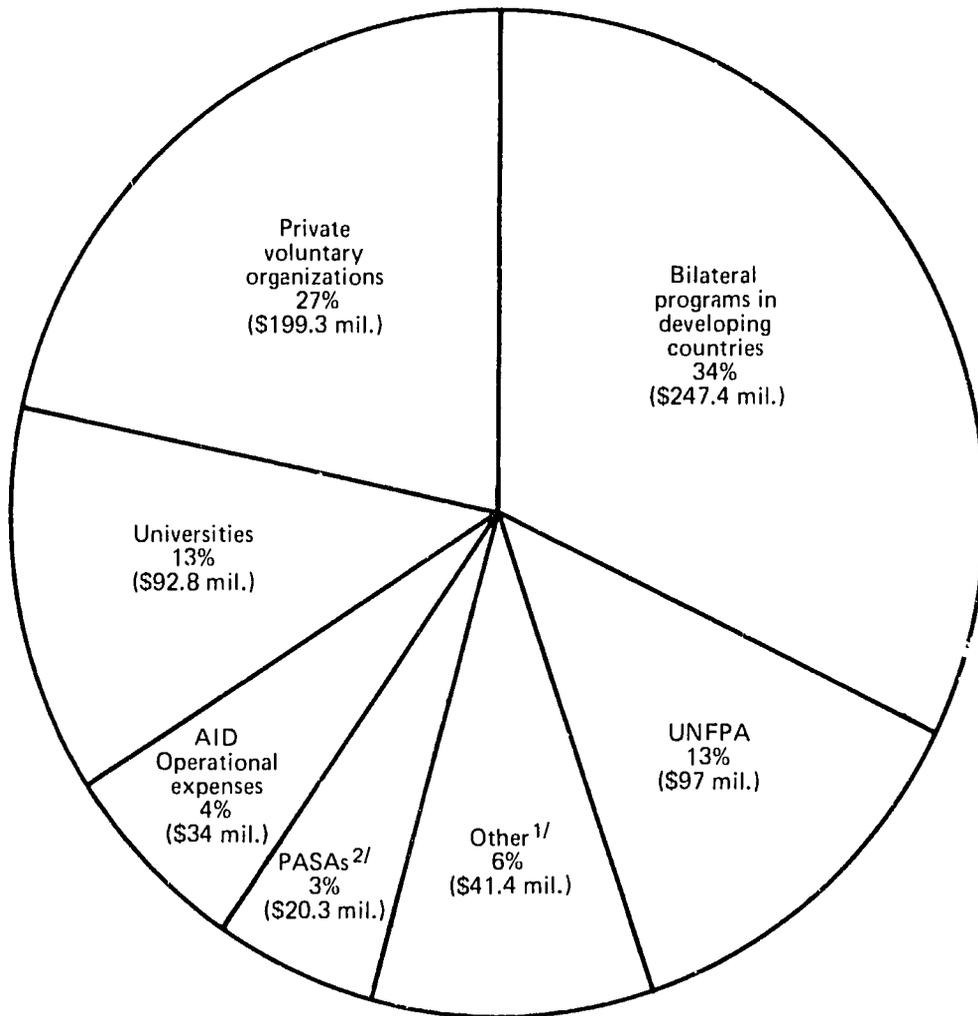
institutions and centers. As part of this worldwide training effort, AID provides professional guidance, funds, placement, and support to these individuals and is actively engaged in recruitment in those countries where AID missions exist. Many participants are recruited annually by U.S. universities under contract with AID. The majority, 56 percent, have been women. The developing countries and regions from which these participants come are generally those in which a pressing population problem has been recognized and in which a vigorous national family planning program is under way.

An AID inventory reveals that 50 percent of all participants trained in the United States since 1966 came from 10 developing countries, and 9 additional countries bring the total to over two-thirds. Regionally, 43 percent of the participants came from Asia, 40 percent from Latin America, and 15 percent from Africa. A rank order of these countries is (1) the Philippines, (2) Colombia, (3) Pakistan (and Bangladesh), (4) India, (5) Thailand, (6) Indonesia, (7) Para-

*People per physician is a measure that varies greatly in the developing countries. For example, the number per doctor ranges from 530 in Argentina (below the average for the developed countries), to 27,240 in Indonesia, 51,200 in Nepal, and 75,200 in Ethiopia. The problem is intensified in some developing countries by the emigration of physicians seeking to improve their prospects in Northern America, Europe, or other developed areas—an out-movement often referred to as a "brain drain."*



## Allocations of Population Program Assistance Funding by AID, Total 1965-75



1/Includes Pan American Health Organization, Salk Institute, Latin American Demographic Center, Latin American Center for Studies of Population and Family, Management Services for Health Incorporated, and General Electric Company.

2/Participating agency service agreements with other U.S. agencies.

guay, (8) Bolivia, (9) Ghana and (10) Nigeria, while a sizable number of participants were also recruited from: (11) Nepal, (12) South Korea, (13) Peru, (14) Chile, (15) Ecuador, (16) Mexico, (17) Turkey, (18) Costa Rica and (19) Panama. More recently a greater emphasis has been placed on recruitment and training of African nationals.

### **In-Country Training**

Notwithstanding the importance of U.S.-based training over the past decade, most of the training in population/family planning has been provided within developing countries themselves.

Over the past decade many tens of thousands of people have participated in various in-country training programs. The largest number trained have been outreach workers, communicators, motivators, and home visitors. Many of these individuals have a background in health education, but increasingly they are specially recruited community workers residing in the area in which they work. In addition, short-term courses for clinical personnel have also been developed in several countries. Much of this training is specifically for service personnel, but increasingly the population and family planning content is being brought into medical, nursing, public health, and health auxiliary schools so that new graduate professionals are better prepared to render population/family planning services than was formerly the case. Leading in this development of extensive in-country training have been the Philippines, Pakistan, Indonesia, Colombia, Thailand, Ghana, Costa Rica, South Korea, Kenya, and Egypt.

### **Physicians**

Physicians play a key role in family planning programs. They provide clinical and surgical methods

of fertility regulation, supervise paramedical and auxiliary personnel, and are active in administering nonclinical and contraceptive services. Of 4,673 AID-sponsored trainees who have studied in the United States 28 percent were physicians.

In 1975, training for obstetricians, gynecologists, and other surgically qualified physicians was carried on under the leadership of Johns Hopkins University's Program for International Education in Gynecology and Obstetrics (PIEGO). Johns Hopkins PIEGO operates through associated institutions in the United States including Johns Hopkins, the University of Pittsburgh School of Graduate Public Health, and the Washington University (St. Louis) School of Medicine. Abroad, the School of Medicine at the Beirut (Lebanon) American University and several institutes in South Korea contribute to the program.

PIEGO training consists of intensive 4- to 6-week courses in advanced fertility techniques for obstetricians and gynecologists. It includes an extensive review of reproductive physiology and medicine and provides the necessary equipment and supplies to permit trainees to return to their countries and establish operating clinics and training centers in the procedures and methods that they have been taught. In addition, it has a follow-up program that sends qualified Americans or third-country nationals to the medical institution of each participant to give further training within the local environment and to assist in developing and maintaining proper standards for the advanced medical procedures that they have learned. Since 1972, 315 physicians from 51 developing countries have received surgical laparoscopy training at one of the PIEGO centers, and 375 AID-purchased laparoscopes are currently distributed in 52 less developed countries among trained gynecological surgeons, many with PIEGO training.

# Other Assisting Organizations

The Agency for International Development recognizes that many-sided efforts are required for effective overall assistance to developing countries which are attempting to deal with problems of rapid population growth. Thus, in addition to providing direct assistance for population programs in such countries, the Agency encourages and provides help for the assistance activities of the United Nations, U.N. specialized agencies, international organizations, and a number of private organizations and institutions.

Family planning organizations have long been active in assisting development of population programs, as have a number of private foundations. Since the beginning of its assistance in this field, U.S. AID has allocated nearly \$200 million to private organizations in support of their work with the developing countries. Such funds in fiscal year 1975 amounted to \$31.3 million. In fiscal year 1974 they totaled \$28.3 million.

The U.N. Fund for Population Activities has become the leading multilateral force in the world population movement. Its activities are described in the item which follows. The work in this field by other institutions and organizations assisted by AID is outlined in the succeeding sections.

## United Nations

In fiscal 1975, the United States continued to give strong support to the United Nations Fund for Population Activities (UNFPA). The United States was the major source of financing for population activities undertaken in the U.N. system. In fiscal year 1975, it contributed \$20 million to such activities. In fiscal 1974, it contributed \$18 million.

UNFPA, in turn, had become by 1975 the largest multilateral source of assistance for population analysis and action in developing countries. In recent years it has supported over 1,200 population projects in 92 countries—primarily in Asia, Africa, and Latin America—plus providing help for regional, inter-regional and global programs. UNFPA assistance is made possible by voluntary contributions of U.N. member countries. From 1967 through 1974, 74 member countries of the United Nations have contributed \$175.4 million for this purpose. Of this total, the United States donated \$77.4 million.

For an organization so important in the world population field, UNFPA's history is relatively short.

In its first 2 years as the Trust Fund for Population Activities, the Fund, with \$5 million provided

through member country contributions, assisted the United Nations in strengthening its statistical and demographic work. About the same time, several organizations in the U.N. system were authorized by their governing bodies to carry on population activities.

In 1969 the U.N. Trust Fund became the U.N. Fund for Population Activities (UNFPA). Its mandate involved it in the population activities of all U.N. organizations as well as those of appropriate non-government bodies. UNFPA's role was strengthened further in 1971 and 1972, and in 1973 it was placed under the authority of the General Assembly—specifically under the Governing Council of the U.N. Development Program (UNDP). Thus, UNFPA became, by stages, a separate entity in the U.N. system.

In 1972 UNFPA formulated its first work plan based on an analysis of the outstanding population problems and needs of the developing countries. It outlined 4 years of population projects based on perceived needs of countries and was developed with the cooperation of recipient countries and U.N. organizations. Since then, the plan has been revised annually and it covers six categories: basic population data, population dynamics, population policy, family planning, communication and education, and program development.

UNFPA assistance is provided only upon request of Governments, and it is neutral as regards the types of assistance it provides and may fund activities to limit population growth as well as to stimulate growth.

In Latin America, where until the end of 1973 the majority of aid requests to UNFPA were for demographic research and training, requests for projects in maternal and child health and family planning have increased sevenfold. The new emphasis is particularly notable in Central America, the Caribbean area, and Mexico but also affects a growing number of South American countries.

In South West Asia, assistance requests have tripled since the beginning of 1973. Although emphasis is still strong on the development of basic population data required for economic and social development, interest in family health and family planning projects is increasing.

In the northern part of Africa, the bulk of assistance has been for support of family planning programs, such as those in Egypt and Tunisia. In Africa south of the Sahara, UNFPA funds have provided support chiefly for the African Census Program; but interest is growing in assistance to family plan-

ning services as part of national basic health services.

In Asia and the Pacific, funds provided for population activities in 1974 were double the 1973 amount, and most of the resulting projects were at an advanced stage of implementation in 1975. Over 95 percent of the requests for UNFPA support have been for family health and family planning programs. Many Asian countries have concluded agreements with UNFPA.

New country agreements were concluded by UNFPA in 1974 with Bangladesh, Kenya, India, the Republic of Korea, and Turkey, and a revised and extended agreement was made with Pakistan. Other country agreements were in an advanced state of preparation. Prior to 1974, country agreements had been concluded with Chile, Cuba, the Dominican Republic, Egypt, Indonesia, Iran, Malaysia, Mauritius, Pakistan, the Philippines, Sri Lanka, and Thailand.

The UNFPA also funds a number of interregional and global programs, such as the World Fertility Survey (see below).

UNFPA's contributions of \$68,375,553 to population programs in 1974 went, in the following shares, to these geographic areas: Asia and the Pacific, 33 percent; Africa, 20 percent; Latin America and the Caribbean, 18 percent; interregional, 17 percent; global, 12 percent; and Europe, less than one-half of 1 percent.

## **International Planned Parenthood Federation**

The International Planned Parenthood Federation (IPPF), with its network of family planning associations in individual countries, has long played a major and uniquely important part in the world spread of family planning and awareness of population problems. In the last decade its role in family planning education and in the provision of technical services and supplies has expanded dramatically—between 1965 and 1975 the number of member associations rose from 40 to 84. Also, groups in 17 additional countries were working toward membership in 1975.

From its inception, IPPF has, in effect, been a women's rights organization staunchly upholding a woman's basic right to determine the number and spacing of her children. It has also campaigned for the right of parents to family planning information and services to be recognized universally as a basic right.

### **Organization**

Much of IPPF's strength comes from the fact that

member associations are indigenous national organizations. Each is self-governing, working in its own cultural and political environment to meet the needs of its own people while carrying out basic aims of promoting family planning and disseminating knowledge of the consequences of rapid population growth.

Through the individual country associations, thousands of clinics are being operated and millions of people in all regions of the world are receiving family planning information, services, and supplies. Many hundreds of volunteers and staff workers are going into schools, factories, community centers, and isolated rural areas to reach additional thousands.

In well over 100 countries some form of family planning program, either government- or non-government-sponsored, has been established or is underway. More than 60 countries have national population commissions, and more than 40 have announced official policies on population growth. In almost all of these countries, the pioneering activities of their own family planning associations, assisted by IPPF, were the forerunners to development of the government programs. Many governments now include family planning or child spacing as part of their public health or maternal/child health programs. Such projects receive strong IPPF support and are particularly important in countries where large families have traditionally been desirable.

Through its central office in London and six regional offices, the IPPF is a supportive and uniting body for all these activities. It helps individuals and groups organize family planning associations and gain public understanding and political support; and it provides them with financial assistance, technical advice, supplies, and education and information services to enable them to become more competent in planning, programming, budgeting, and reporting. As part of its services to member associations, IPPF arranges for field visits, seminars, and workshops and trains more than 25,000 workers a year.

### **Cooperation With Others**

Close cooperation is maintained with other voluntary agencies such as the International Council of Women, Associated Country Women of the World, International YWCA, Girl Guides, World Assembly of Youth, and International Cooperative Alliance as well as with trade unions, professional associations, and many health and welfare groups.

IPPF has given special consideration during the last 3 years to integration of family planning into other efforts to raise living standards and particularly into rural development. This is done primarily by

working closely with other groups. In the Philippines, the family planning association cooperates with government departments in an annual educational motivation campaign; more than half a million people attended over 7,000 meetings in Indonesia under a community education project; and the family planning association in Korea serves 400,000 members of 20,000 Mothers Clubs. An IPPF Centre for African Family Studies, based on an international agricultural extension college in Kenya, is launching a program for the training of agricultural extension workers throughout Africa in community development and family planning communication. The Allahabad project in India and the Shadab project in Pakistan are two extensive demonstrations of family planning becoming an integral part of community development in largely rural areas.

IPPF has developed an expanding work relationship with the United Nations and its specialized groups. The Economic and Social Council (ECOSOC) has granted IPPF Category I status, up from the consultative status granted in 1964 and Category II status in 1969. IPPF is on the technical panel of the United Nations Fund for Population Activities (UNFPA), has acted as its agent in handling grants for some countries, and has cooperated with it in raising funds from governments. Consultative status is maintained with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF); the United Nations Education, Scientific, and Cultural Organization (UNESCO); the Food and Agriculture Organization (FAO); and the International Labour Organisation (ILO). Programs are carried on in collaboration with several of these agencies.

The International Audio-Visual Resource Service, funded by the United Nations Fund for Population Activities (UNFPA) and jointly run by UNESCO and IPPF, was set up late in 1974 to help government agencies and organizations and family planning associations to make the best possible use in their programs of the growing wealth of audiovisual materials around the world.

### World Population Year

High priority was given by IPPF to cooperation with the United Nations on World Population Year. Member associations sponsored or participated in a great range of special activities with information and support from the central and regional offices. Many volunteers from the member associations were included in the national government delegations to the 1974 World Population Conference in Bucharest, which itself reflected growing international acceptance of IPPF aims and programs and a marked

change in attitudes toward family planning in the last decade.

IPPF ran a daily newspaper, *Planet*, throughout the Bucharest meetings. The paper served to point to the issues and clarify the simultaneous debates in the various commissions of the governmental conference and in the sessions of the NGO Tribune.

In its 9-point position paper presented at the Conference, IPPF strongly backed a target date of 1985 to bring family planning education and services to 2.5 billion men and women in their fertile years. While this was not included in the World Plan of Action as a goal for governments, there was no doubt that delegates believed it should remain the objective of the private sector and that each government should be encouraged to fix a target that would be realistic in terms of its own needs and resources.

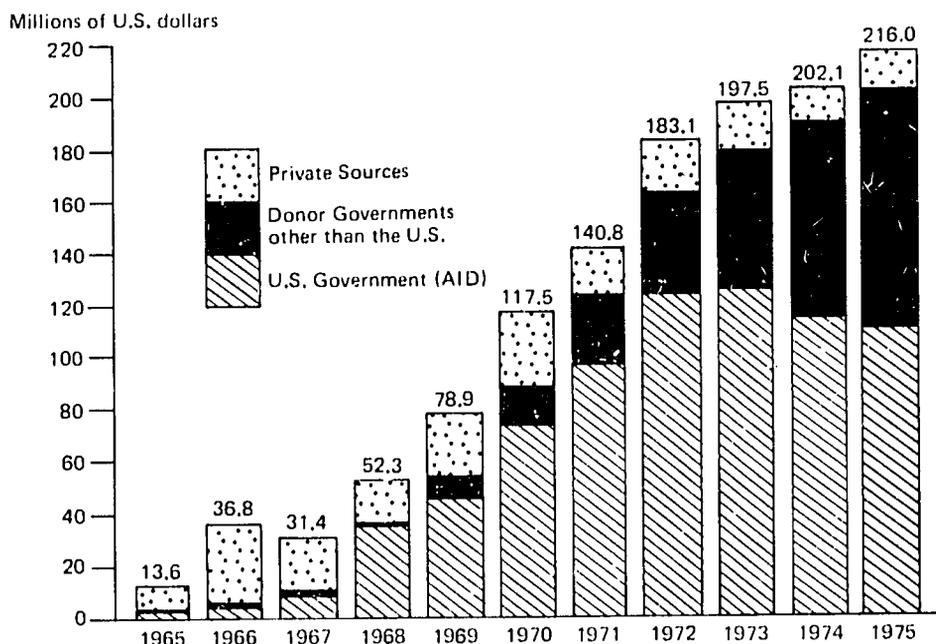
This is a continuation of the forward movement demonstrated at the United Nations Human Rights Conference in Teheran in 1968 when 84 nations passed, without dissent, a resolution strongly supported by IPPF stating that couples have a basic human right to decide on the number and spacing of their children. And it is a decided change since the 1965 World Population Conference in Belgrade when IPPF was one of two nongovernmental sponsors and considered it a significant accomplishment that family planning was included in the agenda and one session dealt with contraceptive methods.

### Contributions

IPPF's eminent position in the family planning field is evidenced also in the sources and amounts of the contributions it receives. For IPPF's first decade, beginning in 1952, funds were woefully short, coming mainly from private donors in the United States and the United Kingdom. In 1965 support was beginning to come in also from governments, and IPPF was able to budget \$895,000 (compared with \$30,000 in 1961). As interest and support increased, expenditure levels reached \$14.3 million in 1970; \$33.7 million in 1973; and the estimated cost of programs for 1975 was \$46.7 million, with about \$30 million of this in grants to the Federation from governments and the remainder being contributions by private sources to those associations which are also funded by the Federation.

Funds are used to support and maintain existing organizations and services in needy countries, to assist the development of promising new organizations, and to stimulate innovations. The central office engaged in 89 separate projects in 1974, each in response to an identified need. Financial support was provided to 65 member associations and to 20 others in countries

## International Assistance to Population Programs Primary Sources of Grant Funds, 1965-1975



SOURCE: AID/PHA/POP

75-12

*International assistance to population programs of developing countries continues to increase. A small decline in U.S. assistance in 1974 was more than offset by expanded aid from other governments and from private sources. This assistance supplements the much larger total inputs of local currencies by the developing countries as a whole.*

without member associations. The central office also distributed \$5 million worth of contraceptives through its affiliates.

The number of donor countries, as well as amounts given, has grown steadily. Sweden in 1965 was the first country to make an official grant. It was followed shortly by the United States, Japan, Great Britain, Denmark, and Norway. In 1974, 23 countries made direct financial contributions, including 10 developing nations. IPPF hopes to have 50 contributing countries by 1976, with 20 from the ranks of the developing nations.

U.S. Government grants to IPPF, channeled through the Agency for International Development, began with \$121,000 in 1966, increased to \$4 million in 1968, and had reached \$12.4 million in 1974.

Assisted countries are making noteworthy contributions of funds, goods, and services. For instance, especially substantial financial support has been provided to their own associations by the Governments of India, Pakistan, Korea, the Philippines, and Ghana. Many provide space and facilities for clinics. The Family Planning Association of Venezuela, for

example, which was just getting underway in 1966, was by the end of 1974 operating 136 clinics, 132 of them in Government premises. In Kenya, where a clinical program was started in 1968, IPPF and the Government have a cooperative project which sends seven mobile teams into rural areas and which will be taken over entirely by the Government in 1976.

Substantial support comes from private organizations and foundations. Oxfam was one of the earliest donors (1965), and the Victor Fund gave great impetus to such contributions the same year with a pledge of \$3 million to be spread over 3 years. IPPF estimates \$2.2 million will be received from such sources in 1975.

Member associations are encouraged to conduct their own fund-raising activities and where possible to contribute to central funds. The Family Planning International Campaign in England was launched in 1963, the forerunner of many successful campaigns in other countries, such as Canada. The 189 affiliates in the United States hoped to raise \$120 million in 1975, part of which would support the international movement.

Through the years IPPF has expanded its services to cover far more than assistance to its member associations. It makes grants to universities and individuals for family planning research in the fields of biology and sociology and supports studies in contraceptive methods and problems of fertility. Many training courses to prepare medical and paramedical personnel for family planning activities are conducted or underwritten.

### Conferences

International and regional conferences are another important activity. IPPF has sponsored nine international conferences; and numerous regional meetings serve to diffuse knowledge and experience. In 1971, the Middle East and North African regional office brought together 80 Muslim specialists and scholars from 24 countries to consider the religious implications of family planning. Their two-volume study, published in Arabic and English, represents one of the major sociological documents produced in the Islamic world in recent times. The scholars, from countries as far apart as Morocco and Indonesia, concluded that Islamic teaching permits family planning and the use of contraceptives—a major breakthrough toward realizing IPPF's goals in that part of the world.

The International Conference in Brighton, England, in October 1973, commemorated IPPF's 21st anniversary and was called to consider its role in the next decade. As a preliminary to this meeting, IPPF conducted a survey of unmet needs in family planning in 209 countries. Results showed that while 31 percent of couples use some method of contraception, only about a quarter of the world's population has adequate access to family planning information and supplies.

Following the Anniversary Conference, the IPPF Governing Body formulated guidelines and objectives for 1974-76. It will seek to:

- Increase the awareness of peoples and governments about the human rights implications of population growth on family health and welfare and its national and global impact.
- Improve and expand family planning services with emphasis on effective distribution of contraceptives.
- Promote family life and planning courses in schools and for out-of-school youths and adults.
- Undertake or stimulate action-oriented research in biomedical and social sciences.
- Increase systematic evaluation of Federation activities.
- Promote activities to broaden IPPF's membership base, especially among young people.

- Make special efforts to expand rural area programs.
- Upgrade volunteer and staff training and skills.
- Increase efforts to obtain support from all sources.
- Develop information, education, communication, and motivation techniques to achieve these goals.

### Rural Areas, Youth

Programs are already underway to implement many of these objectives. IPPF is intensifying its efforts to reach the millions of people in rural areas who have no access to family planning education. In Latin America, 50 to 70 percent of the population is classified as rural; 80 to 90 percent in Africa; and 70 to 80 percent in Asia. India is pioneering a broad education program in rural areas. The Dominican Republic, Sri Lanka, Honduras, Pakistan, and Lesotho are among other countries developing similar programs. In the Dominican Republic and other countries, radio is being successfully used to reach rural communities and to stimulate a demand for provision of government services.

IPPF's newly instituted program of community-based distribution of contraceptives is expected to be especially effective in rural areas. Distribution will be through a variety of commercial and noncommercial channels with shopkeepers, teachers, housewives, and community leaders being recruited to act as suppliers and to supplement the work of auxiliary health personnel. Successful pilot projects in Colombia, Sri Lanka, Thailand, and Brazil are serving as models for a dozen other countries. UNFPA, the Population Council, and several other agencies have joined IPPF in designing and launching this major new effort to make family planning a practical possibility for rural millions.

Associated with this approach had been the recruitment and training of paramedical personnel. Midwives, nurses, health auxiliaries, and traditional birth attendants are being brought into pilot projects.

Associations are being urged to involve more youth in education and motivation activities and in leadership roles. Sex education programs for both in-school and out-of-school youth are being strengthened in an effort to reach young people before their reproductive years. Many associations in Latin America and the Middle East, for instance, are working with their governments to introduce sex education in school curriculums.

A special contingency fund of \$100,000 has been approved by IPPF for youth activity expansion in 1975, building on a youth workshop held in Singapore in May 1973 at which nine associations elaborated projects for their countries. A youth leaders'

consultation workshop on population education and family planning programs later brought together 56 young leaders from 28 Philippine family planning organizations; and at the end of 1974 another youth workshop was held in Nepal to stimulate activities and involvement in Pakistan, Ceylon, Bangladesh, India, Iran, and Nepal.

Association volunteers and regional and central staff met early in 1975 with outside experts to study a 1973 survey of training needs and activities within IPPF and to map out the first steps towards designing a strategy for a major effort in training generally and in management development in particular. This effort is being allotted top priority for the Federation as a whole. Member associations also regularly turn to IPPF for motivational and educational materials, and these are subject to continuing review, renewal, and addition. A fieldworkers' kit containing slides, film strips, and printed matter was tested in 1974 and was scheduled to be used widely in 1975.

Dissemination of information to bring about an awareness of population problems and create an understanding of the necessity for family planning is a fundamental service of IPPF. The library and information center in London (with 6,000 volumes) is a major world resource on all aspects of family planning and of population education. Audiovisual as well as printed materials are made available to researchers, students, and program planners and managers. A regular flow of technical handbooks and other aids is maintained for workers in specific family planning and population fields.

## Publications

Crucial to the success of IPPF member associations in their own countries is the ability of IPPF as a whole to influence opinion leaders and, through them, governments, the United Nations agencies, and other international and national organizations. The central office has always maintained an active publications program and adapted its output to the needs of the time. Rapid success has been achieved by the quarterly magazine *People*, launched for the opening of the World Population Year. The periodical aims to provide decision makers and other persons of influence with a regular flow of lively information on developments and ideas in the family planning and population fields. Like most other IPPF publications, *People* is produced in English, Spanish, and French. Other influential quarterly publications are the *Medical Bulletin* and *Research in Reproduction*. *IPPF News*, produced in Arabic and Portuguese as well as the three basic languages, provides a monthly news

flow for volunteers and staff throughout the Federation and many thousands of other workers in the family planning movement.

## Some Background

While this report deals primarily with highlights of the last 10 years, IPPF's work in the field of family planning actually goes back 23 years. Founded in 1952 in Bombay, it was the outgrowth of small, national, planned parenthood groups that had struggled in a hostile climate for many years. By 1922, Mrs. Margaret Sanger--an outspoken champion of women's liberation--was working with a planned parenthood group in the United States and was in close contact with similar groups in other countries. IPPF came into being largely through the efforts of some of these early believers in women's rights.

Today IPPF is the largest voluntary family planning organization in the world. Full membership is limited to one nongovernmental family planning association in each country; associate and affiliate memberships are also accepted. Member associations name representatives to the six regional councils--Africa, Europe, Indian Ocean, Middle East and North Africa, East and South East Asia and Oceania, and Western Hemisphere. These councils choose delegates to sit on IPPF's supreme policy group, the Governing Body. These representatives from different cultures and associations in different stages of development work together to promote IPPF's goal, stated in its constitution, "to advance the education of the countries of the world in family planning and responsible parenthood in the interests of family welfare, community wellbeing and international goodwill."

**Western Hemisphere Region.** Headquartered in New York City, IPPF's Western Hemisphere Region (IPPF/WHR) has been developing and supporting family planning in Latin America, the Caribbean, and northern America for over 20 years. The past 10 years have seen the movement sweep through the region, bringing affiliated family planning associations to all except two countries--Cuba and Haiti--and attracting nearly 2.9 million acceptors of family planning by the end of 1974. These years also brought immense increase in the region's program resources--from a budget in calendar year 1965 of \$196,000 to the 1974 level of \$8.59 million in funds and \$4.3 million in commodities for distribution.

The country associations in the Western Hemisphere organize their programs around family planning clinics generally founded and operated in Latin America by doctors and in the Caribbean by

volunteers from all walks of life. The number of clinics reached a peak in 1972 of about 750. These serviced 3.5 million visits by clients in that year, of which almost 500,000 were first visits. The number of association clinics has decreased to about 500 in 1975 largely because more governments are now providing family planning services.

In the past 5 years, IPPF's affiliates have begun operations in rural Latin America and in the Caribbean. The first rural effort was by the Colombian association PROFAMILIA; it set a pattern that has come to be known as community-based distribution. In the past 3½ years, PROFAMILIA's program has set up 370 distribution points serving 12,000 acceptors in a low-cost system enjoying exceptionally high continuation rates. This success has led to a transfer of the community-based distribution techniques to urban slums, beginning with Bogotá in 1973. Costa Rica, the Dominican Republic, and Brazil are among the other countries with programs bringing family planning to rural areas via mobile units, radio programs, and special training courses.

This broad trend toward bringing services directly to potential acceptors came to be supplemented by other innovations and new attitudes as the 1970's advanced. These include a much wider use of paramedical personnel, renewed emphasis on postpartum/postabortion programs, and establishment of the first voluntary sterilization program in Latin America.

From the outset, the associations were challenged to find ways of telling the public that family planning services are available and beneficial. And by 1970, information and education units had been established throughout the Western Hemisphere region and all but a very few associations were making use of mass media. In 1975 the Center for the Training of Latin American Communicators in Family Planning had graduated four classes of about 40 students, each from courses lasting 10 weeks.

## Population Council

The Population Council is a private, nonprofit organization with a twofold role in population activities. It undertakes and supports research, training, and technical assistance in the social, health, and biomedical sciences and also acts as a center for the collection and dissemination of information on significant developments and ideas related to population questions.

Established in late 1952 by John D. Rockefeller 3d, the Population Council is one of the oldest private organizations in its field. Initially confining its

activities to small demographic and biomedical research grants, the Council in the early sixties began technical assistance to family planning projects in developing countries. During the past decade, however, its program activities have centered increasingly on research in demography, physiology of reproduction, and public health/family planning and on making population-related training available to institutions in developing countries. Research activities are carried out both in-house and through grants and fellowships. The institution-building activities are carried out through cooperative relationships with private organizations and government agencies in 27 developing countries in Africa, Asia, and Latin America.

In 1975 the Population Council operated with a budget of \$13 million and a staff of 125, of whom 28 were stationed in 16 countries. This represented a near tripling of its budget and a doubling of its staff over the past decade. The organization's 1975 budget was drawn from Rockefeller sources, the Ford Foundation, other foundations and individuals, and U.S. AID.

Through its Demographic Division, the Council in 1975 provided major training assistance to universities and university-institutes in 14 countries and minor assistance to other groups in Africa, Asia, and Latin America. In all such efforts, it sought to help recipient organizations in developing institutional capacities for local demographic training and research relevant to national situations. The application of social science, and particularly economic analysis, in the study of population policy was the aim of assistance to development planning bodies and related research institutes in four countries. Support for professional interchange was provided through international professional associations—notably the Population Association of Africa.

Research and publications of the Demographic Division in 1975 involved six major fields, all supported by grants or conducted by the Council's own professional staff. The fields included demographic measurement, detailed assessment of the demographic situation in selected countries, models of fertility determination, models of economic-demographic processes, population projection techniques and results, and migration. Workshops and specialists' meetings in a variety of scientific and policy-related subject areas were also conducted or supported by the Council.

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 and Tunisia in

Africa; Iran in the Near East and South Asia; and Indonesia, Korea, Taiwan, the Philippines, and Thailand in East Asia. As the basic needs of family planning programs have been met by governmental and international agency funding, emphasis has been increasingly turned to experimental, innovative, and evaluative activities. Information and education pilot activities were conducted in Iran and Korea and are serving as the basis for expanded programs in these countries. In Turkey, Indonesia, and the Philippines, work has been completed on the development of family planning delivery assistance through the urban hospital-based international postpartum program. Similar efforts are now being extended in the rural areas through family planning demonstrations coordinated with maternal/child health care.

Postpartum programs previously supported by the Council's technical assistance activities have been transferred to other funding approaches, including those of WHO, UNFPA, and local governments. Research and evaluation continued as a major thrust with significant activities in Colombia, Venezuela, the Dominican Republic, Tunisia, Iran, Thailand, South Korea, and Indonesia. In addition, the International Committee on Applied Research in Population continued to identify and quickly test out promising ideas for improved fertility-reduction measures.

An unchanged primary objective of the Biomedical Division of the Council is the development of improved, new methods of fertility control. Earlier activities toward this end were given new impetus in 1970 when U.S. AID awarded a \$3-million, 5-year contract for the development of a once-a-month pill. Under this program, the Division conducted and coordinated efforts to develop agents with useful contragestational activity. Nearly 300 compounds were evaluated for contragestational potential in a variety of animal and biochemical tests. Several compounds identified as having possible utility are undergoing continuing investigations.

The Biomedical Division's contraceptive development efforts scored a success in the early sixties with its work on the plastic intrauterine device (IUD). The Division furnished the lion's share of the research funds, programmatic help, and manufacturing aid that brought the IUD to its present stage as a major contraceptive in national family planning programs. In 1971, the Division's research efforts were enlarged with the founding of the International Committee for Contraceptive Research (ICCR), which was established to carry work on new methods of fertility control through to the final stages of testing and development. The Committee has focused on 12 potential new fertility control methods and has

evaluated nearly 100 different dosage regimes and six IUD's in the pursuit of these methods. Approximately 50,000 men and women have participated in these trials. The "Copper T," an IUD, is the first of the ICCR's potential new methods to complete testing and development. It is now being distributed in over 20 countries.

The Biomedical Division has sought to stimulate research and training in reproductive biology and allied fields in both developing and developed countries through its Visiting Scientist, Fellowship Training, and Grant Programs. Small numbers of international scientists and scholars are invited to spend their sabbatical leaves working in the Division's laboratories. The Division's Fellowship Program enables biomedical scientists from both developing and developed countries to carry out advanced training in their specialties at institutions of their choice. In addition, the Division provides post-doctoral training for selected scientists in its own laboratories.

## Pathfinder Fund

The Pathfinder Fund was formed in 1957 to continue the life work of the late Clarence Gamble. Beginning in 1929, Dr. Gamble had worked to make family planning services available to those who could not obtain them. During the 1930's and 1940's, he concentrated his work in the United States, where he was responsible for the opening of the first public family planning clinics in 40 cities and 14 States. He made a grant to the Department of Health in North Carolina that made possible the world's first government-operated birth control program. He also gave significant help in the development of a family planning association and a family planning program in Puerto Rico. After World War II, he began offering assistance abroad to initiate or expand family planning in many countries of Europe, Asia, Africa, and Latin America.

At the time of his death in 1966, the Pathfinder Fund was a relatively small organization employing a few field workers who visited cities and countries overseas, stimulated interest in family planning, and helped start national family planning associations through small grants. Some 20 national associations were given such assistance.

Beginning in 1967, grant assistance from the U.S. Agency for International Development and increasing philanthropic interest in family planning have made possible the expansion of Pathfinder programs. Over the 1965-75 decade, the total of Pathfinder grants and the variety of supported activities have grown

greatly. In 1965, Pathfinder grants were less than \$100,000; in 1975, grants totaled \$3.5 million. In 1965, Pathfinder's primary role was to stimulate interest in family planning among the leaders of the countries its field representatives visited. Grants were made to start activities—but necessarily these grants were small. In 1975, not only were the number and size of grants much larger, but the range of activities had multiplied. In 1975 approximately 150 grants were made in more than 40 countries.

Pathfinder continues to make some grants as small as \$500 to help countries or cities or organizations start family planning activities. In these cases, a little money made available very quickly can often have substantial impact or even be the key to the starting of a larger project.

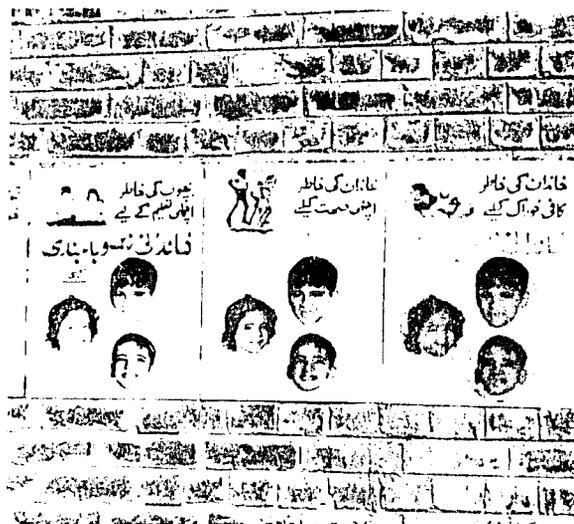
As family planning services have become available in more and more cities and countries, it is often no longer a question of whether family planning services would be offered—but of where and how they would be offered. Will they be sufficiently inexpensive—so that a large population may be served? Will they be presented in a manner sufficiently sympathetic so that couples not highly motivated might use them? Additionally, there is an evident need to inform people about family planning services so they know of their availability, know what they are all about, and want to use them. The Pathfinder Fund has responded to these needs in many ways.

Pathfinder also has sponsored paramedical training programs and encouraged countries' health systems to allow paramedical personnel to deliver family planning services. Where overseas training for health personnel has seemed beneficial, the Pathfinder Fund has funded travel and training.

It also has conducted an extensive research program on intrauterine devices and helped to introduce new contraceptive methods in several countries.

Increasingly, the Pathfinder Fund has provided support to leadership groups, professional groups, and social service and social welfare organizations to enable them to consider the need for family planning in their own countries, to discuss the effects of rapid population growth on economic development and the welfare of their citizens, and to consider possible actions. The Fund's view is that solutions to questions of family size, unwanted pregnancies, and rapid population growth must be determined for each country by the people of the country in terms of their own needs, culture, and resources.

More recently, the Pathfinder Fund—taking a broader look at the social changes that inevitably occur as countries develop—has begun to make grants to individuals and to groups to consider the effects of



the changes, how populations respond to those changes, and what the leadership and citizenry might do to improve life and welfare under the new conditions that are evolving. Economic development, improved health, and the increased chances of child survival have wrought substantial changes for a large part of the world's population. Increasing attention in the future may go toward programs that seek to understand, accommodate, or stimulate beneficial change.

Pathfinder's field staff, none of whom are Americans, has been carefully built up over a decade. Five of its members are physicians with public health degrees and experience. In 1964, the field office for Africa and the Middle East was established in Geneva, Switzerland. A national office for the Philippines was opened in Manila the same year. Then a national office was opened in Djakarta, Indonesia; the Pathfinder Fund, India, was organized with offices in New Delhi; and regional offices for Latin America were opened in Santiago, Chile, and Bogotá, Colombia. In 1974 a regional office was opened in Nairobi, Kenya, to cover sub-Saharan Africa and to enable the Geneva office to concentrate on North Africa and the Middle East.

## Family Planning International Assistance

Family Planning International Assistance (FPIA) was organized in 1971 as the international division of the Planned Parenthood Federation of America (PPFA). Its purpose is to provide assistance to governmental and nongovernmental agencies and institutions (including church-related ones) in de-



*People learn about population and family planning programs in many ways, among them: through posters (above left, in Pakistan); puppet shows (above, also in Pakistan), and radio dramas (right, in the Philippines).*



veloping countries to enable them to conduct and expand family planning programs. It receives funds from the U.S. Agency for International Development, Church World Service, and other donors as well as from PPFA.

Since its establishment, FPIA has made grants for more than 90 projects in 23 developing countries for a total of \$5.3 million. In its first year of operation (1971-72), FPIA funded 27 projects at a cost of \$657,000. Obligations in the 1974-75 program year were \$2.1 million, 21 percent over the previous year. During the 4 years since 1971, 34 percent of the expenditures have been for projects in Latin America; 30 percent, East Asia; 13 percent, Africa; 5 percent, West Asia; and 18 percent, interregional.

FPIA puts high priority on projects that can lead to the development of other projects in the same country or serve as models for projects elsewhere. For example, an FPIA-funded voluntary sterilization project in the Philippines—the first in that country—encouraged several other agencies to establish similar programs.

Continuing another innovation, FPIA in 1974-75 responded to opportunities to assist agencies of the Catholic Church in responsible parenthood programs. To date, \$1.6 million has been obligated for such programs. In Peru, FPIA is working with two Catholic lay groups to operate 48 clinics in urban slum areas and coastal cities. The program is supported by the Church and local priests. Similar projects are planned

or underway in other countries including Costa Rica, Colombia, Mauritius, and the Philippines.

Another FPIA objective is developing effective low-cost, high-benefit family planning programs to make contraceptives readily available. With this end in view, FPIA will fund 26 service projects for a total of \$1.1 million in the current program year, or more than triple its first year's expenditures. An example of this type of project is the Iglesia Ni Cristo Mobile Family Planning Clinic in the Philippines, which began as a small FPIA-funded demonstration project. It has become a nationwide operation serving more than 100,000 clients. Currently, it is enrolling about one-fourth of all family planning acceptors in the country. Another example is FPIA's support of the Korean National Council of Churches, which is using a cadre of church women to distribute oral contraceptives door to door and is conducting an educational campaign to recruit IUD acceptors.

Besides making direct project grants, FPIA provides contraceptives, medical equipment and supplies, and educational materials. In calendar year 1974, commodities valued at about \$800,000 were shipped to more than 23 institutions in 53 countries.

FPIA has identified more than 1,000 church-related hospitals, clinics, dispensaries, and other private groups engaged in family planning services. During its first 3 years, FPIA has become the largest single source of contraceptives and other family planning supplies to this network, which aided an estimated 500,000 users in calendar 1974.

Support for training programs is an integral part of FPIA's activities. An African program, for

example, is a collaborative effort with the Family Guidance Association to establish a training program in Ethiopia for nurses and public health officers. This is an important breakthrough in providing family planning services in rural areas. Since 1971, FPIA has provided training for 7,000 family planning personnel.

During its first 4 years, FPIA has funded 41 information, education, and communication projects for a total of \$1.9 million. Fifteen projects received a total of \$558,000 of support in 1974-75 with the largest share (26 percent) designated for Africa. An example of the work being done in this field is the development of daily radio programs, pamphlets, and a film for use in the Philippines and in East Asia. Also, a series of family planning communications workshops were held in East Asia and Latin America, and another is planned to bring together Christian and Muslim leaders in the Middle East.

Since 1971, FPIA has helped to produce 1.5 million copies of 175 different family planning pamphlets, to broadcast 3,500 family planning radio programs, to provide family planning counseling for more than 400,000 people with another 700,000 attending family planning lectures, and to distribute 291,000 posters and 260,000 books. A quarterly newsletter was started in 1975 to disseminate information about project activities and to encourage replication of successful projects.

Finally, FPIA established regional offices in Africa (Ghana), East Asia (Philippines), and Latin America (Costa Rica) during the 1974-75 year and is planning to open another in West Asia.

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## Airlie Foundation

The Airlie Foundation, a private nonprofit institution located near Warrenton, Va., in association with the Department of Medical and Public Affairs of the George Washington University Medical Center, has been actively involved in fostering communication on population subjects.

U.S. Agency for International Development (AID) grants have supported projects along three lines: The operation of an Inter-American Dialogue Center, the support of a Population Information Program, and film productions on population-related subjects.

By the end of fiscal year 1975, the Inter-American Dialogue Center had sponsored 49 meetings both in the United States and Latin America for leaders from government, academia, mass media, military, doctors, bankers, women lawyers, soap opera producers, as well as representatives of the

physical and social sciences.

The Population Information Program which publishes population reports aims to make rapid diffusion of population research findings in fields of fertility control technology, family planning programs, and law and public policy. Some 85,000 copies of each of the 40 reports published by the end of 1975 were distributed overseas in four languages—English, French, Spanish and Portuguese. Abstracts and citations are available through a computerized storage and retrieval system.

Nearly 100 16-mm color motion picture films have been produced by Airlie Foundation in the population field under AID sponsorship. Most of them were developed in collaboration with family planning programs of 13 Latin American countries. They are available on free loan for Spanish- and English-speaking audiences in Latin America.

## Asia Foundation

Following several years of exploratory assistance for population activities, the Asia Foundation in mid-1972 entered into a program of expanded action. (A nonprofit philanthropic institution, the Foundation has been helping Asians and Asian institutions for over 20 years in promoting economic and social progress.) Assistance is mainly for country and institutional improvements in public information, education, and communication on population and family planning matters; but help is also provided in analyses of laws and manpower aspects relating to population policies and programs.

Funding for its activities has been provided by the U.S. Agency for International Development since 1972.

The Foundation encourages and supports programs that fit into national and regional strategies for reaching population/family planning goals. It supports innovative projects and provides resources for exchange and cooperation among Asian population institutions. The Foundation also assists efforts

of individual countries in informational education, training in population-related social science research, improving program management, and in spreading public awareness, acceptance, and adoption of fertility-control measures.

The Foundation has resident representatives, or officers-in-charge, in 12 countries.

Those where it now provides direct assistance are Afghanistan, Bangladesh, Hong Kong, Indonesia, Korea, Malaysia, Pakistan, the Republic of the Philippines, the Republic of China (Taiwan), Singapore, and Thailand.

Also, it is exploring ways in which the Japanese population/family planning experience can be helpful to other Asian countries.

Among activities supported by the Foundation are: the Intergovernmental Coordinating Committee in Southeast Asia for Population and Family Planning that assists regional cooperation and exchange, the provision of advisors in population to institutions, and the Asian Broadcasting Training Institute that has workshops for upgrading the planning of radio and television broadcasts.

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## Association for Voluntary Sterilization

The Association for Voluntary Sterilization (AVS) is a private nonprofit organization in the United States working for voluntary sterilization as a method of family planning and fertility regulation. Its efforts have resulted in substantial gains in the acceptance, availability, and use of voluntary sterilization. In 1974, almost 1½ million Americans elected to be sterilized.

Numerous groups in other countries have turned to AVS for guidance in advancing their voluntary sterilization programs. In response, AVS, with the assistance of AID and funds from private sources, created the International Project (IPAVS) in June 1972 to stimulate and support voluntary sterilization programs around the world. IPAVS provides no direct services; rather, it supports projects through grants to medical and health groups to meet local needs.

Through June 1975, IPAVS had awarded 125 grants totaling \$1.9 million to recipients in 24 countries. Its 1972-74 record reflects both increased numbers of grants and an expanding geographic coverage. In 1972, two grants were made; in 1973, 22 grants to 11 countries; and in 1974, 70 grants to 21 countries. Geographic areas receiving assistance have included South America, Central America and the

Caribbean, East Asia, and South Asia and the Mideast. Projects have been funded for medical equipment, information and education programs, training paramedical and auxiliary health workers, and medical-scientific conferences. The largest number has been for service and training projects and for medical equipment. Purchase of equipment has amounted to about 40 percent of all funds awarded.

Approximately 22,000 sterilization procedures were performed by IPAVS subgrantees in 1973 and 1974—20,000 female and 2,000 male. About 69 percent of the female acceptors were under 35 years of age compared with 39 percent of male acceptors. During 1974, the largest number of female sterilizations (12,000) was in East Asia and the largest number of vasectomies (1,000) in South America.

A variety of surgical techniques has been used in female sterilizations—laparoscopy, culdoscopy, colpotomy, paparotomy, mini-laparotomy, and postpartum tubal ligation. Laparoscopy accounted for about 40 percent of the female sterilizations.

A significant accomplishment in 1974 was the promotion of mini-laparotomy—a simplified, inexpensive outpatient procedure suitable for programs in both rural and urban settings. The procedure has been widely used in Thailand, where it was perfected, and where rural physicians throughout the country are now being trained for its wider use. In 1974, 578 procedures were performed at an IPAVS-funded

program at Ramathibodi Hospital in Bangkok, and hundreds more were performed by Ramathibodi-trained physicians at rural health centers. This procedure is now being used in the Philippines and Colombia and the IPAVS has provided related training to physicians from Bangladesh, Costa Rica, Indonesia, and Korea.

Increased use of this technique in 1975-76 is indicated by the large numbers of requests from governments and physicians throughout the world for training and equipment.

A major IPAVS activity has been physician training. From 1972 through March 1975, 412 physicians were trained in female procedures and 71 in vasectomy. These physicians were from 18 countries, representing all major regions of the developing world except Africa.

Training grants are either major awards to key government or university teaching institutions or small awards for training individual physicians in surgical techniques or in the organizing and planning of voluntary sterilization programs. Since the impact of national training grants is potentially larger, IPAVS has emphasized such projects as a nationwide Philippine program to train 80 physicians. To date, paraprofessional training has been limited to a few programs with Colombia's PROFAMILIA and Guatemala's APROFAM. IPAVS also has provided physicians with orientation trips to other countries to observe various types of service programs.

In 1974, IPAVS funded information and education projects in 14 countries with 62 percent of assistance going to South and East Asia.

The vast majority of these programs, 75 percent, were for patient education and did not extend beyond the confines of a hospital or family planning clinic. Many were coordinated with government family planning and voluntary sterilization services. Others were connected with training and service projects in university, government, or private hospitals. One grant was for a national public education program, and a few were for health personnel education.

Since its Second International Conference in Geneva in 1973, IPAVS has escalated its conference activities. IPAVS sponsored or assisted six conferences in 1974, and directors participated in nine other international meetings. Activity the first half of 1975 included a regional conference in Dacca sponsored by the IPAVS-funded Bangladesh AVS, a regional Asian conference in Taipei, Taiwan, the Korean AVS national conference, and the Egyptian Fertility Control Society regional conference.

The Second International Conference recom-

mended that IPAVS help groups in various countries develop national voluntary sterilization associations with the ultimate goal of establishing a world federation. To date, IPAVS has funded associations in Bangladesh, Iran, Taiwan, Turkey, Egypt, Indonesia, and Korea. Associations in 15 other countries are in various stages of organization.

The first Developmental Conference on National Associations was held in June 1974. A statement setting forth an Interim Commission was drafted and was signed by health and medical leaders from 16 countries. IPAVS will represent all member associations and affiliates at the international level. It will serve as a forum for the exchange of information, knowledge, and research findings, and it will work toward establishment of nongovernmental organization status with the World Health Organization.

IPAVS is planning a Third International Conference to be held in Tunis in 1976. Emphasis will be on program planning and implementation and management of voluntary sterilization services.

## **International Confederation of Midwives**

The International Confederation of Midwives (ICM) initiated a program in 1972 to encourage and help midwives around the world to supply family planning information and services for their clients and local groups as part of their basic work for maternal and child health. Since then, the ICM has been conducting a series of regional programs for midwifery leaders from nearly all developing countries. Funding is provided through a grant from the U.S. Agency for International Development.

## **American Home Economics Association**

The American Home Economics Association (AHEA), through its International Family Planning Project, has been working since 1971 to help establish population education and family planning as an integral part of home economics programs in developing countries. This project is supported by a grant from the U.S. Agency for International Development.

The first planning conference, held at the University of North Carolina in November 1971, brought 50 participants from 13 developing countries and the United States together to discuss the family planning aspects of home management. Since then, some 3,000

home economists have participated in in-country workshops and institutes including family planning subject matter. These specialists, in turn, have carried family planning information to many thousands of households in their countries.

Country surveys and consultations—the first steps in providing information and stimulating both government officials and home economists to become leaders in family planning/population activities—have been made in 19 countries since January 1972.

Following the surveys, in-country workshops and seminars are conducted by local home economists in consultation with AHEA staff, emphasizing family planning and population education as a component of home economics programs in schools and colleges and in extension and community development programs. In-country funds, personnel, and other resources are used as much as possible.

Thirty-five workshops were held in 30 countries in 1972 through 1974 and are planned for additional countries in 1975-76. These workshops are for the purposes of orientation, curriculum development, and resource development. In Jamaica, for example, most of the 46 workshop participants were teachers. The program included lectures and discussions of the effects of overpopulation and of ways of integrating family planning and home economics education. Three followup workshops were held for 90 teachers in rural schools. As a result of this activity, family planning education became a part of the school curriculum in September 1974 and will reach about 34,000 students each year.

In-depth training on a regional or international basis has been provided. Two month-long workshops were held in Taiwan in 1973 with 10 countries represented. The Philippines Home Economics Association, with AHEA assistance, conducted a 3-week family planning/population education workshop in 1975 for participants from Afghanistan, Nepal, Sri Lanka, Indonesia, Thailand, and the Philippines.

In addition, 6-week summer institutes have been held in the United States for home economics students from developing countries—students already in the United States for study purposes. Three institutes in 1972 enrolled 42 students representing 21 countries; in 1973, five institutes enrolled 66 from 26 developing countries. Seventeen countries were represented at one general and two specialized summer institutes in 1974. In 1973 AHEA received a grant from the Asia Foundation to fund Asian graduate students at the summer institutes.

AHEA organized a meeting of an *ad hoc* advisory committee of home economists from developing and

developed countries in Helsinki in 1972 and a second meeting in Ankara in 1974. Following recommendations of the second meeting, 35 home economists from 20 countries have been designated as representatives for family planning/population education activities in their own countries, including work with AHEA's international family planning project.

The summer institutes tie in with another function of the project—that of providing educational materials. Two packets of prototype teaching materials have been developed.

Other publications of the project include: *Women's Roles and Education*, *Resource Papers for Curriculum Development*, and a *Resource Catalog for Family Planning and Population Education in Home Economics*.

AHEA works closely with other organizations. AHEA and IPPF have prepared a 15-minute slide and taped-sound production for home economists and family planning field workers titled *Partners for Change*. An AHEA staff member works regularly with the International Federation of Home Economists (IFHE) at its headquarters in Paris. IFHE, FAO, and AHEA have collaborated in preparing an international plan of action to incorporate population education and family planning in home economics. Liaison is maintained also with UNESCO, WHO, World Education, Asia Foundation, and other organizations concerned with family planning.

A home economist from a developing country attended the World Population Conference in Bucharest under AHEA sponsorship, and an AHEA representative attended the World Conference in Rome. Home economists in developing countries are being encouraged to take part in national and international observances of International Women's Year, and AHEA funded two IFHE representatives to the International Women's Year Conference.

## American Public Health Association

The American Public Health Association (APHA), representing some 25,000 members, is broadly concerned with improving public health through community efforts. For over 100 years it has served as a leader in developing technical standards for delivery of public health services, improving the quantity and quality of health manpower, and working with other groups on matters of public policy that affect the public health and welfare. It has made—and is continuing to make—important contributions to population research and family planning in the

United States and abroad.

In 1959, APHA adopted a milestone policy statement calling on all health organizations to support population research and encourage development of family planning services for all population groups consistent with their beliefs and desires. Committees were established by the Association to carry out this policy, and numerous related studies and investigations were made of maternal and child health, in epidemiology, in statistics, in public health nursing, and related fields. These early activities led to several national conferences and other meetings at which data were examined, programs reviewed, and plans made for projects relating to population.

The Association followed its 1959 population policy statement by issuing 12 additional statements, resolutions, and program standards between 1964 and 1974. These concerned family planning programs, standards for abortion services, sex education, and related subjects.

APHA has directed and staffed a number of family planning and population projects since 1965. One of the most important was a 5-year project funded by the Ford Foundation in 1966.

One significant result of this 5-year project was the establishment of a process for disseminating information and educational materials on population to public health workers. Another was the publication of several standard-setting documents, including a family planning guide for State and local agencies and a set of standards for abortion services. Between 1966 and 1971, APHA was a major publisher of technical family planning literature.

Other activities stemmed from the project funded by the Ford Foundation. In 1967 the Association assumed responsibility from the Population Council for the continuance of a family planning project with U.S. medical schools. In this project, each of the participating schools developed a plan to better the health of a low-income area through family planning. All plans provided free family planning counseling and services to clients who met established criteria.

In September 1974, under a grant from the Department of Health, Education, and Welfare (HEW), the Association began a detailed study to obtain information on social and psychological factors in adolescent sexual behavior. Health workers have long been concerned about the inadequacy of quantified knowledge on this subject. Working with colleagues, advisors, and teenagers, APHA staff has developed a questionnaire-interview technique to record adolescent attitudes and experiences, personality and cognitive style, life events, motivation, and self-esteem along with social and demo-

graphic information. A sample of 2,700 representative 16- and 17-year old males and females is being surveyed in Washington, D.C.; Atlanta, Ga.; and Bellingham, Wash. Adolescents participating in the survey in Washington, D.C., and Bellingham have agreed to a second interview within a year if it is needed. Results and analysis of the study are expected to be available in 1976.

Also in 1974, APHA's continuing interest and leadership in promoting better understanding of the public health implications of population imbalance led to its publication of a comprehensive guide to family planning information sources for health workers.

As part of its educational work in the population field, APHA collaborates with several universities in the United States, including the Universities of California, Washington, and Hawaii and Loma Linda University. It also works with overseas centers to help development and training of manpower. Such examples are the University of West Indies, Mahadol University, and the University of Indonesia. APHA also has assisted schools and colleges in nine developing countries in improving curricula for teaching family planning techniques and population program methodology.

Since 1970, APHA has cooperated with AID in a program to provide professional consultation and technical assistance in population/family planning and health-related fields. Using its own staff and a registry of some 1,000 qualified consultants, the Association has assisted developing countries in planning, implementing, and evaluating programs; in training professional and technical staffs; in preparing and disseminating technical data and educational information; and in integrating family planning into maternal/child health and other services.

Governments of five Latin American countries have asked APHA to study their family planning programs and help establish goals and priorities. The Association also helped plan and conduct four regional seminars on population and family planning sponsored by the International Alliance of Women.

Advice and consultation have been provided to professional groups throughout the world on the management and utilization of fertility control measures and contraceptive techniques. In the past 5 years, some 200 physicians, nurses, demographers, management specialists, educators, and other professionals have served as short-term consultants in more than 45 developing countries.

One example of this type of assistance is a project initiated in 1971 with the Government of Indonesia. It was designed to increase the number of health

education specialists and to involve a major percentage of fertile couples in the national family planning program. A cadre has received in-country training at the undergraduate level, 42 health education specialists have received graduate training in the United States, and a postgraduate program has been established at the University of Indonesia. Health education services have been strengthened at all levels to assure a continuation of support for maternal/child health and family planning programs.

From 1970 through 1974, the Association made a study of the role of voluntary health organizations in developing countries to find ways of increasing citizen and group participation in improving health, family planning, and nutrition services. As a result of demonstration projects in Costa Rica and the Philippines, future plans are directed to expanding and strengthening organized voluntary efforts in support of national health goals.

Since May 1972 the Association has directed a program to assist developing countries plan, establish,

and evaluate integrated delivery systems for health, family planning, and nutrition. A procedure has been set up to gather, store, and retrieve information about health delivery systems worldwide; to identify interesting innovations; and to evaluate them and study reasons for their success or failure.

A demonstration project in Thailand—and others currently being planned—will include host-country planning with APHA assistance, involvement of national and community groups, and a focus on integrated services for women 15 to 55 years of age and for children under 5 years. It is anticipated that the demonstrated services can later be carried out and replicated by the host countries without assistance.

APHA collaborates with other organizations—such as the Christian Medical Commission, the Population Council, the Ford Foundation, and The Pathfinder Fund—in international projects. It has worked closely with the World Health Organization and is a sponsor and participant in the National Council on International Health.

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## Planned Parenthood Federation of America

The Planned Parenthood Federation of America (PPFA), the pioneer family planning organization of the United States, is the largest national association within the International Planned Parenthood Federation (IPPF)

Beginning with the founding of the Nation's first birth control clinic by Margaret Sanger in Brooklyn, New York, in 1916, the U.S. Planned Parenthood movement spread. By 1974 it was serving 930,000 acceptors. Meantime, there has been a virtual tripling of the service load since 1966, including services in sex education, abortion referrals, vasectomy, and other activities.

PPFA provides the largest private network of reproductive health services for low-income women in the United States. No one is turned away from its clinics because of inability to pay. More than three in four of its acceptors during 1974 were of low or marginal income; 11 percent were public assistance.

In addition to contraceptive services, it provided 6 million diagnostic tests and examinations in 1974—pap smears, pelvic and breast examinations, blood pressure measurements, blood tests, and VD tests. It conducted more than 1¼ million individual counseling sessions on birth control, infertility, problem pregnancy, and other medical needs. And it made roughly 100,000 referrals to other sources of

health care—reflecting its concern for all medical conditions uncovered during the client's visit.

PPFA also provides the Nation's largest network of help and advice for those with a problem pregnancy, handling more than 200,000 such cases in 1974. Those who wished to carry a pregnancy to term were recommended to a source of prenatal care and, on request, were referred to adoption services. Those who wished an abortion were guided to a high-quality medical service. During the year, 19 of the 187 affiliates provided abortion service and follow-up contraceptive guidance in their own facilities—eight more than a year earlier.

The organization also serves as a major source of service and referral for persons seeking voluntary sterilization. More than 50 of the affiliate organizations offered vasectomy service in 1974. In all, more than 13,000 women and more than 11,000 men received voluntary sterilization service, counseling, or referral through PPFA clinics in 1974.

The national headquarters of PPFA serves three major roles: as guide to its national network of community services; as major advocate and analyst in the U.S. family planning field; and as a continuing source of family planning assistance to other nations, both through its own programs and through its important financial support to the IPPF.

PPFA develops its own international programs through its international division, Family Planning International Assistance (FPIA).

## Population Services International

Population Services International (PSI), established in 1970 as a nonprofit family planning organization, directs its programs primarily to marketing the concept and means of fertility regulation. It stresses methods of contraception that do not require scarce medical services and facilities. Its mode of programming utilizes mass media, consumer goods distribution networks, and local business expertise. Population Services International estimates that its activities in 1974 were responsible for averting more than 22,000 births.

PSI follows a "social marketing" approach—the application of marketing principles to programs designed to enhance human welfare. This approach focuses on the use of commercial facilities and techniques, such as market analysis, sales promotion, and consumer education to bring birth control information and low-priced services to large numbers of people—particularly in areas where family planning clinics are lacking or inadequate. In this work, it cooperates with local researchers, marketers, advertising and consumer products distribution firms, and with community leaders and educators. Its long-range objective is to alleviate problems of population growth, unwanted pregnancies, and sub-standard health. Its medium-range objective is development of projects that can be adapted for large-scale, demographically significant programs in developing countries and also reduce unwanted pregnancies in developed areas.

Its largest program in 1975 was a nationwide, AID-funded project in Bangladesh. There, PSI is working with local firms to educate consumers about birth control and to distribute 36 million condoms and 7 million monthly cycles of oral contraceptives through thousands of shops over the next 3 years.

Another contraceptive marketing program started in late 1973 in Sri Lanka with a grant from the International Planned Parenthood Federation (IPPF), the support of the Sri Lanka Government, and the aid of a local family planning association. Extensive advertising was used to promote sales through 4,600 local retail outlets and by mail. First-year sales of condoms totaled over 4 million—exceeding the original goal of 2.5 million. As a result, a sister project has been set up to market oral contraceptives.

Other projects are underway or in the planning stages in Latin America, India, Nepal, and Africa.

A grant from the Population Council is enabling PSI to work with private contraceptive manufacturing

firms operating in Latin America, Southeast Asia, and Africa to increase the use of their products in developing countries. Working relationships also have been established with advertising firms in Kenya, India, Colombia, Indonesia, the Philippines, Ghana, and Sri Lanka.

One of PSI's earliest projects, started in Kenya in 1972, was a campaign using newspapers, radio, direct mail, and cinema advertising to sell contraceptives at a subsidized price. Followup surveys showed that in the project 120,000 condoms were sold to an estimated market of 50,000 people. In addition, 14,000 condoms were sold by mail to purchasers in Uganda and Tanzania. A grant from Oxfam has enabled PSI to purchase a mobile unit and hire a fieldman to continue this project in remote areas.

In addition, some PSI projects relate to medical procedures. For example, widely distributed leaflets have recruited candidates for vasectomies and laparoscopies in the Philippines. Also a Scaife grant is being used for a clinical project in Australia to demonstrate the use of menstrual regulation.

Foundations that have contributed to PSI activities, in addition to those donors previously mentioned, include the Hugh Moore Fund, Ford Foundation, Sunnen Foundation, Playboy Foundation, and the Henry B. Plant Memorial Fund, Inc.

## World Education

World Education works in partnership with about 45 organizations in developing countries and in collaboration with a number of international agencies to provide innovative educational approaches, financial assistance, and skilled consultants to 30 literacy projects in 17 countries. It develops integrated functional literacy programs for adults that include education on population matters, family planning, nutrition, and food production. Its long-term program of functional literacy training has been assisted since 1969 by grants from the U.S. Agency for International Development.

World Education's program includes: identification of learner needs through individual and group interviews and baseline surveys; design of training programs and curriculums; development of learner-oriented methods and materials focusing on problems of everyday concern to the learners; training of staff and teachers; and development of evaluation strategies and techniques for assessment of program activities and learner gains.

Its communication program disseminates information and results of project activities through publications and audiovisual media.

# Region and Country Situations

## Asia

Asia contains over half of the world's people, with their number increasing rapidly. The estimated rate of increase among South and South East Asia's 1.1 billion people is about 2.3 percent annually and 1.7 percent among East Asia's 1 billion. Just since 1965 Asia's increase has totaled 379.3 million.

If these rates were to continue, in another 35 years Asia's population would be greater than the present world's total.

The population is expanding not only because of high birth rates but also because better conditions have lowered mortality. More babies are surviving and growing to adulthood, and adults are living longer than before.

Although national development programs have made notable progress in most Asian countries since 1950, rapidly rising numbers have prevented the intended improvement in average levels of living and

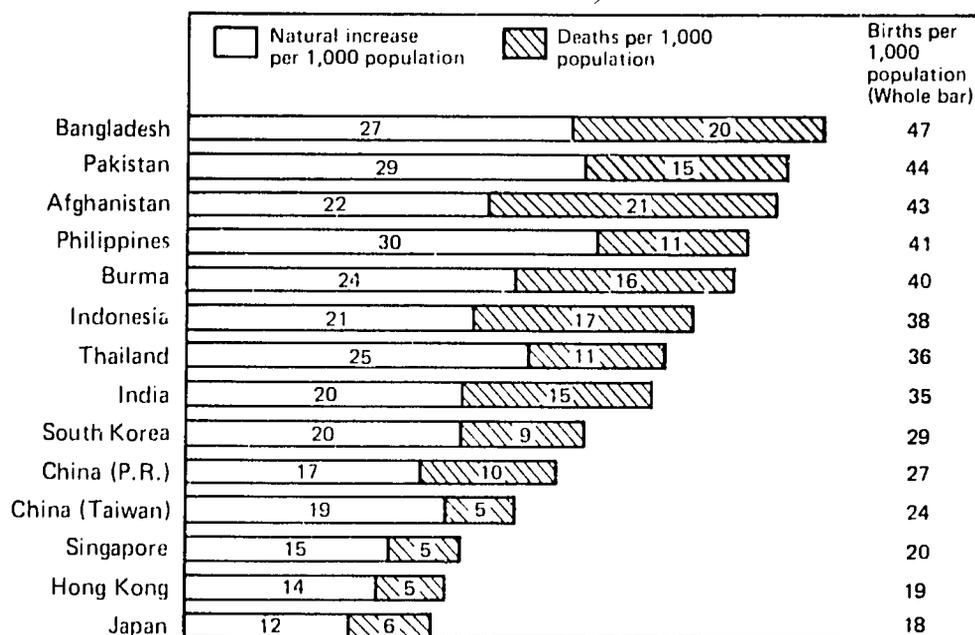
have retarded economic and social development.

Asian leaders have become increasingly concerned. Within the past decade (longer in some cases) most Asian countries have initiated programs to slow population growth and improve maternal and child health. Nineteen today have national family planning programs. Most are administered by governments, and all receive at least some government support. Several countries, notably Singapore, are also working to bring development policies and programs in the "beyond family planning" sphere to bear on fertility (housing allocations, restrictions on maternity leave after birth of a specified number of children, etc).

The early work in Asia was done by voluntary agencies. The later pattern in many countries is for the government to provide the actual services with the private agencies concentrating on public information and personnel training.

*Variations in Asia's vital rates are wide. Some heavily populated countries—the People's Republic of China, South Korea, Taiwan, Japan, Hong Kong, Singapore—have made progress in reducing birth rates, death rates, and the rate of natural increase. But other countries, as the chart shows, still have far to go in dampening their rates of natural increase.*

### Estimated Vital Rates in Selected Countries in Asia, 1974



SOURCE: Population Reference Bureau

75-38

*These heavily populated countries account for almost a fifth of the world's people. Although there were gains in annual growth of total gross national product over 1970-74, the pressure of rapid population increase brought either very small gains or declines in per capita GNP.*

In some East and South East Asian countries—the People's Republic of China, Hong Kong, Malaysia, Singapore, the Republic of China (Taiwan), and South Korea—birth rates have dropped significantly. In India the birth rate in 1974 was estimated at 35 per 1,000 people compared with 43 in 1965. In Bangladesh and Pakistan the programs have suffered from political dislocations associated with severance of the two countries.

Important, however, is the fact that in most of Asia inaction about population problems has been replaced by action and that a major and growing movement is underway to curb the wave of additional human beings that will be appearing in the years ahead. Also significant is the fact that out of the Asian experiences are emerging many innovations and conclusions that are useful not only to Asian countries but to all others around the world that are trying to slow excessive population growth.

A large number of external organizations and countries are assisting the development of family planning in Asia. The United States has been a major

donor over a 10-year period. More recently, the United Nations Fund for Population Activities (UNFPA) has become highly active on both an individual country and a multilateral basis. Multilateral allocations in 1973 to Asian and Pacific projects now being carried out totaled \$3 million.

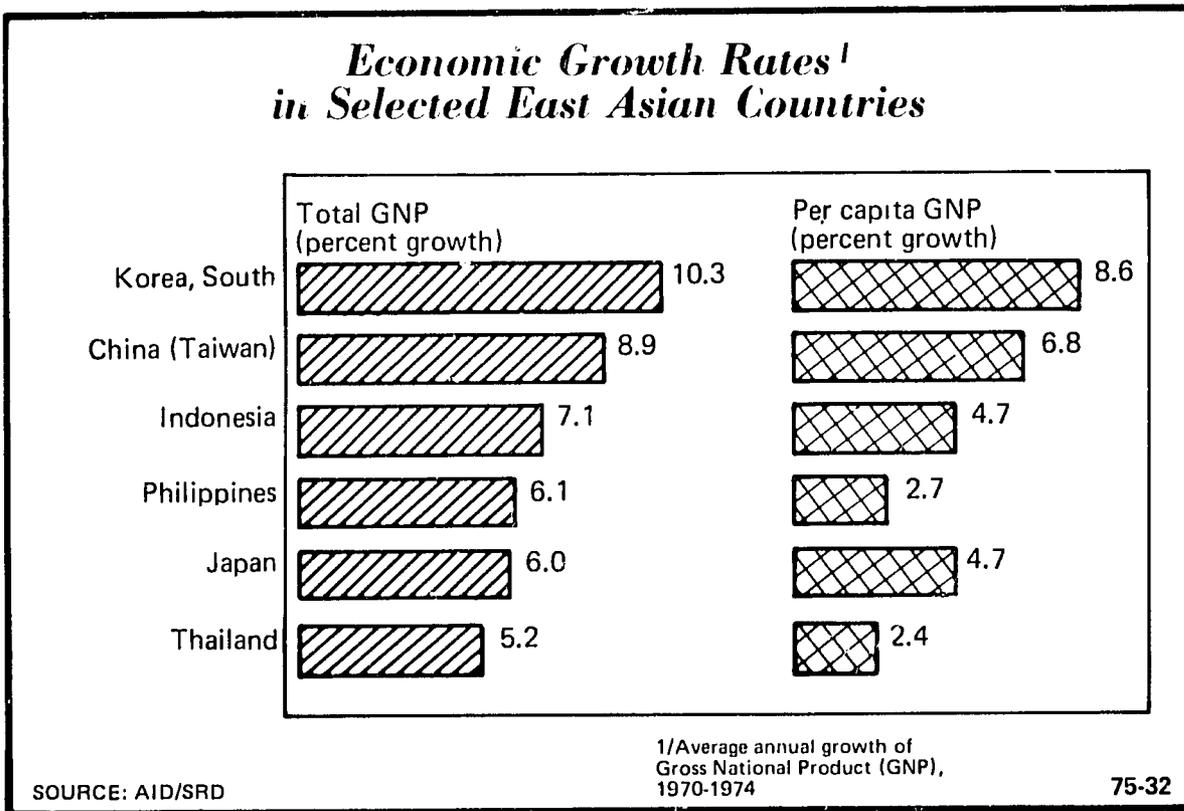
### East and South East Asia

Several countries of East Asia have made notable progress in recent years in initiating and expanding family planning programs designed to reduce population growth.

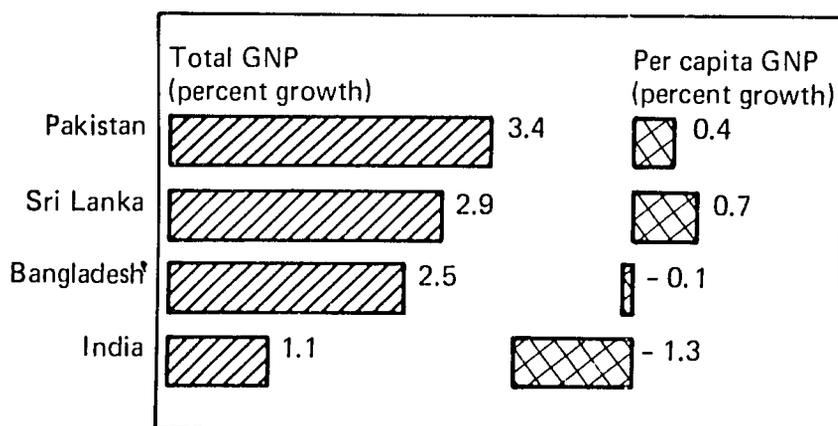
For example, Singapore has lowered its birth rates from a 1965 level of 31 births per 1,000 population to a current level of about 20 or less per 1,000.

The People's Republic of China, though it does not issue population data, is carrying out a vigorous and far-reaching program thought by some Western observers to have dropped its rate of population increase to near that of Western Europe.

The Republic of China (Taiwan) has a strong family planning program that has dropped birth rates



## *Economic Growth Rates<sup>1</sup> in Selected South Asian Countries*



<sup>1</sup>Average annual growth of Gross National Product (GNP), 1970-1974

SOURCE: AID/SRD

75-31

from 45 per 1,000 population in 1956 to 23 per 1,000 in 1974.

Hong Kong has achieved even more spectacular results. Its 1960 birth rate of 36 per 1,000 population per year has been reduced to 19 per 1,000.

Japan, a pioneer in population program efforts, has made similar progress—cutting its birth rate from 34 per 1,000 population after the end of World War II to a 1974 level of 19 per 1,000.

In general, family planning in East and South East Asia has encountered remarkably little opposition. Most people recognize that smaller families are desirable both for family and national well-being. Even the best of family planning efforts, however, faces difficult challenges. One is that of reaching people with supplies, information, and motivation to begin practicing birth control. This is particularly difficult in countries that have large rural populations. Another challenge that several countries face is the exceptionally large number of young people now

reaching marriageable age. Unless most decide to have exceptionally small families, they will add to the population burden. For this reason, some of the countries in this area are placing maximum attention on reaching young people in their family planning programs.

Two small South East Asian countries do not believe that their populations are too big or growing too rapidly, and they do not have national family planning programs. These are Burma and Cambodia. In Burma, family planning services are available only through limited private sources. In Cambodia, even such private sources may no longer be available.

External assistance has played an important part in the establishment of family planning programs in most East and South East Asian countries—with the exception of the People's Republic of China. The United States, through the U.S. Agency for International Development (AID) has been a major donor. Several European countries and Japan also have

*These six countries have made excellent progress in reducing fertility of their populations. For example, between 1965 and 1974, birth rates declined in South Korea from 35 to 29 per 1,000 people; in China (Taiwan) from 33 to 23; and in Indonesia from 46 to 38. As a result, a substantial part of the growth in total GNP in 1970-74 was retained in terms of per capita GNP.*

contributed. Numerous private organizations have given start-up help and continuing assistance. And the United Nations Fund for Population Activities (UNFPA) is playing an increasing role.

### South Asia

Despite strong interest in and a growing commitment to family planning, the countries of South Asia have not yet achieved the breakthroughs evident in many parts of East and South East Asia. Birth rates continue to be above 40 per 1,000 except in India (35 per 1,000) and Sri Lanka (28 per 1,000). Population growth in all South Asian countries continues at 2 percent or more per year.

The "green revolution," with its increases in food production, has helped India and other countries that face extreme population pressure—but the bad weather of 1972 and again in 1974 showed the narrowness of the margin between barely enough food and dire shortage.

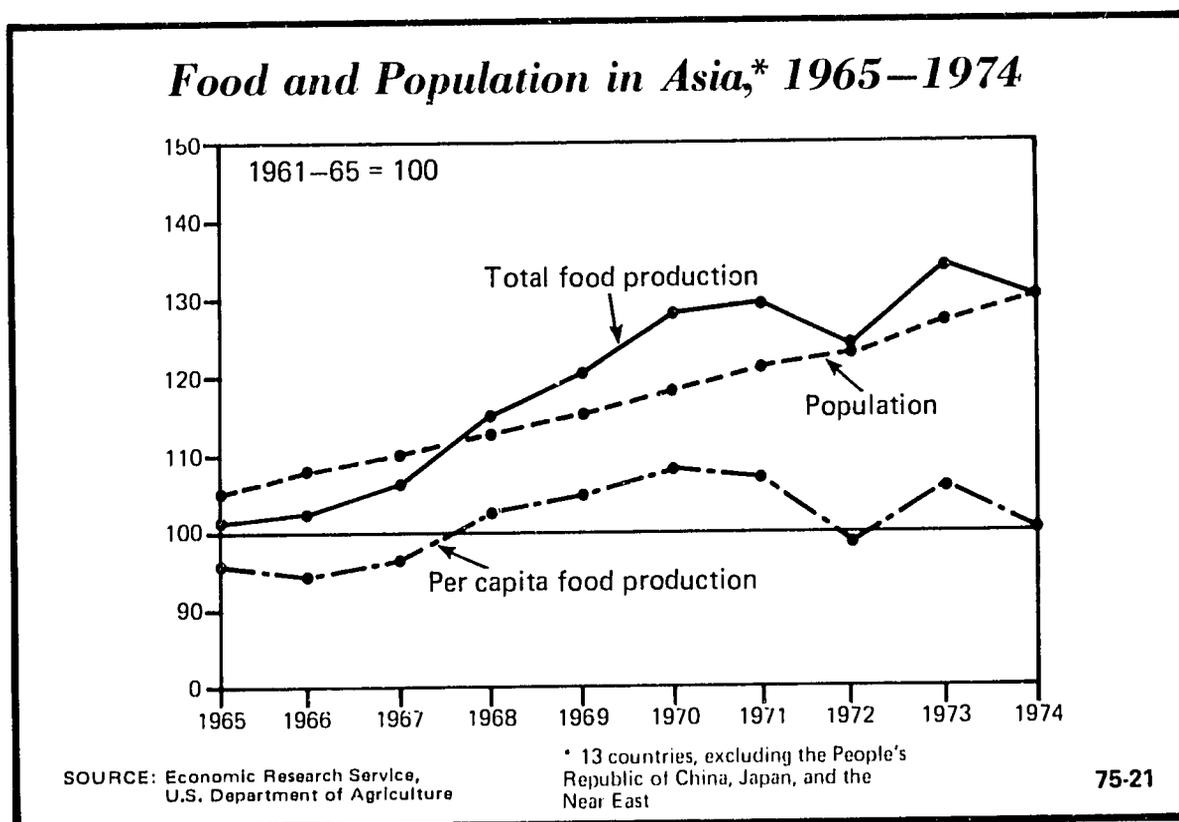
Basic to South Asia's problems of reducing population growth rates is the fact that many parts already were overcrowded when—a few years ago—large-scale family planning efforts began. In these, as in most countries of the subregion, widespread poverty, illiteracy, and numerous other conditions make it difficult to provide family planning services,

supplies, and information to many millions of people—especially in rural areas.

Despite difficulties, however, most governments of South Asia today have population policies and are directly involved in carrying out national family planning programs. Most have sought assistance from external sources, in both the start-up and continuation of family planning programs. The United States, through AID and private foundations, has been in the forefront in providing this assistance. More recently, the United Nations Fund for Population Activities (UNFPA) has been giving increasing aid to the programs.

South Asian countries—recognizing that conventional approaches to family planning, such as the use of clinics and physicians, have not brought hoped-for results—are trying new approaches. In such innovations, the U.S. AID program has given considerable guidance and help.

Bangladesh and Pakistan, for example, have concluded that large numbers of trained family planning "contact teams" may be a key to gaining participation. The Pakistani teams, each composed of a man and a woman, seek to motivate couples to practice family planning. Both governments provide their teams with contraceptive supplies (largely from foreign donors) to be given away or sold at minimal



prices. Both Governments organize the teams to work closely with general health programs directed to mothers of young children. Both governments are seeking to make contraceptives easily and cheaply available by licensing thousands of small shops in cities and villages to sell supplies at low, subsidized prices. Both plan to follow up with evaluation studies to see whether the approach of expanded family planning services plus inexpensive and easily available contraceptive supplies are giving them new progress toward their family planning objectives.

## Afghanistan

Afghanistan's population was estimated, based on a 1974 demographic survey, at 19.1 million. The birth rate was estimated at 43 per 1,000 population and the mortality rate at 21 per 1,000. These would result in an annual increase of population of 2.2 percent.

Afghanistan's economy is based primarily on small-scale agriculture and considerable arable land is not yet under cultivation. Its limited stage of development is reflected in the low average per capita Gross National Product (GNP) estimated at \$80 per year.

The Government, aided by considerable foreign economic assistance, has been carrying out a series of 5-year economic development programs since 1956. The current program (1973-79) aims at achieving an annual economic growth of 5 percent. Major handicaps are the low literacy rate (estimated at 8 percent), insufficient technical training, and inadequate financial resources. Nevertheless, highway and air facilities are being expanded, natural gas production has been developed, and agriculture has been upgraded to some degree.

Although Afghanistan does not have an official policy on population growth, the Government is aware of the economic hazards of overrapid population expansion. The Ministry of Public Health has long recognized the importance of family planning and has promoted its integration into the basic health services. A decade ago almost no contraceptive services were available; now the Afghan Family Guidance Association (AFGA) delivers services through a national system of clinics serving both rural

and urban areas. While growth in participation is slow, it appears that a fairly solid base for further action is being laid. The number of visitors to AFGA clinics increased from 7,670 in 1969 to an estimated 53,700 in 1974. Oral contraceptives and IUD's are the main types of contraception currently being utilized.

AFGA is a semiprivate agency that came into being in 1968 through the efforts of a few physicians and women concerned about social and health problems. It is an affiliate of the International Planned Parenthood Federation (IPPF) and draws support from that organization as well as from the U.S. Agency for International Development.

AFGA has reached an agreement with the Afghan Government to expand the number of AFGA clinics from 19 to 35 over a 3-year period and thereby make family planning available in all 26 provincial centers. (AFGA already maintains 9 clinics in Kabul and 10 in the provinces.) The expansion will include increasing the number of male and female "Family Guide" teams who represent the clinics as family planning teachers and as suppliers of contraceptives. Targets of the expansion include gaining 17,000 new contraceptive acceptors in 1975, 28,000 in 1976, and 31,000 in 1977.

Accompanying the expansion of services at health centers and clinics is an active training program for personnel. During the 1973-77 period, some 36 instructors of auxiliary nurse-midwives and about 500 students are scheduled to be trained. In addition to the home guidance and contraceptive services provided by the "Family Guides," family planning lectures and discussions are scheduled for the regular employees of hotels and a variety of other institutions on a programmed basis.

Meanwhile, the Government's current 5-year plan has a target of making maternal and child health, health education, and family guidance services available at the urban and rural clinics and the outpatient clinics of Government hospitals. Also targeted is the financing of 180 basic health centers planned to include such services.

The Government has also sponsored visits by local religious leaders with their counterparts in Cairo, Teheran, and Ankara to discuss formulation of an international Muslim policy in support of family planning. Afghanistan is a Muslim country.

*Dense populations of India, Indonesia, Bangladesh, Pakistan, and other Asian countries keep a constant pressure on food supplies. Crop shortfalls in the mid-1960's, 1972, and 1974 sharply reduced per capita food production, making large-scale grain imports necessary. Even during years when food production rose faster than population, the increase fell far short of closing the nutrition gap for the majority of the people.*

Acceptance of the program by religious leaders and leading Afghan citizens has helped to bring progress in family planning.

### External Assistance

Afghanistan's population program has received major support from external sources throughout its development period. At the end of fiscal 1975, assistance from leading sources totaled \$6.7 million. A principal contributor has been the U.S. Agency for International Development (AID), whose help has totaled nearly \$5.4 million through fiscal 1975.

Funds from the United Nations Fund for Population Activities (UNFPA) have totaled \$230,000. Other United Nations contributors include the Children's Fund (UNICEF)—which has supplied equipment, vehicles, and drugs to the health clinics—and the World Health Organization (WHO)—which has assisted in maternal and child health development and public health and nursing education. The Asia Foundation has helped fund a provincial pilot education project.

AID has given considerable support to helping build up a demographic knowledge and a knowledge of family planning information, attitudes, and practices. Better information on the nation's population status and growth will help Government agencies to define their problems and plan for the future and can lead to the setting of a national population policy. For example, AID support has included a contract with the State University of New York (SUNY) to conduct a national sample survey, develop a basic demographic description of the population, and conduct a knowledge, attitude, and practices (KAP) survey. This work has been carried out within the Ministry of Planning by a specially trained Afghan staff. Also, SUNY has developed a client record system and made studies to determine why some Afghan people become acceptors of family planning and others do not.

AID also has contracted with a second group, Management Sciences for Health, to work within the Health Ministry and help to improve the administrative capacity of the Ministry to operate the basic health clinics which will be public contact points for family health services.

Development of training schools for auxiliary nurse-midwives is another feature of AID's support. AID also provides contraceptives for use in programs.

As part of the overall U.S. assistance to Afghanistan, AID also is giving support to the country's improvement of health and education, both of which can be important foundation stones for an improved family guidance program. Discussions are underway



between AID and the Afghanistan Government on how AID can support Afghanistan's efforts to bring health services to rural areas.

Also, AID with non-Title X Funds has helped the government in its reform of the primary school system. This has involved writing new primary textbooks about health, agriculture, and crafts; building new schools which include teacher hostels so as to attract teachers to the rural areas; improving attendance; and awakening children to new ideas, including health needs and family future.

The Pathfinder Fund has assisted the country's program.

## Bangladesh

As Bangladesh, formerly East Pakistan, struggles to become a viable new nation, it faces the handicap of a rapidly expanding population that is already very large for available resources. The Government esti-



*Far left, mothers and children in a Dacca slum pose for their photograph. In a small Bangladesh village a midwife explains the pill to a young mother. In this small country, population is growing at the rate of 2.7 percent a year; per capita income is \$100 a year.*

mates the population, as of mid-1975, at 77 million persons. Living in an area about the size of the State of Wisconsin, this population is increasing at a rate of 3 percent a year. Unless abated, this rate would mean a doubling of the country's crowded population by the year 2000. Bangladesh estimates its birth rate at 47 per 1,000 population and death rate at 17 per 1,000. Life expectancy is about 47 years.

Over 90 percent of the population is rural. But although the land is fertile and the farmers industrious, food production is insufficient and large imports are necessary. Most of the land is low-lying, subject to heavy rains, and often prey to devastating floods. Some areas, now heavily populated because of population pressure, were considered uninhabitable prior to this century.

With a GNP per capita of about \$100 a year Bangladesh is considered among the world's poorest countries, and much of its population experiences poverty and misery.

### Population Programs

The national leadership of Bangladesh is well aware of the nation's growing population problems. Evidence of increasing concern on the part of the national leadership is to be found in the provisions set forth in the country's First Five-Year Plan (1973-78), which aims at reinstating large-scale facilities to bring family planning to the masses. Although the population program leaders of Bangladesh have reservations about the philosophy and approaches of the earlier

population program efforts of former East Pakistan, it is true that these efforts—which began as early as 1952—are providing some helpful background which, with modifications, can be applied today.

Bangladesh's overall aim for the 1973-78 planning period is to sharply cut the current rate of population growth, now 3 percent. A longer range goal is to reach replacement fertility level in 25 to 30 years. In a traditional society such as that of Bangladesh, this is obviously an ambitious target. The scope of the problem is indicated by the estimate that about 15 million couples are of reproductive age with 65 percent of the women in the 15 to 30 age group and contributing 87 percent of all births. Further, although approximately 85 percent of the target population is reported "aware" of family planning, only an estimated 15 percent has effective knowledge and only 7 to 8 percent has ever practiced family planning.

The 1973-78 campaign for achieving population growth control is spearheaded by the Ministry of Health, Population Control and Family Planning. Integrated with national health services prior to June 1975, but now following an independent family planning program, it aims at bringing information, education, and family planning services into every home. Important educational and motivational roles are given to all developmental ministries in contact with the public. The Five-Year Plan envisions legalization of abortion, establishment of abortion clinics, raising the age of marriage, and training a core of

professional family planning workers. The Plan anticipates a possible future need to consider stringent legislative measures if the voluntary approach to fertility control is not effective soon enough.

Immediate action aims of the program are: delivery of information and conventional contraceptives to homes in rural areas by approximately 12,000 family welfare workers (trained in both health and family planning) plus some 16,000 family planning workers yet to be trained; clinical services in rural areas and in urban clinics and hospitals; introduction of oral contraceptives on a large scale; and use of paramedical personnel to screen candidates, issue orals, and insert IUD's. The Government has approved commercial marketing of orals and condoms.

Reinforcing the Government family planning program is the work of the private Bangladesh Family Welfare Association (BFWA). Its primary activities include family planning education, motivation, and operation of model clinics in urban areas.

The Government of Bangladesh, within its limited resources, has made yearly increases in its financial support of family planning. Beginning in 1973, it made available \$640,000; and in 1975 this had grown to \$1.6 million.

Acceptance and practice of contraception, which were making hopeful growth during pre-independence days, appear to be making a slow (though insufficient) comeback as indicated by the fact that only 16,000 new acceptors were listed in 1972 and 41,000 new users in 1974. As of 1974, Bangladesh had a total of about 550,000 users of contraceptives. (This included a substantial number of males who had undergone sterilization.)

### External Assistance

Bangladesh is highly dependent on external assistance for financing family planning programs. The United States—both through the Government and private agencies—has been in the forefront in helping to reinstate family planning after the upheavals of achieving independence. A number of other countries and organizations also are assisting.

U.S. Government help has been channeled through the U.S. Agency for International Development (AID). During fiscal years 1973-75, such assistance under Title X totaled \$6.25 million. For fiscal 1976, AID has proposed population program grants to Bangladesh totaling \$4.6 million to be spent chiefly for contraceptive supplies and for training field, hospital, and clinical population program personnel.

AID is the major contributor of contraceptive supplies to Bangladesh's population growth control

program. It provided 3 million monthly cycles of oral pills and 30.7 million condoms in fiscal 1973; 7.4 million monthly cycles of orals and 6.9 million condoms in fiscal 1974; 870,000 monthly cycles of orals and 1.1 million condoms in fiscal 1975; and 5.2 million monthly cycles of orals and 27 million condoms in fiscal 1976.

Other projects receiving AID support are an innovative test program for marketing nonclinical contraceptives through established retail outlets, the establishment of a model fertility control clinic, the work of the private Bangladesh Family Planning Association (BFPA), and an experimental program to secure the support of village leaders in the promotion of family planning. In addition, AID is providing advisory services, equipment, and training.

The United Nations is also providing major assistance. Its Fund for Population Activities (UNFPA) has given considerable advisory assistance as Bangladesh sets up its new population program, and UNFPA has signed a country agreement with the Government of Bangladesh which, over a 3-year period is expected to total \$10 million. The U.N. assistance to be given under UNFPA includes several different efforts. The World Health Organization (WHO) will provide guidance in strengthening the family planning clinical program, with special emphasis on maternal/child health aspects and instruction in medical colleges. The United Nations Children's Emergency Fund (UNICEF) will help in developing national maternal/child health services in support of family planning, including training personnel and developing teaching aids. Also, the United Nations will offer consultant services for population census planning, including sampling design and tabulation. The International Labour Organisation is assisting population activities in the organized sectors of industry.

Bilateral assistance is being given by four countries other than the United States. Great Britain is offering advisory assistance on a demographic survey; Denmark is donating contraceptives and equipment for midwives; Norway is financing training institutions for paramedical personnel; and Sweden is supplying condoms and financing family planning seminars.

Many nongovernmental organizations are assisting, in varying degree, the Bangladesh population program. Most active has been the International Planned Parenthood Federation (IPPF), which helped finance and establish the earlier family planning activities of the area when Bangladesh was part of Pakistan. IPPF now gives financial assistance to the BFPA for its overall program. This includes support of mass

communication, in-service training for project officers and field motivators, operation of model and mobile clinics and motivation centers at industrial units and factories, and operation of family planning projects with cooperatives and women's centers. IPPF contributions have been \$127,000 for 1972, \$221,000 for 1973, and \$182,000 for 1974.

The Asia Foundation has given small travel and training grants preparatory to the expansion of family planning information, education, and communication activities.

The Association for Voluntary Sterilization has given a grant to the Bangladesh Association for Voluntary Sterilization Polyclinic to help establish nationwide information, education, and communication activities and a pilot clinic for male and female voluntary sterilizations.

Family Planning International Assistance, the international division of the Planned Parenthood Federation of America, has given a grant for a community development pilot project providing family planning through village leadership and another grant for a workshop on family planning project design for voluntary agencies.

The Population Council is providing assistance.

The Ford Foundation maintains a population advisory staff and office in Bangladesh.

The International Association of Schools of Social Work has a pilot project to develop qualified population and family planning social workers carried out with the country's schools of social work.

The Pathfinder Fund has sponsored work to reopen the postpartum program that was closed down by hostilities and to develop a major clinic for the city of Dacca. The clinic would provide complete fertility regulation services and serve as a training facility for the delivery of services.

The World Assembly of Youth has sponsored, in cooperation with the Bangladesh Youth Council, various seminars on population, family planning, and responsible parenthood to help make young people aware of rapid population growth and the problems it brings to family life, community development, and national progress.

World Education has assisted the Bangladesh Rural Advancement Committee in a pilot project on adult functional education. The project includes not only literacy training but also promotes changes in attitude toward family planning.

The International Bank for Reconstruction and Development (World Bank Group) has initiated a program of assistance in 1975 with the following objectives: to construct health facilities; to provide

population education, training, and salary support for village health workers; to supply vehicles and equipment; to develop population programs in five different ministries; to supply technical advisor assistance and fellowships.

## China, Republic of (Taiwan)

Taiwan, or the Republic of China, had 16 million inhabitants as of mid-1975, who live on an area of about 14,000 square miles. The present total is 3.4 million above the 12.6 million reported in 1965--an increase of more than one-fourth. The 1974 birth rate was estimated at 23 per 1,000 population--down sharply from the 1965 rate of 33 per 1,000. Mortality in 1974 had also decreased to 5 per 1,000 people per year from 6 per 1,000 in 1965. The present rate of population increase is estimated at 1.9 percent annually.

At best, Taiwan faces a crowded future. Along with insufficient land, Taiwan is short of water, which is needed for all irrigated crops but particularly for rice. Taiwan tries to be self-sufficient in rice, its main staple of diet, and it has industrious and efficient farmers to grow the crop. But growing 1 ton of rice on Taiwan is said to require an average of 3,500 tons of irrigation water and the water limit is nearing. If Taiwan must supplement its home-grown rice by imports because of increased population, the cost of this basic food (and thus labor costs) will rise and the island's manufactured products will become less competitive in world markets.

On the other hand, Taiwan's national family planning effort, often viewed as one of the world's most successful, did achieve a goal of reducing the population growth rate from 2.7 percent as of 1965 to 1.9 percent by 1974. In this effort, Taiwan had some advantages not possessed by most Asian countries. About 89 percent of the population over the age of 6 is literate and thus reachable with family planning messages; 63 percent of the population is urban and thus reachable with family planning services; and the per capita GNP of \$840 (estimated by the Taiwan Government), while not high by Western standards, indicates an improved standard of living that is thought to be an inducement for smaller families. But future reductions will be more difficult. Whereas in some Asian countries, the two-child family is becoming accepted as the "ideal," in Taiwan a large part of the population continues to think of the ideal family as comprising an average of nearly four children.

Taiwan's first population program began as a voluntary family planning effort of fairly small scope

more than a decade ago. In 1968 the Government assumed responsibility for a national program and declared family planning as a national policy. A Family Planning Institute was set up under the Provincial Health Department and made responsible for administering and evaluating the program. All Government agencies were asked to assist. Two voluntary groups--the Planned Parenthood Association of China and the older but smaller Family Planning Association--were included on an assisting basis.

Family planning services are provided throughout the island by public and private institutions. About 450 family planning field workers refer potential acceptors to some 700 private doctors (contracted by the Government), 380 health stations, and about 30 public hospitals. Mass communication is used extensively to promote interest and participation in family planning.

Generally, the program has succeeded in bringing contraceptive services to all wives aged 30 and over who have achieved their desired family size. It is estimated that more than half the island's married women between 15 and 45 years of age are using contraceptives.

The IUD is the main form of contraceptive used, but other methods also are available. Some studies indicate that emphasis on the use of the IUD has automatically brought enlistment of larger numbers of older women, rather than younger women, as acceptors of contraception--and therefore birth rates may not have gone down as much as they could have had the program also emphasized other means, including the pill.

In addition to its own domestic program, Taiwan also serves as a training center for population workers from other countries. The Chinese Center for International Training in Family Planning, established in 1968, provides orientation and practical training to those from other countries who are working in or have an interest in family planning. A number of Asians use the facility.

### External Assistance

The Government of the Republic has given strong financial support to the national family planning program. It also accepts external assistance.

U.S. bilateral assistance to Taiwan, through the U.S. Agency for International Development (AID), was terminated in 1965, but AID continues to help fund several organizations that provide some assistance to Taiwan's program. These include the Population Council (technical and evaluation program activities, vital data processing, and international

training) and The Pathfinder Fund (oral contraceptives). Various U.S. universities, some with AID support, also assist in the behavioral research being undertaken increasingly by Taiwanese universities.

Other external contributors to the program include Church World Service, the Family Planning Federation of Japan (an affiliate of the International Planned Parenthood Federation), Family Planning International Assistance, Lutheran World Relief, Oxfam, and the United Nations Children's Emergency Fund (UNICEF).

## Indonesia

Indonesia's 131.9 million people make it the most populous country in South East Asia and the fifth most populous country in the world as of mid-1975. The current rate of increase is 2.1 percent per year--down from 2.5 percent in 1965. The birth rate is 38 per 1,000 population compared with 46 per 1,000 in 1965. Over the same period, the mortality rate has declined from 21 per 1,000 in 1965 to 17 per 1,000.

Although Indonesia is fortunate in having increasing foreign exchange earnings, largely from its oil exports, it is nevertheless beset with serious economic and social problems. Indonesia's annual Gross National Product (GNP), even with increasing oil income, is estimated to be about \$120 per capita; 45 percent of the populace is illiterate; 44 percent is less than 15 years old, which means that some 58 million young people are the dependents of earners; unemployment is high; and health and nutrition conditions are primitive. Agricultural production is inadequate, and dependence on food imports is substantial. In other words, Indonesia has a serious problem of rapid population growth.

### Population Programs

Family planning efforts were initiated in Indonesia in 1957 by the Indonesian Planned Parenthood Association (IPPA), now an affiliate of the International Planned Parenthood Federation (IPPF). Its work was restricted, however, by the policies that then existed, and IPPA largely devoted itself to information work and very limited family planning services.

Changes in Government brought changes in attitude. In 1965 the family planning policy of the Indonesian Government was reversed. The IPPA was able to expand its activities, and before the end of the decade had 85 branches with 225 clinics on the islands of Java, Madura, and Bali alone.

In 1968, to strengthen and speed the growing national family planning efforts, the Government

created a National Family Planning Institute within the Ministry of People's Welfare. Its purpose was to coordinate family planning programs, make recommendations affecting the national program, work with other countries in the area of family planning, and develop a national family planning system on a voluntary basis.

In 1970 the Institute was superseded by the National Family Planning Coordinating Board (BKKBN), which came under the direct responsibility of the President. It was made responsible for coordinating the work of the several ministries, institutions, and agencies that were conducting family planning work. Since its creation, the BKKBN has moved with increasing vigor in generating policies, drawing up guidelines, and coordinating foreign aid.

The family planning program offers services through the 2,400 Ministry of Health clinics. Other Government ministries, including Information, Religion, and Social Affairs, give supporting help. Efforts are being made to bring clinic services more closely to the villages.

The Indonesian Government's family planning annual budgetary obligations have risen from \$75,000 in fiscal 1969 to \$12.5 million in 1975 for a total during the period of \$36 million.

The Government program has as its present target a total of 6 million acceptors and 2,450 family

planning clinics by 1976. Its longer range goal is to reduce the country's crude birth rate by 50 percent by the year 2000. This would demand reducing the present rate of about 38 births per year per 1,000 population to 19 births per 1,000 and would require substantial increases in annual numbers of new acceptors.

The national program has been giving special attention to the crowded islands of Java and Bali. An estimated 2.8 million women, representing 20 percent of all eligible couples in these two islands, are now believed to be practicing contraception.

In fiscal 1974 the national program gave 1.5 million as the total number of new acceptors that year. Nearly 70 percent of acceptors have favored use of oral contraceptives, with condoms and IUD's next in use.

Indonesia's family planning effort, as in many other countries, faces the serious obstacle of traditional behavior. Girls tend to marry young (22.5 percent marry under the age of 15, and the median age for girls to marry is 16.8 years). Fairly large families (four to five children) are considered desirable by almost everyone.

Under a "transmigration" program, people from crowded Java have been resettled on more sparsely populated outer islands. The program has been only minimally successful. Population increase on Java

*In Indonesia, a trained health worker instructs village midwives in family planning, so they can help women in their villages. These midwives play an important role in helping change traditional behavior. Some 22 percent of the girls marry under the age of 15; the median age for marriage is 16.8 years.*



and considerable in-migration from the outer islands has tended to offset out-migration.

### **External Assistance**

From 1969 through 1975, foreign aid to Indonesia's family planning programs has totaled \$48 million. Inputs have come from bilateral, multilateral, and nongovernmental assistance.

**Bilateral assistance.** The U.S. Agency for International Development (AID) has assisted the Indonesian Government's family planning program since fiscal 1968, supplying a total of \$23 million in direct assistance through fiscal 1975. AID's assistance was \$4.2 million in fiscal 1975 alone. It has supplied large amounts of contraceptives, has helped to develop a logistics system and a service statistics program, has helped to initiate pilot projects for commercial sales of contraceptives, and has supported numerous training projects.

AID's support is scheduled to continue with the objectives that include: furnishing the bulk of the contraceptives distributed in the Indonesian family planning program; providing technical assistance to strengthen program management; and promoting experiments to develop new methods of delivering family planning services suitable to local conditions.

The Japan International Cooperation Agency has given support to the Indonesian program in the form of vehicles, contraceptives, and help in producing informational and educational materials. Such assistance through 1975 totaled at least \$291,000.

The Netherlands Government has helped the Indonesian program in two specific areas. One contribution of \$333,000 supports sociological and medical research, clinical work, and staff training as they relate to family planning. A second contribution of \$359,000 (through the Netherlands Organization for International Assistance) has helped to build and equip a center in Djakarta for training nonmedical family planning staff.

The Norwegian Agency for International Development has funded the production of films on family planning.

**Multilateral assistance.** A multilateral family planning assistance program of substantial size has been signed with Indonesia as a joint undertaking of the United Nations Fund for Population Activities (UNFPA) and the International Development Association (IDA) of the World Bank Group. The 1972-77 program provides for a \$13.2 million loan from IDA and a \$13.2 million grant from UNFPA. Its goal is to help Indonesia achieve a major expansion

in its family planning program. The wide-ranging loan/grant program calls for: constructing and equipping 277 maternal/child health family planning centers, 16 family planning training centers, and 7 family planning administration centers; supplying vehicles; supporting training, motivation, evaluation, research, and population education; and providing family planning technical assistance. UNFPA, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the United Nations Educational, Scientific, and Cultural Organization (UNESCO) are administering various aspects of the program.

**Nongovernmental assistance.** The largest private contributor to Indonesia's family planning programs has been the International Planned Parenthood Federation (IPPF). This support is given through the affiliated Indonesian Planned Parenthood Association. IPPF helps to finance the Association's overall work including training, development of services to the outer islands, and the operation of clinics. Obligations through 1975 totaled \$5.6 million.

The Asia Foundation has made grants to help finance seminars, training of social workers, publications, and mass media utilization.

Church World Service has supported a traveling exhibition which uses puppetry to convey the family planning message. In addition, Family Planning International Assistance has assisted the Council of Churches in Indonesia in the latter's efforts to educate and motivate the public in family planning by utilizing puppet displays, posters, demonstrations, and publications.

The Ford Foundation has made grants to the Government program and to the University of Indonesia in support of census data analysis, family planning research and training, and demographic training. Such grants through 1975 totaled at least \$497,000. The Rockefeller Foundation has made grants to universities to enable teaching of population and family planning.

Oxfam has made grants in support of IPPA's work, as well as that of specific family planning clinics. Grants total \$92,775.

The Pathfinder Fund has sponsored numerous projects throughout Indonesia with the objective of introducing fertility regulation services into health clinics where they had not been available before. Also the Fund has supported motivational projects, field testing of IUD's, and publication of demographic data for leaders. Support through 1975 totaled \$878,000.

The Population Council has made grants to support Indonesia's expanded postpartum family

planning program, the manufacture and use of IUD's, and the training of provincial personnel. Grants through 1975 totaled at least \$726,000.

The World Assembly of Youth has helped to sponsor seminars and meetings intended to help make young people more aware of population growth and the need for family planning.

## Iran

Iran has an active, expanding, well-financed national population program that aims to slow the nation's rapid population growth from its 1974 rate of 3 percent a year to 1.6 percent a year within the next two decades. The 1974 birth rate is estimated at 45 per 1,000 and the death rate 16 per 1,000.

The need for family planning action is indicated by the fact that Iran's 3 percent growth rate, if not reduced, would double today's 33 million population before the end of the century. Even though Iran's economy is benefitting from substantial oil exports, such population growth would be a severe handicap to the nation's program of industrialization and general economic modernization as well as to efforts to improve the health, welfare, and living conditions of the people generally.

The Government of Iran began to show interest in population matters and problems in the early 1960's when the first Iranian census showed that a rapid increase in population was taking place.

Ministry of Health officials were sent to study population problems in Egypt and Pakistan. By 1967, a special Population and Family Planning Division had been set up in the Ministry of Health. Family planning was made a part of Iran's successive 5-year development plans, and increasing funds have been made available in its support. For example, the 1973-74 family planning budget of \$12.8 million was more than doubled to a proposed \$28.8 million for 1975-76.

Since 1970 the number of Government clinics (both mobile and stationary) that offer family planning services is reported to have increased from about 900 to more than 2,200. These clinics usually integrate family planning services with general health care. As of early 1974 an estimated 700,000 Iranian couples were practicing family planning. Oral contraceptives (pills) are the preferred method. Contraceptives are widely available, both through program distributions and private commercial sales. Recent changes in Iranian laws will permit abortions and sterilizations.

Iran has expanded its family planning information

and education programs and services to reach into rural areas where more than half the people live. Some 3,000 cooperative centers and 1,000 cultural centers, and their staffs, offer family planning motivation and supply contraceptives. Orientation and training programs for family planning workers are active. An estimated 1,200 radio and television programs on family planning were aired in 1974. Several films on the subject are being widely shown. Other publicity materials have been developed to keep the family planning message before the public.

A demographic survey of a number of villages is being prepared to ascertain the effect of the program on fertility.

A Model Family Planning Project to increase contraceptive use was initiated in Isfahan Province in 1972 and in 2 years more than doubled the use of contraceptives among fertile women. The project is being expanded to include 26 districts and cities with a total population of 3 million.

The Iranian family planning movement was pioneered by the Voluntary Family Planning Association founded in 1958. The Association supports the Government program by carrying out information and motivation activities as well as by operating a few clinics, mostly at community welfare centers.

Educational activities of the Association aim at reaching rural people, youth groups, and factory workers and at changing male attitudes toward family planning.

### External Assistance

The two chief sources of assistance to Iran's population program are the United Nations Fund for Population Activities (UNFPA) and the World Bank.

In 1971, UNFPA and the Government of Iran signed an agreement providing financing of \$1.6 million for a 17-month period preceding the 5-year plan for 1973-78, which called for additional UNFPA assistance to the Government in the amount of \$3.0 million. Under the agreement, UNFPA provides assistance for a variety of projects for which the United Nations, the International Labour Organisation, the World Health Organization, the United Nations Development Program, and the United Nations Children's Fund are acting as executing agencies. These projects cover a wide range of activities—demographic surveys, workers' education, curriculum development, sex and population education, rural education, vehicles, and research.

The World Bank has provided a loan of \$16.5 million to assist the national population program in the 1973-76 period. The loan is principally for the provision of facilities, including building and

equipping 78 countryside health centers, 9 regional family planning training centers, and 7 paramedical training schools and for purchasing 150 vehicles.

The U.S. Agency for International Development (AID) has provided support to the Iranian population program, through a contract with the Carolina Population Center, University of North Carolina. The assistance was given to Pahlavi University in Shiraz to set up a population center and reference unit. AID provides funding to several private organizations which are assisting the program. Also, through a contract with the Westinghouse Population Center, AID has supported a marketing analysis of the commercial distribution of contraceptive supplies in Iran.

The Association for Voluntary Sterilization is helping to set up an Iranian voluntary sterilization program, including provision of equipment and training of personnel.

The International Planned Parenthood Federation (IPPF) gives financial assistance to the affiliated

Family Planning Association of Iran for its overall program, which includes information and education, training, and operation of clinics in urban areas and mobile clinics in rural areas. IPPF funding in 1974 was somewhat more than \$400,000.

The Population Council has been supporting Iran's population work since the mid-1960's. Recent funding (1973 grants were \$132,000) has helped the postpartum program, expanded family planning information and service activities in the Province of Isfahan, and supported the study of the socioeconomic implications of population growth.

The Rockefeller Foundation has made grants to Pahlavi University for courses in teaching population and family planning and to the University of Michigan for the study of rural population and family structure in Iran.

The Pathfinder Fund earlier helped to establish the Family Planning Association.

The national program also has been assisted by Sweden and the United Kingdom.

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## Korea (South)

The population of South Korea numbered 34.1 million at mid-1975 and was over one-fourth greater than the 1965 level. The rate of increase was estimated at 2 percent per year. The birth rate was 29 per 1,000 population in 1974, or significantly below the 1965 rate of 35 per 1,000. Deaths had declined from 11 per 1,000 people per year in 1965 to 9 per 1,000.

Economically, Korea has developed since 1950 from an agricultural country with a per capita income slightly over \$50 to a substantially industrialized country with per capita GNP of about \$600 according to Government estimates. Although not yet self-sufficient in food, it has bettered its agricultural production at twice the rate of population increase. Korea has made such substantial progress that the United States, which has provided large-scale economic assistance for many years, expects to be able to end its Korean aid program in fiscal 1976.

But although the Republic of Korea has made important advances during the past decade in slowing population growth and speeding its economic development, it is also widely recognized that prolongation of the present rate of growth would present overwhelming difficulties for Korea's continuing progress.

Therefore, Korea's national target calls for further reduction in its population growth rate to 1.5 percent by 1976 and to 1 percent in the 1980's. These goals

will be difficult to meet. The recent decline in population growth has leveled off and a number of problems exist as Korea tries to lower its birth rates further. Among them are the following:

- The post-Korean War "baby boom" created an unusually large young population now coming into reproductive age.
- Koreans continue to view the "ideal" family size as not two children but three or four.
- Continuation rates for women who try out the pill or an IUD are not satisfactory.
- The Korean Government has failed to expand its national family planning expenditures at a rate that keeps up with expansions in the national budget.

Some steps, however, have been taken that should help program effectiveness. A longtime emphasis on IUD's has shifted to include strong support for sterilization, oral pills, and condoms. Legal restrictions on abortion and menstrual regulation have been eased. The Government program has adopted the slogan "Daughter-son without distinction; stop at two, and raise them well." This reflects an effort to overcome the traditional preference of Korean parents for boys and the desire to have two sons.

### Population Programs

Korea's national census of 1960 and its revelation that the population was growing faster than was generally realized brought an awakening to the need for a population program. A voluntary organization, the Planned Parenthood Federation of Korea (PPFK)



*Korean women from 20 villages come to utilize the services of the family planning mobile unit. Korea's birthrate has fallen from 35 per 1,000 population in 1965 to 29 in 1974.*

was organized in 1961. The Government set up a national family planning program in 1962.

The national program incorporated family planning into the nation's First Five-Year Economic Development Plan, allocated funds for family planning, and repealed a long-standing law prohibiting the importation of contraceptives. (Very recently, a ban on the advertising of oral contraceptives in the mass media was lifted; this action should help the sale of contraceptive pills.)

Today the Government and the PPFK cooperate in administering an extensive program that covers the entire country and reaches down to the village level. The Government's leadership is extended through the Family Planning Section of the Bureau of Maternal and Child Health in the Ministry of Health and Social Affairs. Two cities, Seoul and Pusan, and each of the nine Provinces has a Bureau of Public Health and Social Affairs with a family planning section.

The health delivery system consists of 196 health centers, one for each county or city district, and 1,342 health subcenters. Family planning services are offered at some, but the main avenue is through a certified cooperating physicians program. A number of physicians are certified for IUD insertions and/or vasectomy operations and tubal ligations. A new law also allows trained nurses and midwives to insert IUD's.

Participation statistics for 1972 indicate that

probably nearly half of Korea's mid-1975 estimated 8.6 million fertile women are participating in family planning. Of the participants, about two-thirds are acceptors through the national program, and one-third are acceptors through private services.

The PPFK offers family planning services in 14 demonstration maternal/child health clinics and—through a Population Council grant—in a number of public and private hospitals. Mobile clinics add to the availability of services.

The PPFK carries the major load of public communication on family planning. Its activities in information, education, and communication reach the general public, Government employees, military reserve forces, and even the residents of remote islands.

### **External Assistance**

Financing from the U.S. Agency for International Development (AID), along with help from other external donors, has played a major part in Korea's family planning efforts since their beginning more than a dozen years ago.

AID's cumulative obligations to the Korean program through fiscal 1974 totaled \$5.9 million. This was for advisory services, equipment, contraceptives, training, institutions and research.

The United Nations Fund for Population Activities (UNFPA) more recently has become an active supporter of the program. In 1973, UNFPA signed

an agreement with the Korean Government to provide \$6 million over a 5-year period. The funds are for improvement of family planning services, communications, and population education. The various projects are being carried out by the World Health Organization (WHO), the United Nations Development Program, the United Nations Educational, Scientific, and Cultural Organization (UNESCO), and the United Nations Children's Fund (UNICEF).

The International Planned Parenthood Federation has provided major assistance for the Korean program, including funds and commodities. Its assistance since 1973 totals over \$4.2 million.

Canada's International Development Research Center has made grants of more than \$100,000 for research on the satisfactions and costs of having children and the motivations for childbearing in such countries as Korea.

The Swedish International Development Authority made disbursements to the Korean program in 1973, 1974, and 1975 totaling nearly \$4 million. Funds supplied contraceptive pills, materials, and personnel assistance.

The Asia Foundation made grants totaling nearly \$200,000 for 1973 and 1974 for supporting a number of projects having to do with family planning information and education. One innovation was assistance to the Korean Federation of Housewives Clubs to stage a 9-month "No Pregnancy Year" campaign.

The Association for Voluntary Sterilization has made grants of more than \$50,000 to a hospital and college of medicine for laparoscopic and culdosopic sterilization projects. CARE has implemented a feeding program through the Korean Day Care Centers, which also provide family planning information for mothers. Family Planning International Assistance has made grants for training staff personnel designed to stimulate family planning programs in a number of Korean Christian hospitals.

The Japanese Organization for International Cooperation in Family Planning has made grants totaling more than \$300,000, including the provision of a family planning guidance bus with audiovisual aids. Oxfam has made grants of nearly \$80,000.

The Population Council has made grants, which in 1973 were more than \$500,000, for a wide variety of family planning assistance projects. And the Rockefeller Foundation has made grants for research, including a grant to the Korean Institute for Research in Behavioral Sciences, for studies concerning boy preference among Korean families. Grants in 1973 were \$48,000.

The Ford Foundation and the Pathfinder Fund have given assistance to the program.

## Laos

The population of Laos at mid-1975 was tentatively estimated at 3.3 million. Based on a high birth rate of 45 per 1,000 population and a high death rate of 23 per 1,000, this indicates an annual growth rate of over 2 percent. All rates are thought to be about the same as in 1965. The Laotian population in 1965 was 2.5 million.

These estimates do not take into account the now-unknown effects of hostilities in Laos in recent years nor the effects of the changes in government. Certainly, however, along with its growth in population, Laos has been beset with disruptions of food production in areas of armed conflict, the problem of war refugees, and a continuing movement of people from country to city. The generally low income of the people is reflected in the country's low GNP per person of \$100 per year.

Prior to the recent government reorganization, the Royal Laotian Government had indicated an awareness of the need to slow population growth and thereby help ease the strain on the country's resources.

In 1972 the Government established a Committee for the Promotion of Family Well-Being. It assigned responsibility for implementing a nationwide voluntary family planning program to reduce the annual growth rate to 1.8 percent by the year 2000 to the Ministry of Public Health, which offers services in a number of centers and subcenters.

The Government program emphasized the relationship between maternal and child health and family planning—an approach based on the belief that a reduction in high levels of infant mortality would encourage increased practice of family planning and a reduction in pregnancies.

The program operated Government-wide, coordinated by the Commission for Family Well-Being composed of high-ranking civil servants from eight Government ministries.

While the future activities of the program are not clear at this time, it had already begun to break away from a hospital-based, physician-centered approach to one delegating more responsibility to nurses and midwives. The program had also begun the spread of services beyond the traditional population centers and was committed to integrating family planning into basic health services throughout the country within the next 10 to 15 years.

Some progress had been made. District maternal/child health centers were being renovated and equipped. A family planning manpower training program was underway. The number of family planning acceptors, though relatively small, was growing.

In 1974, about 20,000 users of contraceptives were recorded; oral contraceptives were the most popular.

The Lao Family Welfare Association worked closely with the Government program. An affiliate of the International Planned Parenthood Federation (IPPF), it was founded in 1968 by a group of the country's leading women. It operated family planning clinics and provided training.

### External Assistance

Before termination of U.S. population assistance in 1975, the U.S. Agency for International Development (AID) had been the principal external supplier of assistance to the Laotian family planning program. From fiscal 1969 through fiscal 1975, AID assistance totaled \$5.2 million. Other principal contributors during the same period included: the United Nations Children's Fund (UNICEF), \$439,000; the United Nations Fund for Population Activities (UNFPA), \$571,000; and the International Planned Parenthood Federation (IPPF), \$182,000.

AID support was directed toward the improvement of health care for mothers and infants and the introduction of family planning techniques. The goal was to help Laos make maternal and child health/family planning services available to 70 percent of the accessible population and to enlist 95,000 couples in the practice of family planning by the end of fiscal 1979.

UNFPA was assisting two projects. One was the development of maternal and child health/family planning activities that was being executed by the World Health Organization (WHO). The second, the planning and conduct of a population census, was being executed by the United Nations. The maternal and child health/family planning project, funded at \$123,000 in 1973, included services and training. The census project, funded at \$150,000 in 1973, was helping the Government to plan and conduct a census of the Vientiane Plain and the major cities. The census was to provide data on the size and characteristics of the population, including data on refugees.

The Asia Foundation has made travel grants enabling participation in a youth leadership training conference in Korea with emphasis on population aspects.

The Thomas A. Dooley Foundation distributed family planning information and supplies with a medical program for refugee families.

The IPPF has given funds to the Lao Family Welfare Association for its overall program, including public information, training, and operation of clinics. Expenditures for 1974 were estimated at \$194,000.

## Malaysia

Malaysia's 12 million population at mid-1975 was believed to be increasing at a rate of about 2.9 percent a year. The birth rate for 1974 was estimated at 39 per 1,000 population and the death rate at 10 per 1,000—both reduced from the 1965 birth rate of 42 per 1,000 and the death rate of 13 per 1,000. The lowering of these rates, however, did not reduce the overall rate of population increase.

The Government of Malaysia has been concerned for some years that the country's rapidly expanding population will diminish the success of its aggressive economic development program, and since 1966 the Government has encouraged family planning as an integral part of its national development plan. Although Malaysia has been successful in expanding production of export commodities (rubber, tin, timber and palm oil) and in increasing its investments in domestic industry, the need for more and more public services to accommodate the growing population is a drain upon capital formation which the Government would like to ease.

Adding to the overall problem is the high dependency ratio; about 44 percent of Malaysia's population is less than 15 years old. The Government also has registered concern about the adverse effects of rapid population growth and large families on the health of mothers and children and on the general welfare of families.

### Population Programs

Private family planning activities in Malaysia go back to 1953 when an organization was set up in one State. Others followed until by 1963 there were associations in all 11 peninsular States coordinated by a new Federation of Family Planning Associations (FFPA).

The Government of Malaysia made its beginning in national family planning in 1964 when it set up the Cabinet Sub-Committee on Family Planning to formulate a national program. The following year a National Family Planning Board was set up with the establishment of family planning goals as part of its mandate. The national program went into operation in 1966 and since then has been working toward a goal of reducing the population growth rate from its present 2.9 percent a year to 2 percent by 1985.

In its Second Five-Year Plan (1971-75), Malaysia identified the annual family planning acceptor rates needed to achieve this goal. They were targeted at levels increasing from 80,000 new acceptors per year in 1971 to 160,000 in 1975. Achievement has

been substantial though not complete.

Responsibility for carrying out the Government program lies with the National Family Planning Board, which coordinates its activities with those of several private groups. Among the latter is the FFPA, which receives grants from the Government and operates more than 300 clinics.

The Government program includes more than 100 private medical practitioners dispensing services through some 700 clinics, substations, and mobile units. As with the FFPA, these efforts are concentrated in West Malaysia—the home of 85 percent of the country's population. The other two States, Sarawak and Sabah, on the island of Borneo, are considered by the Government to be underpopulated; they are served by voluntary associations.

Pills are the chief form of contraceptive used in the program although many other types are also offered. Contraceptives are readily available.

In 1973 the Government inaugurated a 5-year action program, known as the Population Project, that calls for strengthening the national and State programs, integrating family planning into rural health services, incorporating population education into school curriculums, and setting up a university population research program.

The Government of Malaysia has been a major supporter of the Intergovernmental Coordinating Committee (IGCC) of the South East Asia Regional Cooperation in Family Planning and Population—established in 1971 and headquartered in Kuala Lumpur. The Committee provides population and family planning services to Malaysia and eight other countries. The services include field work, training, research, education, and mass communication.

### External Assistance

Important help is being provided to the Malaysian family planning program by a joint effort of the United Nations Fund for Population Activities (UNFPA) and the World Bank. Under the terms of a 5-year agreement signed in 1973, UNFPA is providing a grant of \$4.3 million and the World Bank a loan of \$5 million.

These funds, along with matching funds from the Malaysian Government, are financing projects that include training, provision of equipment and supplies, communications development, health education, family planning services development, and building and equipping of family planning clinics. Additionally, a population study program is being developed at the University of Malaysia. Executing agencies are the United Nations Children's Fund, the World Health Organization, the United Nations Development Program, the United Nations Educational, Scientific,

and Cultural Organization, and the World Bank.

The Swedish International Development Authority has supplied quantities of contraceptives to the national program. Disbursements through 1974-75 totaled an estimated \$1¼ million.

The Ford Foundation's assistance through 1975 totals \$681,000.

The U.S. Agency for International Development (AID) does not give direct assistance to the Malaysian program but does support other assisting organizations. An AID contract of \$234,000 with the University of Michigan is financing an evaluation of the family planning program and its use of traditional village midwives. Approximately \$60,000 has been expended in training and equipping six Malaysian physicians under the Advanced Technology Fertility Management Program. Also, AID has a 2-year, \$194,000 contract with the Rand Corporation to assist the Government with a Malaysian fertility survey.

The International Development Research Center of Canada has made grants totaling \$112,000 to the program to finance studies on abortion among Malaysian women and its health effects.

The International Planned Parenthood Federation (IPPF), which has been assisting private family planning efforts in Malaysia since 1961, continues to support the FFPA of West Malaysia as well as the Sabah and Sarawak family planning associations of East Malaysia. This support, estimated for 1974 at about half a million dollars, assists overall programs—including information and education, training, work with industrial and union leaders, and operation of clinics.

The Asia Foundation has made grants to Malaysian family planning associations and to the Government program for the following objectives: to assess the potential of Malaysian voluntary organizations as program participants; to foster information, education, and communication activities; and to obtain equipment. Fiscal year 1974 expenditures were \$57,000.

The Association for Voluntary Sterilization made a grant of \$6,000 to the University of Malaysia for training and for extending vasectomy services to rural areas.

The Population Council helped to finance a Government-sponsored meeting on sterilization and abortion.

The Interdisciplinary Communications Program of the Smithsonian Institution advanced \$14,600 to finance analytical research into the 1970 Malaysian Post Enumeration Survey to measure correlations between fertility and various economic and social levels of subjects studied.

The World Assembly of Youth has helped to sponsor conferences and seminars for making the young people of Malaysia more conscious of rapid population growth and its consequences.

World Education has assisted the Government in the training of village leaders in family planning.

## Nepal

Nepal, a small sub-Himalayan kingdom, had a 1975 population of 12.6 million, or 2.5 million more than in 1965. Its current rate of increase is estimated at 2.3 percent annually. The birth rate is 43 per 1,000 population, and the death rate is 20 per 1,000. Without a sharp drop in the rate of reproduction, Nepal could have twice its present population in 30 years.

It has a potential for the development of mining, hydroelectric power, and industry, but these are not near realization. Per capita income is only about \$90 a year. The literacy rate is estimated at 13 percent, and life expectancy is 44 years.

With little doubt, Nepal's most urgent social problem is keeping its population from expanding faster than the development of its agriculture and in-

dustry. At present, most of the labor force is engaged in agriculture; but only about 30 percent of Nepal's total area is cultivatable.

### Population Programs

Nepal's first organized population program activity began in 1965 with the founding of the Family Planning Association of Nepal (FPAN), a private organization affiliated with the International Planned Parenthood Federation (IPPF). FPAN, apart from the family planning services it offered, was helpful in alerting the Government to the nation's growing population pressures and the need for a national family planning effort.

Although there were earlier public activities, the national program can be said to have begun only in 1968 with the establishment of a Family Planning and Maternal Child Health Board. The Government of Nepal has continued to support the program and to give population planning high priority in its national development plans. The major portion of family planning work is carried out as a semiautonomous activity within the Ministry of Health. FPAN continues to serve in a supporting role.

The national program aspires to reduce the crude birth rate from 43 per 1,000 to 38 per 1,000 between 1975 and 1980 with further reductions to follow. (At the same time, it seeks to reduce infant mortality from an estimated 200 per 1,000 live births to 150 per 1,000.)

Through its expanding services, the program's ultimate goal is to offer contraceptives and maternal/child health services to virtually all of Nepal's estimated 2.3 million fertile couples and to induce an increasingly large portion of them to practice contraception.

The Government of Nepal has given increasing budgetary support to family planning through the past decade; its 1975 input is somewhat more than \$1 million, and even larger funds are planned for 1976.

But despite Government determination, Nepal's family planning program operates under a number of handicaps. Transportation is difficult because of the rugged terrain; high illiteracy rates hamper getting the message to potential family planning acceptors; and the scarcity of doctors and other trained personnel may make family planning techniques un-



*A Nepali Muslim is proud of having a planned family. Nepal has approximately 250 family planning and maternal and child health centers operating in 73 of the country's 75 districts.*

available in certain areas. Nevertheless, organizational progress is being made.

The program now has approximately 250 family planning and maternal/child health centers operating in 73 of the country's 75 districts. Together, they are capable of providing services to an estimated 15 percent of the people. A wide variety of contraceptive choices are offered including pills, condoms, IUD's, foams, vasectomy, and laparoscopic sterilization.

In addition, FPAN operates six family planning clinics, distributes contraceptives, and carries out motivation and education activities through press, radio, exhibits, and films. The distribution program is clinic oriented, but several pilot projects are underway to expand outlets through commercial sales and the use of home visitors.

An estimated 60,000 Nepalese are practicing contraception. Male sterilization is a leading method with the use of pills by women the next most practiced. Nepal has had good initial success in introducing the laparoscopic technique for the sterilization of women who desire the operation.

To improve family planning coverage and quality in Nepal, the Government has established the National Planning Commission Task Force on Population Policy with a broad mandate to examine present activities and problems and to recommend policies and programs for the next 5-year development plan period (1975-80). The Task Force's findings and recommendations are to be acted upon through a National Population Policy Coordinating Council, established in August 1975 as part of the National Planning Commission.

### External Assistance

The U.S. Agency for International Development (AID) is the major donor to Nepal's family planning program. Its 8 years of financial support have provided funds totaling \$4.5 million, or more than 80 percent of all external assistance the program has received.

AID assistance began informally in 1966 and was formalized with budgeted funds in fiscal 1968. AID has supplied contraceptives and other commodities as well as funds for the training and development of low-cost family planning delivery systems. This assistance is being continued. At the same time, new efforts are being made to help the Government formulate a population policy, improve its demographic information, and assess the effectiveness of its family planning program. Part of AID's help to Nepal is carried out through a contract with the University of California (Berkeley).

The United Nations Fund for Population Activities (UNFPA) is sponsoring several projects. One is to analyze Nepal's 1971 census data; another is to undertake a demographic survey to estimate population growth, fertility, mortality, and migration; a third sets up a pilot registration leading to a civil registration plan. In 1974, UNFPA agreed to assist with a fourth project—the integration of family planning into health facilities at a cost of about \$608,000 for 2 years.

In two country-to-country agreements, the British Ministry of Overseas Development helped to finance a training course for auxiliary health workers, and the Japanese Organization for International Cooperation in Family Planning supplied contraceptives and equipment.

Among voluntary organizations, Family Planning International Assistance made a grant to the Nepal Women's Organization for a pilot village-oriented contraceptive distribution project. The International Planned Parenthood Federation (IPPF) has given \$363,000 since 1972 to the Family Planning Association of Nepal (FPAN) in support of its overall program—including education and motivation. The World Assembly of Youth has helped the Nepal Youth Organization to hold meetings making young people more aware of population problems and needs. The Pathfinder Fund has provided contraceptives. The Population Council has provided funds for fellowships for graduate study in demography.

## Pakistan

The population of Pakistan in mid-1975 was estimated at 70.3 million, an increase of 17.5 million since 1965 within the present boundaries of the country. The 1974 rate of population increase was 2.9 percent annually with the birth rate estimated at 44 per 1,000 population and the death rate at 15 per 1,000. Unless such a growth rate is abated, it would double the country's population before the year 2000. Rampant growth, in turn, would cancel out the benefits of increased food production and would make it extremely difficult to meet the costs of creating new jobs and providing social services for the additional population.

In recent years, even though the country has many of the resources needed to develop a viable economy, Pakistan has had a difficult struggle. In 1971, East Pakistan broke away and became Bangladesh. There were basic governmental changes in 1972. In 1973 a disastrous flood struck followed by a near drought in 1974. All this has put additional strain on

an economy in which 46 percent of the population is under 15 years of age and more apt to be consumers than producers. At present, the GNP per capita is about \$130.

### Population Programs

The Government of Pakistan first became concerned about the country's population growth some 20 years ago, and this concern—and the response to it—have continued to increase. Pakistan's current program to slow population growth is strongly supported and financed (including large inputs from foreign donors). It has high priority in the Government's national development plans.

The program aims at reducing the birth rate from 44 to 35 per 1,000 by 1978. It has a goal of making birth control information and supplies available to three-fourths of all fertile couples across the nation. (The size of the task is indicated by the estimate that only about 6 percent of eligible couples currently are practicing contraception.)

Pakistan's first organized family planning movement began in 1953 with the formation of a private Family Planning Association of Pakistan (FPAP), an affiliate of the International Planned Parenthood Federation (IPPF). Some clinics were opened, and a modest family planning publicity and education campaign was undertaken.

The Government recognized the impending threat of overpopulation in formulating its First Five-Year Plan (1956-60) and provided for preliminary family planning work. Under the Second Five-Year Plan (1961-65), family planning was made a national policy, and a program for bringing family planning to the people was set up under the Ministry of Health to operate through existing health services. Increased emphasis to operations was given in the Third Five-Year Plan (1966-70), including expanded budget, more personnel, and improved administration. Much was done to improve all aspects of the population program. By 1970, reports indicated that 19 percent of Pakistan's urban wives of reproductive age and 4 percent of rural wives had practiced contraception at one time or another.

During the early part of the Fourth Five-Year Plan (1971-75), family planning lost impetus because of hostilities with India, the secession of East Pakistan, and internal changes in Government. The program rebounded, however, and beginning in 1973 has undergone rapid expansion and increased budgetary outlay. Pakistan's leaders are giving it their strong and continuing support.

Pakistan's increasing allocation to its population program is significant. Commitments have increased

from about \$2 million in fiscal 1973 to \$4 million in fiscal 1974 to \$8 million as Pakistan's share of the \$24 million program in fiscal 1976. (In addition to Pakistan's own funding, substantial assistance is coming from outside sources.)

Any current appraisal of Pakistan's population planning program can best be based not so much on past results—which have been slow in coming—as on today's new approaches and expanding activity.

An important feature of this expanding activity—one that will be watched with interest by other concerned countries—is a new "contraceptive inundation scheme." The scheme grew out of the Government's increasing awareness that family planning based on services provided by clinics and physicians was not enough; local nonclinical ways for married couples to obtain materials for family planning also were needed.

Basically a subsidized sales program, the "inundation scheme" aims at making oral contraceptives and condoms easily and cheaply available in most of Pakistan through retail shops and door-to-door distributions. Because of the subsidies, the program is able to offer the two contraceptives at prices within the reach of most Pakistanis—2½ cents for either a monthly cycle of pills or a dozen condoms.

One key part of the "inundation scheme" is the work of door-to-door man-and-woman distribution teams, which are an important part of Pakistan's continuous motivation system—a concept devised as an operational guide for the 1970-75 Population Planning Program and reaching about 74 percent of the country's population. Ideally, both team members are high school graduates and both are recruited from the area where they will serve. Usually, they are assigned a population of about 10,000 with 1,200 to 1,500 fertile couples. The teams, in turn, are backed up by three tiers of supervisory, inspection, and training officers.

As the teams make home visits, they sell pills and condoms at the low subsidized prices, refer couples to the nearest clinic or hospital if they are interested in the IUD or sterilization, educate couples in family planning, and obtain demographic data through registration of all married couples in the area. Regular repeat visits to households are made for followup. The male member of the team also handles contacts with and sales of contraceptives to participating local shops.

Pakistan's many small shops are the second ingredient of the "inundation scheme." Their enlistment is based on the recognition that the number of retail outlets in the country far exceeds the actual or even potential number of family planning clinics.

I decided  
to plan  
my family!



*Top to bottom: Family planning poster used at Islamabad, Pakistan; buying contraceptives at family planning stall; a midwife explains use of contraceptives in a Pakistani home. Family planning became a national policy in 1961.*

Some 35,000 shops—pharmacies, tea stalls, general provision stores, and others—have been enlisted to sell pills and condoms. No prescription for pills is required of customers. As a sales incentive, the shopkeepers keep 40 percent of the price of the contraceptives. It has been anticipated that by early 1976 there will be at least one commercial sales outlet for contraceptives in each of Pakistan's more than 40,000 villages.

Pakistan's population planning program for the 5-year period 1974-78 is expected to expand the program's outreach and effectiveness to new high levels. The program is working through some 700 family welfare clinics, which employ female high school graduates to insert IUD's and provide other contraceptives and simple medicine. Program employees also do educational work and distribute contraceptive supplies at approximately 400 Government hospitals and at the 40 hospitals that operate postpartum family planning programs. In addition, some 2,000 cooperating physicians distribute orals and condoms provided free by the Government.

All this effort is accompanied by radio, television, and newspaper advertising telling where contraceptives may be obtained and urging their use. A simple how-to-use pamphlet in Urdu and Sindhi is distributed wherever pills are available.

The value of using multiple distribution methods is reflected in these early statistics from the Pakistan program. In July 1974, 146,000 monthly cycles of pills and 2.9 million condoms were sold. In October 1975, monthly sales had reached 458,000 monthly cycles of orals and 16.7 million condoms.

The Government is actively considering additional features to make the program more effective. One is offering incentives to grassroots workers (distribution teams and population officers) in which compensation would be directly related to any decrease in fertility rates. Another is providing small-family incentives through old age insurance. Still another is a proposal for bonus payments to female employees who do not take maternity leave for 5 consecutive years.

The Government also hopes to more than double the present number of family welfare clinics over the next 2 years and to provide some 250 additional jeeps for clinics to use in outreach work.

The sterilization program is being given a boost with the introduction of the laparoscopic method and the increased number of postpartum clinics, while IUD use will be helped as the number of rural clinics is expanded.

To accommodate expanded training of family planning workers, additional training centers are being constructed. To assure greater supplies of contraceptives, the Government plans that eventually Pakistan will manufacture its own pills and condoms.

To obtain more plentiful population data, the Government is funding two new demographic research organizations—the Population Section within the Pakistan Institute of Development Economics, and the Demographic Policies and Action Research Center within the Population Planning Division of the Ministry of Health.

In addition, a "surveillance" system is being set up under which detailed information on contraceptive delivery to outlets and acceptors will be collected routinely by field staff. This information will be reported, tabulated, and fed into a computer system in Islamabad. Analyzed data will permit a constant evaluation of program operation and ultimately of its impact on fertility.

To optimize other efforts, an extensive family planning publicity campaign has been undertaken, in which the program symbol is based on the "ideal" four-person family (husband, wife, and two children). A special attempt is being made to reach rural illiterate couples.

Within the private sector, family planning efforts continue to be spearheaded by the Family Planning Association of Pakistan (FPAP). It receives some funds from the Government, but most support comes from the International Planned Parenthood Federation (IPPF). FPAP has 14 district branches, mostly in urbanized high-density areas. Its activities include communication and education, training, research, and contraceptive services.

The All Pakistan Women's Association also maintains a few family planning centers and, in cooperation with FPAP, has organized a midwifery training course.

### External Assistance

External assistance is highly important to Pakistan's population programs. In the 1974-75 fiscal year, such assistance provided more than 70 percent of the budget.

The U.S. Agency for International Development (AID) is the foremost supporter. AID's financing in fiscal 1975 was \$7.1 million and, cumulatively since

1967, totals over \$24 million. U.S. grant assistance in fiscal 1976 is expected to total about \$9.1 million (plus an additional \$3.5-million equivalent of excess Public Law 480-generated rupees as a contribution toward local costs).

U.S. support is directed mainly toward contraceptive commodity support. (In fiscal 1976, \$8.5 million is scheduled for subsidizing the distribution of contraceptives.) The United States also provides, upon request, advisors in commodity supply, information feedback, vehicle maintenance and repair, training and manpower development, and communication and publicity.

In addition, AID is helping to develop, within the Pakistan Institute of Development Economics, a population section with the capability for demographic research aimed at improving population program planning and evaluation.

The United Nations Fund for Population Activities (UNFPA) is another active supporter of Pakistan's program. It has a commitment to contribute \$3 million annually for 5 years. The work is carried out through the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) and includes the supply of contraceptives and equipment, transport, salaries of fieldworkers, training, and development of maternal/child health services.

Among private organizations, the Association for Voluntary Sterilization has made grants totaling \$37,500 to the Lady Dufferin Hospital to establish a laparoscopic sterilization program and to the Lady Willingdon Hospital to establish a pilot laparoscopic program.

The Ford Foundation has supported Pakistan's population program for a number of years. Grants through 1975 to support research and training in the population field total \$4.2 million. The International Association of Schools of Social Work has a pilot project to develop qualified manpower for population and family planning activities.

The International Planned Parenthood Federation (IPPF) gives financial assistance to the Family Planning Association of Pakistan for its overall work. This includes seminars, conferences, and meetings; information, education, and communication projects; and training. Special projects include work with rural and urban welfare centers, industry, and hospitals. Expenditures were \$179,000 in 1972; \$370,200 in 1973; and an estimated \$450,000 for 1974.

The Population Council gives grants for population fellowships, demographic staff support, and research on reproductive biology. Support in 1973 was \$11,800.

Several other countries besides the United States assist Pakistan's population programs. The Norwegian Agency for International Development is helping to cover the current expenses of the family welfare clinic component of the population program. Planning figures for 1975-78 total \$4.3 million. The United Kingdom has offered condom supplies and may provide a number of vehicles. Australia has promised \$510,000 in audiovisual training equipment. Japan has offered to supply condoms, and Sweden has offered to supply latex for condom manufacture. Germany has expressed interest in offering assistance in the domestic manufacture of condoms. Denmark, Canada, and the Netherlands are considering possible aid to the program.

The Pathfinder Fund has also assisted the program.

## Philippines

The population of the Philippines has grown from 27.4 million in 1960 to an estimated 42.8 million in mid-1975—an increase of 56 percent. The birth rate, as of 1974, was 41 per 1,000 population (down from 44 in 1965), and the death rate was 11 per 1,000 compared with 13 in 1965. The rate of increase is around 3 percent per year. At this present rate, the population of the Philippines would double by the end of this century. This growth rate is one of the highest for any country in Asia and one of the highest in the world.

The Republic of the Philippines has reversed its population policy in recent years and has shifted from encouraging population growth to supporting comprehensive programs to lower fertility rates.

At one time Government leaders thought that a growing population would be beneficial because it would provide people to populate and develop uninhabited, outlying lands. But in the late 1960's a closer look was taken at how population growth was affecting the economic and social aspirations of the country. The findings led to new policies and programs to slow down the rapid expansion in numbers.

The degree of concern of the Philippine Government over population growth is indicated by the increasing funds devoted to family planning. Prior to 1971, population programs had no national budget. During the years 1971-73, \$1.3 million were allocated annually. In 1974 the family planning budget was increased to \$4.2 million, and in 1975 it was raised to \$6.3 million. At the same time, these amounts were augmented by substantial additional funds that the Government welcomed from external sources.

Some examples of the results of headlong popula-

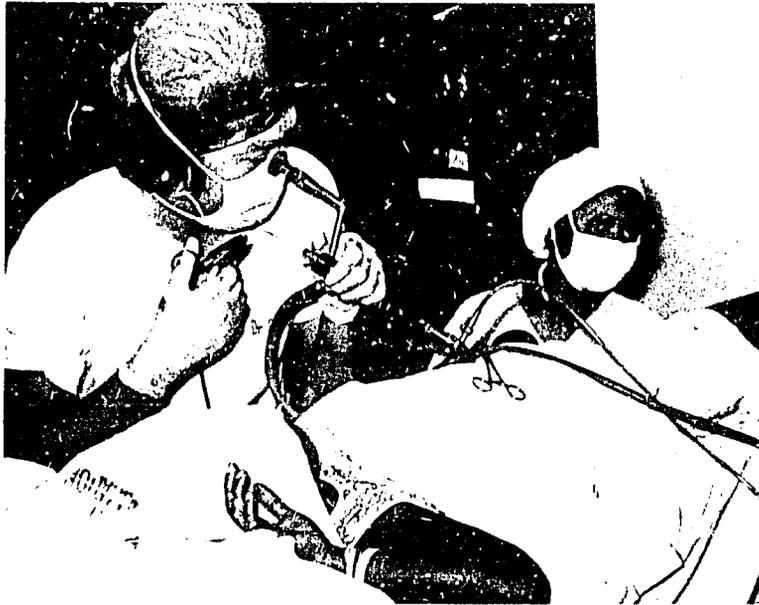


tion expansion that influenced the change of attitude of the Philippine Government are listed below.

One is in the field of education. The Philippine people are education conscious and have one of the highest literacy rates in the South East Asian and Pacific areas—about 83 percent of the population 10 years and above. About 39,000 public schools have an enrollment of 7.6 million students, and about 3,000 private schools teach an additional 1 million pupils. Approximately 500,000 students are attending institutes of higher education.

But there is a double strain upon the educational system because of the rapidly expanding population. First a large proportion of the population is young and of school age (about 43 percent). Second, the number of boys and girls who should be attending school continues to increase. Although the Government devotes about 22 percent of the national budget to education, it has been unable to supply enough classrooms and teachers to meet its educational goals; many youngsters are not educated beyond the fifth grade.

Another example of population pressure has to do with food supply. Despite past and current improvements in agriculture, food production has not been able to keep up with the expanding population. Many children are malnourished. Despite abundant natural resources and the potential for becoming self-sufficient in such basic foods as rice and corn, indigenous production must be supplemented with substantial food imports.



*In the Philippines, a family planning worker, top left, goes into the country to talk to mothers and at the clinic, above, men and women hear about the benefits of limiting family size. Left a Philippine doctor carries out a tubal ligation. Since 1965, \$59 million has gone into public and private services.*

In the area of health, too, services are inadequate. Drinking water often is unsafe and proper sanitation lacking.

### Population Programs

Official Philippine concern over the runaway growth of population was preceded by private action. Family planning efforts began in 1965 with the founding of the Family Planning Association of the Philippines, an affiliate of the International Planned Parenthood Federation (IPPF). This was followed by the formation of the Planned Parenthood Movement of the Philippines and other private groups. In 1969

these merged into a new Family Planning Organization of the Philippines, Inc. A number of pioneering family planning clinics and centers were initiated as well as population and family planning training. Another pioneering private organization, the Institute for Maternal and Child Health, opened family planning clinics in child care centers throughout the Philippines between 1967 and 1970. Also, the City of Manila and Laguna Province preceded the National Government in adopting strong support for family planning service centers within their jurisdictions.

The Government's new position on family planning began to take form when—early in

1969—the President of the Philippines appointed a Commission to study the population situation. Late in the year, he approved its conclusions—which was that a reduction in population growth was vital to the nation.

In 1970, the President called for new legislation making national family planning the Government's official policy and expanding family planning services nationwide—especially to poor families and those in rural areas. Also, in 1970 the Commission on Population (POPCOM) was established and was made the overall coordinating body of the national program. All agencies of Government were instructed to support POPCOM's national effort.

Since 1970, certain legal changes have been made to reinforce the program. The Population Act of 1971 declares a national policy of making available to all citizens all medically acceptable means of contraception (except sterilization and abortion). The Constitution was amended in 1973 to include state responsibility to "achieve and maintain population levels most conducive to the national welfare." The population law was amended to legalize sterilization and to expand the scope of family planning services that may be legally provided by paramedics. The Labor Code now requires certain employers to provide free family planning services to their employees. New income tax laws favor small families (in contrast to earlier laws which provided special Governmental benefits to large families). An official instruction to all mayors requires marriage license applicants to present certificates showing that they have received family planning counseling.

The official goal of the Philippine population program is to reduce the national birth rate from the estimated 43 per 1,000 in 1970 to 35.9 per 1,000 in 1977. This would slow the population growth rate from its present higher level to 2.5 percent. To succeed, 3.5 million married women (58 percent of those of child-bearing age) would have to practice contraception.

The Philippine family planning program has made a good start in working toward its targets. Numerous public and private agencies are cooperating in the clinical, research, evaluative, informational, training, planning, and management aspects of the program. More than 2,300 fully staffed clinics are providing family planning services. More than 2 million couples are practicing some form of family planning, and approximately 750,000 new acceptors were recorded in 1974. On the other hand, despite increased emphasis being given to reaching them, family planning services and motivation still need to be extended to many people who live in the more

remote and isolated areas.

### External Assistance

The Philippine family planning program receives substantial financial assistance from external sources. Since 1965, a total of \$59 million has gone into public and private efforts, of which \$14.3 million was provided by the Philippine Government and the remainder by outside sources.

The U.S. Agency for International Development (AID) helped to pioneer the Philippine population program, starting in fiscal year 1968 with funds for private organizations that were providing services to a small but increasing number of acceptors. AID's role has grown along with growth of the program. AID's funds have helped to finance the opening of thousands of new family planning clinics; to train thousands of doctors, nurses, midwives, and motivators to operate the clinics; and to develop information and education programs. Also, AID funds have helped to buy and ship large quantities of contraceptives and equipment.

Through fiscal 1975, AID inputs into the Philippine program have totaled \$36 million—with the prospect of an additional \$7.3 million for fiscal 1976.

Another contributor, of growing importance, is the United Nations Fund for Population Activities (UNFPA). UNFPA signed a 5-year, \$5 million agreement with the Philippines in 1972 to assist projects in electronic data processing of census results; in strengthening management-information systems in POPCOM; in obtaining motorcycles for use in rural areas; in strengthening and expanding of population education; in educating nurses in family planning; in the improvement of family planning communication and motivation; in the compilation of laws affecting population programs; and in developing maternal/child health services linked to family planning. The executing agencies are UNFPA, the United Nations Educational, Scientific, and Cultural Organization (UNESCO); the United Nations Development Program; the United Nations Children's Fund (UNICEF); and the United Nations central organization.

Among private organizations, the American Public Health Association is giving technical assistance to the Philippine Public Health Association (another private organization) to help improve its national health, population, and nutrition programs.

The Asia Foundation has made a number of grants to help improve the national program's work in information, education, and communication. Expenditures were \$20,000 in fiscal 1973 and \$60,000 in fiscal 1974.

The Association for Voluntary Sterilization has

made grants totaling \$212,000 to a number of institutions, including the Philippine General Hospital and the Jose Fabella Memorial Hospital, in furtherance of voluntary sterilization.

Family Planning International Assistance (FPIA) has made grants totaling \$602,000 for family planning projects, including special church-related efforts to reach families living in outlying areas. Support has gone to mobile clinics, centers for family planning outreach, radio programs, literature for Catholic radio stations, and comic books and flip-charts explaining family planning. FPIA also supported the first sterilization clinic (at Mary Johnson Hospital) in the Philippines.

The Ford Foundation made a number of early grants in support of Philippine family planning efforts—particularly supporting population research and education and management of population programs.

The International Planned Parenthood Federation (IPPF), an early supporter of Philippine family planning efforts, gives its assistance to the Family Planning Organization of the Philippines for its overall program, which includes publications, radio and TV programs, community education, training, and operation of clinics. IPPF expenditures through 1975 totaled \$3.5 million.

Oxfam has made grants to the Family Life Advisory Center of Mindanao and has supported motivation projects of the Responsible Parenthood Council.

The Pathfinder Fund has made a number of grants over the years in support of the Philippine program, including assistance to the first family planning clinic to provide services in Manila. Recent projects sponsored have included the introduction of fertility regulation into leper colonies, work with the mass media to enlist its help in better informing the public of the causes and consequences of uncontrolled fertility, the introduction of community-centered promotion of both male and female sterilization, and the pioneering of clinical services that were later incorporated into the Government's program. Assistance from 1969 through 1975 totaled \$863,000.

The Population Council has also supported the program for a number of years. Grants have included assistance in setting up the manufacture of IUD's in the Philippines, in expanding postpartum programs at hospitals, and in research and training in population and family planning. Assistance from 1968 through 1975 totaled \$418,000.

The Rockefeller Foundation has made grants to institutions to support a study of midwives as family

planning motivators, the construction of a population program headquarters, and a study of rural population structures in the Philippines.

The World Assembly of Youth has co-sponsored conferences and seminars to help make young people aware of the consequences of rapid population growth.

World Education has assisted several population-oriented groups, including the Philippine Rural Reconstruction Movement, to introduce population and family planning education concepts into adult literacy classes.

The Japanese Organization for International Cooperation in Family Planning has provided some assistance to the Commission on Population through the provision of audiovisual and other equipment.

## Thailand

Thailand's population, increasing by 2.5 percent a year, totaled over 42 million in mid-1975 compared with 31.3 million in 1965. The birth rate in 1964 was estimated at 36 per 1,000 people compared with 44 per 1,000 in 1965. The death rate of 11 per 1,000 was also down from the 1965 level of 14 per 1,000.

Thailand is experiencing a diminishing availability of unoccupied productive land to absorb its swelling population. This is causing rural underemployment and migration to cities—particularly Bangkok although urban unemployment is already a problem.

Population pressures are also affecting education. Rapid growth is making schooling a major concern as almost 20 percent of the national budget goes for education.

In March 1970, the Royal Thai Government approved voluntary family planning as a national policy. The policy announcement had been preceded by a 3-year (1968-70) family health project to train physicians, nurses, midwives, and paramedical personnel in contraceptive techniques. Primary operational responsibility was given to the Minister of Public Health, which made family planning services available through 4,500 clinics and hospitals of its health services network. By late 1975 over 2 million couples had accepted some form of planning service through the Government program and birth rates had definitely lowered.

Even at this lower rate, however, Thailand's population would double in 28 years. Such growth would make improvements in per capita GNP (now \$230 per year) extremely difficult and would work economic hardship, especially on the poorer segment of the population. Through continuing its population program, the Thai Government hopes to slow popula-



*A Thai mother shares food with her four children. With available land diminishing, rural families are migrating to the cities in ever increasing numbers. Urban unemployment makes it very difficult to find work. Family planning became a national policy in 1970, and the Government hopes to slow population growth to 2.1 percent by 1981.*

tion growth to a rate of 2.1 percent by the end of the Fourth Five-Year Plan period of 1977-81. This means contacting a large proportion of the nation's over 9 million women of reproductive age (15 through 49).

### Population Programs

Specific responsibility for Thailand's family planning effort lies with the Minister of Health, whose Under Secretary acts as the director of the National Family Planning Project. The Government's overall commitment to family planning is also indicated by the participation of other Government ministries and agencies, such as Education, Interior, and the Department of Local Administration.

The Thai Government's financing of family planning has been rising steadily—from the equivalent of \$486,000 in 1969 to \$2.7 million in 1975. Total expenditures during the period were \$11.2 million.

A noteworthy aspect of the program has been its successful use of the national health infrastructure without having to set up a separate organization and facilities and train personnel for family planning work only. This approach has helped to speed up program accomplishments. Family planning services are now available through a network of 5,000 rural clinics and provincial hospitals.

The program makes available all modern means of

fertility control except abortion. One innovation permits trained paramedical personnel, usually auxiliary midwives, to dispense oral contraceptives. This is considered important in reaching acceptors from rural areas where physicians are scarce. As a result of this liberalized feature, orals are by far the most commonly used type of contraceptive, and 85 percent of all acceptors are from rural areas.

In northern Thailand an experimental program is being carried out by a private organization called Community Based Family Planning Services (CBFPS). It is supported by the International Planned Parenthood Federation (IPPF). Initiated in mid-1974 and covering some 25 districts, it enlists teachers and community leaders, who in turn work with local people to encourage them in family planning and to supply them with oral contraceptives and condoms at low, subsidized prices. The program is being evaluated by the Government with expansion in mind if it proves to be successful.

### External Assistance

From 1967 through 1975, approximately \$15 million was contributed to Thailand's population program from other countries and organizations. The major source of external support was the U.S. Agency for International Development (AID). AID began

helping in 1967 when it assisted the work of a voluntary family planning association. With the entry of the Thai Government into family planning, AID's contributions were expanded. From 1967 through 1975, AID support totaled \$11 million.

AID's assistance to the Thai program is mainly in the supply of contraceptives and clinical equipment (medical kits for IUD insertions or for sterilizations). AID also supports training, programmatic research, and tests of complimentary (Government and commercial) channels for contraceptive distribution.

The International Planned Parenthood Federation (IPPF) is an important donor to nongovernmental aspects of the overall effort. Its support goes partly to the IPPF-affiliated Planned Parenthood Association of Thailand—mainly for information, education, and communication projects—and partly to the CBFPS (mentioned above). IPPF support during the 1973-75 period totaled approximately \$2 million.

The United Nations Fund for Population Activities (UNFPA) is another major supporter. UNFPA assistance to the program began in 1971 when it signed a 5-year agreement with Thailand providing \$3.4 million in funds during the first 3 years. Projects in progress include the training of medical and paramedical personnel in family planning, the accelerated development of maternal/child health services and their integration with family planning, the improvement of family planning communication through motivational and informational material, and research. United Nations agencies carrying out the projects are the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Economic and Social Council (UNESCO), the United Nations Development Program, and UNFPA.

The International Development Research Center of Canada has made university grants. One is for testing alternative methods of training midwives so that they can play a part in the national family planning program. Another is for surveying the satisfactions and costs of having children and the motivation for child-bearing.

The Danish International Development Agency has donated \$460,000 to construct a family planning headquarters building.

The Ford Foundation has supplied assistance totaling over \$433,000.

The American Public Health Association helped to set up a project to plan, develop, and continuously evaluate a low-cost, integrated delivery system to provide health services, family planning, and nutrition aid to a selected rural area.

The Asia Foundation has made a number of

grants to aid information and education for family planning. Expenditures for fiscal years 1973 and 1974 were about \$100,000.

The Association for Voluntary Sterilization has made grants totaling \$272,000 for training and for equipment used in voluntary male and female sterilization programs.

Other private organizations have contributed special efforts. Family Planning International Assistance has made grants to churches to help them set up and promote the use of family planning services. The Population Council has made grants totaling \$634,000 in support of program statistics reporting, the postpartum program, and population research, studies, and seminars. The Rockefeller Foundation has made university grants totaling \$156,000 for research in reproductive biology and reproductive immunology. The World Assembly of Youth has worked with national, regional, and local groups to help make young people more aware of population problems and the need to cope with them. World Education has provided \$117,000 to the Thai Government Ministry of Education for a functional education and a family life planning course for adults.



*Thai family reads posters about family planning. Over 2 million couples have accepted some form of planning through the Government program, and birth rates are down.*

## Turkey

Turkey's population in mid-1975 was estimated at 39.2 million and increasing at 2.7 percent per year. The 1974 birth rate was 39 per 1,000 population and the death rate 12 per 1,000.

Turkey has had a national family planning policy and program since 1965. It operates through the Ministry of Health and Social Service facilities, which are located in each of the country's 67 provinces. Nominally, family planning services have been made available to all people. In practice, however, both Government support and program effectiveness have been variable. An estimated 2.5 percent of married women in Turkey in 1974 used the IUD, which, since the program's beginning, has been virtually the only contraceptive available through Government clinics. The number of new acceptors recorded in each of recent years has been somewhat more than 50,000.

Pro-natalist attitudes linger in this large and sparsely populated country. New progress may be emerging, however, as indicated by some of these recent developments:

- The Ministry of Health, in 1974, signed a comprehensive 5-year agreement with the United Nations Fund for Population Activities (UNFPA) under which UNFPA will provide up to \$10 million to help expand family planning and maternal/child health services throughout the national health network.
- The annual quota for importation of condoms for commercial sale was doubled from \$100,000 to \$200,000. (As recently as 1972, the quota had been only \$10,000.)
- The Ministry of Health has developed plans for a national contraceptive distribution program that would make adequate supplies of contraceptives available throughout all health facilities.
- The Government budgeted nearly \$2 million for family planning in 1975—by far the largest annual amount to date.

Turkey's first family planning activity was that of a private organization, Türkiye Aile Planlamasi Denegi (TAPD), founded in 1963. It is a member of the International Planned Parenthood Federation (IPPF). TAPD played an important role in motivating the Government to set up its family planning services, and it continues to support the program today through information and education activities, training, and medical services carried out by its 5 mobile teams and 17 fixed clinics.

At present, the Ministry of Health is responsible for making family planning services available to the people. Some 578 clinics in the 67 provinces offer

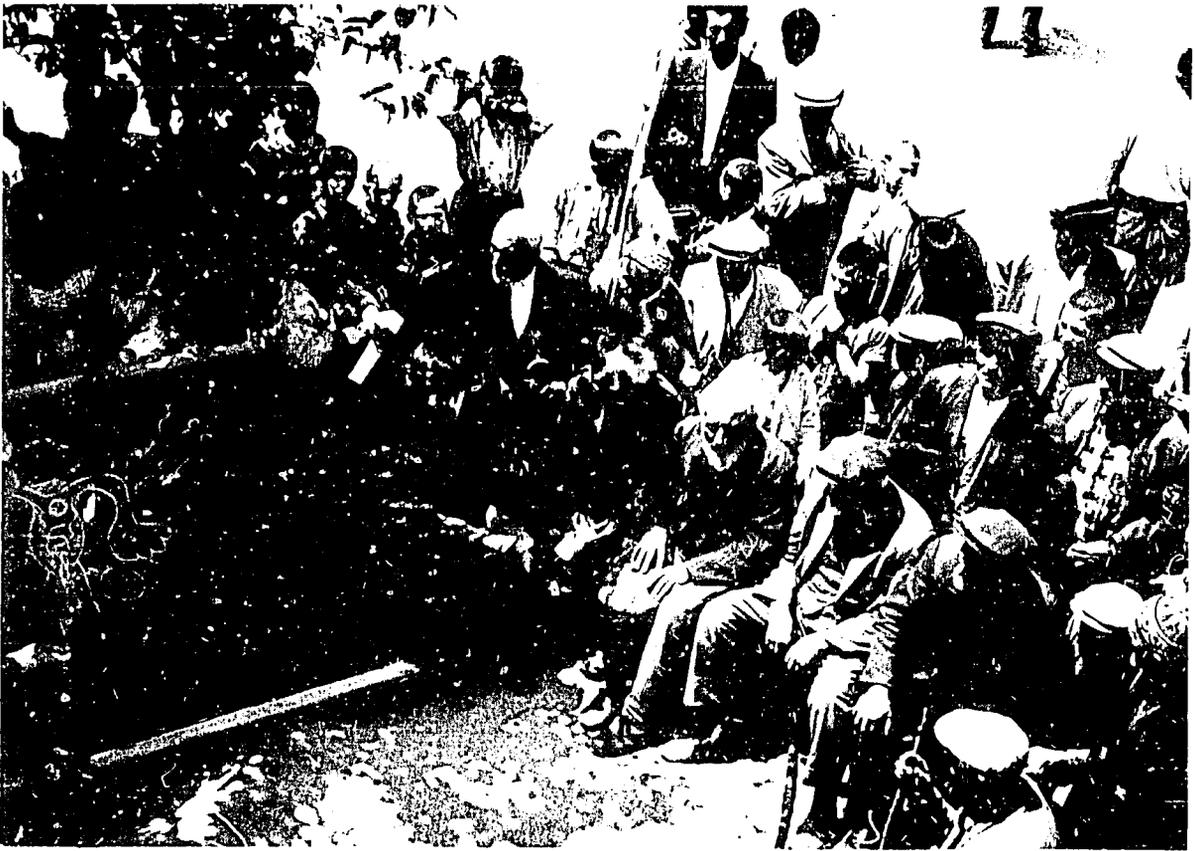


family planning services, and educational teams (working from a fleet of 528 mobile units) go to villages to enlist acceptors and distribute contraceptives. Health personnel of the Ministry number more than 10,000 including about 7,000 midwives. And organizational changes are being made to give a stronger position to family planning in the Ministry's maternal/child health program.

Other organizations that support the national program include the Hacettepe University in Ankara and its Institute of Population Studies, which has been heavily assisted by the Ford Foundation. The Institute's social, demographic, and national fertility surveys are made available to Government policy-makers to assist in program determinations.

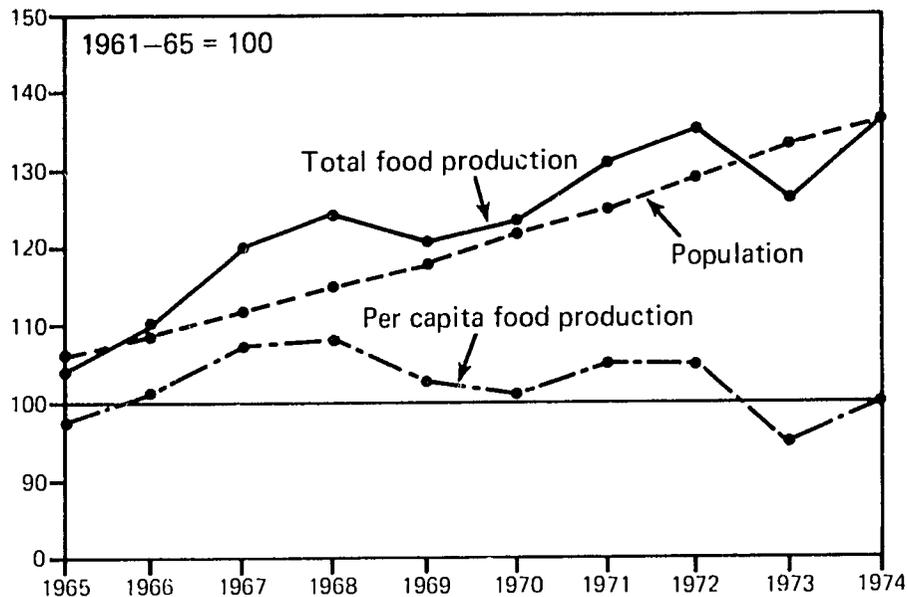
### External Assistance

The largest provider of assistance to Turkey's population program has been the U.S. Agency for International Development (AID). Although AID is not currently helping finance the program, approximately \$2.5 million has been made available since mid-1965—much of it to help establish the program. This assistance helped to purchase vehicles for use in the health program network, to perform marketing analysis of the commercial distribution of contraceptives, to train nurse/midwives in family planning,



*Above left, a 5th-year medical student conducts a demographic study in Turkey; the mother is 20 years old, has five children, and is newly arrived in the Istanbul area where her husband has not yet found a regular job. Above, men of a village gather to hear Ministry of Health educator instruct them in contraceptive techniques. Below, poster at a Turkish food store says too many children require too expensive a load of food.*

## *Food and Population in the Near East, 1965–1974*



SOURCE: Economic Research Service,  
U.S. Department of Agriculture

75-22

to study the impact of rapid population growth in Turkey, and to help the Ministry of Health make contraceptives available through health centers.

AID also has helped fund the Turkish Demographic Survey Center in the State Institute of Statistics, which the University of North Carolina has provided with technical assistance in demographic data collection and analysis.

The United Nations Fund for Population Activities (UNFPA), with its \$10 million of funding for 1974-78, will enable 20 high-level Turkish officials to study family planning programs in South East Asia, establish a hormone laboratory at Ankara Maternity Hospital, provide current information on population trends in Turkey, compile and review existing laws affecting family planning, and facilitate the integration of family planning and maternal/child health services.

The International Planned Parenthood Federation (IPPF) gave financial support to the private Turkish association (TAPD) during the 1973-75 period that

totaled somewhat more than \$300,000. Among other helpful activities, the money financed a family planning seminar in 1974 (the first of its kind in Turkey). Earlier IPPF support enabled TAPD mobile teams to contact more than 1.1 million persons about family planning during the period 1966-73.

The Association for Voluntary Sterilization has made a grant of \$17,750 to Hacettepe University to establish a female voluntary sterilization program. Ford Foundation grants to Hacettepe University have financed training and research in population and demography.

World Education funds totaling \$77,500 during 1971-73 helped the Ministry of Education to establish adult education programs including family planning elements. The Population Council assisted Turkey's early family planning efforts, and the United Kingdom has provided consultants to the Ministry of Health for specific population/family planning projects. The Pathfinder Fund has also given some assistance.

## Viet-Nam (South)

The population of South Viet-Nam at mid-1975 was estimated at 21 million, compared with 16.3 million in 1965. With the birth rate at 42 per 1,000 population in 1974 and the mortality rate 16 per 1,000, the population is estimated to be increasing by 2.6 percent annually. If this growth rate were maintained, the population total would double in 27 years. With average annual GNP per person already low (\$160), such continued growth would act to depress living levels still further.

The Republic of Viet-Nam has the background, facilities, and potential for carrying out a successful family planning program if its new Government so chooses. The Ministry of Health has more than 130 facilities, including provincial hospitals and some district clinics, through which family planning services can be or are being offered to the public. A substantial number of public health workers have had family planning training.

The future of the program, however, will depend on the new Government's interest and financial support. During the war years, the program was financed largely by external aid (especially aid from the United States, which ceased in April 1975).

The country has had some family planning activity since 1967 when the voluntary Family Happiness Protective Association, an affiliate of the International Planned Parenthood Federation was formed. It has promoted family planning educational work, conducted training, and operated a referral clinic.

A major handicap to this earlier work, and to more recent efforts, has been the existence of a long-standing law—imposed under French rule—that restricts dissemination of contraceptive materials and information.

Although the present Government does not have an announced national population policy, there was a certain degree of Government involvement under the preceding regime. After years of delay caused by the war, political and religious opposition to family planning, the archaic laws, by 1973 some progress was being made. In that year, the Government signed the World Leaders' Declaration on Population and created a National Population Council of Ministers. Another significant development was the change in name of the Ministry of Health's national family planning committee from the Committee for Research in Family Planning to the Committee for Family Health. This change reflected a new emphasis on family planning; not only was the health of the

woman of concern but also the health of the children and the family as a unit.

The family planning program under the former Government was being implemented through facilities of the Ministry of Health. The Ministry reported in 1974 that there had been 40,396 acceptors of contraceptive service from the beginning of the program in 1968.

### External Assistance

The major supplier of assistance to the population program before the 1974 change in Government was the U.S. Agency for International Development (AID). From fiscal 1970 through fiscal 1975, AID assistance totaled \$3.7 million. Support included helping the Ministry of Health to extend family planning services to all districts, working with Vietnamese officials to demonstrate the economic and health benefits of fertility reduction, training of personnel, the development of public information, the improvement of population growth projects, and supplying commodities including contraceptives.

The United Nations Fund for Population Activities (UNFPA), in conjunction with the World Health Organization (WHO), assisted a Vietnamese maternal and child health/family welfare project initiated in 1971 and financed with \$129,000. The project stressed the importance of family planning in securing a higher standard of living for the family as a whole.

The United Nations Children's Fund (UNICEF), helped the development of national maternal/child health services that directly or indirectly supported family planning.

The Swedish International Development Authority made grants to the program in 1971 and 1972 totaling \$681,000.

The Asia Foundation made grants to help the national program's work in family planning information, education, and communication. Support also went toward the production and purchase of family planning films.

The International Planned Parenthood Federation assisted its affiliated planned parenthood association in the latter's overall program. This included work with opinion leaders, publications, training of social workers and motivators, clinical services, and distribution of contraceptives. Expenditures for 1974 were estimated at \$140,400.

The Mennonite Central Committee assisted a Protestant church in operating two hospital clinics providing family planning information and supplies.

The Population Council made grants totaling \$141,000 to the Ministry of Health for training physicians and other professionals in family planning.

# Latin America

## Central and South America

The rate of population growth in Latin America in 1965-75 was highest of the world's regions. Mainland population increased 33 percent—rising from 219 million in 1965 to over 290 million in 1975.

Latin America's annual rate of natural increase—the excess of births over deaths per 1,000 people—was 2.9 percent in 1974, up slightly from 1965. Decreases in many countries, notably Chile, Colombia, Costa Rica, Nicaragua, Panama, and Venezuela, were more than offset by gains in populous Argentina, Mexico, and Peru.

Persons under age 15 accounted for 42 percent of the Latin American population in 1975, as compared with 36 percent for the world. This composition of the population points to continued expansion over a period of many years even if, as seems likely, there is significant progress in reducing rates of natural increase.

Latin America's net migration in the 1960-70 period has been placed by the United Nations at a net outflow of 1.9 million. Although complete statistics are not available, a continued outflow probably took place in 1970-74. In those years, legal migration from Latin America into the United States alone totaled 447,000 persons, of whom 300,000 were from Mexico. Other significant migration streams flowed to Canada and Europe. Illegal migration added still more to the out-movement.

Latin America's rapid population growth, only slightly dampened by migration, has hampered economic and social development generally. For individual Latin Americans it has adversely affected employment opportunities, health services, education, housing, the crime rate, and the overall quality of life.

One effect on individuals is revealed by statistics on gross national product (GNP). Total GNP in the region increased at an average annual rate of 7.2 percent between 1970 and 1974. This respectable rate of gain, however, was held by population increase to an average per capita GNP growth of 4.2 percent.

The high proportion of young people in Latin America's population mix helps to produce an unfavorable dependency ratio. This means that people of working age must support many others, not only most of those under age 15, but also some over age 64. The result is a low standard of living for workers

and dependents alike.

The problems are most acute in the cities, some of which are expected to double in size within 10 years. The population of Mexico City is increasing at the rate of 11 percent annually and Mexico now has 35 other cities with more than 100,000 people. Brazil, Argentina, and several other countries are experiencing similar rapid urban growth, not only from high rates of natural increase but also from a heavy influx of people from rural areas. In most of the large cities, unemployment and underemployment rates are high. The increasing demand for goods, services, and facilities cannot be met completely, especially with regard to housing, education, and health.

Population pressures and the unavailability of contraceptives for a large portion of the population are largely responsible for the high incidence of illegal abortions in all countries of Latin America. Abortion has been especially prevalent in the countries at the southern "cone" of South America—Argentina, Chile, and Uruguay. Abortions, many of them crudely performed, are a principal source of maternal illnesses and deaths.

The impact of rapid population growth on economic and social development, and its relation to abortion, has increased Latin America's awareness of the need for family planning, which is often referred to in the region as "responsible parenthood." There also has developed in recent years a strong belief that individuals and couples have a basic human right to information and the means of determining freely and responsibly the spacing of their children.

Awareness of population problems has engendered official policy and statutory changes creating an increasingly favorable atmosphere for contraceptive use. In the past 10 years, family planning programs have come into operation in most countries. These developments in the formative years of 1965-75 show promise of significantly reducing Latin America's rate of population increase in the years ahead.

Some of the break-throughs have been substantial, especially in Mexico.

Mexico, long noted for its opposition to contraception, reversed its policy in the early 1970's. In 1975 family planning services were available in 431 Government clinics and 91 clinics of a private organization. A "Phase II" program was planned for establishment of some 2,000 new rural health posts to

offer family planning to the 20 million Mexicans living in smaller towns and on farms.

Brazil, which also has taken the stance of a strong opponent of family planning, indicated in a formal statement to the 1974 World Population Conference in Bucharest that it may be in process of changing its earlier position. The Brazilian representative noted in his address to the assembly that the ability to resort to birth control measures should not be a privilege reserved for affluent families only. Instead, he stated that it is the responsibility of government to provide the family planning information and means that may be required by families of limited income. In 1975 the Brazilian Government had not implemented this stated policy; rather, as in other recent years it was remaining largely uninvolved in the efforts to establish an effective family planning program in the country. It was letting private organizations, state and local governments, and the regular commercial market do the necessary work. And these instrumentalities, it has developed, have been making substantial progress. For example, the major private organization, with the strong support of local officials, was carrying on in 1975 a pioneering community-based contraceptive distribution program in some areas; about 39 million cycles of oral contraceptives were produced locally and distributed in 1974 through commercial channels; demand for contraceptives in 1975 showed continued rapid growth.

Ecuador has officially announced availability of family planning services through its public health facilities. Chile, like Mexico, has taken steps to incorporate paramedical personnel into family planning programs. The President of Venezuela has emphasized his personal commitment to family planning and the Government's stated goal is to make family planning services available to every Venezuelan by the end of 1978. El Salvador in 1974 proclaimed an official population policy.

Although rates of natural increase have not declined in most countries, some very significant decreases have taken place in birth rates. Chile's birth rate declined from 32 per 1,000 population in 1965 to 28 in 1974; Costa Rica's from 41 to 28; El Salvador's from 44 to 40; Panama's from 38 to 31; and Venezuela's from 42 to 36. The only countries showing increases in birth rates, and those slight, were Argentina and Mexico.

Another factor in the family planning equation is the gain in contraceptive availability. In all Latin American countries, oral contraceptives are available—with or without prescription in pharmacies

are available in all Latin American countries, usually without prescription. Other "barrier" types of contraceptives—such as diaphragms, foams, and jellies—are available in many countries. IUD's are available in most countries through health centers, family planning clinics, private physicians, or paramedical personnel. Sterilization is generally legal. Abortion though often practiced as a family planning method is illegal in all of the countries of Latin America.

Proponents of family planning had setbacks in a few countries over the 1965-75 period, but they offset in only small degree the substantial gains made elsewhere in Latin America.

Argentina's population policy in the mid-1970's remained, as it had been for a number of years, pronatalist. In March 1974 the Government by executive decree forbade the dissemination of birth control information and closed existing family planning facilities. Domestic manufacture of contraceptives was permitted but their importation in finished form was forbidden. Provision of oral contraceptives was limited to medical prescription.

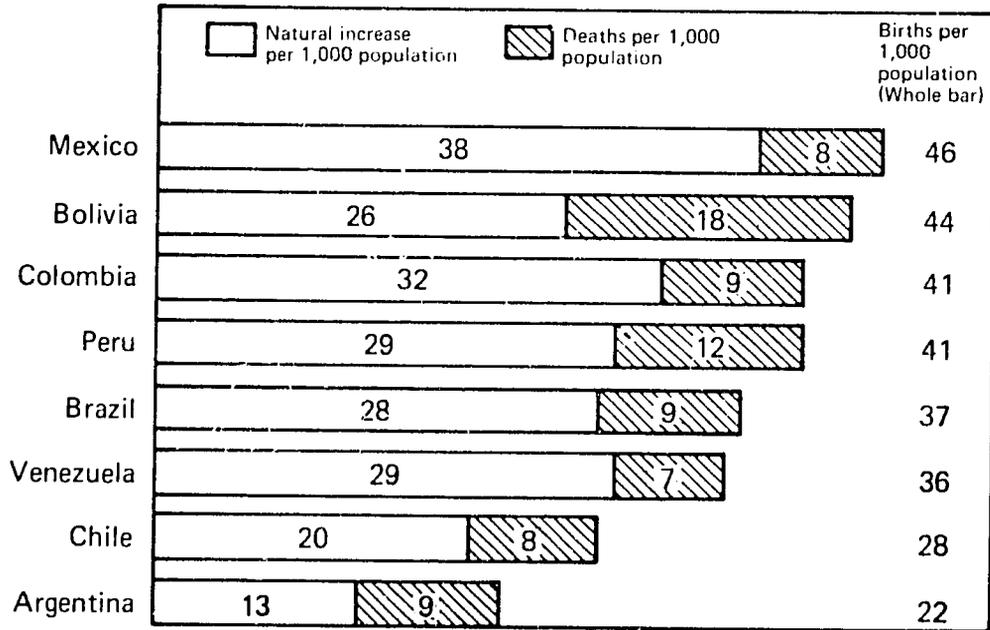
Argentina carried its opposition to family planning to the 1974 World Population Conference in Bucharest. There Argentina introduced scores of amendments to the Draft World Plan of Action that were designed to change the document from one expressing concern about population growth to one emphasizing recognition of the value of life and of human, familial, and natural rights. Also at Bucharest, Argentina argued that international migration should be considered as an alternative to family planning as a solution to the problem of unequal population growth.

Bolivia carries on some family planning activities but the "climate" for the program in that country has tended to be unfavorable.

In Uruguay, the Government has given low priority to development of population programs. In 1973 it put a 10-percent tax on all contraceptive sales to help finance a fertility center. In 1974 it substantially increased the birth allowance for the third-born child, a pronatalist action.

In many countries, programs for the delivery of family planning services underwent some changes in 1965-75. In the middle and late 1960's, family planning was carried on largely through private physicians, health centers, and family planning clinics. By the early 1970's, however, increased use was being made of paramedical personnel; in Chile, for example, family planning programs have relied heavily on the

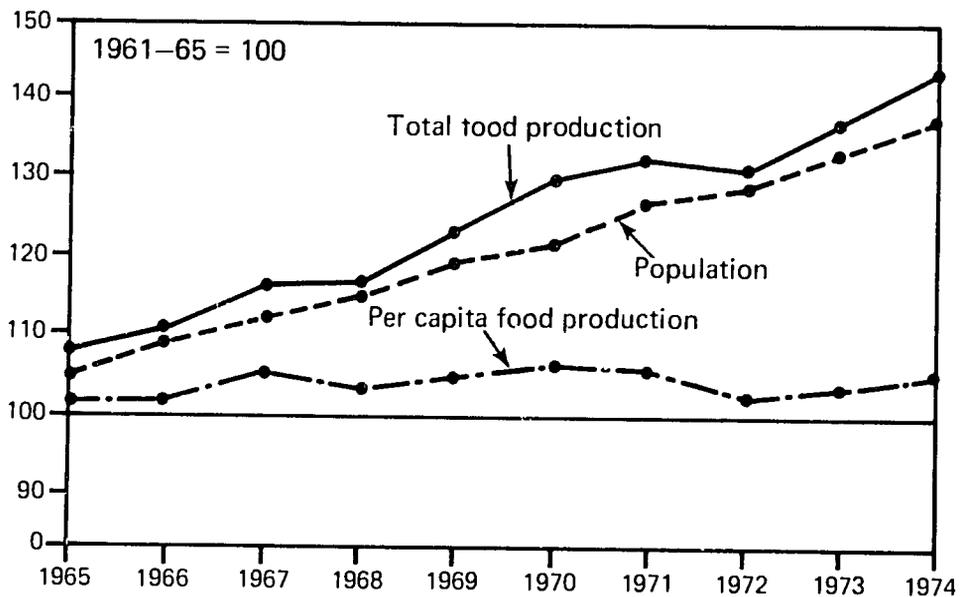
### Estimated Vital Rates in Selected Countries in Latin America, 1974



SOURCE: Population Reference Bureau

75-34

### Food and Population in Latin America,\* 1965-1974



SOURCE: Economic Research Service  
U.S. Department of Agriculture

\* 22 countries

75-19

*Latin America's rate of natural population increase in 1974 was 2.9 percent, the highest of the world's major regions. But concern about population growth problems has led to the establishment of vigorous family planning programs in Mexico, Chile, Costa Rica, El Salvador, and Panama. Except for Argentina, family planning activities are being carried on in other Latin American countries, either with government support or through private and international agencies and organizations.*

ceptives without medical prescription. In some countries where such distribution is permitted, retail sales have been made at low, controlled, subsidized prices; in other countries the distribution has been through local leaders or by satisfied users of pills.

Information and education continued to be provided potential acceptors of family planning over the 1965-75 period. Information is essential because it sets forth the importance of responsible parenthood in improving the quality of life and thereby motivates families to accept the service, appraises families of services available to them, and enhances social acceptability of the program. All methods of communication have been used: radio, television, press, publications, audio-visual materials, films, meetings and seminars. Radio, in recent years, has had increasing use, especially in Central America--radio having the virtue of permitting communication with people who are unable to read.

Training has been emphasized over the 1965-75 period. More and more paramedical personnel are being trained as one means of compensating for the shortage of physicians. A special project has been carried on since the middle 1960's for developing and evaluating innovative family planning programs, especially in the field of information and education.

The need for data on which to base Latin American programs for health, family planning, housing, education, and employment called for continued activity in the field of population statistics. Much of this work came into focus through the Latin American Demographic Center (CELADE), an institution located in Santiago, Chile, which provides demographic training, information, and advisory services for its member countries. Latin America also benefitted from such global programs as the World Fertility Survey, administered by the International Statistical Institute at the Hague, and from U.S.-funded development of computerized population data systems. CIENES, an OAS sponsored training center in Santiago, and the Inter-American Statistical Institute also have had an important influence on the

development of censuses and demographic statistics, including household surveys.

Statistics for 1965-75 show that host countries' inputs to population programs totaled \$21.2 million, or 14 percent of total outlays, whereas assistance from external sources amounted to \$114.9 million, or 84 percent of total expenditures.

### External Assistance

U.S. AID assistance in Latin America is provided in large part through organizations that include the United Nations Fund for Population Activities (UNFPA), the Pan American Health Organization (PAHO), the Pan American Federation of Associations of Medical Schools (PAFAMS), the International Planned Parenthood Federation (IPPF), The Pathfinder Fund, the Population Council, the Association for Voluntary Sterilization (AVS), Family Planning International Assistance (FPIA), World Education (WEI), and the World Assembly of Youth (WAY). Other assistance has been provided by the Ford Foundation, the Rockefeller Foundation, the Tinker Foundation, and the Scaife Charitable Trust, Kellogg, and other organizations.

AID also provides support on a bilateral basis. In 1975 the agency was directly assisting 10 Latin American countries (and 3 Caribbean countries) the assistance including, but not limited to, supplying contraceptives and other commodities and equipment, training personnel, providing assistance of full-time advisors and short-term consultants, and funding local operating costs.

AID's outlays in the 1965-75 period are shown in the table on the following page.

UNFPA provides assistance both on a country and regional basis to population and family planning programs in Latin America. Requests for UNFPA assistance increased greatly in 1974 and 1975, especially for maternal and child health and family planning programs.

*Total food production in Latin America increased rapidly in 1965-74, permitting the area as a whole to raise current per capita food output somewhat about the 1961-65 level. In some countries, however, a significant part of some food items is produced for export, reducing per capita availability. Food production per capita has been well above the base period in most Central American countries, Venezuela, Brazil, and Argentina. But a number of countries in 1974 had smaller per capita food production, notably Bolivia, Chile, Ecuador, Guyana, Paraguay, Peru, and Uruguay.*

## *AID Population Program Support, Latin America and the Caribbean Islands. Fiscal Years*

Item	1965-71	1972	1973	1974	1975	1965-75
	<i>1,000 dol.</i>					
Country projects . . . .	22,589	7,223	6,230	4,792	4,238	45,072
Regional projects . . . .	26,266	13,811	7,383	2,655	1,430	41,655
Latin America Total . .	48,855	11,134	13,623	7,447	5,668	86,727

<sup>1</sup>Reduction reflects consolidation of some regional projects into worldwide projects.

In Mexico, UNFPA is supporting, with outlays approaching \$4.5 million, that country's expanding family planning program. In Colombia, the agency has financed assistance to maternal and child care programs, purchase of contraceptives, and a population census. UNFPA has provided funds of over \$1,000,000 for programs in Chile, Costa Rica, and Ecuador. Substantial assistance has been extended to Argentina, Bolivia, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela.

At the regional level UNFPA has supported, through the Economic Commission for Latin America, advisory services for census programs and research in basic population data and population dynamics. Support for CELADE was continued. Support also was provided to the Latin American Program for Social Sciences, which is working on guidelines for population policies in individual countries.

PAHO, 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 with funds from AID and UNFPA. PAHO seeks to incorporate population/family planning in existing health systems and organizations through education of professional staffs, provision of necessary supplies and commodities, and encouragement and support of related social and medical research through its advisory and consultative services. In Argentina, assistance has been given to the expansion of maternal and child care protection activities in the northeastern and northwestern parts of the country. In Bolivia, Brazil, Ecuador, Guyana, Peru, Paraguay, and Uruguay, national maternal and child health units were strengthened.

PAFAMS carried on between 1969 and 1975 seminars in medical schools on demography (in-

cluding family planning), the teaching of family planning in obstetrics and gynecology courses, and developing audiovisual materials for teaching population dynamics and family planning in medical schools.

The IPPF has provided financial and technical assistance to affiliates in most of the mainland Latin American countries. Over the 1965-75 period they have carried on three major types of action programs: information and education work, training, and medical and clinical operations. In many countries the IPPF has been the primary source of information on family planning—information which has reached the people through such means as press, radio, television, publications, meetings, and seminars. Training activities, often carried on in conjunction with Ministries of Health, have been aimed at a broad spectrum of personnel—physicians, nurses, midwives, and administrative assistants. IPPF clinics have blazed a trail that health officials of Latin America have followed. In a number of countries, the clinical activities pioneered by IPPF have been expanded greatly by Ministries of Health and other officials.

The Pathfinder Fund, with regional offices in Chile and Colombia, has furnished technical and financial assistance, contraceptive supplies, and literature to pioneering family planning groups in almost all Latin American countries. In 1975 Pathfinder continued to place major emphasis on seminars on population and family planning for decision makers; sterilization, clinical services, and research; use of mass communications to disseminate information on family planning to the general populace; introduction of clinical services in both urban and rural areas; and training programs.

The Population Council makes research, training, and institutional development grants, supplies IUD's and books, provides fellowships, and offers technical advisory services to institutions and individuals throughout Latin America. Such regional organi-

zations as PAFAMS, CELADE, and the Regional Population Center have received Council assistance for multinational activities in addition to local institution support.

Activities receiving grant support in 1974 included research at various Latin American medical schools and institutions in contraceptives, reproductive physiology, and family planning. In 1974 the Council supported demographic research in Brazil, Chile (largely through CELADE), Colombia, Guatemala, and Mexico, and biomedical research studies in Argentina, Chile, and Peru. Grants were made to assist postpartum programs and other family planning services in Colombia and Venezuela.

The Council supports translation and distribution of population literature. Substantial grants for translation have been made to the Colombian Association for the Study of Population. 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, and other institutions.

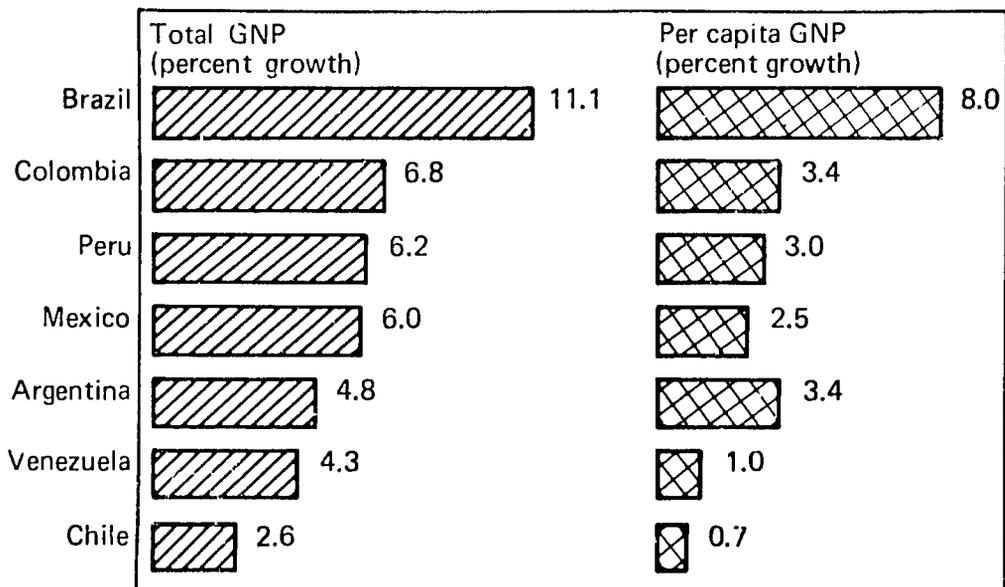
The Ford Foundation's outlays for population activities in Latin America and the Caribbean area

amounted to \$14 million through 1974. Increasing emphasis was placed in the 1970's on research and training programs, improvements of systems for contraceptive delivery, and information and education, while outlays for reproductive science and contraceptive development were de-emphasized to some extent.

The Rockefeller Foundation, which has supported biomedical research in fertility control since the early 1930's, began to make major commitments in the late 1950's and early 1960's to the solution of population problems in Latin America. In 1972 support was provided for establishment of a Social Science Research Program on Population Problems Relevant to Population Policies in Latin America, a program to be conducted under supervision of the Commission for Population and Development of the Latin American Social Science Council. The program emphasizes institution building as well as population research by Latin American social scientists. Twelve Latin American population centers representing Argentina, Brazil, Colombia, Chile, Uruguay, Mexico, and Venezuela are now part of the program; additional centers in Peru and Central

*Latin America's total GNP steadily moved up between 1970 and 1974 at an average annual rate of 7.2 percent. The per capita figure, however, was much lower—4.2 percent—because of the gains the region has been making in population.*

### *Economic Growth Rates<sup>1</sup> in Selected Latin American Countries*



SOURCE: AID/SRD

<sup>1</sup>Average annual growth of Gross National Product (GNP), 1970-1974

75-28

America are being considered for membership. Foundation grants to El Colegio de Mexico supporting its pioneer research and training program in the Center for Economics and Demography have made a contribution throughout Latin America.

The Association for Voluntary Sterilization (AVS) has, since 1972, stimulated, encouraged, and supported voluntary sterilization programs in Latin America through grants for the training of physicians, paraprofessionals, and auxiliary personnel and related information and education activities.

Family Planning International Assistance (FPIA) is the overseas arm of the Planned Parenthood Federation of America. It supports Latin American family planning programs in a variety of ways. It supplies contraceptives, medical equipment, audio-visual gear, and educational and motivational materials, such as movies, slides, booklets, pamphlets, radio spots, and posters. It supports three information and education programs in Central and South America—two in Costa Rica and one in Colombia. In Peru it carries on a special training program for medical students and doctors. It provides technical assistance. In Ecuador more than 10,000 women are receiving family planning services in an FPIA-sponsored program—the only one run by women physicians in Latin America. FPIA's cumulative funding of 17 individual projects over four program years was \$1.8 million.

The Tinker Foundation's initial grant in the field of population was made in 1965 when it awarded \$500 to the Population Reference Bureau to support that agency's Latin American publications. In a 10-year period from 1965 to 1975 a total of \$1.2 million was awarded to various population projects, mostly in Latin America, to educate or inform national leaders about the serious economic and social implications of excessive population growth.

World Education, Inc., helps to incorporate family planning concepts into functional literacy programs and nonformal adult education. The scope of the work falls into definite categories: identifying learner needs, designing programs and curricula, developing learner-oriented materials, training teachers, and assessing program strengths and weaknesses. Projects were underway in 1975 in Colombia, Costa Rica, Ecuador, Honduras, and, in the Caribbean area, Jamaica.

The World Assembly of Youth (WAY), with regional headquarters in Managua, Nicaragua, has sponsored regional and national conferences in Latin America to increase among young people an awareness of the relationship between family planning and economic and social progress. WAY also issues a

monthly bulletin, as well as handbooks, slides, charts, posters, graphs, and other materials for use in seminars and local meetings.

## Caribbean Islands

Population of the Caribbean islands rose from 22.1 million in 1965 to 26.8 million in 1975—an increase of 21 percent. This percentage increase was slightly above that of the world's population, but was far below the 32 percent expansion since 1965 in Latin America.

The increase in total population of the West Indies, although large, has been moderated by two major factors: Declining birth rates plus rather heavy emigration. Birth rates dropped from 36 per 1,000 people in 1965 to 31 in 1974. The 1974 death rate was 9 per 1,000 people, down from 10 per 1,000 in 1965. The 1974 rate of natural increase was 2.2 percent annually.

Caribbean statistics on migration are fragmentary but U.S. immigration figures show that over 600,000 people from the West Indies were admitted to the United States alone between 1966 and 1974, mostly from Cuba (refugees), the Dominican Republic, Jamaica, and Haiti. According to the United Nations, the 1971 British census indicated that 152,000 persons born in the West Indies entered the United Kingdom in 1961 or later years. Other migrants from the Caribbean went to Canada and Latin America, notably to Venezuela.

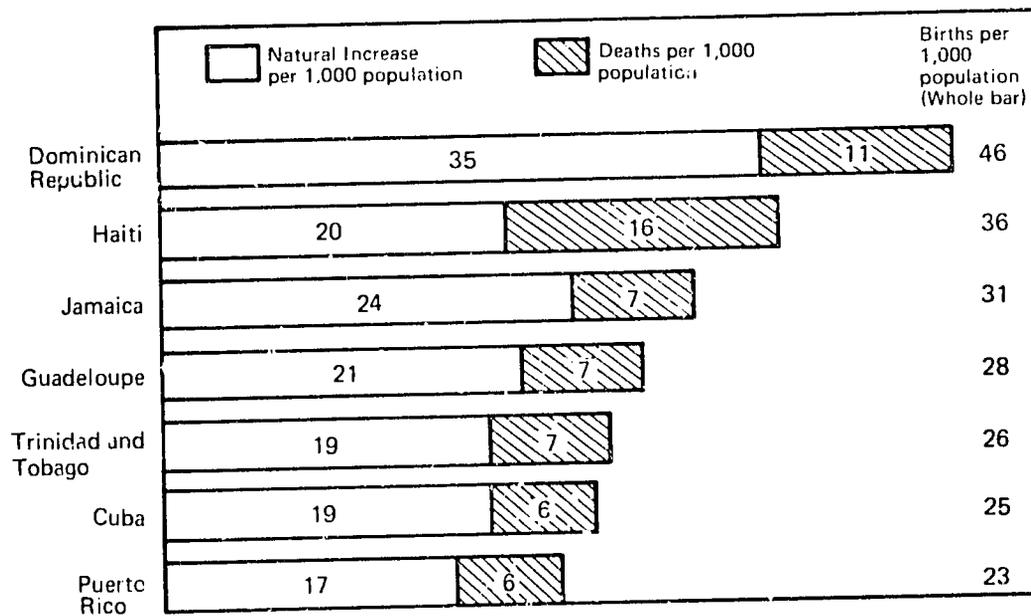
The significant decline in birth rates over the 1965-74 period reflects to a considerable degree improved access to family planning services and contraceptives through family planning clinics, private physicians, and the commercial market.

Virtually all of the islands carry on activities designed to reduce fertility. Many of these programs are sponsored by private family planning associations affiliated with the International Planned Parenthood Federation (IPPF). Programs are similar in that they cover three principal areas: provision of family planning services and contraceptives, information and education activities aimed at "motivating" families to accept contraception, and training of physicians, nurses, nurse-midwives, as well as administrative personnel.

Available statistics from family planning associations indicate that oral contraceptives are most popular with acceptors, followed by condoms and intrauterine devices.

Family planning programs in the Caribbean have been adapted to a wide economic and social spectrum, for the islands vary greatly in living standards. The per capita gross national product averages high

## *Estimated Vital Rates in Selected Countries in the Caribbean Islands, 1974*



SOURCE: Population Reference Bureau

75-35

*The Caribbean area's rate of natural increase in 1974 was 2.2 percent, well below Latin America's 2.9 percent. The Caribbean is an area of sharp contrasts—extreme poverty in some countries, relative affluence in others. But population pressures are felt generally, and have engendered family planning programs, some of which started in the 1950's, and have stimulated heavy emigration from some islands.*

on islands with heavy tourism or having an abundance of exportable goods, such as sugar, coffee, bauxite, and other minerals, but it is low on others. As compared with a regional average of \$780 per capita in 1973, per capita GNP of the U.S. Virgin Islands was \$5,910, Puerto Rico \$2,270, and the Bahamas \$2,320, whereas populous Cuba had a per capita average GNP of \$540 (up from \$480 in 1965), St. Vincent \$300 and Haiti \$130 (lowest in the Western Hemisphere). Languages are about as varied as income; they include Spanish, English, French, Dutch, and Creole.

Excessive population growth has created problems in all countries. It seems likely, therefore, that family planning programs will continue, either for demographic reasons or because the spacing of children is perceived by governments to be a basic human right of parents that should not be infringed.

### External Assistance

As in Latin America, the U.S. Agency for International Development (AID) has provided assistance to the Caribbean area generally through

organizations that include, among others, the United Nations Fund for Population Activities (UNFPA) and related United Nations agencies, the Latin American Demographic Center (CELADE), Family Planning International Assistance (FPIA), the IPPF, and the Population Council. AID also provides population program support on a bilateral basis to Haiti and Jamaica.

The UNFPA has supported population and family planning programs in nine Caribbean countries, including work carried on under agreements with Cuba and the Dominican Republic. Regional UNFPA programs have strengthened activities in such areas as population statistics and dynamics, notably through assistance to CELADE, information and education, and training.

The IPPF has been a major factor in the family planning activities of the Caribbean since establishment of the Barbados and Jamaica association in the 1950's. The Trinidad and Tobago association was formed in 1961, and was followed by IPPF-affiliated associations in Guadeloupe and Grenada (1964), Curacao (1965), Montserrat and St. Kitts/Nevis

(1966), Puerto Rico and St. Lucia (1967), Antigua and Aruba (1970), Dominica and St. Maarten (1973), and Bonaire (1974).

In 1974 IPPF organized the Caribbean Family Planning Affiliation (CFPA) as a unique means of bringing new but very small associations into the agency's framework, while continuing to allow them direct access to the regional office. Not included in the CFPA are associations in Spanish-speaking Caribbean countries and the older associations in Barbados, Jamaica, and Trinidad and Tobago.

FPIA cooperates on family planning activities with the Unitarian Universalist Service Committee in Haiti and with the Church World Service in the Dominican Republic. The Haitian program has become a model for the Government's national program. In addition to technical assistance, FPIA has furnished substantial quantities of contraceptives, audio-visual equipment, and information materials.

The International Bank for Reconstruction and Development (World Bank) has loaned a total of \$5 million to Trinidad and Tobago and Jamaica, the bulk of it for construction of a hospital, health centers, and training facilities.

Other agencies providing assistance in the Caribbean area in the 1965-75 period included the Association for Voluntary Sterilization, the British Ministry of Overseas Development, the Ford Foundation, the International Association of Schools of Social Work, the International Development Research Center (Canada), International Education Development, the Mennonite Central Committee, Oxfam, Oxfam-Canada, The Pathfinder Fund, the Population Council, the Smithsonian Institution, the Tinker Foundation, and the World Assembly of Youth.

## Argentina

The rate of population growth in Argentina is among the lowest in Latin America—1.3 percent a year as of 1974—or less than half the combined average for all countries of Central and South America. If this pace continues 53 years will be needed for Argentina's population to double, or reach a level of about 50 million. The mid-1975 population was estimated at 25.4 million.

The Argentine Government views this slow growth with apprehension rather than approval. It argues that "to correct deficiencies and contribute to the occupation and integration of the national territory" a population of 50 million must be achieved within 25 years instead of 50, or by the year 2000 instead of 2025.

The Government's plan of action for more rapid

population growth includes:

- Reducing mortality trends.
- Raising birth rates.
- Encouraging the flow of immigration.
- Reducing emigration.

The plan also is aimed at regulating internal migration to assure adequate populations in the outlying provinces.

Argentina's desire for an expanding population, a policy which is ordinarily designated pronatalist, is not new. The vision of a large and powerful Argentina was attractive to the late General Peron, who considered his country—with an area roughly the same as India's—to be underpopulated. In 1968, too, the Government took a strong stand against family planning and birth control when the President came out in opposition to what was interpreted as a suggestion that World Bank aid be tied to a nation's efforts to control population growth. Also, the Government supported the attitude of the Catholic hierarchy, which asserted obedience to the Pope's ruling on artificial birth control. (About 94 percent of Argentinians profess the Roman Catholic faith.) Pronatalism was further reinforced when a law introduced a wage policy of increasing subsidies and school allowances for each child.

Argentina has extended its pronatalist ideas into the international arena. The Population Council, in its *Report on Bucharest*—a summary of happenings at the August 1974 World Population Conference—notes that "Argentina introduced scores of amendments to the Draft Plan [World Population Plan of Action] that were carefully designed to change the weight of the document from one that essentially expressed concern lest the rate of population growth become an obstacle to socio-economic development into one that "... put main emphasis on the recognition of the value of life and of human, familial, and national rights." Argentina also argued at Bucharest, as it had at an earlier preparatory meeting, that international migration should be considered as an instrument of population policy that could provide countries with an alternative solution to problems of unequal population growth.

Earlier, in March 1974, the Argentine Government, by executive decree, forbade the dissemination of birth control information and closed existing family planning facilities. Domestic manufacture of contraceptives is permitted, but they must be officially tested and registered for sale. The importation of contraceptives in finished form is forbidden. Oral contraceptives may be provided only on stringent medical prescription.

The private *Asociación Argentina de Protección*

Familiar (AAPF), an affiliate of the International Planned Parenthood Federation (IPPF), had provided services on a limited scale since 1966. Following the Government's decree in 1974, the organization closed its 56 clinics in Buenos Aires and the northwest provinces. The IPPF noted in its 1974 *Report to Donors* that "the Family Planning Association is currently engaged in promotional activities within Government circles, inculcating the concepts of responsible parenthood, of family planning as a human right, and of the need to eradicate the high incidence of induced abortion."

The abortion situation has been given considerable attention. A study early in the 1970's at Rawson Hospital, Buenos Aires, showed that one-third of the pregnancies of the 532 married women in the sample ended in abortion, of which 72 percent were said to be illegal. The inference from the study was that in urban areas at least one abortion occurred for each live birth.

### External Assistance

External support, other than that from the IPPF, for population programs has come from the United Nations Fund for Population Activities, the Population Council, the Ford Foundation, the Rockefeller Foundation, and the Tinker Foundation. Funding has been largely for research in demography and reproductive biology.

## Barbados

The population of Barbados, reversing the general pattern for Caribbean countries, decreased from 244,000 in 1965 to 239,000 in 1975. Two factors account in large part for the declining population: a low rate of natural growth—1.2 percent in 1974—and heavy emigration. The birth rate in 1974 was 21 per 1,000 people, the death rate 9 per 1,000.

The Barbados Family Planning Association has continued since 1955 its supplementary role to the Government as the only agency providing family planning on a national scale. Its activities have been funded by Government grants and grants from the IPPF and UNFPA.

In 1975 the Association introduced community-based distribution of orals and condoms and use of condom vending machines as well as an integrated health, welfare, and community project for the island's northern areas. The Association employed one full-time and five part-time physicians in addition to six nurse-midwives and two clinic attendants. First visits to the clinic in 1973 totaled 4,695, while 37,925 acceptors were served between 1955 and

1973. The Association planned to increase its referral service to the major hospital for male and female sterilization and pregnancy terminations conducted within existing law. The Association also consulted with the Government with respect to incorporation of family planning into health center service, and the first polyclinic was planned for 1975.

A mass information and education program was carried on through television, press, and display media. A special effort was made to obtain greater acceptance of family planning by Barbadian men.

## Bolivia

The population of Bolivia had increased from 4.4 million in 1965 to 5.6 million by mid-1975, a gain of 28 percent. The birth rate over that period remained stable at 44 per 1,000 people, but the death rate declined from 20 to 18 per 1,000 per year. The annual rate of natural increase in 1974 was 2.6 percent; if continued, this would bring a doubling of the population in 27 years.

Bolivia is one of the poorest countries in Latin America. It has a per capita GNP of \$200, a high level of illiteracy, and poor health services. Life expectancy at birth in 1975 was only 47 years in comparison with the Latin American average of 62 years and was the lowest for any country in the Western Hemisphere. Ironically, activities aimed at improving health in Bolivia tend to intensify population growth and its attendant problems.

Prior to 1973 there were several Bolivian attempts to create a family planning organization and initiate activities. In 1973, however, following some initiatives from both the public and private sectors, more specifically, promotional activities by the National Family Center (CENAFSA) and some health officials, high Government officials seemed to come to the view that Bolivia's high population growth rate, if left unchecked, would drastically hamper its economic and social development. Subsequently, several important steps were taken.

Notable was the establishment in 1973 of the Asociacion Boliviana de Proteccion a La Familia (PROFAM), an affiliate of the International Planned Parenthood Federation (IPPF). The Ministry of Health (MOH) entered into an agreement with PROFAM for assistance in providing family planning services plus the management of some official MOH responsible parenthood clinics.

PROFAM opened a demonstration clinic in a slum area of La Paz in July 1974. Open 6 hours a day, it is staffed by two doctors, a nurse, an auxiliary nurse, and a social worker. PROFAM also provided

family planning services for 6 hours daily in a Ministry of Health hospital in La Paz, but there are plans to extend services in facilities of its own and other Bolivian government organizations in Santa Cruz, Cochabamba, Potosi, and Oruro and to begin a pilot rural project in the village of Sapaqui.

PROFAM's training activities are carried out in coordination with the Ministry of Health. Training for physicians, nurses, and paramedical personnel is conducted in PROFAM's model clinic in La Paz. Information and communication activities of PROFAM are aimed at enlisting support of family planning through meetings with union and business leaders, civic organizations, and other groups plus parallel publication of a bulletin and monographs directed toward the influential people of Bolivia. These activities are coordinated with and supported by the activities of the Asociacion Boliviana de Educacion Sexual (ABES), which receives financial support from U.S. AID. The National Family Center (CENAFAM) was established by Presidential Decree in 1968 as an autonomous agency under the Ministry of Health. Its purpose is to develop and implement seminars, demographic research, and publications designed to motivate Bolivian government officials and the general population to accept family planning. It has been influential in the creation of PROFAM and ABES and in greatly improving the local ambiance relative to the dissemination of family planning and sex education information.

Despite these favorable steps a "climate" favorable to family planning has not developed firmly in Bolivia. In March 1975 the Bolivian Catholic Church initiated an anti-birth-control campaign through a hard-hitting pastoral letter "condemning" as "modern genocide" the international support that has been given to family planning activities in Bolivia. The Government responded vigorously that it supported programs of "responsible parenthood" but not birth control—the latter term carrying a connotation throughout Latin America of Government determination of fertility. The Church eased tensions to a degree by approving in public responsible parenthood programs—the stated objective of the Government.

### External Assistance

Inputs to family planning programs by AID have amounted to \$2,003,000 in the fiscal year period 1969-75. UNFPA approved in 1976 a contribution of \$1,520,000 for Bolivia's coordinated maternal and child health program. In earlier years, UNFPA had budgeted \$463,000 for a population and housing census, maternal and child health services, and a regional development seminar. Other agencies con-

tributing to Bolivia's overall family planning program include The Pathfinder Fund, the Population Council, the Mennonite Central Committee, the World Assembly of Youth, and World Neighbors.

## Brazil

Brazil's population has risen from 81 million in 1965 to 107 million by mid-1975. The annual rate of natural increase in 1974 was 2.8 percent, or about equal to the Latin American average. This would bring a doubling of the population in 25 years. Births in 1974 occurred at the rate of 37 per 1,000 people and deaths at 9 per 1,000. A high proportion of Brazilians—about 42 percent—are under the 15-year-old age level.

Brazil's economy has been strong in recent years. The 1970-74 average annual rate of economic growth was about 10 percent, while the per capita average rate of growth for the same period was 8 percent—both well above the Latin American average. But Brazil's economic growth dropped to 5 percent in 1975, largely due to the burden of higher petroleum prices. Income distribution, meanwhile, continues to be an aggravating problem in rural and urban areas throughout the country as a whole.

Up to mid-1975, Brazil's reaction to its high population growth has been ambivalent. On the one hand, Brazilian officials have argued that the nation needs more people. The added population would occupy the sparsely inhabited north and west regions, create a strong internal market for trade and industry, and provide the minimum population required to become a major world power. On the other hand, the Brazilian representative to the World Population Conference in Bucharest in 1974 stated at that time that "Being able to resort to birth control measures should not be a privilege reserved for families that are well off, and therefore it is the responsibility of the State to provide the information and the means that may be required of families of limited income." The central Government has not actively implemented this policy. Instead, it has allowed States and municipalities to carry on family planning services or enter into agreements with private organizations to conduct such services and has permitted increasingly large sales of oral contraceptives and condoms.

One private organization, BEMFAM—the Sociedade Civil de Bem-Estar Familiar no Brasil, or the Brazilian Civil Society for Family Welfare—has been active in family welfare in Brazil since 1965. BEMFAM has, in the past, provided full financial support for as many as 102 clinics, but is reducing its outlays as

quickly as possible for financial and policy reasons. It seeks to have communities or States pay the operating costs of clinics with BEMFAM providing mainly technical assistance. BEMFAM is expected by the end of 1975 to be supporting fully only 25 demonstration clinics in major cities and partially supporting 67 other clinics that receive operating expenses from communities. As the only organization educating and informing the Brazilian public about family welfare matters, BEMFAM devoted \$400,000 in 1975 to information, education, and communication activities and plans to apply \$720,000 to such operations in 1976.

BEMFAM is also, with the strong support of local officials, pioneering a community-based program in rural areas of the State of Rio Grande do Norte utilizing voluntary community leaders such as teachers, nurses, and midwives who have daily contact with many women. The distributors receive 3 days of training, with emphasis on problems women may encounter in taking oral contraceptives, and also attend occasional refresher courses held by regional administrators.

The program started in August 1973 and by December 1974 had an estimated 22,000 continuing acceptors—or about 6 percent of Rio Grande do Norte's approximately 370,000 fertile women. BEMFAM considers this program important because it shows that community members can do much to deliver a valuable service at little cost.

BEMFAM's information and education program is designed to reach leadership groups at the federal, state and local levels. A core program to convince top leaders that family planning is an essential service continues to center around seminars in which leaders from diverse fields participate and wide press coverage results. Meetings with student and university groups are scheduled as are seminars with professional groups. In addition there is participation in numerous professional congresses and meetings.

The mass media program is built around radio spots, films and slides for use in seminars, training courses and within clinics.

Abortion, though illegal, is widely practiced in Brazil. Estimates of its frequency range up to several million abortions annually.

Oral contraceptives are well accepted and their use is growing rapidly. According to a recent, internationally sponsored study, about 39 million cycles of oral contraceptives were produced and distributed within Brazil in 1974. During 1973 and 1974, sales increased 4 times as much as the increase in the number of women of reproductive age. Various estimates suggest that between 8 percent and 13 percent

of women aged 15 through 49 years are now using the pill. Use is relatively high in the urban areas and among middle and higher income groups.

Local output of condoms has been running about 48 million pieces annually, with an estimated 3 million to 5 million additional pieces per year entering the country from abroad. Brazil's condom production is expected to double by 1978. The product line has been upgraded in recent years with the addition of colored and lubricated condoms. It is surmised that these higher priced items are used largely for contraceptive purposes while the less expensive, non-lubricated condoms are used primarily for protection against venereal disease. Distribution is not limited to pharmacies; supermarkets openly display and sell condoms in most major cities.

### External Assistance

Major external assistance to Brazil's family planning program comes from nongovernmental organizations. The International Planned Parenthood Federation contributed \$3.3 million to BEMFAM in 1975. The Ford Foundation, the Population Council, and the Rockefeller Foundation have provided grants primarily to Brazilian universities for demographic and medical research projects. The United Nations Fund for Population Activities and the International Development Research Center (Canada) are aiding demographic research projects. Other organizations providing assistance in recent years are the Association for Voluntary Sterilization, Church World Service, the Danish International Development Agency, International Education Development, The Pathfinder Fund, the Population Reference Bureau, the Tinker Foundation, and World Neighbors.

## Chile

The population of Chile rose from 8.7 million in 1965 to 10.6 million by mid-1975—an increase of 21 percent. The current rate of natural increase of 1.9 percent is one of the lowest in Latin America. Contributing factors may be an active family planning program in recent years and a general improvement in the quality of medical care. While birth rates fell from 32 per 1,000 population in 1965 to 28 per 1,000 in 1974, death rates also declined from 11 to 8 per 1,000 per year, and decreases in infant mortality were especially marked.

Chile's family planning activities, unlike programs in many other countries, are aimed primarily at reducing abortions. By the early 1960's in Chile, these had reached large totals. Abortion traditionally has been a much more important phenomenon

in the countries of the heavily urbanized southern wedge of South America—Chile, Argentina, and Uruguay—than elsewhere in the Western Hemisphere.

An issue of the American Universities Fieldstaff Reports, *Family Planning in Chile, Part I: The Public Program* and *Part II: The Catholic Position*, notes that "In 1937 the National Health Service of Chile registered 8.4 abortions for each 100 births; by 1960 this had increased to 22.3 and the number of women involved had risen from 12,963 to 57,268. These figures represent only those abortions that came under hospital attention because of health complications. It is currently (1967) estimated that Chile has about 150,000 abortions a year, as compared to 300,000 live births. Abortions cause two-fifths of all maternal deaths, and in 1960 their treatment accounted for 184,000 bed-days and cost over a million dollars. They are responsible for 8.1 percent of all hospital admissions . . . 35 percent of the surgery in obstetric services, and 26.7 percent of the blood used in all emergency services."

The article further stated, "Although both hospitalizations and maternal deaths caused by abortion have been reduced greatly...the ratio of abortions to total pregnancies seems to have remained constant and may even have risen, according to some specialists. Most Chilean women face a choice between effective contraception and an unremitting series of pregnancies, often ending in abortion..."

Chile's family planning information and services are provided within the Maternal and Child Health Service of the National Health Service (NHS) and in other semipublic and private institutions. The private Asociación Chilena de Protección de la Familias (APROFA), an affiliate of the International Planned Parenthood Federation (IPPF), provides vital support to the NHS, and other external organizations have funded various segments of the overall population program. Population/family planning activities apparently were not adversely affected by events following the change of government in 1973.

In 1973 APROFA signed an agreement with NHS under which APROFA will provide support for activities in the northern region of the country not covered by the United Nations Fund for Population Activities (UNFPA). Eighteen health areas in the north are included. APROFA's goal for 1975 was to cover 85,000 of the 432,000 women of fertile age in the north, and they expected to provide 180,000 consultations—145,000 by midwives and 36,000 by physicians.

In the south, APROFA hoped to cover 62,000 of the area's fertile-age women. Midwives were to provide most of the services.

## External Assistance

Outside support for the Chilean family planning program in the past decade came largely from the IPPF (almost \$2.8 million), UNFPA (\$3.2 million including unexpended funds), and the U.S. Agency for International Development (AID) in the fiscal years 1967-72 (almost \$2 million). Other organizations that provided help include the United Nations, the United Nations Children's Fund, the World Health Organization, the Pan American Health Organization, the Swedish International Development Authority, the Association for Voluntary Sterilization, The Pathfinder Fund, the Population Council, the Ford Foundation, and the Rockefeller Foundation.

The financial assistance budgeted for by the UNFPA will extend through the period 1973-76. Family planning services are to be increased to cover 40 percent of the women in rural and urban areas over the 4-year period. The program will be carried out in 600 hospitals, health centers, and health posts in 24 of Chile's 55 health areas. UNFPA financing, executed through various United Nations specialized agencies, also has made possible a variety of related teaching, training, research, demographic, and other population activities.

The Latin American Demographic Center (CELADE) in Chile, which is supported by the United Nations, has helped the Chilean Government improve the collection and processing of statistics.

## Colombia

Colombia's population as of mid-1975 was 22.3 million compared with the 1965 total of 16.1 million—an increase of 39 percent for the decade and somewhat more than the 32 percent decade gain for all countries of Central and South America.

As of 1974, the rate of natural increase of population was about 3.2 percent per year, resulting from an annual birth rate of 41 per 1,000 population and a death rate of 9 per 1,000. Colombia's relatively high population growth rate of 3.2 percent a year has accentuated a number of social and economic problems by increasing pressures on health services, schools, housing, and food supplies. Unemployment and underemployment are high. Movement of people from rural to urban areas has also been heavy, and city dwellers now account for about 60 percent of total population.

The Government of Colombia, increasingly aware of the unfavorable implications of excessive population growth, has stated that "It is indispensable to...make available objective and sufficient information on family and sex life so that couples make a



*Part of a family of 16—soon to be 17—poses in rural Paraguay. Throughout Latin America, there is a growing complex of national and international assistance, designed to make available to families like this many types of programs for planning family size and protecting maternal and child welfare. In Paraguay, a relatively weak economy highlights the parallel problems of high population growth. Population activities began there in 1966; by 1975 the country's expenditures on family planning totaled about \$4.5 million.*

*Right, a representative of Colombia's PROFAMILIA, a private family planning agency, explains the use of the monthly cycle of oral contraceptives. PROFAMILIA operates urban clinics, nonclinical contraceptive services in urban and rural areas, and a wide range of information and education services. Below, a nurse in one of the 150 clinics operated by the Salvadoran Ministry of Health shows a mother a variety of contraceptive devices. El Salvador has had family planning programs since 1963; in 1974 its President announced a broadly based national population policy.*



free decision [and] make available the necessary medical services which will both assure medical care and guarantee respect for conscience..." The overall program developed to deal with population problems in Colombia has consisted largely of education and the provision of family planning services by independent groups operating within and through integrated health agencies. Leaders of the groups involved have sought "to deal with a Colombian problem in a Colombian fashion." Specifically, they have sought to minimize political or religious conflict and have avoided offending social and cultural traditions.

Population program work got under way in a meaningful manner in 1967 when the International Planned Parenthood Federation (IPPF) began assisting a local private family planning agency called the Asociación Pro-Bienestar de la Familia Colombiana (PROFAMILIA). The aim of the new agency was to assist Colombians with their problems of excessive population growth and high abortion rates. That year, the U.S. Agency for International Development (AID) arranged for a \$320,000 grant to the Colombian Medical Schools Association (ASCOFAME) for training doctors, nurses, and other population workers in all methods of family planning and to perform research and analyses of such factors as internal migration, housing, and family structure. The Pathfinder Fund, the Population Council, and the Ford Foundation provided various kinds of program assistance through interested organizations.

From this beginning, the program has continued to expand. Momentum picked up sharply after October 1970, when Colombia's President 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, Colombia's National Council of Social and Economic Policy adopted guidelines indicating support for making family life and sex education, plus necessary medical services, available to families.

The Ministry of Health has continued to increase its emphasis on the family planning content of the maternal/child care program within the constraints of the sociocultural, religious-political milieu in which it operates. With a minimum of publicity, it has expanded its maternal/child care and family planning program to provide some service in essentially all population areas of the country. In 1975, family planning services were available in 928 public health clinics. The Ministry of Health has also assumed responsibility for the postpartum program in 35 nonuniversity regional hospitals. This work will be expanded by 1978 to 105 hospitals—or complete

coverage for this type of facility.

In addition to continuing its in-service training program for physicians, coordinators, and nurses, the Ministry emphasizes training for professors of schools of practical (auxiliary) nursing. It has made changes in curriculums that have meant increased attention to maternal/child care and family planning.

The Ministry also has embarked on an ambitious program to train 10,000 rural health promoters. About 2,600 are now in service, functioning as a link with the health post and providing health education, motivation to use health services, and information on family planning.

PROFAMILIA has played a key role in Colombia's family planning program since 1967. In 1975 it operated 42 clinics in 31 major cities, as well as six cytology laboratories. The increase in new acceptors in 1975 totaled about 85,000, and control visits for the year were 300,000. The clinics provide specialized, high-quality family planning service to a substantial part of the urban population. The program encompasses a full spectrum of traditional and advanced concepts of fertility control.

A well-trained professional medical staff is maintained, but increasing attention is being given to the use of paramedical personnel and nonclinical programs of contraception. These nonclinical activities are operating both in urban and rural areas. In 1975 they included about 660 distribution points and provided service to more than 56,000 women. Although the bulk of the distribution points are in rural areas, over 200 eventually will be established in the urban slums of 15 cities.

A commercial marketing unit is aimed at reducing the price of contraceptives as well as expanding their usage through traditional commercial channels. The commercial unit also employs newer distribution techniques, including coupon campaigns utilizing the mail, newspapers, and radio and a special campaign aimed exclusively at drugstores.

PROFAMILIA's information and education program is aimed primarily at changing community attitudes and attracting new acceptors to the organization's clinics and distribution posts. In 1975 PROFAMILIA reinitiated—with locally contributed time—a radio campaign in 26 cities; the development of folders, posters, stickers, slides, and calendars for publicizing contraceptive distribution and other family planning services; regular courses and meetings; and the use of motivators, mostly in collaboration with the community-based distribution program.

The Population Reference Bureau, through its Bogotá office, conducted a wide range of information activities in Colombia and other Latin American

countries between 1967 and 1974.

ASCOFAME has restructured its teaching and postpartum program, making it an integrated maternal/child care teaching and service activity that provides all medical graduates with academic and practical experience in family planning. New acceptors in 1974 totaled 21,120.

An outgrowth of previous work by ASCOFAME was the formation of the Regional Population Center with a charter permitting population activities by nonmedical institutions. The major thrust of the Center's program is in training and research, but it has shown an interest and ability to move into areas not covered by other programs.

A potentially important service organization, the Cruz Verde, has been formed by a group of influential citizens with the support of the Coffee Growers Association. The Cruz Verde wants to promote distribution of contraceptives in the rural areas.

Another organization, the Association of Physicians and Pharmacists (SOMEFA), provides incentives for physicians and pharmacists to extend information and services through private channels.

The national skills training program, SENA, proposes to give 200 of its own leaders short courses in population matters.

The Foundation for Family Life Orientation (FUNOF) has focused on training and community seminars outside Bogotá. Its activity is being taken over in part by the Colombian Welfare Institute, however, and FUNOF will be reduced to reaching 31,500 persons between 1976 and 1978.

The Association for the Study of Population (ACEP) has excelled in leadership training and family life education. Its program is targeted primarily toward women's leadership groups that have significant multiplier potential. It also has provided training for such diverse elements as pharmacists, military leaders, agrarian reform institutions, employees, union leaders, family welfare institute leaders, and hospital "gray lady" volunteers. ACEP has also translated, published, and distributed regionally--to a list of some 8,000 individuals and institutions--a large body of family planning material originally published by the Population Council and George Washington University.

All these activities by the Ministry of Health and the private organizations are paying off in family planning terms. In 1975 an estimated 18 percent of Colombian women in the 15-to-49 age group were taking part in the population program. About a million women, including those obtaining contraceptives from private sources, were participating in family planning. Of new acceptors, about 50

percent were choosing IUD's as a contraceptive method, 35 percent pills, 3 percent sterilization, and 12 percent other methods--condoms, diaphragms, foam, jelly, cream, and injectibles. Abortion is illegal in Colombia.

### External Assistance

Substantial funds have been applied to Colombia's population program since 1967. From all sources, the total was \$29.8 million, of which the Colombian Government supplied just over \$9 million, the IPPF almost \$7.3 million, the U.S. Agency for International Development over \$3.1 million, the Population Council \$3.1 million, and The Pathfinder Fund \$1.2 million and UNFPA \$3.8 million.

Other donors which provided diverse forms of assistance included Family Planning International Assistance, the Association for Voluntary Sterilization, the International Development Research Corporation, the University of North Carolina, the Pan American Health Organization, Development Associates Incorporated, CARE, the Ford Foundation, the Rockefeller Foundation, Oxfam, Population Services International, the World Assembly of Youth, World Education, World Neighbors, Canada, and Sweden.

## Costa Rica

Costa Rica's population in mid-1975 totaled 2 million compared with the 1965 number of 1.5 million. The yearly rate of increase, however, has been declining over the decade. Although the rate for 1974 was still high at 2.3 percent per year, it was down sharply from the 3.9 percent in 1965 and substantially below the Latin American average of 2.9 percent. Moreover, with the help of a comprehensive family program, further reduction in the rate of increase is expected.

Costa Rica's population program traces to early perception by the nation's leaders that too many people vying for available resources was magnifying existing social and economic problems. The private Costa Rican Demographic Association (CRDA), an affiliate of the International Planned Parenthood Federation (IPPF), began in 1967 to provide family planning services. In 1968 the Ministry of Health initiated services, and it was joined in 1970 by the Social Security Institute (CCSS).

Costa Rica has a national family planning policy set forth by executive decree. The Government's highly successful program is coordinated at the national level by the central population committee (CONAPO) consisting of representatives of the

Ministry of Health, the Ministry of Education, the CCSS, the private family planning association, the university, and two family orientation centers.

In the first 6 months of 1975, the Ministry of Health handled 59 percent of the total 105,610 family planning visits, the CCSS almost 37 percent, CRDA 4 percent, and a small Catholic Church-sponsored Center for Family Integration (CIF), 0.1 percent.

In 1975 an estimated 25 percent of women in the reproductive age group (15 through 49) were using contraceptives obtained through organized programs or from private sources. Of methods used, oral contraceptives accounted for 78 percent, IUD's 11 percent, and other methods—largely condoms and sterilizations—11 percent.

The Ministry of Health offers family planning services in all of its health facilities, and the CCSS offers family planning services in 12 facilities. Under existing law, however, CCSS will eventually take over all the Ministry of Health hospitals with the Ministry determining policy and the CCSS providing services. The CCSS also has established an excellent center for training graduate and auxiliary nurses as women health care specialists. Over 70 students were graduated in 1975. This training center is the only one of its kind in Latin America, and will do much to promote the use of paramedical personnel for providing family planning services; the center is now being used as a show place and example for many Latin American countries interested in establishing similar training centers.

CRDA was one of the early promoters of non-clinical distribution of contraceptives—a system through which women who visit public health clinics receive coupons enabling them to buy oral contraceptives from participating pharmacies at a price substantially below the going retail price. CRDA's main role in national family planning work, however, has been to create favorable public opinion for the Government's program. This has been done through conferences, seminars, sex education, releases to the mass media and the distribution of other printed material on population and sex education. In addition, CRDA assists in the administration of a grant to Costa Rica for family planning work provided by the United Nations Fund for Population Activities (UNFPA).

The CIF in 1975 offered 175 courses of 15 sessions each for over 29,000 couples and pre-matrimonials. The Catholic Church of Costa Rica now requires each couple planning to marry to attend such a course, where all family planning methods are discussed. If a couple does not like a method such as rhythm, CIF may refer them to CCSS.

## External Assistance

In relation to Costa Rica's size, outside financial inputs to the program have been substantial—almost \$9.4 million between 1965 and 1975. Major donors include the U.S. Agency for International Development, just under \$2.9 million; IPPF, over \$1.9 million; UNFPA, over \$1.5 million in assistance; the Ford Foundation \$829,000; and Sweden \$881,000. Other organizations and governments assisting have been Family Planning International Assistance, the Pan American Health Organization, the Association for Voluntary Sterilization, the Population Council, The Pathfinder Fund, World Educational International, the Government of Canada, the Tinker Foundation, the American Public Health Association, and Church World Service. Inputs of the Costa Rican Government totaled \$1.6 million over the decade.

## Dominican Republic

Population of the Dominican Republic rose from 3.5 million in 1965 to 4.7 million in 1975—an expansion of 34 percent. The 1974 birth rate of 46 per 1,000 people and death rate of 11 per 1,000 resulted in the natural increase rate of 3.5 percent annually. Both the birth rate and the pace of natural increase were the highest in the Caribbean area.

Overall economic growth has been vigorous. Gross national product over the 1970-74 period expanded at an average annual rate of 9.9 percent. Export commodities, including sugar, coffee, and minerals, have contributed to growth, as have Government and private investment financing.

But rapid population expansion has meant reduced shares of economic growth benefits for individuals. Gross national product per capita for 1973 was \$510. There is much unemployment and underemployment, particularly in rural areas. Serious health problems exist: The death rate is high among children under 3 years of age; nutrition is subnormal for 60 percent of the people; the ratio of doctors and nurses to population is low.

Recognizing the unfavorable economic and social consequences of excessively high population growth, the Government in 1968 organized a National Council on Population and Family Planning (CONAPOFA), which has administered the nation's maternal/child health and family planning activities. CONAPOFA hopes to reduce the birth rate to 30 per 1,000 population by 1977 and to expand family planning services to provide coverage for 20 percent of fertile-age women. The major restricting factor has been the limited number of trained medical and paramedical personnel available for the program.

Family planning activities picked up momentum in mid-1974. By June 1975 active users of contraceptives had risen to 70,000, or 6.5 percent of fertile-age women as compared with only 30,000 in December 1973. In addition, the Government has developed a national community-based program that eventually will employ 4,000 health promoters who will sell and distribute contraceptives. Two pilot distribution projects were in operation in late 1975. The Government has taken other steps to increase contraceptive availability: Graduate nurses have been authorized to insert IUD's; and graduate and auxiliary nurses have authority to prescribe oral contraceptives. Orals are provided to acceptors without charge in health clinics, but there is a 25-cent charge for a month's supply of any contraceptive sold by the Government's distributors.

CONAPOFA is rapidly expanding the number of clinics that provide family planning services. In mid-1974 there were 71 clinics but by February 1975 there were 110, and the Government planned to have 200 in operation by the end of 1975.

Of an estimated 50,000 users of contraceptives in 1974, a total of 26,500 were using orals, 15,300 IUD's, and 8,200 condoms and other means.

The private Dominican Association for Family Welfare (DAFW), an affiliate of the International Planned Parenthood Federation; the National Institute for Sex Education; and the Pedro Henriquez Urena University have worked closely with CONAPOFA in research and evaluation, information and education, training of paramedical personnel, and development of expertise in social work and administration.

A lack of information and education is perceived by many officials as the most urgent need, and work in these areas is being emphasized by DAFW. Its Radio School of the Air, started in 1972, has proved to be a major factor in increasing clinic attendance; daily listeners number about 125,000. The program was continued in 1975 on a national basis.

Two-week training courses primarily for medical and paramedical personnel are held jointly by DAFW and CONAPOFA four times a year. A demonstration clinic, operated by DAFW in collaboration with the government, serves as a training facility for doctors, nurses, and auxiliaries.

### External Assistance

From the inception of the program through fiscal 1975 combined inputs to the Dominican Republic's family planning program have totaled \$3,482,000. The largest contributors were the United Nations Fund for Population Activities, \$1,330,000; the

International Planned Parenthood Federation, \$1,221,000; and the U.S. Agency for International Development, \$869,000, which was provided in the fiscal year period 1967 to 1975. Other agencies providing assistance included the Population Council, Family Planning International Assistance, The Pathfinder Fund, Church World Service, and the Association for Voluntary Sterilization.

## Ecuador

Ecuador had a mid-1975 population of 6.7 million compared with 4.9 million in 1965. The yearly rate of natural increase in 1974 was 3.2 percent, or above the average for Latin America. Though not yet a crowded country by Asian standards, Ecuador has the highest ratio of people per unit of arable land in South America. The great majority of Ecuadoreans are farmers. In addition to crops for local consumption, they raise bananas, the leading agricultural export commodity, and coffee, cocoa beans, and sugar for export.

Despite reduced levels of petroleum production and exports during the first half of 1975, the Ecuadorian economy generally continued to boom throughout the year with the per capita GNP rising significantly. While 1976 is generally expected to bring additional growth, that growth nevertheless will be tempered by the fact that almost half of the population is under 15 years of age and by the fact that a high ratio of dependency continues to exist together with high rates of unemployment and underemployment. Such problems tend to be intensified by the nation's continuing rate of rapid population growth.

Recent demographic projections indicate that, even with a moderate and gradual decline in the birth rate to replacement level, the population would reach about 30 million before stabilizing in the next century. This projected total, about 5 times larger than the present population, would very seriously overload resource availabilities.

The level of official and public awareness of the "population problem" is fairly high among educated citizens. Frequent articles appear about demographic matters in the daily press and in weekly journals, and there is some public discussion of the issues involved. However, there is no general concern about population imbalances, nor is there strong pressure to push family planning programs. As a result, family planning has been rather slow to develop.

Aside from private medical practice, the first limited urban family planning services were started in 1965 by the private Asociacion Pro Familia Ecuatoriana (APROFE), affiliated with the Inter-

national Planned Parenthood Federation (IPPF). Government-provided services, encouraged and largely financed by the U.S. Agency for International Development (AID), began in a modest way in 1969, were organized at the national level by 1972, and were given official sanction in 1973. This sanction, reaffirmed in 1974, does not give Ecuador a policy based on a demographic rationale; it does give it a policy based on health and human rights. However, family planning services are available in most public clinics as well as in several private facilities.

On an overall basis, active users of family planning services in public and private programs exceeded 70,000 in 1975, up from 53,000 in 1974. Over 300 public and private clinics were providing family planning services compared with 267 in 1974. An estimated 4.7 percent of women in the 15 through 49 age group were covered by the program in 1975. IUD's have been the most popular contraceptive method, followed closely by pills.

The Government's new policy of promoting family planning through the public media is expected to stimulate activity by making poor families aware of services and supplies that can reduce fertility.

### **External Assistance**

Program inputs since 1967 have totaled almost \$8.4 million. Of that total, AID contributed \$5.3 million, of which \$481,000 was in fiscal 1974 and \$446,000 in fiscal 1975. Financing of the United Nations Fund for Population Activities will be, starting in 1976, \$1,346,000. IPPF funding has been \$888,000. Other sources include The Pathfinder Fund, the Population Council, Family Planning International Assistance, the University of North Carolina, Columbia University, the Ford Foundation, and the United Kingdom.

## **El Salvador**

The population of El Salvador rose from 2.9 million in 1965 to 4.1 million in 1975, a gain of 41 percent. The rate of annual natural increase in 1974 was 3.2 percent which, if continued, would mean a doubling of the nation's people in only 22 years.

Population pressures on limited resources have created numerous social and economic problems. For example, El Salvador's literacy rate and per capita GNP are well below the average for mainland Latin America. The country has high seasonal unemployment and a very uneven distribution of income.

Concern about the effects of excessive population growth was shown as early as 1963, when the Salvadoran Demographic Association (SDA), now an affiliate of the International Planned Parenthood Federation (IPPF), was formed. In 1964 the first family planning clinic was opened with the assistance of The Pathfinder Fund. In 1965 the Government requested support from the U.S. Agency for International Development (AID). In 1966, AID response made possible the opening of 1. family planning clinics, and, in 1967, 10 more. In 1968 the Ministry of Health initiated a 5-year program of family planning expansion including additional clinics, and in 1969 the Institute of Social Security inaugurated a program calling for still more clinics. In July 1974 the President of El Salvador announced and defined a national population policy, which sets very broad goals: population growth reduction, nutritional improvement, skills development, employment generation, balanced population distribution, and other health and welfare benefits. Official support for family planning activities is based not only on demographic factors but also on factors of health and human rights.

In 1974 current users of contraceptives in the public sector numbered 101,000.

SDA has complemented the activities carried on through the nationwide network of some 150 clinics operated by the Ministry of Health and the Institute of Social Security. SDA has succeeded in repopularizing the intrauterine device (IUD). One of SDA's clinics has become a center for male and female sterilization, and SDA uses that facility to train physicians in sterilization techniques. SDA also carries on numerous information and education activities. They include a motivational radio campaign, direct promotion by social workers in urban slums and rural villages, the training of agricultural extension and rural colonization personnel and of young people for family planning and sex education activities, and coordinating the work of women volunteers. In 1975 almost 20,000 group discussions and talks were given by the SDA to private and Governmental audiences.

### **External Assistance**

Foreign financial support to family planning in El Salvador totaled \$8.1 million between fiscal 1966 and 1975. AID assistance totaled \$3.3 million, of which \$312,000 was in 1974 and \$316,000 in 1975. Other major donors over the 10-year period and their contributions included the IPPF with \$1.1 million, the United Nations Fund for Population Activities for \$868,000, the Ford Foundation with

\$540,000, and the Population Council with \$134,000. Also assisting were The Pathfinder Fund, World Education, the Association for Voluntary Sterilization, Oxfam, the United Nations Children's Fund, the Pan American Health Organization, the Smithsonian Institution, the World Assembly of Youth, and Sweden.

## Guatemala

The population of Guatemala, a basically rural country, had increased from the 4.2 million of 1965 to 5.5 million by mid-1975. The natural rate of increase in 1974 was 2.8 percent which, if continued, would mean a doubling of the population by the year 2000. The birth rate is a high 43 per 1,000 people a year, and only the relatively high annual death rate—15 per 1,000—precludes an even more rapid rate of natural increase.

The present rate of population growth has accentuated several basic problems. For example, there are not enough classrooms and teachers to permit all school-age children to attend school through the first six grades; and at the secondary level, nationwide, 88 percent of young people in the 15 to 20 age group are not in school. Less than 11 percent of the rural population has ready access to potable water, and sewage systems are available to only 6 percent of the people—mostly city dwellers. The per capita GNP in Guatemala for 1973 was \$450, far below the average for the Latin American mainland which was \$770.

Concern about these and other problems engendered by rapid population increase led to the organization in 1964 of the Guatemala Association for Family Welfare (APROFAM), an affiliate of the International Planned Parenthood Federation (IPPF). In 1965, APROFAM opened its first family planning clinic. During its first year of operation it provided 5,200 clinic consultations and services for 1,700 new acceptors.

Family planning began to make significant strides in 1967 with the signing of an agreement between the Ministry of Public Health and the U.S. Agency for International Development (AID), which provided funding for APROFAM's services in 20 Ministry of Public Health centers and 10 mobile health units. Progress slackened in 1970, but by 1974, the number of clinics had grown to 129, through which the Ministry and APROFAM provided family planning services to almost 21,000 new acceptors and close to 30,000 active users. Over the years the program

had been strengthened through the training of medical and paramedical personnel, the initiation of a sex education project in public and private schools, the expansion of information and communication activities, and the installation of a computerized statistical system.

But this progress must be measured against the magnitude of Guatemala's growing population problem. The nation has some 1.3 million women of reproductive age. Acceptors under the APROFAM program, plus some users obtaining contraceptives through private sources, make up only 4.5 percent of the nation's fertile women. A special problem in Guatemala is the difficulty of reaching the rural population with the family planning message. About 44 percent of the people are Indians, speaking a wide diversity of dialects.

Furthermore, some opposition to family planning had surfaced as early as 1965, when a Pastoral Letter came out against the use of contraceptives not sanctioned by the Catholic Church. In 1968 the major university took a position against contraception. In October 1974 several newspapers, supported by some university students, started a campaign against family planning that ran until March 1975. In view of such opposition, and in the absence of a clear population policy on the part of the Government, organized activities have proceeded cautiously. Acceptance of family planning has tended to stabilize at relatively low levels.

In 1975, however, the Minister of Public Health took a strong positive stand in favor of family planning and in support of APROFAM. In March 1975, in a speech to the United Nations Second Meeting on Population in Mexico, the Minister clearly indicated his Government's concern with rapid population growth and added, in part, "The Government...recognizes the fundamental freedom of the individual and the couple to decide on the size of the family and spacing of pregnancy, and therefore makes available to all inhabitants (without discrimination with respect to creed, education, location, employment) the information, education and services indispensable for such determination to be made with good judgment, consciousness, and freedom."

The Government appears to be close to defining a specific policy. It has formed a top-level group consisting of members from the National Planning Council, the Ministry of Public Health, APROFAM, and other selected agencies to develop and present the policy. In July 1975 an 11-man working committee finished the first draft of a comprehensive "Population Policy" and submitted it, informally, to the Minister of Public Health.

## External Assistance

From fiscal 1967 through fiscal 1975, a total of \$8 million was channeled into family planning activities in Guatemala. Of that total, AID provided over \$4.8 million, of which \$673,000 was in fiscal 1974 and \$500,000 in fiscal 1975. Funding from the IPPF over the 1967-75 period totaled \$1.8 million, the United Nations Fund for Population Activities gave \$720,000, The Pathfinder Fund provided \$167,000, the Swedish International Development Authority allocated \$85,000, the Population Council contributed \$82,000, and the Pan American Health Organization gave \$25,000. The inputs of the Government totaled \$143,000.

## Haiti

Haiti's population rose from 3.8 million in 1965 to 4.6 million in 1975. The birth rate of 36 per 1,000 people is above the Caribbean average of 31, while the death rate of 16 per 1,000 is substantially higher than the regional average of 9. The rate of natural increase in 1974 was 2 percent per year. Life expectancy at birth--50 years--is the second lowest in the Western Hemisphere.

With a per capita gross national product estimated in 1974 at the very low level of \$130, Haiti is the only Western Hemisphere state on the United Nation's list of 25 least developed countries.

About 70 percent of Haiti's people are farmers who live in densely populated areas poorly served by roads and other facilities. Farms are small; only 25 percent of the units have more than 10 acres. The World Bank estimates the per capita annual income of rural Haitians at about \$80, and of the poorest 2.6 million of the rural population at no more than \$40-\$50.

Nutritional levels are generally poor. A 1974 study indicates that the people consume an average of only 1,850 calories per day, one of the lowest caloric intakes in the world. Disease, tracing in no small part to poor nutrition, is widespread. There are not enough medical and paramedical personnel, especially in rural areas, to meet the ordinary needs of the people; a 1974 report shows that there are 12,200 people per physician, and that the infant mortality toll is 150 per 1,000 live births--almost 10 times the U.S. rate. Nor is the medical situation improving. Most of the 100 or so physicians who graduate from Haiti's medical school each year emigrate in the hope of improving their incomes and living conditions. The exodus of nurses also has been heavy.

The educational level is low. Adult literacy is about 10 percent; and no more than 30 percent of school-

age children, mostly from urban areas, attend classes. Only a few students finish college.

Haitian officials know that rapid population growth intensifies economic and social problems. In 1968 the President of Haiti requested technical assistance for family planning from the Pan American Health Organization (PAHO), but it was not until 1971 that a new law created a Division of Family Hygiene to coordinate public and private maternal and child health services, including family planning. A national family planning program within the maternal and child health system became official policy--as a basic human right and for promoting health rather than for demographic reasons.

The private Center for Family Hygiene has played a significant role in Haiti's family planning program. Established in 1969 as a nonprofit agency, the Haitian Government in 1972 recognized the Center as a "public utility," and that same year the Center inaugurated a family planning program in a rural zone between the capital city, Port-au-Prince, and the Dominican border. The program, sponsored by Family Planning International Assistance (FPIA) and the Unitarian Universalist Service Committee, included three family planning/maternal child health clinics and a broad complement of information and education activities.

In 1974, with financial assistance from the United Nations Fund for Population Activities (UNFPA), PAHO, the U.S. Agency for International Development (AID), and The Pathfinder Fund, the Division of Family Hygiene took charge of the national program. In May 1975, two of the Center's clinics were merged into the Government program. The third clinic operated by the Center was retained as a pilot demonstration facility.

Sixteen Government clinics were being operated in the urban areas and central towns in 1975 and it was planned that, by December 1975, 22 clinics would be providing services. It also was planned that another 18 clinics would be added by December 1977 to bring the total to 40.

Also, in 1975, 9 private clinics were authorized to provide family planning services, and requests for additional programs were awaiting review and authorization. All private family planning activities in Haiti must be sanctioned by the Division of Family Hygiene and are required to conform to the norms established by the Health Department. This policy is aimed at assuring coordination of programs and maximizing the use of valuable services.

FPIA continues to support an information, education, and communications program with the Center, which includes developing an educational curriculum



*Market day near Jacmel in southern Haiti. Cautious steps are being taken to lower Haiti's birth and death rates, both of which are above the Caribbean average.*

for primary school students, development of slide series for family planning training, booklets for adults, elementary and secondary school text books, and a training program for teachers.

In 1975 the Center planned a "social marketing program", in cooperation with Population Services International. The objective is to reach an annual retail sales level by the end of the second year of 450,000 boxes of 3 condoms each, and 90,000 monthly cycles of oral contraceptives. The condoms are to be sold in units of 3 at 10 cents U.S. The same price is to be charged for monthly cycles of orals. The Center will market the contraceptives on a national scale through 2,500 or more small shops.

The subsidy program is deemed necessary because commercial sales volumes at "regular" prices are very low. Few people in Haiti can afford to pay full commercial prices for pills or condoms.

#### External Assistance

Total inputs to the program from fiscal 1971 through 1975 were \$3,130,000, of which the Haitian Government contributed \$214,000.

UNFPA has made available \$2,020,000 for two major projects—one a population, housing, and agricultural census and demographic survey, the other a maternal and child health family planning program in two capital city hospitals as a first step to national coverage.

The U.S. Agency for International Development contributed \$144,000, which was obligated in fiscal 1975 for a survey of the structure and organization of the Division of Family Hygiene; for a Haitian Community Help Organization project in northwest Haiti; technical assistance to the Government through the Johns Hopkins School of Hygiene and Public Health; and a study of fertility-nutrition relationships through Columbia University's International Institute for the Study of Human Reproduction.

Already noted are projects carried forward by FPIA, UUSC, and Population Services International. Other agencies providing assistance include The Pathfinder Fund, the Ford Foundation, the Rockefeller Foundation, the Mennonite Central Committee, Oxfam, and the Population Council.

## Honduras

Honduras had a population of 2.7 million as of mid-1975 compared with 1.8 million in 1965. The annual rate of natural increase was 3.5 percent in 1974 and the second highest in Latin America. Components of this situation are a birth rate (as of 1974) of 49 per 1,000 people per year—the highest in Latin America—and an annual death rate of 14 per 1,000.

Honduras has not felt the pressure of population on land resources to the same acute degree as some of

its neighbors. But there is a growing awareness that the land/population ratio is not as much a problem as is the limited ability of the nation to develop economically and socially. Honduras had one of the lowest per capita GNP figures in Latin America—\$290 in 1973. The nation's rapid population growth is also beginning to tax health and educational services.

Population program work in Honduras began on a small scale in 1964 when the private Honduras Family Planning Association, an affiliate of the International Planned Parenthood Federation (IPPF), opened a clinic in Tegucigalpa. In 1966 the Government opened a clinic and also offered family planning services through a rural mobile health program, known as PUMAR. Between 1966 and 1973 a total of 33 additional Government clinics were opened, with expanded services. During this period the private association opened a second clinic to provide postpartum service and an enlarged training program.

In 1973 the Government officially announced a "voluntary demographic policy" including three main principles: provision of adequate education about responsible parenthood; utilization of natural and technical resources that lead to a well-nourished, creative population; and application of the principle of voluntary participation in family planning programs. Family planning is supported not only for health reasons but also because it is deemed to be a human right.

In 1974 the Government, as part of its national development plan, announced a policy of providing family planning information and services to all who desired them. The Government implemented this policy with increased financial support for its 34 maternal/child health clinics, which were being used by 40,000 regular acceptors in 1975. At the same time, the private association started an outreach program using present family planning acceptors to motivate others.

In 1975 training in family planning techniques was begun for all of the Ministry of Health staff. In the earlier years, the medical profession required that all family planning be provided by doctors; but because of the small number of doctors available in the country, it is becoming apparent that services should and will be offered through other means. The private association has extended its outreach program and courses to student groups.

A major program target for the future is the complete integration of family planning into all services of the Ministry of Health—a move that will eventually make family planning easily accessible to 90 percent of the total fertile population, both urban and rural.

Of the acceptors now using the services of the 36 clinics in Honduras, about three-fourths have chosen oral contraceptives as a method, and one-fourth intrauterine devices (IUD's).

### External Assistance

Between fiscal 1966 and 1975, the U.S. Agency for International Development (AID) provided over \$4.6 million in budget support to the Honduras population/family planning program, of which \$788,000 was in fiscal 1974 and \$619,000 in fiscal 1975. AID is supporting the Honduras National Development Plan, which stresses agrarian reform, efficient use of agricultural resources, and expansion of basic health and other social services in the rural areas.

The IPPF has contributed \$958,000 to the population/family planning program, and the United Nations Fund for Population Activities \$653,000. Other sources of assistance include the Population Council, The Pathfinder Fund, World Education, and the United Kingdom. Honduras contributed \$1.5 million through fiscal 1975.

## Jamaica

Jamaica is a small densely populated country with limited natural resources. Jamaica's population rose from 1.8 million in 1965 to almost 2.1 million in 1975—an average annual increase of 1.7 percent—somewhat below the Caribbean average of 2.0 percent.

With the birth rate at 31 per 1,000 population in 1974 and death rate at 7 per 1,000, the annual rate of natural increase was 2.4 percent. However, the total population growth has been dampened by relatively heavy emigration, primarily to the United States and Canada. Nevertheless, the Government has indicated that it still considers the nation's overall population increase to be excessive and strengthened family planning programs a necessity.

The Government's position is unequivocal. Population growth, even on a moderate scale, has accentuated existing difficulties. Schools are overcrowded and there is a chronic shortage of qualified teachers. Unemployment and underemployment are high. Housing is in short supply in urban areas. The crime rate has risen sharply. Although emigration in 1975 dropped off sharply from what it was in the late 1960's, it was still substantial for a small country and consisted largely of the kind of people Jamaica could ill afford to lose—physicians and other professionals, nurses, paramedical personnel, and highly skilled workers. This "brain drain" has hampered Government efforts to find solutions to its serious economic



*Above, official at a Jamaican health center explains the use of the loop. Left, a mobile unit of the Jamaica Family Planning Association stops at the village of Philadelphia to explain family planning.*

and social problems.

The need for applying a brake to population growth was perceived a number of years ago. Family planning began in 1939 with small clinics operated by the Jamaica Birth Control League. In 1957 the Jamaica Family Planning Association (JFPA) was founded as an affiliate of the International Planned Parenthood Federation (IPPF).

Government efforts began in 1963 with the first 5-year independence plan. In 1966, with 25 family planning clinics in operation, the Government created a National Family Planning Program as a unit within the Ministry of Health. In 1968, with 61 clinics offering services, the Government established a

National Family Planning Board as a policy formation body appointed by the Minister of Health and responsible to him. The Board, working closely with JFPA, has continued to expand clinical services. By 1974 there were 170 health clinics, 26 hospitals, and 10 health centers offering family planning aid.

In 1974, a total of 50,700 individuals were using contraceptive methods, representing a participation through the organized Government program alone of 14 percent of Jamaican women in the 15-49 reproductive age group. Of total acceptors, about 26,000 were using oral contraceptives, 5,000 condoms, 4,000 IUD's, 7,000 sterilization, and 15,000 other methods, including foam, jellies, creams, and injectibles.

*Signs spread the family planning message in Jamaica—part of the country's intensive effort to slow its rate of natural increase.*

The Government is bolstering its contraceptive service program with comprehensive campaigns to extol the advantages of small families and to persuade couples to take the steps necessary to hold down family size. To help attain this broad objective, the Government provides sex education in schools and directs family planning publicity toward adult populations of working and childbearing age. In 1975 a commercial contraceptive program was launched (with assistance from the U.S. Agency for International Development) which makes oral contraceptives and condoms available through pharmacies and other retail outlets without prescription at a very nominal cost. About 35,000 cycles of orals were used in the first 6 weeks and reorders by pharmacies have been large.

A total of \$14,174,000 has been spent in Jamaica since 1965 for population program assistance. The Government of Jamaica, underwriting its solid dedication to the program, has contributed a very substantial part of those funds—\$8,796,000, increasing its contribution in every year since 1968.

#### External Assistance

AID assistance has amounted to \$3,588,000. Other organizations assisting include the United Nations Fund for Population Activities, the IPPF, the Ford Foundation, the Smithsonian Institution, the World Bank, the Association for Voluntary Sterilization, the American Association for the Advancement of Science, The Pathfinder Fund, the Development Association, the International Association of Schools of Social Work, the World Assembly of Youth, the British Ministry of Overseas Development, and the International Development Research Centre (Canada).



## Mexico

Mexico has one of the fastest-growing populations in the world; the annual rate of natural increase was 3.8 percent in 1974. The mid-1975 population was 60.1 million compared with 42.9 million in 1965. Mexico's numbers have doubled more than twice since the first modern census in 1895 enumerated 12.6 million people. Mexico's "responsible parenthood" program, initiated in 1973, is aimed at developing an eventual solution for the many excep-

tionally grave problems which, in one way or another, can be traced to this very high rate of overall population growth.

Mexico's population, overwhelmingly Roman Catholic, is marked by wide disparities in culture, degree of urbanization, and standard of living. At one end of the spectrum are the cultural descendants of Mexico's original inhabitants—those who live in "indigenous" communities (mostly in the central and southern parts of the country) and speak an indigenous language—and who are almost universally

poor. At the other end of the economic scale are those city dwellers who have accumulated capital and become business entrepreneurs of various types or who have become skilled in one or more of a variety of professions.

Mexico's population has also been particularly mobile in recent years. For example, the movement of people from rural areas to cities has been rapid since 1960. The largest streams have moved toward Mexico City, whose population has been increasing by approximately 11 percent annually during this decade. As of 1974, Mexico City had 9 million inhabitants and was one of the largest urban conglomerations in the world. Other cities of rapid growth have been Guadalajara, Monterrey, and the cities along the U.S. border—Tijuana, Mexicali, Nogales, Juárez, Nuevo Laredo, Reynosa, and Matamoros. Smaller migratory movements have increased the size of State capitals and smaller industrial and commercial centers such as Chihuahua, Cuernavaca, Puebla, Leon, and Acapulco. There also has been a substantial degree of migration to new agricultural areas along the coast of the Gulf of Mexico, to the southern and southeastern tropical areas, and to a number of irrigated areas which are devoted in large part to large-scale agricultural practices, particularly those that are located in the Pacific Coast States of Sonora and Sinaloa. The adoption of further farm mechanization in such areas can be expected to increase the need for skilled labor which, to some degree, will be drawn from other areas and add to the migratory flow.

Large numbers of Mexicans have moved to the United States; in 1974 they were the major group of U.S. immigrants. In addition to the Mexicans who entered the United States as permanent residents, many Mexicans who reside along the border commute to work daily in the United States. This south-to-north emigration, including the movement of daily workers, has tended to ease some of Mexico's population pressures—but many problems remain.

Problems also persist despite the nation's really substantial economic development. Growth of the Mexican economy in recent years has averaged out at about 6 percent. During this period Mexico has changed from a clearly developing country to a nation of middle-range growth. Gains have occurred particularly in construction, petrochemicals, manufacturing, and the output of electrical energy. The discovery of additional petroleum resources is expected to give the economy a further boost.

The per capita GNP in 1973 was \$870—well above the average for 22 Latin American countries. But wealth is poorly distributed.

Although the highest earnings groups have accumulated and invested appreciable capital, and although a substantial middle class has appeared, population growth has accentuated the many problems of disadvantaged urban and rural inhabitants. The 1970 census found that over a third of the dwellings in use in Mexico had only one room. Medical care is concentrated in cities, and about 100,000 locales had no doctors. Almost 24 percent of the population was judged to be illiterate. Meanwhile, underemployment in the metropolitan area of Mexico City is estimated to be over 30 percent.

Such problems led to the beginning of a new population policy in 1959, when a small group of concerned people founded the Association for the Welfare of the Family, which was aimed at determining the receptivity of Mexicans to family planning through research and contraceptive services. The Association had much opposition and was forced by the Government to close its clinic for 3 months in 1961. It changed its name in 1963 to Association for Maternal Health. In 1975 the Association operated a large private clinic in Mexico City with 50,000 active users. The patients are middle, lower middle, and upper lower class, and their fees depend on ability to pay. The clinic also provides orientation programs for medical students and potential clients.

In 1965 the Foundation for Population Studies (FEPAC), an affiliate of the International Planned Parenthood Federation (IPPF), was established. Subsequently it carried out investigations of population characteristics and of attitudes toward contraception, trained medical and paramedical personnel, and became the leading private family planning institute. FEPAC's primary activity is offering family planning services through a national network of 91 clinics with 26 located at Government facilities.

Although Mexican women in the late 1960's expressed a growing interest in limiting the number of their children, the momentum toward family planning seemed sidetracked in 1969 when the Presidential candidate of the dominant political party, Luis Echeverria, came out for increased rather than decreased population. The position of Echeverria, who became President postponed a plan by the Ministry of Health, the Social Security Institute, other Governmental divisions, and FEPAC to include family planning within an expanded national program of maternal/infant health care.

By mid-1971, however, signs of a change in the President's position began to appear following key advisers' consistent and vigorous emphasis on population problems. In April 1972, the Mexican Government announced that family planning would be

integrated with existing health centers and services started in January 1973. In September 1973, the President announced that he would submit additions and revisions to population legislation, and said, by way of justification:

Large sectors of our population are worried about the problem of the growth of the family. Mexican women by the thousands go to health centers, to Government and private clinics in search of orientation on the possibilities of regulating their fertility. We reject the idea that a purely demographic criterion to reduce births can replace the complex task of development. But we would be committing a grave error if we did not realize the seriousness of the increase of the population and the needs this increase generates.

In November 1973, a new General Population Law was passed, which included the following provision (Article 3, Part II):

To carry out programs of family planning through the educational and public health services of the public sector and to take care that these programs and those of private organisms be carried out with absolute respect for the fundamental rights of man and that they preserve the dignity of families, with the object of regulating rationally and stabilizing the growth of the population, so as to achieve the best utilization of the human and natural resources of the country.

The new law provides for a National Population Council to implement its provisions. The Council, inaugurated in 1974, gives Mexico a new orientation toward responsible parenthood—a national population policy deemed consistent with Mexican culture and political interest. The Council is a branch of the Secretary of Government and is composed of the titular heads of eight secretariats.

Emphasis has been placed by both the Government and the Catholic Church on the rights of the family and the role of responsible parenthood in the strengthening of the family institution. Simultaneous to the Mexican Government policy reversal regarding the desirability of family planning, the bishops of Mexico made the statement that the decision on this matter (responsible parenthood) corresponds to the couple. The role of the authorities lies in urging responsibility, informing, and facilitating access to medical and supporting services. On occasion, since this 1972 statement, the Church has offered light criticism of Government policy through pronouncements advocating the treatment of family planning matters with discretion. That is, the Church has disapproved of the extensive use of public media for promoting artificial contraception. However, Government population officials continue to recognize the necessity of using all forms of communication to promote the concept of responsible parenthood

among Mexico's citizens. Moreover, the generally low level of Church involvement in Mexican policies, which has prevailed throughout Mexican post-revolutionary history, shows no signs of change.

Mexican leadership has insisted that population planning will not substitute for economic development. And it views its program as one that did not come from outside pressure but rather one that grew out of Mexico's own awareness of the effects of population change on national problems. Mexico, which makes its own population decisions, is sensitive to the necessity for implementing a program fitted to Mexican situations.

In 1975 Mexico had one of the most comprehensive population policies in the Western Hemisphere. The increase in the provision of family planning services through the Ministry of Health, the Social Security Institute, and other Government and private groups is commensurate with the comprehensiveness of the official policy.

The program remains strongly viable. Demographic increase was the principal topic at the Mexican Government's 4th National Health Meeting in September 1975. At the meeting, Secretary-General Luisa Maria Leal, of the Mexican Population Council, called for greater dedication to family planning among Mexico's medical profession and termed the nation's population growth "irrational behavior of human reproduction" and added that, although the individual's rights are to be respected, Mexico's progress also must be considered.

FEPAC by 1973 had expanded its clinics to 91 and had received a 4-year, \$2 million grant from the United Nations Fund for Population Activities (UNFPA), with the IPPF as the executing agent. This, the first UNFPA grant to a private agency, was for the expansion of clinical services. However, the Government now appears to be bypassing FEPAC, though allowing it to maintain existing programs. The IPPF noted in its 1974 report to donors that it had no plans to increase the number of its clinics, 91, of which 26 are located at Government facilities.

The new national program of the Ministry of Health offered family planning at 298 clinics in 1974—a "Phase I" program covering most of the population residing in communities of over 10,000. A "Phase II" program is planned for the establishment of some 2,000 new rural health posts to offer family planning to the 20 million Mexicans living in smaller towns and on farms. "Phase II" also is to include 11,000 "health houses" to be visited on a rotational basis by medical interns completing their required year of social service.

The Mexican Social Security Institute offers

*La Victoria is a morning day-care center operated by the Colombian Institute for Family Wellbeing. In afternoons and evenings, as a community center for other family members, it offers assistance on family planning along with a variety of other services including nutrition supplements for children and pregnant mothers.*

*Below left, typical migrant housing in San Jose. Rural migrants, who have Costa Rica's largest families, are a primary target for the nation's highly successful population program; for on a family as well as a national basis, it is clear to the program's leaders that when too many people vie for available resources, many will be left out. Below right, graduates of a Guatemalan "granny midwife" training program talk with the Minister of Health and the U.S. official assisting the program. In several Latin American countries, family planning programs depend heavily on midwives to reach the rural population with the family planning message and with the necessary services.*



family planning services in 133 of its health clinics and plans to expand its facilities, paralleling those of the Ministry of Health, to the point of providing 40 percent of the total family planning services in the country by 1977.

The small, private Association for Maternal Health in the capital city also provides services, conducts training and undertakes some research. The Mexican Social Security Institute for Government Employees and the medical services of the military provide services for their personnel.

In 1974 a total of 250,000 new acceptors was reported. The clinics offer three contraceptive methods: orals, IUD's, and injections. The general target was to make family planning available to 306,000 women in 1975, gradually increasing to 717,000 by 1979; 20 percent of all institutionalized obstetric cases would have access to a postpartum program.

### External Assistance

Considerable external assistance has been forthcoming to supplement inputs of the Mexican Government over the 1969-1975 period. The contribution of the UNFPA alone in this period has amounted to \$4,470,000.

## Nicaragua

Nicaragua's population increased from 1.6 million in 1965 to 2.2 million by mid-1975. The rate of natural increase in 1974 was 3.4 percent annually, well above the 2.9 average for the Latin American mainland. At the 1974 rate, Nicaragua's population would double in 20 years. The annual births per 1,000 population were 48 (second only to the rate in Honduras), and deaths were 14 per 1,000 people.

Although the Government has generally indicated that Nicaragua's anticipated population size, the levels and trends of its population growth, and the country's fertility rates are acceptable, it has nevertheless sponsored family planning programs.

Family planning, as a Government program, was initiated in 1967 when the Ministry of Public Health established the Office of Family Welfare. By 1970 the family planning program of the Ministry of Health was expanded to include 60 health centers throughout the country and became the National Family Planning Program. By January 1975, this activity encompassed 77 clinics providing family planning services, including 62 Ministry of Health clinics, 7 Social Security clinics, 2 Moravian Missionary Group clinics, and 6 clinics operated by the Nicaraguan Demographic Association, an affiliate of the Inter-

national Planned Parenthood Federation (IPPF). Official support for family planning is based on a health and human rights rationale rather than on demographic factors. Active users of contraceptives rose from 1,600 in 1968 to 25,400 in 1974. The Ministry of Health's target is to reduce the birth rate of 48 per 1,000 people in 1974 to 40 per 1,000 by 1977. Family planning will be integrated with health services wherever possible, with the Government assuming an increasing share of annual program costs.

### External Assistance

Combined inputs to Nicaragua's family planning program totaled \$8,681,000 from fiscal 1967 through fiscal 1975. The contribution of the U.S. Agency for International Development totaled \$3,228,000 over the 1967-75 period, including \$494,000 in fiscal 1974 and \$400,000 in fiscal 1975. Assistance of The Pathfinder Fund totaled \$2,379,000, and of the IPPF \$2,298,000. Other organizations providing assistance included the United Nations Fund for Population Activities, the Pan American Health Organization, World Assembly of Youth, the Moravian Mission Group, the Ford Foundation, the Population Council, and the Rockefeller Foundation.

## Panama

Panama's population rose from 1.3 million in 1965 to 1.7 million in mid-1975. The rate of natural increase—2.6 percent annually in 1974—would mean a doubling of the population in 27 years.

Rapid population increase is placing great burdens on education, health, security, and other public services. There is much unemployment and under-employment.

Awareness of the many population-related problems engendered led to the organization in 1966 of a voluntary Asociación Panameña para el Planeamiento de la Familia (APLAFAM), the voluntary Panamanian Association for Family Planning, which is an affiliate of the International Planned Parenthood Federation (IPPF). In the years that followed, the Panamanian Government took an increasing interest in family planning activities, leading to initiation in 1973 of an integrated health services program which by 1975, spread to five of the nine Provinces.

In 1975, 39 percent of the nation's fertile female population was reported using some form of contraception. The goal of the Panama program is to deliver family planning services to 50 percent of fertile women by the end of 1978. Eighty-eight of 106 hospitals, integrated medical centers, and health

centers were providing services in 1974 and plans were under way to extend coverage to an added 105 sub-centers in 1975-76.

The medical profession has required all family planning services to be provided by doctors or medical personnel under supervision of doctors. Services provided include pills, IUD's, condoms, and tubal ligations.

### External Assistance

Assistance from the U.S. Agency for International Development (AID), begun in fiscal 1967, totaled \$3,840,000 through fiscal 1975, of which \$638,000 was in 1974 and \$360,000 in 1975. AID has provided assistance for clinical supplies and other services as well as the rural mobile health program, which is making it possible for the Government to reach areas that would otherwise not have planning services.

Over the 1969-75 period the IPPF has provided a total of \$390,000 in help to APLAFA. In 1975 APLAFA undertook a comprehensive information and education program with press, television, and radio coverage; a community action program for teachers, schools, private groups, and parent associations; and private sector coverage for industrial areas and university groups. Public information and discussions have helped to establish family planning as a socially and politically acceptable program. Earlier in 1973, the IPPF affiliate signed an agreement with the Ministry of Public Health under which the APLAFA will provide support and information and education to the family planning component of the maternal/child health program, provide support for training medical and paramedical personnel within the Ministry, and reinforce the family planning services in the Government health centers.

The United Nations Fund for Population Activities in fiscal years 1971-75 contributed assistance funds amounting to \$285,000. This financing was for support of the Office of National Population Studies, for a national sex education program, and for training of demographic personnel.

The Population Council and The Pathfinder Fund have also given assistance.

## Paraguay

The population of Paraguay increased from 2.0 million in 1965 to 2.5 million in mid-1975. The rate of natural increase in 1975 was about 3.1 percent annually, slightly above the Latin American average of 2.9 percent. Life expectancy at birth is 62 years, equal to the average for other countries of Central

and South America but well below the 71 years estimated for Northern America and Europe.

Paraguay is among the least developed countries of Latin America. Its per capita GNP of \$400 is far below the average of \$773 for Latin America. The nation's relatively weak economy highlights the parallel problems of high population growth. The Government cannot afford the infrastructure needed to stimulate development, nor can it provide adequate education, medical care, and other social services for the people.

Population activities began in 1966 when the Paraguayan Center for Population Studies (CEPEP) was established by a group of physicians, demographers, economists, and sociologists. In 1968 CEPEP established a planned parenthood clinic in the University Hospital at the National University of Asunción, and the following year the Center became an affiliate of the International Planned Parenthood Federation (IPPF). That same year the Institute for the Study of Human Reproduction (IERH) was created through an agreement between the Faculty of Medical Sciences of the National University of Asunción, the Ministry of Health (MOH), and the U.S. Agency for International Development (AID) to assist the Faculty of Medical Sciences to include family planning/population subjects in the medical students' curriculum, and to carry out demographic and social research activities.

In 1970 an AID project was begun with the MOH for the establishment of the first six public family planning clinics in Paraguay; the following year six additional clinics were established.

In May 1972 the Department of Family Protection (DEPROFA) was created through an AID/MOH project agreement. It was to be responsible for the implementation of all the governmental family planning programs and for supervision of those carried out by private and decentralized institutions such as CEPEP and the Social Security Institute.

In 1973 DEPROFA took several steps to improve services. Cancer detection was included as a standard test in all family planning clinics and regular follow-up procedures were initiated. Patients in the program reached a total of 4,969, and 7,300 Papanicolaou tests were performed. Three refresher courses for paramedical personnel were given by DEPROFA with a total of 60 participants. About 7,000 copies of family planning/population publications were distributed throughout the country. Information, education, and communications activities of DEPROFA reached a total of 57,000 people.

In 1974 DEPROFA inaugurated seven new family planning clinics, bringing the agency's clinic total

to 19. By the end of 1974 some 18,000 were using the facilities.

In the meantime, operations of CEPEP were expanding. In 1974 this IPPF affiliate was operating 25 family planning clinics throughout the country, including two new model clinics in Asunción. It also operates two clinics within military compounds, and has instituted a training program for officers and men within the armed forces. Training seminars for postgraduate medical students have been conducted at the National University.

CEPEP has done much in the area of information and education. In 1974 it organized four special meetings for over 120 community leaders to discuss population and family planning as it affects their communities. CEPEP planned 1975 seminars for 40 to 50 social security leaders; for about 50 educators; and another for 50 trade union leaders. Work was going forward to organize youth seminars for adolescents and university students. Hundreds of talks have been given in the clinics, strengthened with film presentations.

Users of contraceptives in Paraguay increased from 12,100 in 1972 to 43,000 in 1974. The 1974 total represented 14.6 percent of women between the ages of 15 and 49. Oral contraceptives were most popular with users, followed by IUD's and condoms.

### External Assistance

Combined inputs to family planning work between 1967 and 1975 aggregated \$4,478,000, of which the Paraguayan Government contributed \$248,000.

Assistance from the U.S. Agency for International Development (AID) has amounted to \$2,508,000, including funds for contraceptives obligated by AID's Washington office. AID assistance in 1974 amounted to \$190,000 and in 1975 to \$370,000.

IPPF outlays since 1967 totaled \$1,596,000. Other agencies providing assistance have included the United Nations Fund for Population Activities, The Pathfinder Fund, the Population Council, the Mennonite Central Committee, and World Neighbors.

## Peru

Peru's population rose from 11.5 million in 1965 to 15.5 million in mid-1975. The rate of natural increase was 2.9 percent annually in 1975—equal to the Latin American regional average, and a rate that would mean a doubling of the population in 24 years.

With an estimated 170,000 new entrants moving

into the labor force annually, population is acting as a drag on employment and labor productivity. High population growth has put strong pressures also on food, housing, schools, medical services, and other basic needs.

Substantial numbers of Peruvians have been concerned in recent years about the nation's spiraling population. Official anxiety first became evident in 1964 when, by Presidential Decree, the Center for Studies of Population and Development (CEPD) was established. CEPD's functions at first were to promote studies of population growth and economic and social development and publish them, to organize seminars and conferences on population, and to promote family planning and research. CEPD early in 1968 initiated a clinic-based family planning program supported by the Ministry of Health. Government policies changed with a new military government in 1968, and CEPD dropped the family planning phases. The Ministry of Health then struck out CEPD's family planning activities in Government-owned or -supported hospitals, prohibiting them beyond March 31, 1969.

In 1967 the church-sponsored Christian Family Movement (CFM) began a family life education program, including services to women to enable them to space their children, 2 years postpartum. Later, the church-sponsored Lay Apostle Responsible Parenthood Federation was formed, which offered an extensive program on marriage and responsible parenthood. These two organizations have continued to maintain several clinics in the poorer sections of Lima and Callao.

The Peruvian Association for Family Planning (APPF), a private organization founded in 1967, was reorganized in 1969 and became an affiliate of the International Planned Parenthood Federation (IPPF). From 1969 through 1973 APPF's clinics, two of them in rural areas, provided a total of 113,000 consultations for planned parenthood. In addition the organization placed much emphasis on information activities, such as distributing literature, conducting seminars, arranging exhibits, publishing a newsletter, and producing teaching materials, as well as carrying on education, training, and research operations. But in February 1974, the Government ordered the closing of APPF's clinics offering maternal/child health and planned parenthood services, although it allowed the organization to continue its education programs. In April 1975 the Government ordered APPF to cease all activities.

In early 1972 a new organization with maternal/child health responsibilities was instituted by the Ministry of Health. The organization, the Instituto

Nacional de Neonatología y Protección Materno Infantil (INPROMI), began operation in Lima but was later extended nationally. In June 1974 INPROMI began a study of medium- and high-risk mothers and in-country and foreign training of public health professionals. By decree, the Government in August 1974 made available to all women maternal and child care services free of charge.

An agreement between INPROMI and the U.S. Agency for International Development (AID), approved in June 1975 will provide during the 1976-77 period research to identify medium- and high-risk mothers all over the country, to develop means of reducing the risks, and to provide the Ministry of Health a program of maternal and child health, including education on family welfare, sex, nutrition, and other factors.

The program is expected to reach close to 284,000 mothers (about 3 percent of fertile-age Peruvian women) of whom 95,000 and especially the "gran multiparas" ("the highly fertile women") are expected to be the main recipients of the program. Responsible parenthood education will be included among other medical services to prevent and control risk as approved by the Government. The above program includes, also, training on maternal and child health and family welfare for Peruvian health personnel and especially for nurses aids, auxiliary and nonprofessional personnel.

One important factor must be noted, however: Peru's responsible parenthood program is being undertaken not for demographic reasons but largely in the interests of maternal and child welfare. Peru's position on population growth, as indicated by replies to a questionnaire at the Bucharest World Population Conference and other public pronouncements, assumes that general economic and social development will eventually dispose of the nation's population problem.

It should also be noted that the official position, even on this point, is not completely rigid. The Government has enunciated the "right of the family to choose the number of children it desires"—a position in line with that of the Catholic Church as set forth in the Episcopal Statement issued in 1974. The Government does not interfere in the teaching of medical courses whose content includes contraceptive technology for medically indicated reasons. The Government does not prohibit the commercial sale of contraceptives, although, legally, prescriptions are required. Responsible parenthood programs are carried on in military hospitals and hospitals owned and managed by cooperatives.

As this chronology indicates, a graph of Peru's policies since 1964 would be shaped roughly like a

capital "U". Early interest in population activities was brought to a virtual halt in 1968. Very low-key operations were not opposed from 1969 through 1973. Increased interest in population matters in 1974 and 1975 has been followed by initiation of a responsible parenthood program limited to mothers who would endanger their health by having additional children.

### External Assistance

Should Peru decide to relax its current position against family planning programs or, at least, not oppose them, substantial assistance undoubtedly would be forthcoming. Assistance relating to population matters, e.g., demographic and other research, limited education, and family education programs, including services for medically indicated reasons, from fiscal 1966 through 1975, totaling \$5,024,000 has come from a number of sources.

Major donors include AID, \$1,889,000, (with obligations of \$92,000 in fiscal 1975); the United Nations Fund for Population Activities, \$68,000, plus \$2.8 million proposed over a 4-year period; Family Planning International Assistance, \$918,000; and the International Planned Parenthood Federation, \$636,000. Other donors include The Pathfinder Fund, Ford Foundation, and Rockefeller Foundation.

## Surinam

Surinam's population increased from 336,000 in 1965 to 416,000 in mid-1975.

Stichting Lobi, the family planning organization affiliated with the International Planned Parenthood Federation, operates one clinic in Paramaribo. Visits to this clinic numbered 11,138 in 1973. Plans were under way in 1974 to introduce community-based distribution of contraceptives. A sex education program for secondary schools and an advertising campaign directed primarily at rural areas were being planned in 1974.

## Trinidad and Tobago

Population of these islands increased from 1 million in 1965 to 1.1 million in 1975. The rate of natural increase—2 percent in 1974—was a little below the Caribbean average. The birth rate in 1974 was 26 per 1,000 people, and the death rate 7 per 1,000.

The gross national product (GNP) per capita in 1973 was \$1,200, one of the six highest in the region.

About 40 percent of the population is under age 15, a high proportion of dependents.

The Family Planning Association of Trinidad and Tobago operates seven clinics. Medical goals for 1974 and 1975 were to locate and service the large number of dropouts, to provide fertility testing for couples, and to establish a sterilization service. In 1973 visits of acceptors to clinics totaled over 117,000.

### External Assistance

Major external assistance has been provided through a \$3 million World Bank loan. These funds are being used largely for construction of a family planning institute, a 100-bed maternity hospital, 7 health centers, a rural community health center, and extension of facilities of one nursing school.

The International Planned Parenthood Federation (IPPF) provided very substantial support to the private Family Planning Association of Trinidad and Tobago, with a budget of \$349,300 in 1975. The Association operates seven clinics, and hoped, with funding by Oxfam, to provide a sterilization service for 600 acceptors in 1974-75. Information and education emphasis in 1975 was on the production of leaflets, booklets, pamphlets, and posters.

Other assistance was provided in 1965-75 by the Pan American Health Organization (PAHO), the United Nations Children's Fund (UNICEF), the Association for Voluntary Sterilization, the Population Council, and the Danish International Development Agency.

## Uruguay

Uruguay's population increased from 2.5 million in 1965 to 2.8 million in mid-1975. The birth rate of 21 per 1,000 annually in 1974 was the lowest of any country in Central and South America. At the 1974 rate of natural increase--1.1 percent annually--it would take 63 years for Uruguay's population to double.

Uruguay's economic growth has been one of the slowest in the world. Over the 1970-74 period, gain in gross national product averaged, in total, minus 0.7 percent and, per capita, minus 1.8 percent. The average growth of GNP for all of Latin America over this period was 7.2 percent total and 4.2 percent per capita. Population pressure obviously does not explain Uruguay's situation, nor does lack of resources. Rather, it seems to trace to high consumption and inadequate investment. Also, Uruguay was hit hard in 1974 by increased world oil prices, which tripled oil import costs at the same time traditional export markets for beef were being reduced. In 1974-75,

however, the Government of Uruguay embarked on a comprehensive economic reform program intended to reverse the impact of two decades of economic deterioration. In 1975 it succeeded in raising the GNP by approximately 3.7 percent.

Uruguay has had substantial emigration in recent years, which has relieved population pressures, especially in urban areas. Abortion is a major problem; there are an estimated three abortions to each birth.

The family planning program in Uruguay began in 1962 when the Ministry of Health (MOH) created the Association for Family Planning and Research on Human Reproduction (AUPFIRH). This association, now an affiliate of the International Planned Parenthood Federation (IPPF), offers family planning services and sex education plus treatment of genital diseases and sterility. It operates 21 clinics in Government health centers throughout the country. (The Government operates one clinic in Montevideo.)

In 1971 the Government entered into an agreement with AID under which the latter provided funds to equip and support maternal/child care clinics in suburban Montevideo. This 3-year project was undertaken to (1) reduce the high abortion rate by encouraging use of modern birth control methods, (2) decrease child mortality in Montevideo, (3) reduce child disease in Montevideo by 20 percent during the first year of operation, and (4) improve the quality of medical services available in low income sectors.

Prior to the 1974 World Population Conference in Bucharest, the Government issued the following statement on population matters:

1. Each nation has the unrestricted right to determine its own demographic policy.

2. The decision on the number of children will depend on the parents' free choice, and cannot be subject to official criteria.

3. Responsible parenthood will be promoted and stimulated so that in exercising the freedom of choice, parents will attend to their own good, that of their children, their families, and their society.

4. The international community's priority will be to raise the standard of living of the peoples so as to create conditions which will permit parents to reach the necessary level of responsibility.

5. Population programs should be at the service of the human being, and should guarantee family dignity and stability.

6. Contraceptive methods which imply an attempt on human life, debasement of human dignity, or depravation of marriage will be excluded.

In 1975 the Government named an interministerial commission. This commission was established for the purpose of studying the country's population

problems and of preparing a population policy for Uruguay in furtherance of the action plan approved in Bucharest.

The private Family Planning Studies and Research Center (CIEF), affiliated with the Catholic Church, provides sex education services, conducts population seminars, and carries out research projects.

### External Assistance

Financial inputs to the program total \$1,422,000 over the fiscal 1969-75 period. The largest donor has been the IPPF, with \$539,000. The Ford Foundation has contributed \$460,000. AID contributed \$191,000, virtually all of it in fiscal 1971. The United Nations Fund for Population Activities has applied \$292,000 to the program. Others providing assistance include the Population Council and The Pathfinder Fund.

## Venezuela

Venezuela's population increased from 8.6 million in 1965 to 12.0 million in mid-1975. This gain of 40 percent contrasts with an average gain of 32 percent for mainland Latin America. The increase in total population over the 1965-75 period reflects in part the influx of several hundred thousand illegal immigrant workers, mostly from Colombia and the Caribbean Islands. Venezuela's rate of natural increase in 1974 was 2.9 percent annually, equal to the Latin American average.

Venezuela's strong economy, based on petroleum, mining, agriculture, and manufacturing, gives its people one of the highest per capita gross national products in Latin America—\$1,360 in 1973. This burgeoning economy has absorbed much of the population increase. Nevertheless, the nation's leaders have recognized that population growth is excessive and should be slowed down. There is particular concern about the high rates of illegitimacy and abortion, especially in the slums of the large cities.

Venezuela faced up to its population problems in 1968 when a nationwide program of family planning was initiated by the Venezuela Family Planning Association (AVPF), an affiliate of the International Planned Parenthood Federation (IPPF), with the assistance of the National Government and several external donors. By 1973 AVPF had 137 family planning centers in operation, most of them in Government health facilities; by 1974 the number had risen to 142. In 1974 the Venezuelan Government created an Office of Family Planning within the Ministry of Health and Social Assistance, which assumed in 1975 administrative and funding responsibilities for the

delivery of a nationwide family planning service, including the clinics of the AVPF.

Although the Venezuelan Government has no stated population policy, it has a de facto policy of furnishing family planning assistance to all who request it. This pro-family-planning attitude of the Government dates from the March 1974 inauguration of President Carlos Andres Perez.

President Perez, in a series of speeches in 1975, emphasized his personal commitment to family planning. The Government's goal is to make family planning services available to every Venezuelan by the end of 1978. Early in 1975 the Health Ministry announced that 90 new clinics will be opened during the following year and that pilot programs will be launched in rural areas in two States.

A collective Pastoral Letter issued by the Catholic bishops of Venezuela in 1969 recognized that the state should oppose extra-familial fertility. The Letter spoke out against abortion, female sterilization, and compulsory birth control, but recognized that, in a modern society containing many non-Catholics, family planning information should be made available to persons requesting it.

Although the Government and the Church endorse responsible parenthood, it should be noted that some policies would seem to encourage increased fertility. For example, all working women are allowed 12 weeks of paid maternity leave, tax deductions are allowed according to the number of dependents, and in certain industries bonuses are given for each child born to the worker.

One of Venezuela's big population problems is the high incidence of abortion. Abortion is illegal in Venezuela, except when it is deemed necessary to save the life of the mother. Data from hospitals that admit and treat a large proportion of women suffering from the complications of illegal abortion, however, show that many abortions are performed each year. In 1960 and 1970 complications from abortion were the No. 1 cause of maternal mortality in Venezuela.

At the Concepcion Palacios Maternity Hospital (MCP) in Caracas, nearly 50,000 babies are delivered each year, and approximately 12,000 hospital admissions occur due to spontaneous and illegally induced abortion—a ratio of one abortion to about every four births. The Armando Castillo Plaza Maternity Hospital in Maracaibo reports similar figures.

To help deal with the problem of illegal abortion, as well as with the need to provide family planning services, MCP instituted a postpartum program in 1963. To make it easier for recently delivered women to receive contraceptive services, a referral system has been instituted. When a woman on the postpartum

wards requests consultation on family planning and then decides she would like a family planning clinic appointment, she is given a choice of the MCP clinic or a clinic close to her residence.

The family planning services offered at MCP include educational meetings with the women during the pre- and postnatal periods and provision of IUD's or oral contraceptives on request to those who qualify medically. From 1963 to 1973 the hospital had served 48,022 new acceptors. Almost 91 percent of the women have accepted the IUD, as compared with 8 percent requesting the pill and 1 percent requesting other methods, including sterilization.

In clinics, medical personnel provide counseling and instructions on contraceptive use. Methods of contraception offered include the pill and the IUD, the two most often accepted. But the preference changes. In 1969, 63 percent of those accepting any method chose the IUD and 32 percent chose the pill. By 1973 the pill had become the most popular method with 52 percent of acceptors, while IUD acceptance dropped to 44 percent. Clients who visit the family planning clinics receive a physical checkup, which includes a breast examination, a pelvic examination, and a Papanicolaou smear test. Any problems that are detected are referred to specialized clinics. The regular clinics also offer their services to infertile couples.

Family planning and maternal training programs are carried out for the medical personnel who staff the clinics and the out-reach workers. Educational and motivational efforts to reach potential family planning acceptors are carried out by full-time health educators, both in rural and urban areas of the country. Educational meetings are also held for such community groups as factory workers and trade unions and others who use national health service clinics about the family planning services available to them.

Private family planning institutions now view their role in Venezuela as one of technical support for the Government family planning effort and maintenance of an independent voice dedicated to promotion of family planning. The AVPF continues to furnish advice and technical assistance to the Health Ministry on a contract basis and will be responsible for training and monitoring personnel for the new clinics.

### **External Assistance**

In recent years four major international sources have given financial and material support to Venezuela's family planning program. These include, in addition to the IPPF, the Population Council, The Pathfinder Fund, and the United Nations Fund for Population Activities. The Ford Foundation has supported training programs.

# Africa

The population of Africa in 1975 (including Egypt) was estimated at about 402 million, or about 10 percent of the world's total. By 1974 it was increasing at an estimated 2.6 percent per year, up slightly from 2.5 in 1965; this growth if continued would double Africa's population in just 27 years.

Birth rates are extraordinarily high in nearly all African countries. For the region as a whole, the birth rate in 1974 was about 47 per 1,000 population, accompanied by a high death rate of 21 per 1,000. Unless the birth rate declines sharply, the expected reductions in mortality owing to improved health measures over the years ahead will accelerate the present pace of growth.

Fully half of the region's increase from 1965 to 1975 has occurred in the 20 countries with the lowest incomes per person—per capita Gross National Product (GNP) ranging from \$60 to \$120 per year—and over two-thirds the total rise was in countries and areas with per capita GNP below \$300 per year. In these, the problems of poverty, hunger, ill health, and inadequate public services are especially acute. In most of them, the public revenue base is necessarily thin and the accumulation of savings, public and private, is too small to allow enough indigenous investment for improvement of their economies.

At the same time, population is shifting to the cities from rural areas where living conditions are poor—often primitive. Although over 70 percent of its labor force is still in agriculture, the African

Continent is seeing urban population increase by over 5 percent a year and by 10 percent in some areas. In some countries, people have been crowding into cities faster than urban jobs, housing, and social services can be provided.

Official concern with population increase has thus far been slow to develop in most countries in Africa. Many of them, having emerged from colonial status only a few years ago, are largely preoccupied with other problems. Some leaders feel that population increases are needed in their countries; and many hold the view that only rapid economic and social development, with expanded foreign assistance, can create the conditions needed for reduction in fertility. A group of African countries were among those presenting this view at the World Population Conference in 1974.

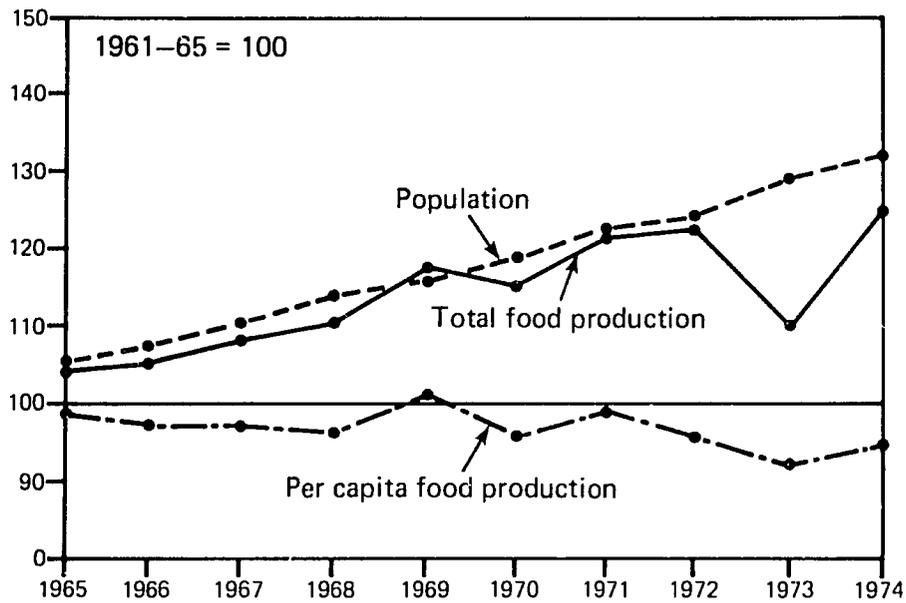
Even so, the burgeoning populations of recent years have drawn widening attention to family planning, especially for the improvement of maternal and child health and for family welfare. As a result, by 1975 nine of the region's 54 governments had initiated policies and programs for family planning—seven since 1966. Also, family planning activities sponsored by indigenous private organizations and church-related groups have come into being or have been expanded in about 25 other countries.

Family planning services differ widely among African nations. Governments assist programs in Egypt, Morocco, and Tunisia in northern Africa,

*Population in Africa may double in 27 years if present growth rates continue.*



## Food and Population in Africa,\* 1965–1974

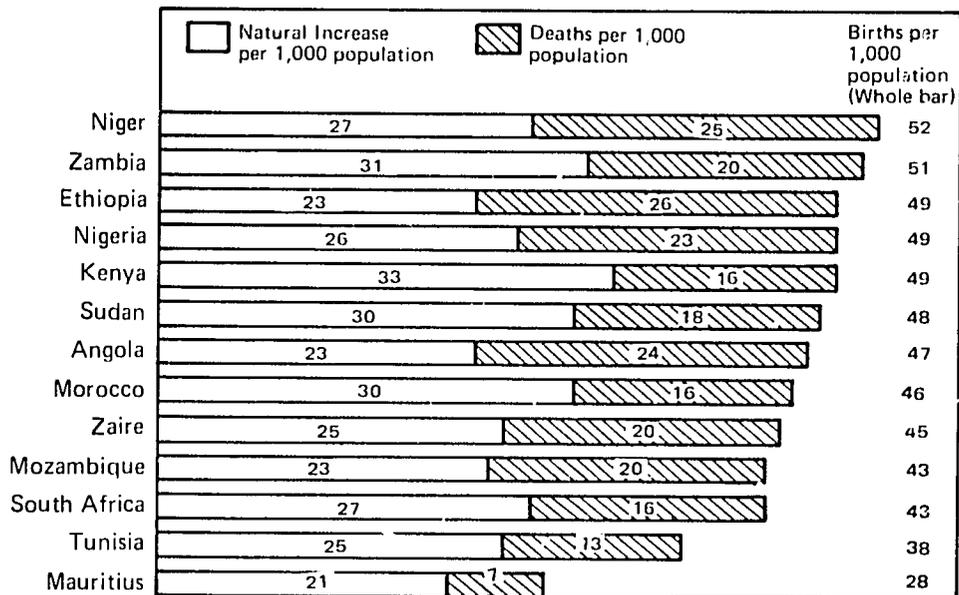


SOURCE: Economic Research Service,  
U.S. Department of Agriculture

\*Excludes  
South Africa

75-20

## Estimated Vital Rates in Selected Countries in Africa, 1974



SOURCE: Population Reference Bureau

75-36

*Africa's population has tended to expand faster than its food production, resulting in a downward trend in per capita food output. In 1972 and 1973, drought brought food shortages and famine to a number of countries, particularly those in the Sahel as well as in Ethiopia. Thousands starved despite large relief shipments of food from the United States and other developed countries. Rains were near normal in 1974 and 1975.*

Kenya and Mauritius in eastern Africa, Ghana and Liberia in western Africa, Zaire in central Africa, and Botswana in southern Africa. Several other countries without official population policies have, nevertheless, incorporated family planning into their maternal and child health programs. Each country's policies and programs are explained under the country headings later in the chapter.

### External Assistance

The growing interest in family planning has been accompanied by increased international support for both individual countries and regional programs. The assistance each country receives, if any, is listed under the country heading.

The U.S. Agency for International Development (AID) has had a most important role in such assistance. AID has channeled support chiefly to maternal and child/health family planning projects of national governments but has also indirectly assisted governments and private groups through such organizations as the International Planned Parenthood Federation, The Pathfinder Fund, the Population Council, and the Planned Parenthood Federation of America. Further, it has funded demographic and research projects, usually through American universities, and assistance to African regional programs.

In Africa, AID also has a Special Population Activities fund, which was set up in 1971 mainly to assist countries not receiving bilateral assistance through U.S. AID programs. In fiscal 1975, some \$173,000 was granted under this program to Chad, The Gambia, Lesotho, Malawi, Mali, Mauritania, Niger, Rwanda, Senegal, and Swaziland.

AID funding for population/family planning activities through regular bilateral assistance to African countries totaled \$3,162,000 in fiscal 1975. This went to Botswana, Ethiopia, Ghana, Kenya, Liberia, Nigeria, Tanzania, and Zaire. The funds provided for the operation of clinics, contraceptives and other supplies, information-education programs, training and research, and maternal and child health extension work.

Regional activities funded by AID have included:

- Participant training and research at Meharry Medical College in Nashville, Tenn., for African medical, paramedical, and other personnel. Through fiscal 1975, the College conducted four 19-week maternal and child health/family planning sessions for 77 participants. In addition, short courses were offered to 20 Africans, and consultants were provided for maternal and child health/family planning programs.
- A maternal and child health extension program involving pilot programs developed jointly with the Governments of the Gambia, Benin (Dahomey), and Lesotho. This assistance has gone for participant training in both the United States and the African country in question, contraceptives, clinic supplies, vehicles, and other costs.
- Assistance to selected African universities in introducing population instruction and research into their curriculums. So far, assistance has centered on the University of Ghana, which is to develop a population center. The University of North Carolina has been a contracting partner in this program.
- A project with the Association of Medical Schools in Africa to help African health-training facilities to develop and implement family planning and health curriculums. The project, to extend through 1978, is to assist 20 medical and 35 nursing/midwifery schools and other allied institutions. Workshops for nurse/midwives already have been held in Ghana, Kenya, and Nigeria. A working conference in Kenya was held for six east African medical schools. As of June 1974, 91 instructional units had been developed and were being tested or approved, and 113 faculty people from 71 institutes in 16 countries were involved in the program.
- Administration of a Special Population Activities fund for projects, primarily in countries not receiving bilateral assistance, with support usually ranging from \$5,000 to \$25,000 per project.

Plans for fiscal 1976 include training courses for 10 African participants, aid in developing training programs in Africa, consultant services, and short-term classroom training plus clinical training for up

*Africa's rate of natural increase was 2.6 percent in 1974, substantially above the world level of 1.8 percent. Africa's birth rate of 47 per 1,000 people was the highest of any major region—but so was its death rate of 21 per 1,000.*

to 30 African nurses and/or nurse midwives.

The **United Nations Fund for Population Activities (UNFPA)** assists programs in individual countries and also gives support to a number of regional projects. It especially furthers the work carried on by the **U.N. Regional Economic Commission for Africa (ECA)** and by other specialized U.N. organizations.

The ECA—a key force today in African population/family planning efforts—has among its membership practically all the independent nations of Africa. One leading ECA undertaking is the African Census Program, financed mainly by UNFPA, which also has supported demographic censuses and surveys in over 20 African countries. Recent projects have included studies on migration in selected countries.

Other regional African organizations involved population-related analysis and associated activities include the **Population Association of Africa**, and the **Union Douaniere et Economique de l'Afrique Centrale**.

In addition, **Family Planning International Assistance** has provided funds for church-related programs in African countries; the **World Assembly of Youth** has sponsored African regional seminars on

“Youth and Family Planning” in Nigeria, Kenya, Mauritius, and other African countries; and **World Education** has assisted in incorporating family planning concepts into functional literacy and adult education programs.

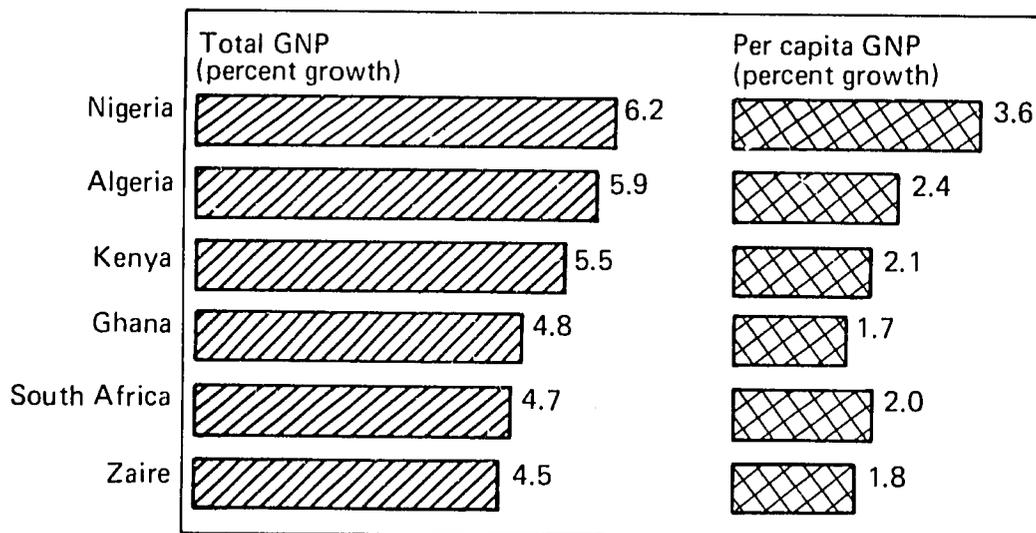
The **International Confederation of Midwives** has sponsored a number of regional workshops, such as one in Accra for Anglophone west African countries in 1972 and the 16th International Congress of Midwives, October 28-November 3, 1972, in Washington, D.C. Over 40 nurse-midwives from a number of African countries attended the latter conference.

Regional medical seminars have also been held by the **African-American Labor Center** through an AID grant. One was in Bathurst, The Gambia, in September 1972 with labor leaders, family planning officials, and representatives of Government ministries and international organizations attending. Countries represented included Nigeria, Ghana, Sierra Leone, Liberia, and The Gambia. Another seminar was conducted in Paris, France, in January 1973, discussed health projects, including family planning services, in Francophone countries.

A number of voluntary agencies, foundations, and

*Most African countries show gains in total gross national product. But growth of per capita GNP is being slowed by high rates of natural population increase, which averaged 2.6 percent for the continent as a whole in 1974, as compared with 0.6 percent for Northern America and Europe.*

### Economic Growth Rates <sup>1</sup> in Selected African Countries



<sup>1</sup>Average annual growth of Gross National Product (GNP), 1970-1974

SOURCE: AID/SRD

75-29

foreign countries have also given extensive assistance. These include: the International Planned Parenthood Federation, the Ford Foundation, Oxfam and Oxfam-Canada, The Pathfinder Fund, the Population Council, and the Governments of Canada, Denmark, the Netherlands, Norway, Sweden, and the United Kingdom.

## Algeria

The population of Algeria in mid-1975 was estimated at 16.8 million, up 4.4 million from a decade ago (1965). Based on a birth rate of 49 per 1,000 population and a death rate of 15 per 1,000, the rate of natural increase is 3.4 percent.

With large oil income available to finance its further development, Algeria's leaders see little need to slow population growth. This is reflected in official statements that high birth rates are the result of underdevelopment, not the cause. Yet despite the sensitivity surrounding population issues in Algeria, Government health programs encourage wider spacing of births and make contraceptives available to people seeking them. And the Government allows voluntary and multilateral assistance to private family planning.

Family planning projects, called pilot programs, are operated at university hospitals in the cities of Algiers, Constantine, and Oran. The clinics offer contraceptive service (mainly orals and IUD's) and training for medical and paramedical workers.

### External Assistance

The United Nations Fund for Population Activities (UNFPA) is helping to finance a national census and related activities. UNFPA also is helping to fund construction of maternal child health/family planning centers, and is paying for the services of two consultants to the Government.

The World Health Organization (WHO), with UNFPA financing, has provided consultants to conduct training in child spacing.

The International Planned Parenthood Federation (IPPF) has provided training for doctors and paramedical personnel and has supplied contraceptives and literature to clinics. To date, however, there has been no formation of a Family Planning Association of the type organized in many other countries throughout the world.

A number of other voluntary organizations have been active in Algeria. Church World Service has provided limited assistance for planned parenthood activities. The Pathfinder Fund has supplied contraceptives and literature. The Population Council, with

Ford Foundation financing, has provided a resident advisor to the Ministry of Finance. The advisor has assisted in such studies as the relationship between population growth and economic planning and between population growth and vital rates. The Council also has provided demographic consultants and fellowships funded by the Ford Foundation to qualified Algerians.

The Swedish International Development Association has provided contraceptives and equipment for the three pilot family planning clinics.

## People's Republic of Benin

The People's Republic of Benin, formerly Dahomey, whose mid-1975 population was estimated at 3.1 million, has a rate of natural increase of 2.7 percent per year. If this rate continues, Benin's population would double in 26 years. As of 1974, births per 1,000 of population stood at 50 and deaths at 23 per 1,000. Contributing to this death rate is Benin's high rate of infant mortality—185 per 1,000 live births. High infant mortality, in turn, lowers overall life expectancy to 41 years. These statistics also indicate that Benin could experience accelerating population growth in the future if it follows the typical developing-country pattern of reducing death rates more rapidly than birth rates. This likelihood is increased by the country's high dependency ratio; 45 percent of the population is under 15 years of age.

Although the Government apparently feels that the country's population is growing at an acceptable rate, population and family planning activities have increased in intensity during the last decade. In 1965, such efforts included a single private clinic and some individual doctors offering family planning advice. Today, the Government is including the concept of child spacing in its maternal and child health program, and a private family planning association is active. It was established in 1971 and is a member of the International Planned Parenthood Federation (IPPF).

In the demographic field, the Government undertook a nationwide population census in 1975; a sample survey will follow in 1976.

### External Assistance

Since 1972, the U.S. Agency for International Development (AID) has assisted a project to expand Government maternal/child health services, including child spacing and training of personnel. This help is provided through a contract with the University of California (Santa Cruz) and includes funds for person-

nel, participant training, commodities, and other services.

The United Nations Fund for Population Activities (UNFPA) provided funds for population censuses being conducted in 1973-75.

The IPPF supports the local family planning group with most assistance going for administration, information-education, and training--and The Pathfinder Fund has provided equipment for the presentation of films on family planning and sex education.

The World Assembly of Youth has sponsored conferences and seminars on population, development, family planning, and responsible parenthood for various youth groups. It also has sponsored team visits to rural areas to provide information on population problems and family planning, help establish youth family planning clubs, and conduct panel discussions.

The Smithsonian Institution, through its Interdisciplinary Communications Program, is assisting the study of the influence of Vodun practices on the fertility of people in southern Benin.

## Botswana

Botswana's population totaled 677,000 in mid-1975, or about 111,000 more than 10 years earlier. Its current birth rate is 46 per 1,000 of population and the mortality rate is 23 per 1,000, resulting in a natural increase of 2.3 percent a year.

A nation with no family planning activities 10 years ago, Botswana today gives priority to family planning in its development plans and extends these services through some 64 health clinics. The change in position came in 1970 when the Government included family planning in its National Development Plan for 1970-75. A later scheme, for 1973-78, calls for a rapid expansion of the rural health service, including family planning, noting that "at Botswana's stage of development, economic growth is in no way assisted by the rapidly rising population." Goals of the 1973-78 plan include offering family planning services at 11 hospitals, 8 health centers, 90 clinics, and 178 health posts by 1978.

Earlier, Botswana--like many other African nations--had not related the world population problem to its own situation because its overall population density is relatively light. However, much of Botswana's 220,000 square miles is arid and inhospitable to human habitation, and most of the people are concentrated in a narrow belt in the eastern part of the country. Moreover, the rapidly growing population has a large proportion of dependents (46 percent of Botswana's population is

under 15 years of age) and mounting urban population pressures as people move to cities from the countryside in an effort to join the cash economy.

To meet its 1973-78 goals, Botswana is currently training personnel to deliver family planning services to small towns and rural areas. Efforts so far have included an annual conference for family welfare educators as well as training and refresher courses. These educators were to number 130 by the end of 1974, 183 by 1975, and are to reach 240 by 1976. Education campaigns are also an important part of the program, which is designed to improve the quality of life while lowering the population growth rate.

Total inputs into the program in 1975 are estimated at \$583,000, including \$102,800 from the International Planned Parenthood Federation (IPPF). Botswana's Government is an affiliate member of IPPF and is represented on the regional Council.

### External Assistance

Much of the assistance for family planning in Botswana comes from the U.S. Agency for International Development (AID), which began its help in 1971 soon after the Government launched its family planning program. First, a training program for Botswana family planning personnel was set up in 1972 at Meharry Medical College in Nashville, Tenn. AID followed up with advisory assistance in 1973 and 1974. At present, the major areas of AID assistance are manpower and institutional development, including training in maternal and child health, family planning education for medical and paramedical personnel, and establishing a health education unit.

The International Planned Parenthood Federation (IPPF) provides direct assistance to the Government of Botswana with technical services, training, information and education, and contraceptives.

The United Nations Fund for Population Activities (UNFPA), working through the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), is helping to strengthen the programs of clinics offering health and family planning services. It also provides technical personnel.

Norway has paid the construction and operating costs of 40 health clinics and 120 health posts.

## Burundi

The total population of Burundi was estimated at over 3.7 million as of mid-1975, an increase of over one-fifth from 10 years earlier. Although the death rate is high (25 per 1,000) owing to inadequate diets, low incomes, lack of social services, and over-

crowding, the birth rate (48 per 1,000) is twice as great and causes a population increase of 2.3 percent per year—a rate that would double the present total in 30 years. Reflecting the poor health conditions and inadequate services, the average life expectancy at birth is 39 years. Annual per capita GNP is \$70, and the literacy rate is 10 percent.

The decade has seen little change in Burundi's family planning activities. The country in 1965 had no organized family planning activities, and today only limited services are offered by missionary groups and some maternal and child health centers. There is no official population policy.

### External Assistance

The United Nations Fund for Population Activities (UNFPA) financed the services of a population advisor to help with the 1972 census, but no direct external assistance has been provided. At Government request, the International Planned Parenthood Federation has supported a doctor in Bujumbura doing family planning work as a part of his duties since 1970. The Pathfinder Fund has given limited aid.

## Cameroon

The country's mid-1975 population was approximately 6.4 million—a count that could double by 2013 at the present rate of growth of 1.8 percent. Birth and death rates are estimated at 40 per 1,000 and 22 per 1,000, respectively. As of 1974, 40 percent of the country's population was under 15 years of age, and the average life expectancy at birth was 41 years. GNP per person is estimated at \$230 per year.

At the start of the decade, Cameroon had no organized family planning activities, no population policy, and maintained a basically pronatalist position based on a belief that the country was underpopulated. These conditions still exist at the end of the decade although some private physicians prescribe contraceptives, including orals and IUD's.

The Government is, however, attempting to improve its demographic statistics and statistical services, and its Bureau of Statistics is undertaking several demographic studies.

### External Assistance

The U.S. Agency for International Development (AID) is assisting the University Center for Health Sciences with a multi-donor effort to train doctors, nurses, and paramedical staff in preventive and community medicine relevant to rural health needs in Cameroon and neighboring countries. AID funding in-

cludes assistance in construction of University facilities for out-patient care, as well as pediatrics and maternity hospitalization; provision of four U.S. faculty members to the University for 4 years each; advanced training of Cameroon health personnel in the U.S. and elsewhere; and scholarships for other Central Africans. AID also has assisted with an urban fertility study and training for a Cameroonion at the U.S. Bureau of the Census.

The United Nations Fund for Population Activities financed a population census, census communication, improved maternal-child care services, and a council of women seminar.

In 1961, the U.N. Economic Commission for Africa established in Yaounde the International Statistics Center, which includes training in demographic analysis.

The Canadian and French Governments are assisting Cameroon in the development of a regional training center for health services.

Church World Service has a limited family planning program in Cameroon. The Ford Foundation, Population Council, and The Pathfinder Fund have also supplied assistance.

## Egypt

Population pressure in the Arab Republic of Egypt shows up not so much in the total number of people (37.2 million) as in the fact that 99 percent of them are compressed into the 3.5 percent of the country's area that comprises the Nile Valley and its delta. In this crowded area, population density is more than 2,500 people per square mile. By the most recent estimates, the population is increasing by 2.3 percent per year, the birth rate is 38 per 1,000 people, and the death rate is 15 per 1,000.

In an effort to slow its rapid population expansion, Egypt launched a nationwide population family planning program 10 years ago. All elements of Government were to be involved including health services, education, social welfare, information and local bodies. The program had the support of the late President Nasser, who had said in 1962 that "the problem of population increase is the most serious obstacle to the efforts of the Egyptian people in their drive to increase levels of production . . ." And it has continued to receive the support of President Sadat, who in 1971 spoke of the family planning program as a "national cause in the full meaning of the phrase" because rapid population growth "if it continues will not only condemn all our hopes for evolution and progress, but threaten the simple maintenance of our present level."

The family planning effort is credited with a small reduction in population growth rates in recent years. The current growth rate of 2.3 percent compares with 2.8 percent in 1970. Nevertheless, the present rate of increase would double the country's population in 30 years.

Some—not all—Egyptian leaders view the country's population growth with alarm. Many who are concerned with economic development see population growth as their leading obstacle. A major Egyptian newspaper, *al-Ahram*, which usually speaks with Government acceptance, said in 1975 that current population growth statistics "are disturbing, not to say ominous." It spoke of the nation's doubtful future if the present rapid increase continues. And, it declared "the time has come to call things by their right name; we need birth control, not family planning."

Other leaders, however, believe the population will double in the next few decades no matter how strong the family planning efforts. They speak of the need for developing industry and technology as quickly as possible to meet the requirements of an increasing population. Some add, as one Government official put it, that "industrialization is said to be the best contraceptive."

The problem presented by this passive attitude that nothing much can be done about population growth is that, if widely shared, it could lead to less determined effort by those responsible for working toward Egypt's official family planning goal. The goal is to reduce the current annual rate of 38 births per 1,000 population per year to 24 births per 1,000 by the year 1984.

### Population Programs

The Egyptian Government's involvement in family planning began in 1965 with the creation of the then Supreme Council for Family Planning (changed to the Supreme Council for Population and Family Planning in January 1974). The Supreme Council, with members at the ministerial level, is concerned mainly with the policy formulation and symbolic support of the program. The Population and Family Planning Board acts as the Secretariat of the Board. Program activities are carried out through the Health Ministry's existing network of clinics and hospitals as well as centers established by the Social Affairs Ministry.

Family planning services are nominally available to all areas of the country through the national health network. In addition to health clinics in the cities, somewhat more than 2,000 rural health clinics serve Egypt's thousands of rural villages. Although many

villages are some distance from the nearest clinic, apparently three-fourths of the people are within walking distance of a hospital clinic, or family planning center.

The country's development plan for the 1970's calls for the establishment of 4,058 new rural health units by 1980 and an extensive program to train the necessary staff. Including already existing clinics, this indicates an ambitious total of some 6,000 rural health centers with each unit reaching about 4,000 people.

In 1973 the number of acceptors of family planning was estimated at 843,000, or almost triple the participation of 5 years earlier. Oral pills and IUD's are the main forms of contraception in use.

A reasonable level of Government support for the national program seems to have been provided. As of 1970, total Government contributions to population/family planning came to nearly \$10 million. This included some \$4.2 million for the family planning program itself, funds contributed by the various ministries to population/family planning projects, and Government fundings of private family planning activities.

These sizable inputs notwithstanding, the program has been plagued by a number of drawbacks, including inadequate training, little information-education support in the program's early years, and only part time service by the staff attached to rural clinics in spite of an incentive pay system.

In addition to the national program, Egypt has a private Family Planning Association, which was founded in 1958 and became a member of the International Planned Parenthood Federation (IPPF) in 1963. The Association provides family planning services in about 500 clinics. The Association is an independent body, but it works within the framework of national policy laid down by the Supreme Council for Family Planning. The Association uses the Alexandria Family Planning Training Institute for its central training programs. As well as training courses for physicians, nurses, paramedicals and social workers, seminars are held for youth and family guidance leaders, parents, youth leaders in universities, teachers, directors of social welfare agencies and of cultural centers, agricultural societies and for trade union leaders.

### External Assistance

The United Nations Fund for Population Activities (UNFPA) provides the main outside support for population and family planning in Egypt. Under a 4-year assistance program ended in 1975, UNFPA grants have totaled approximately \$7.1 million. Pro-

jects have included: fellowships and observation tours; direct assistance to the national program; funding through the U.N. Educational, Scientific, and Cultural Organization (UNESCO) of an information, education and communication program; and research assistance. Negotiations have been underway for a new long-term program to begin in 1976.

The World Bank/International Development Association has provided a \$5-million loan for building, equipping, and furnishing health and training centers and clinics in the period of 1973-77.

IPPF has provided financial assistance to the Egyptian Family Planning Association for its overall program, including information-education, training, operation of clinics, and other activities.

Church World Service has given financial support for a rural mobile team of family planning trainers in Middle Egypt under sponsorship of the Coptic Evangelical Organization for Social Service.

Some funding by the U.S. Agency for International Development (AID) has been provided through intermediaries in support of family planning pilot programs. A substantial amount of AID assistance was channeled through the International Planned Parenthood Federation (IPPF) to Egypt's Family Planning Association and to several individual research projects, one of the most important of which was in cooperation with the American University, Cairo. Pathfinder Fund has given some assistance.

The Ford Foundation has made grants to the Government of Egypt for family planning and reproductive biology research and training at Cairo and Alexandria Universities and Ain Shams University and to the American University, Cairo, for population research.

The Population Council has made a \$236,000 grant to the Cairo University for research on the effect of hormonal contraceptives on the pituitary-ovarian axis in patients with billharzial disease.

The Danish Secretariat for Technical Cooperation has assisted the program in materials for contraceptive pill production and in facilities for family planning training.

## Ethiopia

The mid-1975 population of Ethiopia totaled over 27.9 million, an increase of almost 7 million, or 33 percent, since 1965. This growth, arising wholly from the excess of births over deaths, has continued at the rate of 2.3 percent annually for the last 10 years despite high mortality from famine, disease, and population dislocations due to political troubles. The birth rate has continued at 49 per 1,000 population,

accompanied by mortality of about 26 per 1,000.

Although curbing population growth is still not a national priority, Ethiopia has seen some progress during the last decade in family planning activities.

As of 1974, some 120 clinics offered family planning services as part of Ethiopia's maternal and child health program- 24 in Addis Ababa and 96 in the provinces. The number of acceptors during 1973 doubled to 4,200 with two-thirds of them using orals and most of the rest IUD's. The number reportedly rose another one-third in the first half of 1974.

The private Family Guidance Association of Ethiopia (FGAE), affiliated with the International Planned Parenthood Federation (IPPF), was founded in 1966 and has seen its activities expand rapidly after 1969 despite the recent political upheaval. The FGAE facilitates family planning services in municipal clinics in Addis Ababa and Asmara and works closely with the Government program. It has Health Officer/Coordinators operating in two provinces as liaisons with Government and other institutions offering family planning services. A main responsibility of the FGAE is information-education work, including seminars and meetings, publication of family planning literature, exhibitions, and assistance with family-life education programs. In-service training has been given medical and paramedical personnel in Government and church-related clinics.

The country had planned to undertake its first general census in 1974, with funding from the United Nations Fund for Population Activities (UNFPA). The census, however, was postponed owing to political changes and other conditions. Heretofore, sample surveys carried out by Ethiopia's Central Statistics Office have been the main vehicle for obtaining population data.

At this point, the new Government's future policies regarding population growth are not defined, although there appears to be increased interest in population matters, including family planning. The Government is especially interested in action to overcome some of the many problems facing Ethiopia. Among these are a literacy rate of barely 5 percent, health services that reach only about 15 percent of the people, widespread malnutrition reaching the point of starvation in areas hit by the devastating drought of the past few years- and an annual per capita GNP of less than \$100.

### External Assistance

The IPPF, with a 10-year input estimated at \$783,000, supports the Family Guidance Association. UNFPA has approved outlays of \$3,500,000 for Ethiopian projects, including a census and sample

survey. Family Planning International Assistance has been active in family planning efforts during the last 2 years with a cumulative contribution of \$60,000, and the Swedish International Development Association has provided a total of \$46,000 in support of child health/family planning clinics in Addis Ababa. Other organizations lending assistance over the past decade include the Population Council, The Pathfinder Fund, World Education, Inc., and the U.S. Bureau of the Census.

U.S. Agency for International Development assistance—totaling \$81,000 in the last decade but concentrated in 1971 and 1972—has financed contraceptives and other clinic supplies, a statistical and demographic advisor in fiscal 1972, and advisory help in developing proposals for integrated maternal health/family planning projects.

## Gambia

This small but densely populated country had a 1975 population of 516,000. As of 1974, the population was expanding at the rate of 1.9 percent a year as a result of a birth rate of 43 per 1,000 and a death rate of 24 per 1,000. It is estimated that 41 percent of the nation's population in 1975 was under 15 years of age. Despite the still-high death rate—including an infant mortality rate of 165 per 1,000—the country can expect to see accelerated population growth in the next few years.

Gambia has no official population policy but has shown a growing interest during the past decade in family planning activities. Ten years ago, for instance, no family planning programs existed. In 1969, the Family Planning Association was founded, and today it works closely with the Government's Ministry of Health. In fact, the Government allows the Association to use its health clinics, provides personnel and publicity for the Association's work, and permits the duty-free import of contraceptives and supplies.

Representatives from Gambia attended the World Assembly of Youth's African Regional Seminar on Youth and Family Planning in Lagos, Nigeria, during March 1972.

### External Assistance

The U.S. Agency for International Development (AID) in 1972 launched a project (under contract with the University of California, Santa Cruz) to help Gambia expand its maternal and child health/child spacing services and develop publicity-education campaigns aimed at motivation in family planning.

AID provides personnel commodities, participant training, and related assistance to the project.

Assistance for the 1973 census in Gambia came from the United Nations Fund for Population Activities (UNFPA) and the British Ministry of Overseas Development. The latter provided funds for the purchase of eight vehicles for use in census activities. And the Population Council made a grant to the Central Statistics Division, Bathurst, to evaluate Gambia's 1973 population census.

Among private organizations, the International Planned Parenthood Federation (IPPF) gives assistance to the Family Planning Association for clinic operating expenses, education and publicity, training, and other activities. Pathfinder has also provided assistance to the Family Planning Association and has contributed some medical supplies and literature.

## Ghana

By mid-1975, Ghana's population had risen to a little over 9.8 million compared to about 7.5 million a decade earlier. Annual population growth, mainly from natural increase, is estimated at 2.7 percent based on an estimated birth rate of around 49 per 1,000 population and a death rate of about 22 per 1,000. Official reports indicate that the formerly important in-flow of people from nearby countries has ceased to be a serious factor in population increase; the issuance of the 1969 Alien Compliance Order compels the departure of non-Ghanaians who lack residence permits.

The potential for continuing rapid population increase is inherent in the age structure of Ghana's residents. Approximately 47 percent are under 15 years of age, and the proportion will probably increase with declines in infant mortality. The average life expectancy at birth has been rising with improvements in health measures and is expected to rise further. It is believed to be expanding at the rate of 0.6 percent per year, which is above the world average. Average life expectancy at birth is now about 44 years in Ghana.

The difficulties of improving the living conditions of the people—in employment, housing, health, nutrition, education, and social services—are evident in light of presently and potentially expanding numbers. And the difficulties are intensified by the high proportion of dependents.

Meanwhile, if the present growth rate continues, the country's population could double in 26 years, and serious problems could arise of food production, employment, energy use, education, and urban-rural disparities.

The Government of Ghana is aware of the situation, and, in the last decade, has moved from little involvement in family planning efforts to sponsorship of a program that is one of the most comprehensive in Africa. The pioneering work of the Planned Parenthood Association of Ghana (PPAG) contributed importantly to this development. It was formed in 1966 and became a member of the International Planned Parenthood Federation (IPPF) in 1968. It has branches in Accra, Kumasi, Takoradi, Koforidua, and Tamale.

In 1969 the Government became the first in West Africa to formulate a national population policy, and a year later it launched the present Ghana National Family Planning Program (GNFPP) with the aim of slowing population growth to 1.7 percent annually by the year 2000. The program seeks to alter the traditional reproductive habits of Ghanaians by emphasizing the benefits of responsible parenthood and by providing contraceptives to enable couples to regulate the size of their families.

GNFPP began its first full year in 1971 with family planning programs in seven regions and a massive information campaign. By the end of that year, 80 clinics were in operation. Family planning information and services are now offered through some 187 clinics serving urban and rural people. These clinics are operated by the Ministry of Health, the Planned Parenthood Association of Ghana (PPAG), and the Christian Council of Ghana (CCG) under the coordination of the Secretariat of the GNFPP in the Ministry of Finance and Economic Planning. The Secretariat also administers and coordinates public information programs, training of family planning workers, commercial distribution of contraceptives, and postpartum family planning in three Ghanaian hospitals.

Under the program, the number of new acceptors at Government clinics has risen from 8,300 in 1969 to an estimated 34,100 in 1974 and a cumulative total of about 138,000 as of April 1975. It is estimated that programs by private voluntary groups account for over 50 percent of all acceptors recruited; it is also probable that 100,000 acceptors have not been reported because recordkeeping has been incomplete.

Oral contraceptives are the most popular ones offered through the clinics, and an estimated 19,200 women chose this means in 1974. Condoms and foam also have found wide acceptance commercially as a result of a program in which such contraceptives are provided by AID and sold at subsidized prices at retail outlets of the Ghana National Trading Corporation.

Much effort also has been spent in carrying the family planning message to the populace by means of special seminars, lectures, and annual "Family Planning Weeks." The latter activity—initiated in 1971 to function at national, regional, and local levels—includes exhibits on services available, lectures on population problems and family planning methods, and plays. The country has also served as a host to international meetings on population and family planning, such as the 1973 meeting of the International Labor Organization (ILO) at Accra. This was the first seminar of its kind in Africa, and 10 countries participated.

### External Assistance

Ghana's strong concern with population growth problems has brought extensive outside interest and assistance.

The first assistance from the United States was AID's in 1968-69, when that agency worked with the Ghana Ministry of Health and the Ghana Medical School to prepare proposals for a research project on methods of providing family planning/health services and supported a sample survey of family planning knowledge, attitudes, and practices.

Through fiscal 1975, AID has provided some \$5.6 million in assistance for GNFPP, or almost half of the \$11.4 million total input. AID funding of GNFPP went for contraceptives, participant training, and other activities.

AID has also contributed funds for the Danfa Project, a rural health and family planning demonstration, teaching, and research program. Developed in 1965 by the Department of Preventive Medicine of the Ghana Medical School, this 8-year program was initiated in 1970 under a contractual agreement with the School of Public Health, University of California (Los Angeles) and with U.S. AID. Its aims are to improve the health and welfare of the rural population while providing training for Ghanaian medical students, physicians, and other health personnel. Cumulative AID obligations for the project stood at over \$3.7 million as of fiscal 1975.

In addition, a number of regional AID activities benefit Ghana. One of these is the Population Dynamics Program designed to develop an interdisciplinary approach to population activities.

The IPPF, with a cumulative budget for 1965-75 of \$1.9 million, has given major assistance to the Planned Parenthood Association of Ghana (PPAG) and to the Christian Council of Ghana (CCG) toward operation of their 23 clinics.

Family Planning International Assistance has budgeted a total of \$161,000 in the last 2 years for

Government clinical services in the Volta region and for other activities. One grant of \$23,000 went toward establishing three new clinics in the Volta region for use as bases for mobile teams working in the surrounding area.

The Population Council has provided a total of \$589,000 over the last 10 years, with a grant of \$240,000 aiding the establishment of a demographic research and teaching unit at the University of Cape Coast. Other grants have been for postpartum family planning programs.

The World Assembly of Youth has helped sponsor conferences and seminars on population, development, and responsible parenthood for students, young workers, rural leadership, and youth groups to make this large segment of the population aware of the relationship between rapid population growth and economic and social progress. The Assembly has also sent teams into rural areas and sponsored youth family planning clubs, essay contests, and films.

Other voluntary associations providing assistance over the past decade include the Association for Voluntary Sterilization, the Ford Foundation, The

Pathfinder Fund, the Rockefeller Foundation, and World Education.

Bilateral assistance in the last decade has included \$204,000 from the United Kingdom for equipment for 100 family planning clinics, for the communication programs of the GNFPP, and for operating mobile cinema vans. Canada contributed \$130,000 for a film on family planning and other communication-public information activities. Limited assistance also has come from the Swedish International Development Authority.

The United Nations Fund for Population Activities (UNFPA) has provided a total of \$454,000 for a number of population-related studies plus a project with the University of Ghana aimed at integrating national educational efforts to improve all aspects of family life. A major project funded by UNFPA and carried out by the International Labour Organisation (ILO) provides assistance to Ghana's Executive Department of Manpower for formulating plans and policies for development, education, and effective utilization of human resources in all sectors of the national economy.

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## Ivory Coast

The country's mid-1975 population was reported by the Government of the Ivory Coast at 6.7 million. Its population growth rate is about 2.5 percent, with births per 1,000 population at 46 and deaths at 21—a rate that would lead to a doubling of population in 28 years. Although the birth rate has declined since 1963-68, when it was 55 per 1,000 population, the death rate has fallen even more sharply from its earlier level of 33 per 1,000. As a result, the rate of population increase is greater than in 1963-68. The proportion of the population under 15 years of age is estimated at 43 percent.

The Ivory Coast has no organized family planning activities and throughout the decade has held the view that population is growing at an acceptable rate. Indeed, some see population growth as a means of bringing economic progress to the Ivory Coast. The existence of unused natural resources plus recurring labor shortages foster this attitude.

Some doctors have shown interest in encouraging child spacing, and limited quantities of contraceptives are available through some pharmacies, hospitals, and clinics.

### External Assistance

In June 1973, the U.S. Agency for International Development granted \$33,000, through the Ivorian

Ministry of Finance, to the National Institute of Public Health for a study of factors affecting the Ivorian child.

The United Nations Fund for Population Activities (UNFPA) is assisting with the population census scheduled for 1975.

The Pathfinder Fund and the Ford Foundation have provided travel grants to Ivorians participating in international health/family planning conferences. The World Assembly of Youth has sponsored seminars for young people on population, development and family planning, and responsible parenthood. It also has sponsored teams to rural areas to provide information about population problems and family planning.

## Kenya

With an area of 220,000 square miles, Kenya had a mid-1975 population estimated at 12 million increasing over 3 percent per year (official Government data). If the current fertility (49 births per 1,000 population) and mortality (16 deaths per 1,000) were to continue, population would double in 21 years. Almost half (46 percent) of the present population is under 15 years of age. Nine-tenths of the people are rural and are concentrated on the 17 percent of the Nation's land that is suitable for cultivation. However, rural migration to cities has been increasing,

creating and intensifying social and economic problems.

Kenya began limited official action in the population field almost a decade ago to follow up and supplement the work of private family planning groups. In 1967, it announced a national population policy and started the first government-sponsored family planning program in sub-Saharan Africa.

The voluntary Family Planning Association of Kenya (FPAK), established in 1961, provides information and education support for the Government program and operates eight clinics to supplement the services of the Ministry of Health. The FPAK staff also provides family planning information to rural areas, trains its own and some Government personnel, and conducts information and publicity campaigns.

In addition, the city councils of Nairobi and Mombasa provide family planning services, with the Nairobi effort accounting for 15 to 20 percent of the country's total acceptors each year. Private family planning associations have operated in these two cities since 1955.

In 1974, Kenya launched a new and more comprehensive family planning program with the stated goal of reducing population growth to 3 percent by 1979 and to 2.8 percent by 1999. The 1979 target is based on plans to recruit 640,000 family planning acceptors, prevent 150,000 births, lower the birth rate by 5.5 per 1,000, and reduce the death rate by 2.5. Toward this end, the Government hopes to have some 400 service points providing family planning help on a full-time basis and 190 providing it part-time. Funding is estimated at \$39.7 million with the Government providing \$14.3 million and outside donors \$25.4 million.

The new program will build on the family planning program introduced in 1966 but endeavor to solve some of the difficulties it encountered, such as lack of high- and mid-level manpower, need for better coordination of family planning efforts, and a traditional bias toward large families.

Results between fiscal 1968 and 1975 included a cumulative total of 235,400 new acceptors; but the first decline in new acceptors since the program's inception occurred during 1974 when they dropped to 37,899 from 46,499 in 1973. This was the lowest number of acceptors since 1970. Nearly 80 percent of the new acceptors in 1974 chose oral contraceptives.

### **External Assistance**

The International Planned Parenthood Federation (IPPF) has provided \$2.36 million in assistance since 1969. This funding has gone toward activities of the

Family Planning Association of Kenya (FPAK), including the operation of eight mobile units serving 90 clinics throughout the country. IPPF also operates the Family Welfare Training Center in Nairobi and maintains a regional office in the same city.

The Population Council conducted the study on which Kenya's family planning program is based and has provided a total of \$225,000 in assistance since 1969. Family Planning International Assistance has provided \$454,000 since 1973. Financial support also has come from the Ford Foundation, The Pathfinder Fund and the Association for Voluntary Sterilization.

The International Bank for Reconstruction and Development (World Bank Group) provided \$360,000 for family planning activities in 1974 and 1975 and has pledged loans totaling \$12 million in support of the Kenyan program for 1975-79.

The United Nations Fund for Population Activities (UNFPA) made \$3.5 million available in 1974 for general support of Kenyan family planning efforts through 1979. Previous UNFPA funding included \$794,000 through fiscal 1975. In addition, the Children's Fund (UNICEF) is providing assistance through its maternal and child health programs.

Assistance from the U.S. Agency for International Development between fiscal 1969 and 1975 totaled \$1.93 million; about \$329,000 is budgeted for fiscal 1976. Funding has gone toward training of family planning personnel, technical and commodity assistance for the Government program, and technical assistance in demographic studies.

Specific activities have included: tests of three different delivery systems in the Special Rural Development Project in Vihiga; advisory assistance in preparing information, education, and training materials for the Ministry of Health; production of a prototype family planning calendar; establishment of a major demographic project through a contract with the University of North Carolina; and a regional project to test the potential for commercial marketing of contraceptives. The latter project included sales of condoms through established markets in the Meru District, which has a population of some 500,000.

Among individual countries providing bilateral assistance, the Swedish International Development Authority has provided \$2.4 million in the last 19 years for advisory assistance, contraceptives, and support for the education and information activities of the Government program. The Netherlands has supplied \$819,000 in the last decade—mainly for a 1968-72 project in Nairobi to provide training for medical officers and a paramedical staff. Since then, the Netherlands has paid the salary of an obstetri-

gynecologist assisting the national family planning program. Denmark has pledged \$426,230 to the school for district nurses in Eldoret. The Norwegian Agency for International Development provided \$240,000 in 1974 and 1975—mainly for clinic equipment. In addition, it has committed \$3.1 million for 1974-77 for the establishment and operation of six rural health training centers and has programmed \$1.9 million for the building of three demonstration health centers and to cover current expense of family planning clinics. West Germany provided \$498,000 in assistance from 1969 through 1972.

## Lesotho

Lesotho—a small republic bounded on all sides by South Africa—had a population of just over 1 million in mid-1975. With the birth rate at about 39 per 1,000 population and a death rate of 20 per 1,000, Lesotho's citizens increase in number 1.9 percent each year. Some 38 percent of the population is under 15 years of age.

Lesotho has no official population policy, and the traditional Government position has been that the country has no population problem despite high unemployment and low per capita GNP (\$100 per year). But the Government has shown increased interest in the past decade in population/family planning efforts.

The private Lesotho Family Planning Association (LFPA) was organized in 1966-67 and offers family planning services through its clinic in Maseru. It is an affiliate of the International Planned Parenthood Federation (IPPF). Some private physicians provide contraceptives, and IUD's are inserted at Scott Memorial Hospital.

### External Assistance

The U.S. Agency for International Development (AID) is providing assistance to Lesotho through a regional maternal and child health/family planning project initiated in 1972 under a contract with the University of California, Santa Cruz. The program is designed to introduce the concept of child spacing into the health service and to seek ways of motivating families in child spacing. AID support—to extend through 1976—pays for advisory personnel, commodities, participant training, and local program costs. Funds also have gone toward the construction of lecture rooms at the maternal/child health center at Tsakholo in the Mafeteng District.

The United Nations Fund for Population Activities (UNFPA) has provided assistance for a demographic survey and family planning projects. The

World Health Organization has assigned a family planning doctor to the Ministry of Health and Social Welfare.

The International Planned Parenthood Federation (IPPF) supplies financial support to the Lesotho Family Planning Association (LFPA) for fieldworkers, education and publicity, training, and the operation of two clinics. The Pathfinder Fund supplied office equipment for the LFPA, and World Neighbors has also helped the Association.

## Liberia

This country of 1.6 million people is experiencing accelerated population growth. While population increased an average of 1.4 percent a year for the decade 1956-65, the growth rate is currently estimated at 2.9 percent annually. This change reflects both a rise in the birth rate (50 per 1,000 population in 1975 compared to 43 per 1,000 in 1965) and a drop in mortality (21 deaths per 1,000 people in 1975 compared to 24 per 1,000 in 1965). Further, the trend will probably continue as nutrition and health services improve. Even with the present rate, Liberia's population will double by century's end.

Liberia's people are chiefly rural (72 percent), and about 42 percent are under age 15. As population increases, many young people will leave rural areas, and the proportion of the population that is young will also increase. Both trends could create social and economic problems. However, the Government recognizes the seriousness of the situation and publicly supports family planning.

A decade ago, Liberians were just beginning to have access to such services through the Family Planning Association of Liberia (FPAL), newly affiliated with the International Planned Parenthood Federation (IPPF). Today, these services have been expanded, and the Government is following through on President Tolbert's May 1973 endorsement of family planning. In it, he said that integrated development plans, including maternal and child health and family planning, were necessary to achieve improved standards of living and that "We owe it to ourselves and to posterity to take advantage of modern technology wherever it is available."

Current Government plans are to provide these services through the AID-sponsored Lofa County Rural Health Project and eventually to incorporate them into all maternal/child health and general health programs. FPAL, which was founded in 1956, works with the Government family planning program and extends services to previously unreached areas. It also assists industries interested in offering family

planning services to their employees. Among these have been the Lamco Iron Mine and the Bong Mines.

In 1974, seven clinics were offering family planning services. Plans are currently underway to integrate family planning into public health clinics throughout the country, and a new FPAL clinic was to open in Bong County during 1975. New acceptors in 1973 totaled 2,614, with 6,075 revisits. Orals were the main type of contraceptive used.

The information-education work of FPAL has included production of audiovisual materials, sponsorship of seminars and conferences, participation in radio and television programs along with officials of the Ministry of Health and Welfare, and production of the FPAL's own radio program. Also, a Family Planning Health Program in 1973 reportedly reached 20 percent of the 10-to-14 age group in urban areas and 15 percent of the 15-to-44 group in rural areas. FPAL also conducts in-service training.

### External Assistance

The United States, through the U.S. Agency for International Development committed a total of \$1.4 million between fiscal 1968 and 1975 for family planning in Liberia and has budgeted another \$99,000 for fiscal 1976. Past assistance has included training of Ministry health workers in maternal/child health and assistance in developing demographic data via household surveys. Current assistance is going toward

the Lofa County Rural Health Project—an experimental program including family planning services, which, if successful, may be extended to other countries.

The International Planned Parenthood Federation (IPPF) has provided \$629,000 since 1969 toward the operations of the private Family Planning Association of Liberia (FPAL). Limited assistance also has come from Family Planning International Assistance, The



*Nurse describes various contraceptives to mothers at a Kenyan health clinic.*



*Cooking demonstration in a village of Lesotho. Some 38 percent of the population is under 15 years of age, and malnutrition here is widespread. Many African governments believe social development will create conditions needed for a reduction in fertility.*

Pathfinder Fund, and the World Assembly of Youth.

The United Nations Fund for Population Activities (UNFPA) has budgeted a total of \$770,000 since 1971 for population assistance in Liberia. Part has helped support several demographic projects; the remainder has provided a family health advisor (through the World Health Organization) for the Ministry of Health and Welfare.

## Malawi

The country's population in mid-1975 was slightly above 5 million with a rate of natural increase estimated at 2.4 percent per year. The birth rate is 48 per 1,000 population, and the death rate is 24 per 1,000. Some 45 percent of the population is under 15 years of age. Per capita GNP is about \$110 annually.

Little has changed during the past decade in Malawi's view of population growth. The Government is basically pro-natalist, prohibiting wide dissemination of family planning services or publicity. Nonetheless, some family planning assistance is offered by private doctors and hospitals.

### External Assistance

The U.S. Agency for International Development has provided support for the Government's maternal and child health extension projects, with cumulative funding through fiscal 1974 of \$113,500.

The United Nations Fund for Population Activities (UNFPA) is funding assistance for a national census and improved labor statistics.

The International Planned Parenthood Federation (IPPF) has supported a baby clinic at a mission hospital near the national capital, Zomba. Services of the clinic include advice on child spacing. World Neighbors has also provided limited assistance for family planning.

## Mali

Mali's mid-1975 population was estimated at 5.6 million increasing about 2.4 percent a year. Of the total, 44 percent is under age 15. Per capita income (GNP) is estimated at \$70 per year—among the lowest in Africa.

The birth rate is 50 per 1,000 and the death rate is 26 per 1,000. Both these rates are among the highest in the world with the latter caused not only by health and nutrition problems but also by the devastating Sahelian drought. Mali was one of the countries most severely affected, and thousands of its people were forced to migrate, enduring great hardship, to other countries while others remained to

suffer the effects of malnutrition and—in some instances—starvation.

In the last decade, Mali has shown some movement away from its traditionally pro-natalist position. In 1972, the Government removed some of the restrictions of a long-standing French law that prohibited abortion and the sale and distribution of contraceptives—the first such move by a Francophone country in Africa. The Government is now permitting family planning services at several pilot clinics.

### External Assistance

The Canadian International Development Agency (CIDA) gives primary support to the pilot clinics offering family planning services. One is full-time and five are part-time, and the program apparently has been quite successful. Although the Government is not officially involved, it has control of the program through a board of directors, whose president is the Malian Minister of Production.

CIDA also supports a 2-year pilot family planning project in Bamako, the national capital. Funds have provided for operations of the clinics, training, and a national statistical survey.

The Pathfinder Fund has provided contraceptives.

The U.S. Agency for International Development gives no family planning assistance to Mali, but the United Nations Fund for Population Activities (UNFPA) has given assistance for a demographic census and for a family health program.

## Mauritania

Mauritania's mid-1975 population, over two-thirds nomadic, is estimated at 1.3 million. Some 42 percent is under age 15. The Mauritanian Government reports a rate of natural increase of 1.4 percent per year and a birth rate of 39 per 1,000 population. The death rate is a high 25 per 1,000, to which the prolonged Sahelian drought has contributed. Income (GNP) per person is about \$200 annually.

Little change has taken place during the past decade in the Mauritanian Government's view that the country has an acceptable rate of population growth. Still, a maternal and child health clinic at Nouakchott gives family planning advice—and contraceptives on request for medical reasons. Family planning information is offered by private physicians, and oral contraceptives are sold in drug stores.

### External Assistance

The United Nations Fund for Population Activities (UNFPA) supported a population census in 1975 and a followup sample survey of the nomad population.

## Mauritius

The tiny (720 square miles) island country of Mauritius, with a population of 885,000 in mid-1975, has had an official population policy and a Government family planning program since 1966. The birth rate of 28 per 1,000 people and the death rate of 7 per 1,000 are unusually low for an African country. Life expectancy at birth in Mauritius is 66 years—the highest in the region. Mauritius also has achieved considerable success in slowing the rate of population increase, which is now about 2.1 percent per year. However, this rate is still unacceptable to the Government, which hopes to cut it to 1.2 percent annually between 1980 and 1985.

While the current growth rate would double the nation's present population in 33 years, it is down sharply from the 1950's. In that period, the rate of increase rose to over 3 percent as post war eradication of malaria brought a precipitous drop in mortality. By the 1960's attention was being focused on the economic and social consequences of such rapid growth and paved the way for the Government's entry into population/family planning.

As of 1975, the Government was operating clinics throughout the country. A total of 269,000 clinic visits were recorded in 1972–80 percent to receive oral contraceptives.

The country also has the private Mauritius Family Planning Association (MFPA), formed in 1957, that is a member of the International Planned Parenthood Federation (IPPF). Although its activities were largely taken over by the Government program in late 1972, the MFPA still runs two model clinics and is responsible for most of the national program's information-education work. Recently, MFPA has begun assisting industrial family planning projects. One industry, for instance, has lent its clinics facilities 4 days a week to the MFPA for the extension of family planning services to the company's 1,000 women of child-bearing age. In addition, the MFPA has launched a pilot project to distribute contraceptives through small shops.

Information-education work has included sega shows (dance and song acts) in rural areas containing family planning messages and extensive use of radio and television for publicity.

Also at work in the country is Action Familiale (AF), a Catholic organization that gives advice primarily on the rhythm method.

### External Assistance

The International Planned Parenthood Federation (IPPF) supports the work of the MFPA and contri-

buted \$145,900 to its 1975 budget for information-education work, operation of two pilot clinics, training, and other activities.

The United Nations Fund for Population Activities provided \$1,204,000 for a population and housing census and for health and family planning projects.

The U.S. Agency for International Development has helped provide training in the United States for several Mauritians and the purchase of equipment.

Other aid has come from the Population Council, which has provided IUD's and inserters. The World Assembly of Youth (WAY) conducts seminars for young people on populations problems and family planning and other relevant issues, and representatives from Mauritius attended WAY's 1972 International Youth Seminar on Environment in Vienna, where family planning was one of two major topics discussed.

The United Kingdom has provided medical personnel for the Mauritian Government family planning program. The Population Investigation Committee of the London School of Economics has evaluated the Government program. The Swedish International Development Authority has supplied orals and condoms to the MFPA.

The World Bank has provided consultant help in planning the national program. The Pathfinder Fund has assisted the program.

## Morocco

Morocco's population of 17.4 million, as of mid-1975, was increasing by 3.0 percent per year. This high rate is down only slightly from the annual average of 3.1 percent for 1965. The combination of a high birth rate of 46 per 1,000 people and a death rate that has declined to 16 per 1,000 chiefly accounts for this pace. Other factors also involved, however, include the high proportion of young people in the population (44 percent are below age 15) and the rising number of women of reproductive age. Their number is estimated at 3.99 million, as of mid-1974, compared with 3.53 million in 1970. Further, tradition encourages large families in this conservative Moslem country. This feeling is especially strong in the rural areas, which contain 63 percent of the country's people.

This rapid population growth has brought a strong commitment in Morocco to population and family planning activities. A growing number of Government, religious, and industry leaders have recognized the negative consequences of rampant population growth. This commitment began about a decade ago and has developed to the point where



*Making ends meet in rural Africa, where most of the Continent's people live, is often difficult. Clock wise from right: Large family to feed, Cape Verde Islands where birth rates are very high; in Mauritania a farmer hoes a thin stand of millet and a herdsman draws water from a small well for his cattle.*



family planning is a vital part of the Government's health network.

However, in the intervening 10 years, many people have left the countryside for the cities and created new difficulties in the form of urban crowding, high unemployment, strained social services, and health and sanitary problems. In addition, with population outrunning food production, the country must pay out increasing amounts of foreign exchange for food and agricultural imports.

The family planning program itself has had a number of problems, the foremost of which is a lack of medical personnel trained in family planning. Although family planning is now included in the curriculums of the Medical School and all paramedical schools, attempts to provide training for practicing personnel have been sporadic.

Nevertheless, the national family planning pro-

gram has developed from a small pilot project in 1966 into one that is beginning to be integrated into the health service. The program became nationwide in 1968 after the Government's inclusion of family planning in its 1968-72 development plan. The goal was to reduce the birth rate from 50 per 1,000 to 45 per 1,000 by obtaining 500,000 new acceptors of the IUD and 100,000 acceptors of other contraceptives. Results have fallen somewhat short of these goals although the annual number of new acceptors has risen from 21,304 in 1969 to 41,700 in 1974. As of October 1974, current users were estimated at 83,900; orals were used by an estimated 55,600 of these and IUD's by 28,300.

Under the current population policy set forth in the 1973-77 development plan, the program aims to educate, motivate, and inform the people about family planning. Today, family planning services are

offered by 180 or more health centers as well as by new Family Planning Reference Centers in urban areas. By 1977, the end of the current 5-year plan, a majority of the 25 provinces is to have one of these Centers, staffed with obstetrics/gynecology personnel. The Government plans to augment these services with 570 dispensaries staffed with paramedics and to offer family planning services once a week. It also plans to increase the number of health centers to 230 by 1977.

Specific goals for 1977 include reducing the crude birth rate to 45 per 1,000 and the annual population growth rate to 2.9 percent. An estimated 400,000 new acceptors will be required to meet these targets.

In addition to the growing Government program, interest by voluntary, religious, and industry groups is mounting.

In 1970, the private Moroccan National Family Planning Association (MNFPA) was formed. It is a member of the International Planned Parenthood Federation (IPPF) and carries out information, communication, and education programs in addition to providing services through four clinics. In May 1973, for instance, the MNFPA sponsored a booth and distributed information at the International Casablanca Fair. This led to a surge in requests for family planning information at MNFPA-sponsored clinics in Casablanca, Tangier, and Rabat-Sale.

Religious leaders also have come to accept family planning activities despite the conservative stance of the dominant Moslem religion. For example, Rabat, in 1971, was the scene of an IPPF-sponsored con-

ference on Islam and family planning. The conference—attended by some 80 Islamic scholars, scientists, and politicians from 24 Islamic countries—issued a communique endorsing the Moslem family's right to space its children through legitimate and reversible contraceptive methods.

In the industrial sector, the Phosphate Office conducted a survey a few years ago of 3,000 women workers or dependents in the mining town of Khouribga. Ninety-nine percent of the interviewees expressed some knowledge of family planning, and 58 percent favored it; some 19 percent even wanted to be sterilized. The Office has since opened a family planning clinic in Khouribga—one of the first industry-backed family planning clinics in Africa.

Demographic research in Morocco has been carried out at a center established in May 1971 with technical assistance from the University of North Carolina under an AID contract.

### External Assistance

The U.S. Agency for International Development (AID) has provided a total of \$2.35 million in assistance to Morocco's national family planning program between fiscal 1969 and 1975 and has budgeted funds for fiscal 1976. Expenditures have gone toward technical assistance with the 1971 census, support for the national family planning program through provision of advisory help, contraceptives, and a \$300,000 local currency grant toward construction of the new National Family Planning Center. AID also has supported a program of training some 600

*In Morocco, the goal is to find 500,000 new acceptors of the IUD, here being shown to two mothers. The Government wants to reduce the country's birth rate, emphasizing education, motivation, and information.*



“monitrices” in family planning motivation and education. The “monitrices” are now working in the 200 women’s centers and in a smaller number of others.

The United Nations Fund for Population Activities (UNFPA) provided \$128,000 between fiscal 1971 and 1974 for a law and population study and toward activities of the Moroccan National Family Planning Association (MNFPA). And the United Nations Children’s Fund (UNICEF) has provided assistance to help develop the national maternal and child health/family planning program.

The International Planned Parenthood Federation (IPPF) provided \$900,000 between 1971 and 1975 to assist the MNFPA.

The Population Council has provided \$620,000 in funds since 1971. This included a grant to the Institut National de Statistique et d’Economie Appliqué for various research projects and some in demography. Assistance has been given by The Ford Foundation and The Pathfinder Fund.

## Niger

Niger’s mostly rural population in mid-1975 was increasing at the rate of 2.7 percent annually—a rate that would double the present 4.6 million population in 26 years. This derives from a birth rate of 52 per 1,000—the highest in the world—and a high death rate of 25 per 1,000. About 46 percent of the population is under 15 years of age. Poverty is widespread, and the per capita GNP is only \$120 per year. Health facilities and services are scarce for all.

The rapid rate of population increase is posing severe problems, present and future, for a country already suffering from inadequate capital and social services and limited natural resources. Further, Niger was not only one of the West African countries struck by the severe Sahelian drought, but it received thousands of Tuareg drought refugees from Mali.

Nevertheless, the Government has maintained a strong pronatalist position throughout the past decade, holding that the population growth rate, fertility rate, and expected population size are acceptable. This is reflected in a general lack of family planning activities.

Some family planning information is distributed informally. Contraceptives are sold in urban pharmacies and dispensaries at comparatively high prices.

As one of the African Francophone countries, Niger has a 1920 French law on its books prohibiting the publicizing or selling of contraceptives.

### External Assistance

The U.S. Agency for International Development (AID), through the American Organization for

Rehabilitation and Training Federation (ORT), assisted the Government of Niger in establishing a pilot maternal/child health project to: develop methods for expanding and improving present services, motivate people to space their children, and train health personnel. AID funding provided personnel, commodities, participant training, and other necessities. AID also has provided \$25,000 to the Niger Center for Social and Scientific Research for production of a family planning film.

The United Nations Fund for Population Activities (UNFPA) is supplying assistance for a population census scheduled for 1976.

## Nigeria

Although ambitious official plans have been outlined and private family planning activities have been conducted for more than a decade, Nigeria—the most populous nation of Africa and potentially one of the wealthiest—as yet has made no firm commitment to curb population growth.

The former head of state, General Yakubu Gowon, maintained that Nigeria needed a lower rate of population increase in order to facilitate social and economic development and that population growth was outpacing food production. This growth now stands at around 2.7 percent a year, and the country’s population of 63 million would reach over 126 million just after the turn of the century. The 1974 birth rate is 49 per 1,000 people, and the death rate is 23 per 1,000.

The growing pressure of population on resources is already evidenced by extensive soil erosion in some heavily populated rural areas, a general inability of public services to keep up with population growth, and high rates of unemployment and dependency.

Yet because of Nigeria’s abundance of natural resources, there is a common national feeling that the country can easily absorb the expected population increase. Recently high prices for petroleum—of which Nigeria is a large producer—have strengthened this view.

Nigeria’s 1970-74 development plan called for integration of family planning activities into maternal and child health programs, but little progress was actually made. The goals may yet be accomplished, however, since the Government presently hopes to develop a national family planning program out of a maternal and child health/family planning training project. In addition, 10 of the country’s 12 States are reported making family planning services available. Among these are Lagos, Western, Kwara, Mid-West, and several of the northern States.

Private family planning services have been offered since 1964 through the Family Planning Council of Nigeria (FPCN), a member of the International Planned Parenthood Federation (IPPF). In addition to services available through clinics, the FPCN conducts widespread information, education, and communication activities stressing the relationship between small families and family well-being.

Efforts of the FPCN are supported by the Universities of Lagos and Ibadan, which have demonstration clinics for student nurses and doctors as part of their curriculums. For example, the Lagos University Teaching Hospital operates a family planning training clinic in Lagos. Here, student nurses, physicians, and paramedics from Nigeria and other countries are trained in family planning and the treatment of infertility.

In addition, a number of Christian mission hospitals offer family planning services, while universities are carrying on research in maternal and child health/family planning.

### External Assistance

The International Planned Parenthood Federation (IPPF) has provided \$3.5 million since 1969—mainly in support of the activities of the Family Planning Council of Nigeria (FPCN).

U.S. AID budgeted a total of \$1.62 million for family planning in Nigeria during 1973-75, mainly for an experimental project to integrate family planning into maternal/child health programs and for improvements in preventive and curative medicine for children under 5 years of age. The family planning effort, which will end in 1976, is being carried out by Nigeria's National Institute of Child Health with assistance from Johns Hopkins University under AID contract.

Other AID assistance in the past decade has included: an \$84,000 grant to the University of Lagos for an expanded demographic training and research program, \$10,000 for training five nurses in family planning, \$84,000 under a regional grant to help the Federal Ministry of Health improve its data gathering system, and \$114,000 to the University of Michigan to help the University of Ibadan conduct a study of rural-urban migration in Nigeria.

The United Nations Fund for Population Activities (UNFPA) in 1975 approved the outlay of \$1,345,000 to assist the Government's rural maternal and child health and family planning program. The estimated equivalent value of the Government's contribution is \$3,337,000, for a 5½ year period beginning in July 1975. Earlier, UNFPA had provided funds for the 1973 population census, financing

*At a local market in Ibadan, Nigeria, a country where petroleum wealth is bringing the urban congestion familiar in the Western world, Nigeria's Government hopes to develop a national family planning program out of a maternal and child health/family planning training project.*



for a law and population study, and other population/family planning projects.

WHO has supplied funds for training and research.

The Population Council has given a total of \$1.3 million in assistance, chiefly to improve and maintain demographic and research facilities at the Universities of Ife and Lagos and the Ahmadu Bello University. It also has assisted the rural family planning project at Zuma Memorial Hospital in Urrua, post partum family planning programs, and a demonstration clinic at Ahmadu Bello University.

The Ford Foundation has provided a total of \$1.1 million in population assistance since 1966. It maintains a resident West African advisor in its Lagos office, operates an informal population information service, and has made a number of grants for family planning training and demographic projects.

Family Planning International Assistance, with \$116,000 in assistance since 1972, has provided support for regional conferences of the Christian Council of Nigeria and other activities.

The Pathfinder Fund's \$194,099 in cumulative assistance has gone toward a female sterilization clinic, a family planning information center and clinic at Enugu, a medical student's conference, and a study of maternal and child health services offered by rural health workers in East-Central State. It also has provided contraceptives for family planning activities in the North-Eastern State of Nigeria and at Zuma Memorial Hospital.

Other voluntary assistance has come from the Mennonite Central Committee, the Smithsonian Institution, the World Assembly of Youth, and World Neighbors and the Rockefeller Foundation.

In addition, Finland--through the United Nations Children's Fund--has provided \$144,000 during 1972-76 for a pediatric training unit at Ahmadu Bello University Medical School.

## Rwanda

As Africa's most densely populated nation--with 560 people per square mile of agricultural land--Rwanda is feeling the shocks of rapid population growth. In this desperately poor country, the population (estimated 4.2 million in mid-1975) is expanding by 2.6 percent annually. Both birth and death rates are unusually high at 50 and 24 per 1,000, respectively, and about 44 percent of the population is under 15 years of age. Although it is encouraging to note that the overall growth rate has declined from the 3.1 percent annual average reported for 1963-68, the "young" age structure of the population is conducive to future rapid population growth.

With food production lagging behind population expansion, food shortages are an ever-nagging threat forcing the Government to rely on the international community for increasing food aid. At the same time, the country finds itself unable to bring about needed development as money goes toward merely maintaining present services. These conditions are reflected in a per capita income (GNP) of only \$70 a year and a literacy rate of 10 percent.

Some leaders have shown concern about the country's rapid population increase. Although the Government has traditionally been opposed to family planning by methods not approved by the Catholic Church, at a 1968 seminar sponsored by the Ministry of Health, agreement was reached that the concept of child spacing should be incorporated into national health education. Also, some doctors provide family planning information on request.

### External Assistance

The U.S. Agency for International Development (AID) has provided assistance for construction of dispensary/maternity projects in Rwanda.

The International Planned Parenthood Federation (IPPF) has provided for the training of two nurse-midwives at IPPF's Family Welfare Training Center in Nairobi, Kenya, and it helped finance a Government-organized international symposium on the African family.

The Pathfinder Fund supports a project at the University of Rwanda Medical School in Butare aimed at incorporating family planning services into the public health structure. The United Nations Fund for Population Activities supported a population census in 1975.

World Neighbors includes family planning education in its rural development program.

## Senegal

Senegal's population (4.4 million in mid-1975) is growing by some 2.4 percent a year--up from an annual average of 2.1 percent in 1963-68. Both the birth rate (48 per 1,000 people) and the mortality rate (24 per 1,000) are unusually high.

Population growth is continuing to outstrip the country's social services and resources. Per capita income (GNP) is \$250 annually. The proportion of dependents in the population is high, with 43 percent of all people under age 15. In addition, growth in critically important agricultural production has been curtailed for most of the decade by the prolonged Sahelian drought.

The Government sees the country's population growth rate as acceptable. However, some leaders are now showing an interest in family planning. A private family planning clinic in Dakar—the first for French-speaking Africa—has been given informal encouragement by the Government and has received assistance from The Pathfinder Fund. It has established two satellite clinics—one in a Dakar suburb and one in the interior of Senegal, and its staff extends services to other parts of the country. Another private family planning clinic existed in Dakar during 1970-71 but was closed because of organizational difficulties.

A few local doctors provide family planning information and insert IUD's.

### External Assistance

The U.S. Agency for International Development (AID), through the Special Population Activities

Fund, provided support for a maternal and child health/family planning program.

The United Nations Fund for Population Activities (UNFPA) is supporting two demographic projects—the 1975 population census and an investigation of fertility trends.

The International Planned Parenthood Federation (IPPF) has provided limited assistance. The Pathfinder Fund helped establish and continues to support the private family planning association in Dakar as well as a training center for paramedical personnel. The center offers 1-month courses for nurses and midwives of Francophone Africa. Pathfinder also has supported training in the United States of paramedical staff and supported a trip to Moslem countries of North Africa and the Middle East for six Senegalese opinion leaders to enable them to visit family planning programs there.

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## Sierra Leone

Sierra Leone's population of 3 million, as of mid-1975, is increasing at a rate of 2.4 percent a year. The birth rate for the country is 45 per 1,000, and the death rate is 21 per 1,000. Some 43 percent of the population is under 15 years of age. Based mainly on agriculture and mining, per capita GNP is estimated at \$160 a year.

A decade ago, it was widely felt that Sierra Leone would benefit from rapid population growth; but that view has changed considerably. The Government in most recent years has encouraged the activities of the private Planned Parenthood Association of Sierra Leone (PPASL).

PPASL was founded in 1960 and became a member of the International Planned Parenthood Federation (IPPF) in 1968. As of the end of 1974, it was operating 11 clinics; as of 1973 new acceptors totaled 2,182 and continuing acceptors 3,592. Orals have proved to be the most popular contraceptive—with a new acceptor rate in 1973 double that of 1972.

Among its other activities, PPASL sponsored an international seminar on the health of the family unit in 1973; has planned parenthood weeks, exhibits at fairs, and showings of family planning films; has printed and distributed leaflets and pamphlets, posters, calendars, and Christmas cards carrying family planning messages; and has used the mass media for extensive planned parenthood publicity.

The Government allows PPASL free use of radio and television as well as some maternal and child health facilities. The Government also has sponsored

participants for maternal and child health/family planning training programs, and has removed the duty on imported contraceptives.

### External Assistance

The U.S. Agency for International Development (AID) has provided funds for training Sierra Leoneans at the U.S. Bureau of the Census and at the Meharry Medical College Maternal and Child Health Family Planning Center.

The United Nations Fund for Population Activities (UNFPA) has helped Fourah Bay College establish a demographic unit and, through UNESCO, has provided fellowships for training in the communication aspects of population education. It has also provided assistance for the 1972 population census and a seminar at Fourah Bay College on the health of the family unit.

CARE has given food and medical packages to the Planned Parenthood Association of Sierra Leone (PPASL) for distribution to women visiting parenthood clinics. The International Planned Parenthood Federation (IPPF) assists the PPASL's program and budgeted \$212,200 in 1975 for fieldwork, information-education, clinic operations, and other activities. The Pathfinder Fund in 1972 sponsored participation of six PPASL officials in a 7-week Government Affairs Institute seminar in Washington, D.C., on planning and management of population/family planning programs.

Family Planning International Assistance has provided contraceptives and medical equipment to church-related family planning programs.

The Population Council has sponsored the

training of a Central Statistics Office official in demographic data processing and provided grants for Master's degree students in population and geography at Fourah Bay College. It also has funded a national survey of population knowledge, attitudes, and practices.

Sierra Leone was represented at the World Assembly of Youth African regional seminar on Youth and Family Planning in Lagos, Nigeria, in 1972. The Pathfinder Fund has given some assistance.

## Sudan

The mid-1975 population of Sudan was estimated at 17.8 million with a very high rate of natural increase of 3 percent. Births were 48 per 1,000 people, and deaths 18 per 1,000, and 45 percent of the people were under 15 years of age. If the present rate of increase were to continue, the population would double in 23 years. Present per capita GNP is \$140 per year.

The Sudanese Government seems at some times to favor population control and at others to oppose it. In a report prepared for the 1970 Conference of the U.N. Economic Commission for Africa, the Government stated that "... the country cannot afford the rise in fertility which might follow economic develop-

ment. It is necessary to emphasize that unless measures are initiated at this stage to control... the rate of population growth, a continuously increasing amount of effort... 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 development planning." And Sudan's 1970-75 Development Plan stated that family planning should be incorporated into the maternal and child health services of the country.

The Sudan Family Planning Association (SFPA), founded in 1965, opened its first clinic in 1966 and became a member of the International Planned Parenthood Federation (IPPF) in 1971. It runs clinics in three cities and in some clinics uses Government facilities and personnel. The Sudan Medical Association, the Khartoum Nursing College, Khartoum physicians, and the University of Khartoum cooperate with the Association.

### External Assistance

The United Nations Fund for Population Activities (UNFPA) gave assistance for a population census in 1972. The World Health Organization (WHO) has given advisory help in vital and health statistics to the Ministry of Health.



*A family group in rural West Africa awaits the meal being prepared at far left. Among the countries in this region, Ghana and Liberia are giving Government support to family planning programs and others have begun to show interest.*



*Tanzanian baby is given weight check at the Nutrition Clinic at Pugo, near Dar-es-Salaam. The clinic was established to fight malnutrition and raise health standards. Maternal and child health and family planning services are part of the country's health program.*

The International Association of Schools of Social Work has included Sudan in its pilot project to develop qualified social work manpower for population/family planning activities.

The International Planned Parenthood Federation (IPPF) has given financial assistance to the Sudan Family Planning Association (SFPA) for information-education, training, clinic operations, and field-work.

The International Fertility Research Program has supported introduction of new technologies in the Sudan and relevant training.

The Pathfinder Fund has assisted in the program.

## Swaziland

Rapid population growth continues in Swaziland although the rate of increase has fallen slightly to 2.7 percent compared with 2.9 percent in 1972. The birth rate is estimated at 49 per 1,000 and the death rate at 22 per 1,000 people. This means that the population of 493,000 could double in 26 years. Further, because of the high birth rate, some 46 percent of the Swazi are under 15 years of age, creating added demands on the Government for schools and other services and providing the potential

for continued strong population growth in the future.

The Government, which a decade ago opposed family planning, has shown increased interest recently in slowing population growth. The country's 1969 Development Plan gives authority for a family planning program in the Ministry of Health. Toward this end, the Government has been working to launch a low-key family planning program based around a rural clinic.

Some individual doctors also give family planning advice.

### External Assistance

The U.S. Agency for International Development (AID) has provided support from a Special Population Activities Fund for two Government projects: construction in the Hlatikulu area of a public health center that will provide maternal and child health/family planning services; and expansion and renovation of the existing rural health clinic in the Shiselweni District to provide maternity/family planning services.

The United Nations Fund for Population Activities is providing assistance for maternal health/family planning and a census. The United Nations Children's

Emergency Fund (UNICEF) has provided contraceptives and transport, and the World Health Organization (WHO) has provided assistance for a family planning program in the public health service.

## Tanzania

The Tanzania population, estimated at 15.2 million in mid-1975, is increasing at the annual rate of 2.8 percent. The birth rate is 50 per 1,000 population, and the death rate is 22 per 1,000. If the above rate of increase were to persist, the population would double to 30.4 million by the year 2000. With 47 percent of Tanzanians under age 15, or just approaching the years of parenthood, further rapid increase in numbers is clearly in the making despite the already heavy pressures on employment opportunities and public services. Per capita GNP is already low at \$130 per year.

Although the Government still has no official population policy, activity in the population/family planning field has expanded slowly in the past decade. Maternal and child health and family planning services are integral parts of the basic health program, and the Government in the last few years has given more financial support in this area than most African governments.

Among the direct results of population growth are the country's rising imports of food for immediate consumption needs. These imports totaled \$150 million in 1974 compared with an annual average of \$20 million in the late 1960's and \$50 million in 1972. Meanwhile, it is estimated that if population growth continues at the present rate, Tanzania's cultivated area would have to expand 64 percent by 1992 to supply the same amount of food per capita in that year as is grown today.

President Nyerere has spoken several times on the problems of rapid population growth. In a September 1973 address he stated, "Whatever we produce has to be divided between an increasing number of people every year. . . It is no use saying that these extra 380,000 people have hands as well as mouths. For the first 10 years of their lives, at the very least, children eat without producing."

The national health program includes midwife services and nutrition and family planning information. Private efforts have been carried on since 1959, when the Family Planning Association of Dar es Salaam was formed. In 1966, the Dar es Salaam Association became the Family Planning Association of Tanzania (FPAT) and joined the International Planned Parenthood Federation (IPPF).

The FPAT provides family planning advisors, conducts training courses, and provides supplies and equipment for the more than 100 maternal and child health/family planning clinics in Tanzania. Over 50 of these are in Government hospitals; the largest and most active clinics are in the capital city, Dar es Salaam. FPAT also produces family planning literature and radio programs.

Other agencies involved in family planning are the Dar es Salaam School of Medicine, which conducts population studies, and the East African Statistical Training Center, which offers Government employees a course in statistics, including census taking and vital statistics.

In line with the Government focus on rural development, there is expanding emphasis on maternal and child health/family planning programs in rural areas.

### External Assistance

The U.S. Agency for International Development (AID) has provided \$4.74 million for population activities in Tanzania since fiscal 1973 and has budgeted another \$958,000 in assistance for fiscal 1976. Much of this money is going toward the construction of 18 regional training centers and 64 outstations, which will provide training for an estimated 2,600 paramedical personnel.

The United Nations Fund for Population Activities has financed census publications and other projects in the family planning field.

The International Planned Parenthood Federation (IPPF) has provided a total of \$1.93 million since 1969 in support of the Family Planning Association of Tanzania (FPAT). It also supports work at three mission hospitals in the Masasi area. Oxfam, through IPPF, provided funds to FPAT in 1972 for three vehicles, their operating costs, and 2 years of staff salaries. Additional funds were approved for vehicle operating costs, maternal and child health work, and program expansion.

The Population Council, with a cumulative input of \$324,000 since 1969, has provided demographic assistance, support for a project to analyze census data on migration, and assistance for private agencies in Tanzania.

Other private organizations lending assistance during the past decade include Family Planning International Assistance, The Pathfinder Fund, and World Neighbors.

Countries other than the United States also have provided considerable assistance since 1973: Canada contributed \$600,000 between fiscal 1973 and 1975; Denmark, \$1.33 million; Finland, \$1.54 million;

Norway, \$1.24 million; Sweden, \$4.63 million; and Switzerland, \$240,000. These countries all have budgeted additional assistance for fiscal 1976, including \$3.1 million and \$1.03 million, respectively, by Sweden and Finland.

The World Bank has conducted preinvestment studies as a prelude to a possible project.

## Togo

Togo's population of 2.2 million is expanding at an annual rate of 2.7 percent as of 1975. Birth and death rates are both unusually high—51 and 23 per 1,000, respectively. If Togo follows the usual pattern of developing countries of reducing deaths faster than births, its rate of population growth would accelerate. Another factor is that 46 percent of the population is under 15 years of age and will move into the reproductive age group over the next decade and a half.

The Government has held the view that the country's population is growing at an acceptable rate. Like most other countries of French-speaking West Africa, Togo has an anticontraceptive law. Still, family planning appears to be on the rise. A family planning clinic is operating in Lome, and some health officials make family planning information and contraceptives available to interested women on an irregular basis. Recently, a private family planning association was established, and it has been approved by the Government. In addition, some private physicians provide contraceptives.

### External Assistance

The U.S. Agency for International Development (AID) has provided funds for printing a maternal and child health/family planning manual. In addition, the Ministry of Health and AID have discussed plans for constructing a new health center at Lomé.

The United Nations Fund for Population Activities has financed improvement of demographic statistics, a seminar on education, and a law and population project.

Among private organizations, The Pathfinder Fund has sent medical supplies and contraceptives to the Lomé family planning clinic, and the Population Council and the Ford Foundation have provided fellowships in family planning. At the request of the Togolese Government, the Unitarian Universalist Service Committee has helped develop maternal and child health services and education with family planning to be introduced when it is considered an appropriate time.

Peace Corps volunteers teach family planning,

along with other health subjects, in schools and adult education classes.

## Tunisia

Tunisia during the last decade has mounted one of Africa's most comprehensive population/family planning programs, moving from a limited pilot project to a nationwide Government program. Its mid-1975 population was almost 5.8 million, and an annual birth rate of 38 per 1,000 people and a death rate of 13 per 1,000 result in a yearly population growth of 2.5 percent.

Although this is a high rate of increase, it is below the 2.7 percent reported for 1965 so that Tunisia is making some progress in slowing population growth despite the general impetus given to fertility by a declining death rate and the large number of women in the reproductive age group. The country's current death rate of 13 per 1,000 is the lowest on the African mainland, while the average life expectancy of 54 years is the highest. In addition, 44 percent of the population is under 15 years of age and will further swell numbers in the reproductive age group as they reach maturity.

Tunisia's national family planning program has grown from a pilot project launched in Bizerte during 1964 to a nationwide program offering free family planning services through some 300 Government health clinics and additional mobile units. Since 1964, the program has undergone a number of changes and reorganizations, including extension to a nationwide program in 1968-69 and the creation of the National Office for Family Planning and Population (ONPFP) in 1974. ONPFP is a semiautonomous Government agency under the Ministry of Health. A further change was the decision in November 1974 to rely more heavily on midwives in carrying out fieldwork.

The primary responsibilities of the ONPFP are to promote population policies and standards of service; to develop adequate training programs; and to provide central support for health and family planning education, communications, research and evaluation, and certain administrative services.

Since the program's extension nationwide, the number of new acceptors has risen from an estimated 15,700 in 1968 to 52,700 in 1974. The cumulative total was estimated at 215,000. The total of continuing users was estimated at 80,200 in 1974, over six times the 1965 level of 13,100. Some 47,800 of these were using IUD's, followed by an unusually high 20,800 receiving sterilizations, and 8,400 were on the pill.

*Tunisian mothers, right, learn about family planning. The program hopes to attract 69,000 new acceptors in 1976. A city mother, below right, would like to keep her family a small one.*



Current program goals are to reach 62,000 new and continuing acceptors in 1975 and 69,000 in 1976. The long-term objective is to slow population growth from the current level of 2.5 percent a year to 1 percent annually by the year 2001.

Toward this end, the Government has passed some milestone legislation aimed at encouraging smaller families. Tunisia was, for instance, the first Moslem nation to legalize abortions, with current legislation permitting abortion on request during the first 12 weeks of gestation. All family planning services—including abortion and tubal ligation—are free. The Government also has outlawed polygamy, raised the legal marriage age to 17 for women and 20 for men, limited child support payments to a family's first four children, and legalized the import, sale, and advertising of contraceptives. In mid-1975 the legal requirement for prescriptions for low-dosage oral contraceptives was lifted.

Also active in the country is the Tunisian Association for Family Planning (ATPF), an affiliate of the International Planned Parenthood Federation (IPPF). The organization was formed in 1969 and currently works closely with the national program. It operates the Ministry of Health's Montfleuri clinic, offering family planning consultations and services and tubal ligations, vasectomies, and abortions. The clinic also conducts family planning training programs for medical and paramedical staff.

In addition, the ATPF carries on much of the education work for the national program, conducting education and family planning campaigns through local chapters organized throughout the country.



### External Assistance

U.S. AID has provided a total of \$8.25 million in financial assistance for family planning in Tunisia between fiscal 1968 and 1975 and is providing another \$878,000 for fiscal 1976 with the overall aim of helping the Government to obtain its demographic goals. Expenditures have covered the whole spectrum of family planning activities: provision of contraceptives, medicines, and audiovisual and surgical equipment; advisory help; local and third-country training; budgetary support for special projects; and financial assistance toward the local currency costs of an International Bank for Reconstruction and Development (World Bank) loan for building clinics



*Clockwise from below:  
Social worker talks  
to Tunisian mother  
with large family;  
camel, symbol of  
birth control, carries  
family planning poster;  
farm workers get  
instruction on family  
planning; Minister  
of Health cuts ribbon  
for new clinic;  
talking over family  
planning with rural  
family.*



and teaching facilities. Support also included help in rehabilitating some 100 health facilities to improve maternal and child/health family planning services.

The United Nations Fund for Population Activities (UNFPA) has provided \$4 million in grant funds for the period 1974-78 for a number of demographic and family planning projects. The World Health Organization (WHO) has provided nursing/midwifery consultant services, commodities, and funds for training medical and paramedical personnel.

The World Bank made a loan of \$4.8 million in fiscal 1971 for the construction of clinics and training facilities.

The Ford Foundation has provided \$1.18 million in assistance, including payments to the Population Council for support of two resident advisors in Tunisia from 1968 through 1972 and a demographic advisor since 1972.

The Population Council has furnished technical assistance in demography, public health medicine, and health education.

The Pathfinder Fund furnished the first IUD's in Tunisia and in 1972 supplied Dalkon Shields for research purposes.

The Canadian International Development Authority during the past 8 years has furnished medical teams of 12 to 50 persons for work in medical schools, children's hospitals, maternal/child health clinics, and other health facilities to train Tunisians and improve the delivery of services.

The Netherlands has provided \$647,000 between fiscal 1970 and 1972 in family planning assistance, including the support of a team offering maternal/child health and family planning services in the Le Kef region.

Belgium provided \$175,000 in assistance during fiscal 1975, including support for a similar team in the Gafsa area.

The Swedish International Development Authority budgeted \$2.22 million in assistance between fiscal 1966 and 1972. This went toward advisory help from an expert in the production of communications/audiovisual materials, communications supplies and equipment, a large offset printing press, and the costs of a nurse-midwife advisor to the national program.

West Germany has provided subsidies to cover the operating costs of the Montfleuri clinic.

## Zaire

As of 1975, Zaire had a birth rate of 45 per 1,000 population and a death rate of 20 per 1,000, making for an annual population increase of 2.5 percent. If continued, this would double the country's 24.9

million population in 28 years. Some 44 percent of the country's population is under age 15, setting the stage for further increases.

Zaire, the most populous country in central Africa, is already suffering some of the repercussions of uncontrolled population growth. The needs of the people are outrunning food production; vital social services are lacking; disease and malnutrition are widespread; and mortality rates, especially among children, are high. And each new citizen adds to the demand for jobs, public services, schooling, and food.

The overall problem is attracting increasing attention. In the last decade, Zaire has moved from having no organized family planning activities to offering expanding services through Government facilities. National leaders have indicated a growing commitment to curtailing population growth. For instance, President Mobutu, in a national statement on population in 1972, expressed interest in limiting births to "desirable births."

Later, in March 1974, at a Kinshasa seminar, the Minister of Health stated "We believe...that a moderate demographic growth limited to desired births is a part of the basic equilibrium of a modern country in full development."

The Government currently has a pilot maternal and child health/family planning program under the auspices of Fonds Medical de Coordination (FOMECO). The program operates three clinics (another two have been approved) in Kinshasa. As part of the FOMECO program, the Mama Yemo General Hospital also offers training in family planning.

Additionally, maternal and child health/family planning radio tapes and films are being produced for national distribution by RENAPEC, the national radio education-television production agency.

A recently formed National Council of Health will determine future health and family planning priorities for Zaire and formulate needed programs.

## External Assistance

The U.S. Agency for International Development (AID) obligated \$1.63 million in fiscal years 1972 through 1975--and budgeted \$593,000 for fiscal 1976--for family planning programs in Zaire. Much of this has gone toward the Government's pilot project of maternal and child health/family planning services, including training, information-education work, contraceptive distribution, and development of model clinics.

The United Nations Fund for Population Activities (UNFPA) provided \$209,000 between fiscal 1973 and 1975 for a demographic and rural fertility survey

and for a civil registration project. Funds also have gone toward strengthening the Demographic Division of Zaire's Department of Statistics and toward the salary of a professor of demography at the Territorial School of Likas.

The Population Council in 1973 provided \$40,000 in grant assistance to the University of Zaire for partial support of a Department of Demography.

Canada's International Development Research Center granted \$99,500 to the Government's National Institute of Statistics for a demographic survey in three major cities and for development of techniques applicable to other African nations.

Limited assistance also has come from The Pathfinder Fund, Family Planning International Assistance, and the Mennonite Central Committee.

## Zambia

Zambia's mid-1975 population of 4.9 million is increasing at the very high rate of 3.1 percent a year—the same as reported for 1963-68. This reflects continued high rates for both births and deaths—51 and 20 per 1,000, respectively. The present pressures on employment opportunities, housing, educational facilities, health facilities, and social services are intense. Further, with 46 percent of its population below age 15, the dependency load on productive workers is extremely heavy. The 1975 per capita GNP is about \$500 per year, or above that of most African countries. But a continuing surge in population would tend to diminish this average and intensify many related problems.

Zambia has witnessed a quickening acceptance of family planning activities in the last decade on the part of both the Government and the general public.

A decade ago, the only formal activity was a local family planning association operating in Lusaka, the capital city. Today, the Family Planning and Welfare Association of Zambia (FPWAZ) provides services throughout the country; the Government has moved to offer family planning services through national maternal and child health facilities; and abortions are permitted under certain conditions as a result of a 1972 abortion law.

There is, nonetheless, still some hesitation on the part of the Government, which qualified its announced intent to make family planning services available with the note that they should not be considered as birth control but rather as help in child spacing. Apparently, most people continue to favor

large families although a 40 percent increase in use of contraceptives during the past 2 years has been reported.

The FPWAZ was organized in September 1971 and became an associate member of the International Planned Parenthood Federation (IPPF) in 1973. It provides free contraceptives to family planning acceptors and assists with dissemination of family planning services through the Government health program.

The FPWAZ also carries out extensive information-education work, which has been strengthened by the appointment of an information-education officer in 1974. Among the efforts planned for 1975 are the local production of slides on family planning, the publication of a newsletter, and a greater use of posters and exhibits at agricultural shows. Other activities have included national seminars on the role of family planning in social and economic development and training courses for paramedical staff.

Results include an estimated 1,684 new acceptors in the first half of 1974—well above the 1,264 reported for all of 1972. Orals are the main type of contraceptive used.

### External Assistance

The U.S. Agency for International Development (AID) has provided \$35,372 direct assistance through fiscal year 1975. It has funded special population activities projects for training seminars and vehicle purchase.

The United Nations Fund for Population Activities (UNFPA) is helping the Government to improve demographic data collection, analysis, and evaluation.

Private groups have also offered assistance. The International Association of Schools of Social Work has a pilot project to develop qualified manpower for population and family planning activities. The International Planned Parenthood Federation (IPPF) gives financial assistance to the Family Planning and Welfare Association of Zambia (FPWAZ), including funds for information work, training, and fieldwork. It also has provided contraceptives for dissemination by the FPWAZ. Budgeted expenditures for 1975 were \$376,000 compared with \$160,000 in 1974. The Pathfinder Fund has sponsored a family planning clinic project and a training program in the Copper Belt. The Population Council has made two grants to the University of Zambia for research on rural-urban migration and for a survey on population growth in selected areas. It also provides fellowship support.

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional:</i> <b>OFFICE OF POPULATION</b> <b>Goal 1: Development of Adequate Demographic and Social Data</b>	1,000 <i>dol.</i>	1,000 <i>dol.</i>	1,000 <i>dol.</i>	1,000 <i>dol.</i>	1,000 <i>dol.</i>	1,000 <i>dol.</i>	1,000 <i>dol.</i>	1,000 <i>dol.</i>	1,000 <i>dol.</i>
<b>Development of Methodology for Estimating Birth and Death Rates and Population Changes from Interview Data.</b> Research PASA <sup>1</sup> with National Center for Health Statistics, U.S. Public Health Service. Project 931-17-570-450; RA-1-66.	64 Completed Aug. 1967								
<b>Demographic Studies.</b> PASA <sup>1</sup> with U.S. Bureau of the Census to prepare a report on the population of Pakistan. Project 946-11-590-735; TCR-3-65.	27 Completed Jan. 1965								
<b>Demographic Methods Handbook.</b> PASA <sup>1</sup> 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	(2)			
<b>Demographic Services.</b> PASA <sup>1</sup> with International Demographic Statistical Center, Bureau of the Census, 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	(2)			
<b>New Florencia Workshop.</b> PASA <sup>1</sup> with Bureau of the Census to improve censuses and surveys in less-developed countries (LDC) 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	(2)			
<b>Correspondence Training in Household Sample Surveys.</b> PASA <sup>1</sup> 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.				21	134	(2)			
<b>Laboratories for Population Studies—Phase I.</b> 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							
<b>Laboratories for Population Studies—Phase II.</b> 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 932-11-570-861; csd-2495.			353	208	424	366	58	658	
To establish the Moroccan Demographic Research Center (CERED) in Rabat. PROAG. 608-70-10.				200					

<sup>1</sup>Participating Agency Service Agreement.

<sup>2</sup>Consolidated into Population Data Systems project for fiscal 1972.

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional--Continued</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>
<b>OFFICE OF POPULATION--Goal 1--Cont'd.</b>									
<b>Laboratories for Population Statistics--Phase III.</b> Contract with the University of North Carolina to develop in selected LDC's (worldwide) the institutional capabilities and manpower resources for the application of improved demographic methodology in the collection and analysis of fertility statistics and other demographic data. Project 932-11-570-861; C-1114.									759
<b>Population Data Systems.</b> PASA <sup>1</sup> with U.S. Bureau of the Census to support development of adequate demographic and social data by training and advisory services to build LDC data infrastructure; also to provide adequate demographic services to AID's population program. 932-11-570-966; PASA TA(CA)-8-72.						2,001	2,456	2,864	2,635
<b>World Fertility Survey.</b> Research grant to the International Statistical Institute at the Hague, Netherlands, in support of a program of comparative research to be conducted in conjunction with the 1974 World Population Year. Project 932-17-570-547; esd-3606.						1,043		1,000	1,800
<b>Disease and Demography Survey.</b> PASA <sup>1</sup> with the U.S. Center for Disease Control, Atlanta, Ga., to develop and test a survey methodology to combine collection of both vital events and incidence of disease in rural areas of countries where health and demographic data collection methods are inadequate. Project 932-11-570-601; PIA(HA)-5-73.							300	352	455
<b>African Data for Decision Making.</b> Contract with National Data Use and Access Laboratories to demonstrate through application of user-oriented computer software the uses of demographic data for decision making and development planning in African countries. Project 932-11-570-606; CM-pha-C-73-18.							798		165
<b>Population Dynamics in Asia and the Pacific.</b> Grant with the East-West Population Institute, University of Hawaii, to establish capabilities within priority Asia and Pacific Basin countries to plan and develop policies and programs to cope with population problems and to reduce fertility. Project 932-11-570-200; AID/pha-G-1058 (prior year funding in East Asia Regional projects, contract ea-32).								926	800
<b>Evaluation of Family Planning Effectiveness.</b> Contract with the Community and Family Study Center of the University of Chicago to insure the availability of demographic and program data to relevant LDC organizations and to AID for evaluating the effectiveness of family planning programs. Project 932-11-570-619; AID/pha-C-1108.									140
<b>OFFICE OF POPULATION</b>									
<b>Goal 2: Development of Adequate Population Policy and Understanding of Population Dynamics</b>									
<b>Study of the Effect of Population Growth on AID Goals.</b> Contract with the University of Pittsburgh to prepare a report on the impact of alternative foreseeable population trends upon economic development prospects and assistance needs of less developed countries, utilizing data for Pakistan. Project 946-11-590-735; esd-751.									
	11 Completed Jan. 1965								

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional--Continued</i> <b>OFFICE OF POPULATION--Goal 2--Cont'd.</b>	<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>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
<b>Conference on Population Dynamics.</b> Contract with Johns Hopkins University to orient selected AID personnel in population dynamics. Project 946-11-590-735; csd-833.	13 Completed June 1965								
<b>Multivariate Factors Influencing Fertility.</b> 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 research project. Project 931-13-570-818; csd-2153.		61		Completed March 1970					
<b>Rationale for Population Policies.</b> 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				
<b>Development Center Population Project.</b> 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 932-11-570-827; csd-2166; csd-2782.		109		100			100	50	
<b>Population/Economic Growth Analysis.</b> Contract with General Electric Co. to formulate suitable analytical models to assist AID Missions and host country organizations to analyze consequences of birthrates and other demographic rates. Project 932-11-570-016; csd-1936; csd-2611.		110	24					215	767
To provide revision and extension of the basic models and analytical materials. (Task Order No. 1.)				147	Completed Dec. 1971				
To assist Mission in Chile in the application of analytical materials. (Task Order No. 2.)				60	Completed Nov. 1970				
To assist five LDC expert teams in country applications. (Task Order No. 3.)					239	404	195	Completed Oct. 1974	
To carry out in-depth studies on issues raised by model applications. (Task Order No. 4.)					155	Completed Oct. 1972			
To carry out detailed studies to demonstrate the advantages of lower fertility rates. (Task Order No. 5.)						265	Completed Aug. 1973		
To assist six LDC country teams in the application of the model, and to carry out in-depth studies of related issues. (Task Order No. 6.)							429	Completed Nov. 1974	
<b>Human Fertility Patterns--Determinants and Consequences.</b> Research contract with Rand Corporation to analyze determinants and consequences of human fertility patterns, for use in formation of AID policy. Project 932-17-570-824; csd-2151.		143							

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional—Continued</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>
<b>OFFICE OF POPULATION—Goal 2—Cont'd.</b>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>
<b>Improvement of Population Program and Policy Design.</b> 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 932-11-570-856; csd-2507.			435	1,174			Completed Dec. 1973		
<b>Situation Reports on Population Problems, Policies, and Programs.</b> 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 contract with the National Academy of Sciences. Project 932-11-570-858; csd-2515.			405	398	411		582		226
<b>International Union for Scientific Study of Population.</b> 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					
<b>The Epidemiology of Outcome of Pregnancy in Diverse Cultures in Selected Countries.</b> 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 932-17-570-496; csd-2246.			194			31	Completed Dec. 1973		
<b>Determinants of Family Planning Attitudes and Practices.</b> 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 932-17-570-497; csd-2478.			106			15	Completed Sept. 1973		
<b>Utilization of Family Planning Services.</b> 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 932-17-580-510; csd-2512.			262		101		1	Completed Sept. 1974	
<b>Law and Population Program.</b> 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 932-11-570-880; csd-2810.				640		326			150
<b>Determinants of Fertility.</b> 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 932-17-570-517; csd-2533.				326			Completed Dec. 1973		

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional-Continued</i> <b>OFFICE OF POPULATION-Goal 2-Cont'd.</b>	<i>1,000 dol.</i>	<i>1,000 dol.</i>							
<b>A Study of Fertility Rates and Earning Capacity of Rural Migrants in Latin America.</b> 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 932-17-570-528; esd-2863.					223		77	38	Com- pleted Sept. 1975
<b>Cross-Cultural Research in Fertility Behavior.</b> 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 932-17-580-539; esd-3155.					842				
<b>International Seminars on Population Policy Analysis.</b> Task Order issued to the National Academy of Sciences, Washington, D.C., under a Basic Ordering Agreement, to organize approximately six international conferences and produce a book on the subject of population policy analysis. Project 932-11-570-976; esd-3600.							317	Com- pleted March 1974	
<b>Analysis and Evaluation of Population Policies and Dynamics.</b> Contract with the Smithsonian Institution, Washington, D.C., to administer grants to individual analysts in United States and LDC's for nonbiomedical, noncontraceptive analyses and evaluation. Project 932-11-570-979; esd-3598.						3,930			
<b>Statistical Research on Population Policies.</b> Research contract with the Rand Corporation to develop specific and well designed research plans and budgets for country survey research studies. Project 932-17-570-554; esd-3690.						88			Com- pleted March 1975
<b>Cultural Factors in Population Programs.</b> Contract with the American Association for the Advancement of Science, Washington, D.C., to organize working groups of U.S. and LDC anthropologists and other experts to (a) provide LDC policy makers with continuous policy-relevant information concerning the consequences of rapid population growth; and (b) assist family planning program administrators in identifying and modifying cultural factors associated with expansion and improvement of f/p delivery systems. Project 932-11-580-608; CM-pha-C-73-25.							828		
<b>Survey of Economic and Demographic Family Behavior.</b> Research contract with the Rand Corporation to determine the relationship of fertility with biomedical, institutional, and socioeconomic factors in Malaysia. Project 932-17-570-615; AID/pha-C-1057.								250	221
<b>Research on Fertility Determinants.</b> Contracts with the Smithsonian Institution and with the American Association for the Advancement of Science to develop stronger empirical basis for the formulation of national population policies in family planning and other action programs. Project 932-17-570-616; C-1127 and C-73-25.									379

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional - Continued</i>	<i>1,000</i>								
<b>OFFICE OF POPULATION</b>									
<b>Goal 3: Development of Adequate Means of Fertility Control</b>									
<b>Research on Family Planning-Pathfinder Fund.</b> Contract 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 932-17-580-478; esd-1573.	194		1,289						
<b>Research for Development of a Once-a-Month Birth Control Pill.</b> Research contract with the Worcester Foundation for Experimental Biology to study uterine luteolytic substances and factors which control corpus luteum function. Project 932-17-580-493; esd-2169.		109			99				
<b>Contraceptive Development: A Method to Prevent Pregnancy by Direct or Indirect Antiprogestational Activity.</b> 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 932-17-580-512; esd-2491.			3,000						
<b>Research into the Corpus Luteum Function.</b> Research PASA <sup>1</sup> with the Center for Population Research, National Institute of Child Health and Human Development, Department of Health, Education, and Welfare (DHEW), 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 932-17-580-509; RA(HA)8-69.			31,540	53					
<b>Operation Research for Family Planning Programs.</b> 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 932-11-580-855; esd-2479; C-1107.			88	182	1,381		241		264
<b>Research on Reversible Sterilization.</b> 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 vasoocclusion devices and evaluating them preclinically, and (3) conducting preclinical studies in female tubal occlusion. Project 932-17-580-498; esd-2504.			79		135				
<b>6th World Congress of Gynecology and Obstetrics.</b> Grant in partial support of the 6th World Congress of Gynecology and Obstetrics held in New York in April 1970. Project 931-11-580-870; esd-2577.				94	Completed				

<sup>1</sup>Includes \$30,000 deobligated in FY 1970.

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional—Continued</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>
<b>OFFICE OF POPULATION—Goal 3—Cont'd.</b>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>
<b>Development of Releasing Factor Inhibitors as Contraceptive Agents.</b> 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 932-17-570-518; csd-2785.				2,255			2,150		
<b>Development of a Combined Agent for Disease Prophylaxis and Contraception.</b> 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 932-17-570-526; csd-2822.				581			138		
<b>Prostaglandin and Other Contraceptive Development Research.</b> Research contract with the Worcester Foundation for Experimental Biology, Inc., Shrewsbury, 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 932-17-580-520; csd-2837.				2,980					
<b>Research on the Safety of Contraceptive Steroids.</b> Research contract with Southwest Foundation for Research and Education, San Antonio, Tex., to test the safety in long-term use of contraceptive steroid hormones in a variety of populations. Project 932-17-570-521; csd-2821.				913					
<b>Development of IUD and Controlled-Release Contraceptives.</b> Research contract with the Pacific Northwest Laboratories, Battelle Memorial Institute, Richland, Wash., to develop an improved intrauterine device which is effective and will not cause bleeding, pain, or other side effects. Project 932-17-570-527; csd-2819.				150	495		873		
<b>Third International Conference on Prostaglandins.</b> Grant to New York 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 Completed				
<b>Studies on the Synthesis of Prostaglandins.</b> 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 932-17-570-532; csd-2965.					227				
<b>International Fertility Research Program.</b> Research contract with the University of North Carolina to establish an international network of field trial centers to evaluate new methods of fertility control on a comparative basis in a spectrum of countries and cultures. Project 932-17-580-537; csd-2979.					3,106	1,800		1,500	2,695
<b>A Study on Side Effects and Mechanism of Action of Prostaglandins.</b> Research contract with Washington University of 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 932-17-570-541; csd-3160.					293			128	186
<b>Surgical and Engineering Research on Means of Fertility Control.</b> Research contract with Battelle Memorial Institute to develop simplified tech-					830	198		392	291

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional--Continued</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>						
<b>OFFICE OF POPULATION--Goal 3--Cont'd.</b>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>						
niques for male and female sterilization and improved and simplified techniques and equipment for other means of fertility control. Project 932-17-570-538; csd-3152.									
<b>Research on Prostaglandins in Relation to Human Reproduction.</b> Research contract with Makerere University, Kampala, Uganda, to further test and develop prostaglandins as a means of fertility control. Project 932-17-570-540, csd-3300.					821		Terminated April 1973		
<b>Program for Applied Research on Fertility Regulation.</b> Research contract with the University of Minnesota to develop and administer a small grants program for new and improved means of applied fertility research to be carried out by subcontracts in U.S. and overseas institutions. Project 932-17-570-546; csd-3608.						3,350			
<b>Simplified Techniques of Fertility Control.</b> Research contract with the John Hopkins Hospital and School of Medicine, Johns Hopkins University, to establish a research program for development and evaluation of simplified fertility control techniques suitable for use in LDC's. Project 932-17-580-548; csd-3627. (See also Goal 6.)						2,674	158		
<b>Rapid Diffusion of Population Research Findings.</b> Contract with George Washington University to provide a service of analysis of population information and rapid diffusion of population research findings to individuals working in population programs, particularly in LDC's. Project 932-11-570-981; csd-3643.						1,801		897	504
<b>Research on Prostaglandins in Relation to Human Reproduction.</b> Research contract with the University of Singapore to further test and develop prostaglandins as a means of fertility control. Project 932-17-570-602; CM-pha-C-73-36.							475		
<b>Sterilization by Endometrial Ablation.</b> Research contract with the University of Colorado to investigate in subhuman primates the potential of cryosurgical ablation of the endometrium as a method of female sterilization. Project 932-17-570-603; CM-pha-C-73-27.							76		
<b>Research on the Safety of Oral Contraceptics in Developing Countries.</b> Research contract with the Southwest Foundation for Research and Education, San Antonio, Texas, to investigate the health effects, metabolism and side effects of contraceptive steroids in LDC populations. Project 932-17-570-607; CM-pha-73-32.							1,226		
<b>Matlab Contraceptive Study.</b> Research contract with the Cholera Research Laboratory of Dacca, Bangladesh, to assess a household delivery of contraceptives in rural Bangladesh by comparing acceptor data, periodic estimations of prevalence of contraceptive use, and age-specific fertility rates. Project 932-17-570-617; C-1105.									99
<b>Research on Development of Improved and New IUD's.</b> Research contract with the International Fertility Research Program, Inc., Chapel Hill, N.C., to develop IUD's with improved performance, particularly regarding side effects in the early months of use. Project 932-11-570-618; AID/pha-C-1111.									210

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional—Continued</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>
<b>OFFICE OF POPULATION</b>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>
<b>Goal 4: Development of Adequate Systems for Delivery of Family Planning Services</b>									
<b>Support to Regional Conference.</b> Grant to International Planned Parenthood Federation (IPPF) 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								
<b>Training Resources for Nurses and Midwives.</b> PASA <sup>1</sup> with Children's Bureau, Welfare Administration, DHEW, 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								
<b>Evaluation of Family Planning Programs.</b> Contract with Population Council to produce a series of manuals for evaluation of family planning programs. Project 931-11-580-815; csd-1185.	329								
					Completed Feb. 1971				
<b>Evaluation Studies of an International Postpartum Family Planning Program.</b> 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						
					Completed Aug. 1971				
<b>Population Technical Support.</b> Support for purchases of technical films and publications; for consultant and other backstopping costs; for establishment of technical library; and for publication of Annual Report of the Office of Population. Project 932-11-570-002.		42	13	173	113	198	482	673	614
<b>Participating Agency Support.</b> Support for technicians and consultants through the National Center for Health Statistics, DHEW, and the Bureau of the Census, Department of Commerce. FY 1975 funding in Project 002. Project 929-11-570-641.			347	463	643	851	796	100	133
<b>International Planned Parenthood Federation.</b> Worldwide grant to strengthen IPPF's support of family planning associations and affiliates in less developed countries and to provide contraceptives, medical supplies, vehicles, and audiovisual and office equipment. Project 932-11-580-838; csd-1837.		3,500	4,000	5,550	3,000	8,000	11,404	10,000	9,263
<b>Family Planning Services—Pathfinder Fund.</b> 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 932-11-580-807; csd-1870.		700	2,500		2,266	4,000	6,035	3,500	2,985
<b>Cost-Benefit Analysis of Pilot Family Planning Programs.</b> 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				
<b>Expansion of Postpartum Family Planning Program.</b> Grant to Population Council to support the		500	750		956	607	1,080		

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional—Continued</i> <b>OFFICE OF POPULATION—Goal 4—Cont'd.</b>	<i>1,000</i> <i>dol.</i>	<i>1,000</i> <i>dol.</i>	<i>1,000</i> <i>dol.</i>	<i>1,000</i> <i>dol.</i>	<i>1,000</i> <i>dol.</i>	<i>1,000</i> <i>dol.</i>	<i>1,000</i> <i>dol.</i>	<i>1,000</i> <i>dol.</i>	<i>1,000</i> <i>dol.</i>
rapid expansion of postpartum family planning to more large maternity hospitals in less-developed countries. Project 932-11-580-812; esd-2155.									
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; esd-2483.			160		Completed March 1971				
Accelerated Feedback for Family Planning Programs. PASA <sup>1</sup> 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 decision making by the staff of family planning programs. Project 931-11-570-853; WOII(HIA)-7-69.			410 Completed June 1969						
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 to assist evaluators, and conduct short-term workshops. Project 932-11-580-842; esd-2251.			175	98	399		257		
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 AID to develop and implement approved programs in such fields as: Institutional development; MCH/family planning; public information and communication activities; insight into socioeconomic factors in determining population policies; effects of population growth on economic planning and educational goals; and meeting need for additional and better trained specialists in population/family planning programs. Project 932-11-570-863; esd-2508; esd-2897.			1,000		1,000	1,000	6,200		750
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 932-11-570-877; esd-2604.				522		350	179	328	350
Development of Family Planning Programs. 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 932-11-580-955; esd-3289.					3,800	4,000		2,950	2,750
Accelerated Feedback for Guidance of Family Planning Programs. Project to improve the collection, processing, and utilization of family planning services statistics. Project 932-11-570-943. Implemented jointly through:									
(a) PASA <sup>1</sup> with Bureau of Census PASA TA(CA)-11-71.					43				
(b) Contract with Battelle Memorial Institute, Richland, Wash.; esd-2966. (This contract is to develop the software required in the implementation of client record systems.)					52		66		

<sup>4</sup>Includes \$4,000 deobligated in FY 1970.

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional--Continued</i>	<i>1,000</i>								
<b>OFFICE OF POPULATION--Goal 4--Cont'd.</b>	<i>dol.</i>								
<b>Survey of Global Patterns of Commercial Distribution of Contraceptives in Selected Developing Countries.</b> 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 LDC's. Project 932-11-570-942; csd-3319.					226	214	94	95	56
<b>Family Planning Management Information System.</b> 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 932-11-570-951; csd-3298.					561			364	172
<b>Program in Voluntary Sterilization.</b> A grant to the Association of Voluntary Sterilization, Inc., New York, N.Y., to support an action program in voluntary sterilization in those LDC's where people and organizations are ready and willing to participate in this activity. Project 932-11-580-968; csd-3611.						876	1,000	1,250	1,850
<b>Bulk Procurement of Contraceptives (Orals).</b> Authorization to the General Services Administration to contract for an adequate supply of suitable oral contraceptives for AID-assisted family planning programs. Project 932-11-580-982; PIO/C 3124513.						4,000	9,500	14,645	10,370
<b>Commercial Contraceptive Marketing.</b> Contract with the Population Services International to involve the commercial sector in developing countries in bringing a significant increase in the number of users of contraceptives principally orals and condoms. Project 932-11-580-611; AID/pha-C-1055.								277	704
<b>Commercial Contraceptive Distribution.</b> Contract with Westinghouse Electric Corporation, Columbia, Md., to involve the commercial sector in developing countries in bringing about a significant increase in the number of users of contraceptives, principally condoms and orals. Project 932-11-580-612; AID/pha-C-1063.								581	
<b>Bulk Procurement of Contraceptives (Condoms).</b> Authorization to the General Services Administration to contract for an adequate supply of condoms for AID-assisted family planning programs. Project 932-11-580-613; PIO/C 3247248.								3,077	10,352
<b>Management and Consultant Services for Family Planning Program Evaluation.</b> PASA <sup>2</sup> with the Center for Disease Control, DHEW, Atlanta, Ga., provides assistance in improving the management and evaluation capability of family planning services programs by reviewing progress, assessing problems, and providing actionable recommendations concerning future activities in this field. Project 932-11-580-978; HEW/CDC 6-74.								151	270

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional-Continued</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>
<b>OFFICE OF POPULATION</b>									
<b>Goal 5: Development of Adequate Systems for Delivery of Information/Knowledge</b>									
<b>Prototype Pamphlets on Family Planning Programs.</b> Contract with Jay Richter and Associates. Project 946-11-590-735; csd-1948.		3							
		Completed April 1967							
<b>Population Symposium.</b> Contract to edit proceedings of the Pacific Science Congress, Tokyo, 1966. Project 931-11-570-003.		2							
		Completed Nov. 1967							
<b>International Training Seminar.</b> Contract with University of North Carolina for Asian family planning information leaders to carry out communication support for family planning. Project 931-11-580-809; csd-1914.		76							
		Completed Dec. 1968							
<b>Foreign Service Institute Course on Population Matters.</b> Course for selected State, AID, U.S. Information Agency, and Peace Corps personnel. Project 931-11-580-833.		6	(5)						
<b>Family Planning Education Through Adult Literacy Programs.</b> 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 932-11-580-820; csd-2456; csd-3280.			53	295	470	1,275	257	581	413
<b>World Assembly of Youth (WAY) Family Planning Conferences.</b> 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 932-11-570-850; csd-2271; csd-2610.			55	233	430	545	646	375	60
<b>Inventory and Analysis of Information, Education and Communication Support.</b> Contract with East-West Center, University of Hawaii, to establish a continuing inventory and analysis service covering information, education, and communications (IEC) activities, plans, and needs of population programs. Project 932-11-570-900; csd-2878.					312		131		
<b>Improvement of Population Library and Reference Services in Less Developed Countries.</b> Contract with the University of North Carolina to raise the overall adequacy of population library and reference institutions in LDC's for stronger population research, program, and policy development. Project 932-11-570-857; csd-2936.					524			47	150
<b>Development of Institutional Capacity of IEC Support of Population Programs.</b> 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 932-11-570-917; csd-2977; G-1059.					1,047			639	520
<b>Training Film in Population Field.</b> Contract with Dick Young Productions, Ltd., New York, N.Y., to produce a 16-mm sound and color motion picture for orientation and training use in United States and overseas. Project 932-11-570-922; csd-3318.					43	35	22		

<sup>5</sup>Handled by Office of Personnel and Manpower, AID.

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional—Continued</i>	<i>1,000</i>								
<b>OFFICE OF POPULATION—Goal 5—Cont'd.</b>	<i>dol.</i>								
<b>Computer Assisted Instruction in Population Dynamics and Economic Development.</b> 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 932-11-570-924; csd-2937.					281		727		419
<b>Midwife Promotion of and Support for Family Planning.</b> Grant to the International Conference of Midwives, London, England, to conduct working parties for education and preparation of midwives in developing countries for participation in family planning programs, and to provide assistance for the ICM Triennial Congress held in Washington, D.C., October 1972. Project 932-11-570-947; csd-2948; csd-3411.					23	675			250
<b>Family Planning Support Through Home Economists.</b>									
(a) Contract with the American Home Economics Association to assess needs of and opportunities for associations and institutions in LDC's to provide family planning concepts and information. Project 932-11-570-925; csd-2964.					118	73			
(b) Contract with the American Home Economics Association to equip home economists in LDC's to promote family planning. Project 932-11-580-980; csd-3623.						709	150	390	244
<b>Training Films and Related Teaching Materials Series.</b> Contract with Airlie Foundation, Warrenton, Va., to produce three training films and concurrent teaching materials. Project 932-11-570-953; csd-3304.					394			102	36
<b>Expansion of Population Program Communication.</b> Grant to University of Chicago to enable it to expand its graduate training capabilities in population program communication. Project 932-11-570-958; csd-3314.					509			214	260
<b>Inter-American Dialogue Center.</b> Grant to the Airlie Foundation, Warrenton, Va., to establish and develop a center which will organize and conduct information/education seminars on population growth matters. Project 932-11-570-985; csd-3678.						1,661		1,177	1,200
<b>Population Program Information System.</b> Contract with the National Institute for Community Development, Washington, D.C., to develop and implement a computerized management reporting, forecasting, and performance evaluation review system for the AID population program. Project 932-11-570-986; csd-3711.							653		
<b>The Asia Foundation.</b> Grant to the Asia Foundation, San Francisco, Calif., in support of family planning IEC activities, manpower studies, and population policy in developing countries. Project 932-13-950-017; csd-2228.							1,407	200	150

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional- Continued</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>
<b>OFFICE OF POPULATION</b>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>
<b>Goal 6: Development of Adequate Manpower and Institutional Capacity and Utilization</b>									
<b>Population Dynamics Unit.</b> 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					
<b>Center for Population Studies.</b> 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 AID for development and implementation of population programs. Project 931-11-570-814; csd-1059.	268	Completed June 1968							
<b>Family Planning Studies Unit.</b> Grant to University of Hawaii to establish a family planning studies unit with the School of Public Health to provide training facilities for foreign participants, develop and conduct short- and long-term courses, and develop and maintain institutional capacity to provide consultant and advisory services. Project 931-11-570-822; csd-1439.	325			Terminated June 1970					
<b>Institutional Grant to the University of North Carolina.</b> Grant <sup>6</sup> 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							
<b>Institutional Grant to Johns Hopkins University.</b> Grant <sup>6</sup> to develop within John 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							
<b>Institutional Grant to the University of Michigan.</b> Grant <sup>6</sup> to develop within the University of Michigan specialized competency in population planning in developing nations. Project 931-11-570-110; csd-2171.		1,250							
<b>Expansion of Margaret Sanger Research Bureau.</b> Grant to the Margaret Sanger Research Bureau of New York City to enable it to make qualitative improvements in its research and training program and in the clinical, demographic, and administrative aspects of family planning operations. Project 932-11-570-875; csd-2790.				1,035		110			
<b>University Overseas Population Internships.</b> 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 932-11-570-882; csd-2830.				939			451		
<b>University Overseas Population Internships.</b> Contract with the University of Michigan to establish				933					

<sup>6</sup>Authorized under Section 211(j), Foreign Assistance Act, 1966.

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional--Continued</i> <b>OFFICE OF POPULATION--Goal 6--Cont'd.</b>	<i>1,000 dol.</i>								
an internship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Project 932-11-570-893; csd-2831.									
<b>University Overseas Population Internships.</b> 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 932-11-570-894; csd-2832.				990					
<b>University Services Agreement (Johns Hopkins University).</b> 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 932-11-570-916; csd-2956.					7717	7223	7931	7450	
Core services.					(444)				
Subproject JHU 71-1. Diffusion of Family Planning Innovations.					(123)				
Subproject JHU 71-2. Investigation of Clinical Efficacy of Prostaglandin F2 Alpha as Luteolytic Agent.					(50)				
Subproject JHU 71-3. Investigation of the Clinical Effects of Prostaglandin F2 Alpha in the First Trimester.					(50)				
Subproject JHU 71-4. Investigation of the Clinical Effects of Prostaglandin F2 Alpha in the Second Trimester.					(50)				
Subprojects JHU 72-1 and JHU 73-3. International Sterilization Training.						(50)	(25)		
Subproject JHU 72-2. Luteolytic Action of Prostaglandin F2 Alpha in Human Pseudo-pregnancy.						(50)			
Subproject JHU 72-3. Clinical Trial for Tubal Sterilization (Hemoclips).						(123)			
Subproject JHU 73-1. Research and Teaching Project in Population Dynamics and Policy.							(78)		
Subproject JHU 73-2. Pilot Studies on Population Dynamics and Maternal and Child Health in Rural Ethiopia.							(150)		
Subproject JHU 73-4. Androgen Polydimethylsiloxane Implants: Contraceptive Efficacy of Different Androgens.							(49)		
Subproject JHU 73-5. Development of a Project Development Bureau.							(302)		
Subproject JHU 73-6. Analysis of Data Gathered in the Course of the Taiwan Study of Epidemiology of Outcome of Pregnancy.							(79)		
Subproject JHU 73-7. Feasibility of Distributing Contraceptive Supplies To Encourage Family Planning Practices--Taiwan.							(150)		

<sup>7</sup>Project total. Core support and subtotals are shown in parentheses.

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional—Continued</i>	<i>1,000</i>								
<b>OFFICE OF POPULATION—Goal 6—Cont'd.</b>									
<b>University Services Agreement (Johns Hopkins University)—Cont'd.</b>									
Subproject JHU 73-8. The Survey Method in Family Planning Research and Evaluation: A Methodological Study.							(98)		
Subproject JHU 74-1. Study of the use of Danazol, an antigonadotropin, as a means of fertility control.								(50)	
Subproject JHU 74-2. Prolongation of Post Partum Infertility—Induction by Prolactin Release.								(100)	
Subproject JHU 74-3. Clinical Epidemiological Studies in Fertility Control in Bangladesh.								(150)	
Subproject JHU 74-4. Field Studies of Contraceptive Techniques in Bangladesh.								(150)	
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 932-11-570-923; csd-3321.					71,089		7315	7400	7150
Core services.					(517)			(400)	(150)
Subproject UM 71-1. Trophoblast Study Program.					(120)				
Subproject UM 71-2. Effect of PGE-1 and PGF2 Alpha on Uterine Contractility and Endometrial Morphology.					(67)				
Subproject UM 71-3. Malaysian Family Planning Program Evaluation.					(108)				
Subproject UM 71-4. Medical Correlates of the Use of the Intrauterine Device in Taiwan.					(12)				
Subproject UM 71-5. Relationship Between Demographic and Economic Phenomena in Households of Baroda, India.					(18)				
Subproject UM 71-6. Utilization of Traditional Village Midwives for Family Planning Program in Malaysia.					(126)				
Subprojects UM 71-7 and UM 73-3. Organizing for Social Change: The Family Planning Program in Uttar Pradesh (Kanpur).					(121)		(31)		
Subproject UM 73-1. Field Trials of Three Strategies of Persuasive Communications and Education in Family Planning in Venezuela.							(150)		
Subproject UM 73-2. Internal Migration in Nigeria: Implications for Realistic Population Policies.							(134)		
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 932-11-570-956; csd-3325.					71,083	71,145	71,375	7530	7317
Core services.					(556)	(950)		(530)	(26)
Subprojects UNC 71-1 and UNC 72-1. Development of Methods for Estimating Fertility Changes in Individual Local Areas of LDC's.					(50)	(50)			

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional--Continued</i> <b>OFFICE OF POPULATION--Goal 6--Cont'd.</b> <b>University Services Agreement (University of North Carolina)--Cont'd.</b>	<i>1,000 dol.</i>								
Subproject UNC 71-2. Training for Nursing Leadership in Population Programs.					(162)				
Subproject UNC 71-3. University Population Program Development.					(75)				
Subproject UNC 71-4. Demonstration Project for Developing a Simple Vital Registration System and for Extending Postpartum Family Planning Services to Rural Areas of Tanzania.					(75)				
Subprojects UNC 71-5 and UNC 72-2. An Automated Information System: A Pilot Study.					(50)	(100)			
Subprojects UNC 71-6 and UNC 73-4. A Pilot Program in Population Policy Analysis, Development, and Application.					(115)		(96)		
Subproject UNC 72-3. Field Worker Evaluation.						(45)			
Subproject UNC 73-1. Training for Public Health Nutritionists' Leadership in Responsible Parenthood.							(150)		
Subproject UNC 73-2. Developing Venezuelan Capacity To Teach Management Skills in Responsible Parenthood Programs.							(148)		
Subproject UNC 73-3. Pahlavi University Population Program Development.							(150)		
Subproject UNC 73-5. Population Family Planning Reference Unit.							(150)		
Subproject UNC 73-6. Javeriana University Interdisciplinary Graduate Program for Population Studies.							(242)		
Subproject UNC 73-7. Epidemiological Studies of Family Building and Family Health in Taiwan.							(98)		(114)
Subproject UNC 73-8. Institutional Development of the ACEP (Asociación Colombiana a para el Estudio Científico de la Población) to Identify and Facilitate Population Training Needs in Colombia.							(139)		
Subproject UNC 73-9. Population, Health, and Family Planning in the Middle East (Arab Countries).							(100)		
Subproject UNC 73-10. Family Structure and Fertility in Pakistan.							(102)		(45)
Subproject UNC 75-1. Relative Merits of Family Planning Development in Reducing Fertility.									(50)
Subproject UNC 75-3. Pilot Program of Self-Instructional Family Planning Materials.									(12)
Subproject UNC 75-5. Inventory of Persons Receiving International Family Planning Training (CCFPA).									(70)
<b>Expansion of Harvard University for Population Studies.</b> Grant to the Center for Population Studies, Harvard University, to provide an expanded program of training, research, and public service. Project 932-11-570-891; csd-3290.					1,458			230	

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional--Continued</i> <b>OFFICE OF POPULATION--Goal 6--Cont'd.</b>	<i>1,000</i> <i>dol.</i>								
<b>Clinical Training of Nurse-Midwives in Family Planning.</b> 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 LDC's. Project 932-11-570-918; csd-2940.					1,176			121	400
<b>International Development of Qualified Social Work Manpower for Population/Family Planning Activities.</b> 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 932-11-570-948; csd-2971.					963			368	216
<b>Institutional Development for Family Planning.</b> Grant to the University of Hawaii to develop in the School of Public Health a comprehensive academic center for family planning training, research, and advisory services. Project 932-11-570-952; csd-3310. (See project 932-11-570-620 below.)					774		444	449	
<b>Institutional Utilization of Family Planning.</b> Grant to the University of Hawaii's Medical School and the School of Public Health to develop a center for research in family planning training and advisory services. Project 932-11-570-620; Grant G-1110 (formerly Project 932-11-570-952).									363
<b>Advanced Training to Develop a Leadership Cadre in Preventive Social Work.</b> 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 932-11-570-959; csd-3313.					475			63	166
<b>Management of Population Institutional Development Programs in LDC's.</b> Grant to the Population Council to develop professional population/family planning expertise in selected LDC's' research and training institutions. Project 932-11-570-967; csd-3435.						859			
<b>Family Planning Orientation.</b> Contract with the Planned Parenthood Association of Metropolitan Washington, D.C., to establish a family planning orientation and demonstration unit. Project 932-11-580-977; csd-3621.						191	19		136
<b>Development of Advanced Technology Fertility Training Centers.</b> Grants to develop centers to train LDC physicians in the latest techniques of clinical fertility management, including pregnancy termination, sterilization, and backstopping of physicians as they begin establishing advanced technology fertility clinics in their countries. Project 932-11-580-604:									
(a) at University of Pittsburgh, Pa.; CM-pha-G-73-21.							479		
(b) at Washington University, St. Louis; CM-pha-G-73-22.							841		
(c) at American University of Beirut; CM-pha-G-73-23.							257		
(d) at Johns Hopkins University; CM-pha-G-73-24.							1,387		
(e) JIPIEGO project at Johns Hopkins University. Consolidation of (a), (b), (c), and (d) above. (The name is derived from Johns Hopkins Program for International Education in Gynecology and Obstetrics.) G-1064.									600

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional-Continued</i> <b>OFFICE OF POPULATION-Goal 6--Cont'd.</b>	<i>1,000 dol.</i>								
<b>Simplified Techniques of Fertility Control.</b> Contract with Johns Hopkins University to establish training programs for development and evaluation of simplified fertility control techniques suitable for use in LDC's and training of LDC physicians in up-to-date techniques of fertility control. Project 932-17-580-548; csd-3627. (See also Goal 3.)							676		
Office of Population nonregional-total . . . . .	2,079	10,623	17,745	22,518	35,913	50,206	59,422	57,547	59,415
<b>OFFICE OF HEALTH</b>									
<b>Medical Education-Association of American Medical Colleges.</b> 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. Project 931-11-540-212; csd-2587.					24	27	22	20	
<b>Institutional Development and Program Grant (Family Health, Inc.).</b> A grant to Family Health, Inc., New Orleans, La., to develop its capability to provide a variety of services to collaborating institutions in LDC's concerned with family planning programs. Project 931-11-580-957; csd-3311.					954		314		97
<b>Development and Evaluation of Integrated Systems for Health, Family Planning, and Nutrition.</b> Contract with the American Public Health Association to undertake the development and evaluation of integrated delivery systems for health, family planning, and nutrition. Project 931-11-590-971; csd-3423.						1,155		700	540
<b>Teaching Community Medicine, Including Family Planning and Public Health.</b> Partial funding of contract with Harvard University to organize and conduct training courses in teaching methods and curriculum design for LDC instructors including teachers of family planning. Project 931-11-540-975; csd-3613.						22	30	30	30
<b>Role of Voluntary Health Organizations.</b> Partial funding of contract with American Public Health Association to develop and test methodology for strengthening indigenous voluntary health organizations and professional associations to support national objectives in health and population. Project 931-11-590-890; csd-2801.						151	72		
Office of Health-total . . . . .					978	1,355	438	750	667
<b>OFFICE OF SCIENCE AND TECHNOLOGY</b>									
<b>Remote Sensing Census Project.</b> PASA <sup>1</sup> with U.S. Bureau of Census to provide advice and coordination for an experimental project designed to assess comparative value of remote sensing, particularly earth resource satellite imagery, in improving effectiveness of population and agriculture census activities in developing countries. Project 931-11-995-997; TA(CA)07-73.							200	200	180
Office of Science and Technology-total . . . . .							200	200	180

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Nonregional--Continued</i>	<i>1,000 dol.</i>								
<b>OFFICE OF INTERNATIONAL TRAINING</b>									
<b>Training Program for Vital Statistics and Measurement of Population Change.</b> PASA <sup>1</sup> with National Center for Health Statistics, U.S. Health Service, DHEW, to develop and administer a training program in vital statistics registration, and analysis and estimation of current population change, including training. Project 926-11-570-038; IT-1-68.	132	38	40	42	59	59			
<b>Family Planning Seminars and Facilities.</b> Project emphasizes individually tailored training programs, each geared to meet training requirements of professionals in the population, family planning, and related field. Project 926-11-580-045:									
(a) 1-week seminar at Columbia University for participants from the 6th World Congress of Gynecology and Obstetrics.				40					
(b) Planned Parenthood of Chicago--providing management and operational expertise in all areas of family planning, including administration, personnel management, volunteer workers, and community relations; esd-2894; esd-3421.					139	119	130	75	100
(c) University of Connecticut--providing 11-15 week courses for training of trainers; esd-3674.						93	14	100	50
(d) Worldwide Training Program--providing opportunity for training at the request of the field of AID/Washington for participants from countries where there are no AID Missions.						14	206	300	249
(e) National Association of Foreign Student Advisors--to establish a national program of population awareness for foreign students in the United States; CM/otr-C-73-20.							79	56	
<b>Management of Population Programs.</b> Contract with Governmental Affairs Institute of Washington, D.C., to provide a range of expertise required for the administration of national family planning programs. This project is directed at upper- and middle-level management. Project 926-11-580-048; esd-2876.				121	202	113	Completed		
<b>Population Impact on Technical Training Programs.</b> Contract with Governmental Affairs Institute, Washington, D.C., to organize a series of one-week seminars for non-population participants in the United States to give them an awareness of population problem concepts, with special emphasis on the third world. Project 926-11-570-050; esd-2789.				101	146	88	Completed		
<b>Population/Family Planning Training in Puerto Rico.</b> Task Order under contract with the University of Puerto Rico to conduct 3-day seminars to provide an awareness of population growth in relation to economic development for participants receiving training in Puerto Rico. Project 926-11-580-051; la-403.						17	1		
Office of International Training--total . . . . .	132	38	40	304	546	503	430	531	399
Nonregional--total . . . . .	2,211	10,661	17,785	22,822	37,437	52,064	60,490	59,028	50,661

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<b>AFRICA</b> <i>Country Projects</i>	<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>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
<b>Botswana:</b>									
<b>Maternal/Child Health-Family Planning Training.</b> A multidonor project to support the Government of Botswana's efforts to give priority emphasis to rural social and economic development of an infrastructure for rural health thereby extending maternal child health-family planning services to a greater proportion of the population (690-11-540-032).							510	74	215
<b>Cameroon:</b>									
<b>University Center for Health Sciences.</b> Grant to assist a multidonor project for the development of a regional institution for training physicians and other health workers in a fashion relevant to the African setting (625-11-550-531).						2,500	80		
<b>Ethiopia:</b>									
<b>Study of Births and Deaths.</b> 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						
<b>Demographic Planning.</b> Consultant services to prepare recommendations for grant assistance to family planning and demographic studies in Addis Ababa and selected provinces and to provide a demographic advisor (663-15-570-165).				1	30	Completed			
<b>Training in MCH Care.</b> To assist the Ethiopian Government to expand an integrated health delivery system which will include maternal/child care and family planning (663-11-513-170).						36	21	Completed	
<b>Ghana:</b>									
<b>Family Planning and Demographic Data Development.</b> Three-year project to provide technical and financial support for sample demographic survey, University of Ghana (641-15-570-051).		130	98	20	Completed				
<b>Danfa Rural Health-Family Planning Program.</b> Contract with the University of California (Los Angeles) to establish a demonstration family planning/maternal and child health program at Danfa (641-11-580-055).			21	770	393	67	800	740	514
<b>National Family Planning Program Supplies.</b> 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	476	Completed		
<b>Population Program Support.</b> Project provides support for participant trainees to upgrade technical capabilities of National Family Planning Program personnel (641-15-580-064).					35	107	234	224	199
<b>Kenya:</b>									
<b>Population Dynamics.</b> To provide an audiovisual expert, a demographer, and a computer programmer for the family planning program in Kenya (615-11-580-141; 165).			133	164	141	478	155	335	230

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Country Projects—Continued</i> <b>AFRICA—Continued</b>	<i>1,000 dol.</i>								
<b>Family Planning.</b> To support training, a health education unit, research, and evaluation units in the Ministry of Health as part of a multidonor effort to develop a national capability to make family planning services available to the rural areas (615-11-580-161).									52
<b>Liberia:</b>									
<b>Demographic Household Survey.</b> A 5-year project to develop demographic data by household surveys (669-11-570-109).		14	184	200	141	213	Completed		
<b>Maternal Child Health/Family Health Training.</b> Agreement with DHEW to provide a public health nurse and a nurse-midwife supervisor for the maternal and child health family health program (669-11-580-110).			95	94	81	95	96	Completed	
<b>Lofa County Rural Health.</b> To restructure the health delivery system and family planning practices of rural health posts and health centers staffed by paramedical personnel and strategically located to serve rural populations (669-11-530-125).									110
<b>Morocco:</b>									
<b>Population/Family Planning.</b> Project provides equipment and supplies to maternal and child health/family planning program and health education, and also to provide services of a cartographer, a demographer, and a computer programmer (608-11-580-112).			156	170	90	14	310	270	200
<b>Demographic Research Center.</b> Established demographic research center to experiment with various methodologies for data gathering and information dissemination (608-11-570-109).						269	200	140	125
<b>Population-Family Planning.</b> Assists Government of Morocco with census and family planning program, especially with training of personnel (608-11-580-089).						134			
<b>Nigeria:</b>									
<b>Nigerian Family Health Training.</b> To increase receptivity for family planning through improving the delivery of maternal and child health/family planning services to the people of Nigeria. Emphasis is on providing training for teams of nurses from various states so they can set up state MCH/FP training centers (620-11-580-789).							830	225	560
<b>Tanzania:</b>									
<b>Manpower Training Program for Maternal and Child Health Aides.</b> To achieve institutional capability to provide comprehensive MCH/FP services to the rural population, as an integrated part of the Ministry of Health rural health program (621-11-580-121).							3,064	1,165	511
<b>Tunisia:</b>									
<b>Family Planning.</b> Jointly supported by the Government of Tunisia, Ford Foundation, Population Council, U.S. Public Health Service, and AID, this project is assigned to reduce population increase by									

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Country Projects—Continued</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>
<b>AFRICA—Continued</b>									
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	884	870	562	818
<b>Program Assistance Grant.</b> Grant helps support an International Development Authority loan for renovation and operating costs of maternal and child health/family planning centers.						3,000			
<b>Uganda:</b>									
<b>Population Data.</b> Agreement with the Bureau of the Census to provide a data processing specialist for 2 years (617-11-780-051).			73	25	32	Completed			
<b>Maternal-Child Health Training.</b> Contract with University of California at Berkeley to provide training of personnel in maternal and child health techniques and family planning at Makerere University for regional hospitals and rural family health centers (617-11-570-057).				375	68	125	125	Completed	
<b>Zaire:</b>									
<b>Maternal Child Health/Family Planning.</b> To develop Government of Zaire family planning delivery system by providing maternal and child health/family planning training and formalizing distribution network for family planning information and materials. (660-11-531-049).						610	301	336	328
<i>Regional Projects</i>									
<b>Participation in IPPF Conferences.</b> Support for participants to attend the International Planned Parenthood Federation conferences in Copenhagen in 1966 and in Santiago in 1967.	30	Completed							
<b>Pathfinder Fund Activities.</b> Support for family planning activities carried on by Pathfinder Fund in a number of African countries (698-11-580-189).		250	Completed						
<b>Regional Population Support.</b> Provides AID backstopping for field activities, translation of information materials, and regional population officers, covering all of Africa, stationed in Ghana (932-11-580-166).		9	24	151	297	421	435	Completed	
<b>Regional Demographic Survey Workshop.</b> 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		15	Completed	
<b>Census Data Analysis.</b> Contract with Northwestern University to analyze data obtained in census of Douala and Yaounde, Cameroon (625-11-570-512).			36	Completed Sept. 1969					
<b>Regional Population Planning, Population Council.</b> Grant to the Population Council to assist African programs in demography, census, and family planning programs (698-11-580-346).			300		600	275			
<b>Population Census and Demographic Studies.</b> Agreement with Bureau of the Census to assist African countries in carrying out demographic activities in coordination with Economic Commis-					16	Completed			

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Regional Projects--Continued</i> <b>AFRICA--Continued</b>	<i>1,000 dol.</i>								
tion for Africa and United Nations Fund for Population Activities (698-11-570-361).									
<b>University Teaching of Population Dynamics.</b> Contract with University of North Carolina to assist in establishment of Population Centers in selected African Universities (698-11-570-360).					1,034				163
<b>Maternal and Child Health Extension.</b> Contracts with University of California Extension at Santa Cruz and American ORT Federation to improve maternal and child health services and to include child spacing activities in selected African countries (698-11-580-358).					1,414	1,163	685		863
<b>Maternal and Child Health/Family Planning Training and Research Center Development.</b> Grant to Meharry Medical College, Nashville, Tenn., to develop center to improve American competence to assist African countries in maternal and child health/family planning and provide training in it to African scholars (698-11-580-373).					2,231		796		63
<b>Special Population Activities.</b> Provides support for various population activities such as training, assistance to maternal and child health/family planning clinics, and the supply of vehicles or other equipment in 19 countries (698-11-580-500).					97	113	200	334	173
<b>Labor Project.</b> Grant to the African-American Labor Center for motivating and developing a program of African Trade Union involvement in family planning and maternal and child health activities. Four regional seminars and pilot projects involving six countries. First seminar held in the Gambia in September 1972 (698-11-490-363).							65	Completed	
<b>Marketing Research--Population.</b> Tests the effects of an intensive marketing campaign upon acceptance and use of nonmedical contraceptives in a selected rural area of Kenya and determines the potential role of the commercial/private sector in the promotion of family planning (698-11-570-374).							165	245	
<b>Family Planning Courses in Health Training Institutes.</b> Assists African Health Training Institutions to increase/improve their capacity for teaching family planning (698-11-580-359).							57	1,180	
Country projects--total . . . . .	23	404	983	2,484	2,084	9,008	7,596	4,071	3,862
Regional projects--total . . . . .	30	259	457	179	5,699	2,259	3,556	334	1,262
Africa--total . . . . .	53	663	1,440	2,663	7,783	11,267	11,152	4,405	5,124
<b>EAST ASIA</b>									
<i>Country Projects</i>									
<b>Indonesia:</b>									
<b>Family Planning Program.</b> Supports 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	2,686	5,829	1,767	1,682

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Country Projects--Continued</i>	<i>1,000 dol.</i>								
<b>Korea:</b>									
<b>Health and Family Planning.</b> Assists Korean family planning program by providing funds for direct hire of family planning technicians, consultants in vital statistics training, public school education, teaching methodology, commodities for training in public health, and participant training (489-11-580-649).	151	1,491	1,200	888	1,660	436	200	84	350
<b>Laos:</b>									
<b>Maternal and Child Health/Family Planning.</b> Assists the Lao Government in improving health care to mothers and infants and introduces family planning techniques. First phase of the program concentrated on developing trained medical personnel as a foundation for a nationwide maternal child care and family planning program. Other assistance has been in the form of providing family planning technicians, participant training, construction and renovation of facilities, and commodities (439-11-570-081).			990	1,112	925	500	780	385	349
<b>Philippines:</b>									
<b>Reprints and travel.</b>	60								
<b>Population Planning.</b> Funds 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; University of the Philippines (UP); Population Institute; U.P. College of Medicine; U.P. Institute of Hygiene; Institute of Maternal and Child Health; Silliman University Medical Center; and the Province of Laguna (492-11-570-220).	210	1,064	1,400	4,948	5,000	6,290	5,774	4,021	3,595
<b>South Vietnam:</b>									
<b>Family Planning--Population Council.</b> Financed Vietnam portion of the East Asia-Vietnam contract, enabling Population Council to expand its training, conference, and assistance programs in Vietnam (730-11-590-200; ea-8).	50	50							
<b>Administration and Health.</b> Provided funds to support various population/family planning activities in the following projects:									
(a) Statistical Services (730-11-780-341).						78			
(b) National Institute of Administration (730-11-770-345).						193			
(c) Public Health (730-11-530-347).						17			
(d) Public Health Services (730-11-530-348).						236			
(e) Health Logistic Support (730-11-590-350).						250			
<b>Population/Family Planning.</b> Assistance to the Ministry of Health (MOH) to extend family planning clinics to all districts; 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	334	546	704	116
<b>Population Dynamics.</b> To create population awareness through education by:									

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Country Projects—Continued</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>
<b>EAST ASIA—South Vietnam—Continued</b>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>
1) modernization of the curricula for the national educational system to include population awareness information and materials;									
2) development of teaching resources and materials;							276		
3) development of university research. Project also supports administrative training and social and demographic research (730-11-590-416).									
<b>Thailand:</b>									
<b>Family Planning Clinics.</b> Provides equipment for 40 family planning research clinics in provincial hospitals.	25								
<b>Family Planning.</b> Provides family planning technicians, commodities, participant training, and improved and expanded family planning training. Family planning services are now offered to some extent in all 71 provinces (493-11-580-209).		650	1,298	1,295	1,395	1,600	1,789	1,010	528
<i>Regional projects</i>									
<b>Family Planning Seminar.</b> Grant to Economic Commission for Asia and Far East (ECAFE) for family planning seminar.	25								
<b>Asian Family Planning Assistance.</b> Assists the Population Council to expand its family planning program in East Asia and Vietnam (498-11-580-200).	325	325	525	600	800	800			
<b>East-West Center Population Institute.</b> Establishes in East-West Center, University of Hawaii, a program for Asians and Americans to study population dynamics in Asia and the Pacific area (932-11-580-200; ea-32).		1,000	1,083		1,000	750	1,047	( <sup>8</sup> )	
<b>Colombo Plan.</b> Provides a population advisor to the Colombo Plan and to support a population-family planning program consisting of seminars, workshops, and population educational services in member countries (932-11-580-200).				17	50	50	135	25	
<b>Regional Development (RED).</b> Finances a secretariat for nine Southeast Asia countries to develop regional population-family planning programs (498-11-580-200).				6	65	201	202	69	29
<b>Seminars and Conferences.</b> Promotes population concepts and programs and stimulates Asian Institutional involvement in family planning.					27	25			
<b>Seminar for Asia Trade Union Women on Labor and Population.</b> To assist the Philippine Department of Labor to carry out a regional seminar for leading women trade unionists of 15 Asian countries to prepare them to assume a greater responsibility in alternative roles for women in society (932-11-570-609).							41	2	
Country projects—total . . . . .	496	3,525	6,388	8,853	10,977	12,620	15,194	7,971	6,620
Regional projects—total . . . . .	350	1,325	1,608	623	1,942	1,826	1,425	96	29
<b>East Asia—total . . . . .</b>	<b>846</b>	<b>4,850</b>	<b>7,996</b>	<b>9,476</b>	<b>12,919</b>	<b>14,446</b>	<b>16,619</b>	<b>8,067</b>	<b>6,649</b>

<sup>8</sup>Funding transferred to Goal 1, Office of Population.

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<b>Regional Projects</b>	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
<b>LATIN AMERICA</b>	dol.	dol.	dol.	dol.	dol.	dol.	dol.	dol.	dol.
<b>Latin American Demographic Center.</b> Grant to the Latin American Demographic Center (CELADE), Santiago, Chile, to strengthen demographic research in Latin American institutions, support field studies and research projects, and teach demography to Latin American trainees (598-15-570-459, AID/la-200, and AID/la-602).	240	294	361	316	300				
<b>Demographic Research and Training.</b> Grant to the University of California for research in demography and for improving the quality and increasing the quantity of demographic expertise (598-15-990-438, AID/la-247).	164	Completed							
<b>Sociological Study of Family Structure.</b> 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						
<b>Assistance to Latin American Family Planning.</b> 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				
<b>IPPF Conference.</b> 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							
<b>Research and Analysis of Population Growth in Latin America.</b> 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	1,884			
<b>Assistance to Country and Regional Postpartum Projects.</b> 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					
<b>Research Training in Population Dynamics with Relation to Public Health and Medical Care.</b> 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 (932-15-570-470, AID/la-430, AID/la-547, AID/la-551, and AID/la-552).	175		2,346	553	2,750		2,703		
<b>Study of Family Size and Family Growth.</b> 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					
<b>Research, Training and Production of Educational Audiovisual Materials.</b> Grant to the Colombian Institute for Social Development (ICODES) for production of movie film and film strips on family planning in social development (598-15-990-438, and AID/la-298).	40	Completed							
<b>Communications Techniques in Population Programs.</b> Contract with Design Center, Washington,	2								

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Regional Projects--Continued</i> <b>LATIN AMERICA--Continued</b>	<i>1,000</i> <i>dol.</i>								
D.C., to report on communications as related to population program support (598-15-990-425, AID/la-232).									
<b>Sociological Research in Rural Areas.</b> Grant to the Federation of Institutes for Sociological Research of Latin America (FERES) for research in rural areas (598-15-990-438, AID/la-417).	140		Completed						
<b>Advisory Services.</b> Project provides for the development and evaluation of innovative family planning programs, especially in the field of education, informaticn, and communication, and for consultants' services and seminars related to implementation of population programs (932-15-570-438, AID/la-672, LA(HA)17-69, AID/la-123).	34	29	53	153	784	1,412	1,434	1,698	1,026
<b>Assistance for Regional Organization for Central America.</b> Program for Health and Demographic Studies (596-15-570-023).	243	424	186	260	209				
<b>Translation and Distribution of Population/Family Planning Information Materials.</b> Allotment of funds to Regional Technical Aids Center (RTAC) to translate and distribute informational materials regionwide (598-15-580-477).		100	54	62	65	140	300	350	220
<b>Assistance to Latin American Family Planning Services.</b> 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				
<b>Demographic and Family Planning Training and Development of Audiovisual Materials.</b> 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 school curriculums. (932-15-580-479, AID/la-605).			150	241	362	475	456	300	150
<b>MCII/FP Model Delivery System.</b> Contracts with the Family Health Foundation, New Orleans, La., and with the University of Wisconsin to develop and test low cost/high coverage integrated health/family planning systems (932-11-580-610, CM/pha-C-73-35 and C-1038).							2,500	307	34
Country projects--total . . . . .	1,539	5,457	3,071	5,437	7,085	7,223	6,230	4,792	4,238
Regional projects--total . . . . .	2,861	2,463	7,256	5,520	8,161	3,911	7,393	2,655	1,430
Latin America--total . . . . .	4,400	7,925	10,327	10,957	15,246	11,134	13,623	7,447	5,668
<b>NEAR EAST AND SOUTH ASIA</b>									
<i>Country Projects</i>									
<b>Afghanistan:</b>									
<b>Population--Family Planning.</b> Assistance 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		10	87	130	1,740	275	1,144	1,517	479

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Country Projects--Continued</i>	<i>1,000</i>								
<b>NEAR EAST AND SOUTH ASIA--Afghanistan--Continued</b>	<i>dol.</i>								
process by conducting, with Afghan assistance, a sample census survey of the population (306-11-570-110).									
<b>Bangladesh:</b>									
<b>Population--Family Planning.</b> Aids the Government of Bangladesh in reducing population growth rate through support in contraceptive supplies, family planning equipment, training, and advisory services (388-11-580-001).							1,524	38	
<b>India:</b>									
<b>Population--Family Planning.</b> Assists the Indian Government to accelerate its population--family planning program by providing a 19-man U.S. advisory staff, a training program in the United States and in other countries, local currency for key research and demonstration activities, and in fiscal 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	97,721	730	20,318	540	512	130		
<b>Nepal:</b>									
<b>Population--Family Planning.</b> Assists the Nepalese Government to develop and expand the organization necessary to initiate a nationwide population--family planning program by providing advisory services, training in the United States and in other countries, and selected equipment and supplies (367-11-580-096).		299	222	413	706	310	1,331	649	298
<b>Pakistan:</b>									
<b>Population--Family Planning.</b> Aids 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, -370, -384, and -393).	210	1,031	2,297	2,000	2,078	282	6,248	606	661
<b>Turkey:</b>									
<b>Family Planning.</b> 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-II-068; 227-11-580-595).	2,100				77		91	302	
<b>CENTO:</b>									
<b>Population--Family Planning.</b> To finance training of leaders of family planning programs from Iran, Pakistan, and Turkey; also preparation for CENTO (Central Treaty Organization) workshops and seminars (290-11-580-250).			13	47	40	16	3	26	35
<b>Regional Projects</b>									
<b>Family Planning Expansion.</b> Grant to Pathfinder Fund to assist private organizations in countries in Near East and South Asia to expand family planning operations (298-15-580-010).		350	270			350			

<sup>9</sup>Includes \$2.7 million loan to India for program vehicle parts.

**AID PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS (Continued)**

Description and purpose	1965-67	1968	1969	1970	1971	1972	1973	1974	1975
<i>Regional Projects—Continued</i>	<i>1,000</i>								
<b>NEAR EAST AND SOUTH ASIA—CENTO—Continued</b>									
Postpartum Program in India. Grant to Population Council to support a postpartum family planning program in 150 hospitals (298-15-580-019).		100				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 the 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			40			
Family Planning and Health Services. A study by Johns Hopkins University on integration of family planning with rural health services in India. (298-15-590-019).			575		630	908			200
Middle East Survey. To survey demographic patterns, socioeconomic factors, and family planning policies in Middle East countries (298-15-590-019).			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 (932-15-570-109; nesa-547).					270		270	60	200
Introduction of Family Planning in Rural Health Clinics. Contract with Medical Assistance Programs, Inc., to integrate family planning into basic health services (298-15-580-110).						107			
Country projects—total .....	2,437	9,061	3,349	22,908	5,181	1,395	10,471	3,138	1,473
Regional projects—total .....		655	963	277	1,409	1,505	270	60	400
Near East and South Asia—total .....	2,437	9,716	4,312	23,185	6,590	2,900	10,741	3,198	1,873
Country and regional total .....	7,736	23,154	24,075	46,281	42,538	39,747	52,135	23,117	19,314
<b>U.N. FUND FOR POPULATION ACTIVITIES</b>									
The United States contribution covering its part of the support for the population programs of the United Nations.		500	2,500	4,000	14,000	29,040	9,000	18,000	20,000
<b>AID OPERATING EXPENSES</b>	524	435	1,084	1,469	1,893	2,414	3,929	12,300	10,000
<b>GRAND TOTAL</b>	10,471	34,750	45,444	74,572	95,868	123,265	125,554	112,445	109,975