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COUNTRY PROFILES:
POPULATION

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Individual Country Population Profiles:

Belize: Belize has the smallest population (148,300 in 1981) and the lowest population density in Central America, 6 persons per kilometer. The average annual rate of population growth during the period 1970-1980 was a slow 1.95%, resulting mainly from a large emigration, mostly to the U.S. where more than 20,000 Belizeans have settled since 1970.

The possibility of significant population increases in the future exist because:

- the population growth rate has remained high, around 3.4% per annum, due to high birth rates (about 40 per thousand) and declining death rates (from 7 per thousand in 1970 to less than 5 in 1981).
- the government has implemented an open immigration policy in an attempt to attract experienced agricultural workers. A U.N. funded rural development project for the settlement of 300 Salvadorean refugee and Belizean families is underway on 15,000 acres of land. The government is also considering a project for Haitian emigrants experienced in agriculture.

Significant migration from Central America has resulted in 32% of the population speaking Spanish, a cause of potential ethnic tension in the future. Belize is increasing communications with Mexico, Central America and the Caribbean which may result in yet higher rates of immigration, especially if employment opportunities grow for skilled agricultural workers.

Employment opportunities will not only have to be found for the new workers, but also for the unemployed, especially the young. The unemployment rate was estimated by the 1980 Census at 14.3% in 1980 or about 6,800 workers, of which 67% were in the 15-19 year old bracket and almost 50% lived in Belize City. If immigration of trained agricultural workers from neighboring countries continues, social unrest resulting from untrained unemployed youth in Belize City is expected.

At the present time family planning is not offered as part of the government's maternal child health program. The only official family planning activities involve educational programs in child spacing. The International Planned Parenthood Federation is looking into the possibility of opening a local affiliate in Belize, the only Central American country without an affiliate. Access to contraceptives through the commercial distribution channels: pharmacies and other retail outlets.

Guatemala: High fertility is one of the major problems confronting Guatemala. Given an annual growth rate of 2.9%, Guatemala's population, currently 7.2 million, is expected to reach 12.7 million by the year 2000. The population of Guatemala City is doubling every 14 years, while the country's total population is doubling every 25 years.

About 45% of the population is currently under age 15 and the dependency rate is about 90.5%. The fact that primary school enrollment is only 49% is a manifestation of population pressure.

Probably the most critical measure of population pressure in Guatemala is the relationship of arable land to population. In 1975, the national distribution of land, whether arable or not, averaged out at approximately 2.5 acres per rural person. In the Highlands, the average was 1 acre per rural person. The land classified as arable or potentially arable in the Highlands varies by department from a high of 2.5 acres per person to a low of one-third of an acre. The proportion of arable land classified as "good" averages out to only .02 acres per person. The result is that nine out of ten people live on plots of land too small to provide income sufficient to meet their basic needs.

Food production will be hard put to keep pace with a burgeoning population. The demand for corn will be around 1.5 million metric tons in the year 2000. At current yields, it would take 1.36 million hectares of corn to produce the amount needed in 2000.

Currently open unemployment is hovering between 10-12% of the labor force and is likely to worsen due to the recent decline in domestic capital formation. This problem bears a close relationship to population growth. In rural areas, structural underemployment remains a very serious problem and is estimated as high as 42%.

Fertility-related health problems in Guatemala include extremely high rates of infant mortality (officially at 80/1,000 but estimates in rural Guatemala range as high as 160/1,000). Other fertility-related health problems include a maternal mortality rate of 2.2/1,000 and rates of malnourishment in children indicating that 81% of all children in Guatemala suffer from some degree of malnutrition.

Overall morbidity rates indicate that respiratory illness, diarrhea, and nutritional deficiencies are responsible for 50% of all deaths occurring in Guatemala. These deaths are concentrated in the under 5 population and are related to high parity and closely spaced births.

Various studies have been conducted on the receptivity of potential family planning program users. A 1976 study has shown that 78.7% were aware of family planning, 60.9% were in favor of family planning, and 11.5% were users. Both Ladino and Indian populations experienced favorable changes in attitudes toward family planning between 1976 and 1978. Ladino disapproval of family planning decreased from 25% to 20% and overall Indian resistance to family planning dropped from 75% to 53%. The 1978 National Contraceptive Prevalence Survey has shown contraceptive user rates of 21.1% for rural Ladino populations and 4.0% for the indigenous population; 18.2% of currently married women nationwide are contracepting. The Survey shows with respect to current need for family planning that 27% of Guatemalan women in childbearing age had expressed a desire to avoid pregnancy yet were not using contraceptives. Unmet demand for contraceptives is equal to approximately 380,000.

Costa Rica: The birth rate in Costa Rica fell sharply from 47.5 in 1960 to today's rate of 28.1 - representing the most rapid fertility decline ever recorded for a Latin American country. A most successful

family planning program was launched around 1960 thanks to a private sector initiative which was able to join forces with the Government and Social Security health delivery systems. Numerous surveys documented the tremendous changes toward greater knowledge, acceptance and use of contraceptives as a result of the program.

Despite this dramatic drop in fertility, the still moderately high present rate of natural increase (2.3 percent) combined with the momentum for future growth built into a youthful age structure, present serious social and economic constraints. President Dr. Luis Alberto Monge strongly endorses strengthening the national population program. On numerous occasions during his election campaign and now during his administration, the President has publicly stated his concern that rapid population growth is one of the most pressing problems of this and future generations. And now, Costa Rica, despite budget limitations, is ready to regain program momentum to increase contraceptive prevalence and reduce fertility further.

In 1981, sixty-five percent of married women were practicing contraception despite efforts by the previous administration to undermine the program. Even at this high level of prevalence, unmet demand for family planning services is equal to about 20 percent of the women of fertile ages. This represents approximately 120,000 women in immediate need of services among the 590,000 women in fertile ages in Costa Rica. Because of high levels of fertility and the declining mortality rate of the 1950's and early 1960's, the number of women of fertility ages will increase by nearly 3.0 percent per year over the next ten years so that the family planning program would need to expand its delivery capacity nearly 50 percent just to not lose ground.

To meet this unavoidable expansion of the target population, opportunities exist to expand the role of the lower-cost commercial sector and, thereby, reduce the financial burden on the Government budget. Drugstores and small retailers, which currently provide only 18 percent of the total users with contraceptives could be significantly expanded at a per unit cost much below that of the public sector. At the same time, the clinic based public sector could concentrate on higher risk referrals for methods requiring physician and nurse attention.

Honduras: Honduras is estimated to be growing at the fantastic rate of 3.4 percent per year. This is a faster rate than any other nation in Central America or all of Latin America for that matter. According to two Honduran demographers (Camisa and Rincon), the crude birth rate of Honduras is 44 per thousand and the crude death rate is 10 per thousand. This data lead to the conclusion that the benefits of health programs, even in very poor Honduras, are more evenly distributed and more effective than family planning services. Unless major steps are taken to lower fertility, the growth rate may increase or remain constant. An intensive family planning effort could reduce Honduras' population in the year 2000 by one million, 6.5 million instead of 7.5 million.

Although Honduras is still predominantly rural (69 percent), it is urbanizing steadily. By the year 2000, Honduras is expected to be 50 percent rural and 50 percent urban. Cities are growing quickly as many move to urban areas seeking jobs because excessive population growth rates in rural areas exacerbate rural unemployment problems. Reductions in rural fertility levels could relieve some of the population and urban employment pressures since outmigration is heaviest in areas of highest fertility. More than one-half of the annual growth of the economy is being consumed merely to keep up with population growth - not increase per capita income. For example, if population growth between 1970 and 1980 had been 1.0 percent per year, the per capita GNP would have been 936 lempiras instead of 676 lempiras -- 27 percent higher.

A recent sample survey carried in Honduras reveals that contraception prevalence is low. Nationwide only 27 percent of the 513,000 married women in Honduras are currently using a family planning method. Therefore, there are approximately 138,000 active users:

Approximate Number of Active Users
in Honduras (1981) by Method

<u>Method</u>	<u>Number of Married Women</u>
Pill	60,000
Sterilization	41,000
IUDs	12,000
Rhythm	8,200
Withdrawal	8,200
Vaginals	3,500
Condoms	1,500
Injection	1,500
Vasectomies	1,000
Other	1,000

While use is low, demand is high. Nearly 475,000 married women either want no more children or wish to wait at least one year for their next child. Therefore, current programs are serving approximately 1 of every 5 married women in need. Unfortunately, no reliable data is available on the need among unmarried women.

Knowledge of contraceptive methods is low vis-a-vis other LAC countries:

Knowledge of Contraceptive Methods, Honduras vs LAC Norm
(% Who Know)

<u>Method</u>	<u>Honduras</u>	<u>LAC Norm</u>
Pill	83	95+
Sterilization	78	90+
Condom	35	90+
IUD	65	90+
Injection	65	90+
Vaginals	28	90+

Also knowledge among married women about where to obtain the various methods is low:

- Only 58% of Married Women Know Where to Obtain the Pill.
- Only 58% of Married Women Know Where to Obtain Sterilization.
- Only 33% of Married Women Know Where to Obtain the IUD.
- Only 16% of Married Women Know Where to Obtain the Condom.
- Only 15% of Married Women Know Where to Obtain Vaginals.

The rural statistics are even more dismal.

The above information indicates that the Honduras population program is only at an initial stage. Because leadership commitment is weak but improving, a national population policy is non-existent, family planning services are not accessible, trained service providers are lacking and only a few capable institutions are actively involved in population programs, major steps will be necessary to rapidly increase prevalence.

The private family planning organization has been taking aggressive steps to expand coverage in this difficult setting. As of September 1982, approximately 45,000 users were being served nationwide by a network of some 1,000 distributors. Meanwhile, preparations are being made to launch contraceptive sales through commercial outlets. Also clinical and surgical services are expanding and, finally, the PVO is carrying out a leadership education program to raise awareness of the problem and commitment to a solution. The new democratic government has indicated it is ready to do more - and a lot more is needed.

El Salvador: The population of El Salvador increased from 1.9 million in 1950 to 3.5 in 1971 to 5.0 in 1980. Projections suggest an increase to 8.8 million by the year 2000. Such population increases are fueled by a national growth rate averaging nearly 3.0 for the 50 year period between 1950-2000 - an unprecedented historical event. Today El Salvador is the most densely populated nation in Central America.

Because of population density, a significant number of Salvadoreans have migrated to neighboring countries since 1950. In 1970 approximately 300 Salvadoreans resided in Honduras when the government of Honduras began to enforce its Agrarian Reform Law which allows only native-born citizens to own land. Ensuing tensions lead to the famous Soccer Wars. Since then, the Government of Salvador has openly endorsed bilateral colonization programs with Bolivia, the Middle East and other nations with the hope of reducing population density.

Because of the land reform program and the ongoing civil strife, it is difficult to project the level of urbanization now and in the future. Best estimates suggest, however, that the nation is becoming increasingly urbanized with perhaps 35 to 40 percent living in urban areas. San Salvador is approximately 5 times larger than the second largest city - Santa Ana - and reasonably accessible to the entire country - a truly dominant capital city.

The demographic impact of the war is difficult to measure. Deaths among males 15-24 could act to reduce fertility, while emmigration may continue at levels significant enough to slow population growth slightly. Neither of the factors are of sufficient magnitude to ameliorate the problem.

Since the early 1970s, Salvadorean leaders have recognized their population problem. Ambitious government programs have been launched with heavy international technical and financial support. Implementation problems have plagued the government's efforts with the exception of a successful sterilization program in the 1970s. Unfortunately because of the civil war the government program has waned of late to 16,000 surgical procedures in 1981. The recently elected government seems supportive of family planning but involved in other things.

The Salvadorean Demographic Association (SDA), the IPPF affiliate, has aggressively strengthened its program. Over the past 8 years, the SDA has begun major community and commercial distribution programs with incredible success given the civil strife. The SDA is also expanding its sterilization program filling in some of the gap left by the slowing government program.

SDA progress was slowed in 1981 by the murder of its Executive Director - causing a leadership crisis, lower staff morale and higher personnel turnover. A new capable Executive Director has turned the organization around.

Nicaragua: With a total population estimated at 2.9 million, Nicaragua has some of the worst demographic statistics in Central America. Although data reliability is weak, it appears that the crude birth rate is 44 and the crude death rate is 10 which means a rate of natural increase of 3.4 per year. The infant mortality rate of 90 is exceeded only by those of Haiti and Bolivia - although it is probable that the Sandinista Health Campaign has reduced this figure.

Nicaragua is the largest and least densely-settled country in Central America. Although it has a very long Caribbean coastline, the majority of the population is concentrated on the Pacific side. The proportion of the country living in urban areas is surprisingly high (over 50 percent).

Contraceptive prevalence in Nicaragua was last measured in 1978 by a U. of Michigan study. The survey included only Managua and other urban areas (approximately 50 percent of the population). Contraceptive prevalence among married women was 43 percent in Managua and 24 percent in other urban areas with pills registering the highest use levels. Sterilization and IUDs were the second and third most popular methods. The greater majority of services was provided by the government program which had been receiving significant A.I.D. and UNFPA support. The drugstores, ranked second, were providing a surprisingly high level of services. A more recent survey was carried out in 1981 but results are not yet available.

Initially the Nicaraguan Government rebuked the family planning program, but were quickly turned back by female leaders who made it clear that they didn't fight in the revolution to be denied family planning services. Today, the Nicaraguan Government states that family planning is a woman's right and an integral health component of its maternal and child health program. Nevertheless, there are continuing problems in distributing contraception through government health centers, despite the existence of sufficient stocks. However, many actions are at a standstill because of the state of alert. With profound domestic and international issues pending, the government will probably not define a population policy nor implement an assertive program.

The Nicaraguan Demographic Association (NDA), the IPPF affiliate, has labored hard to work within the Sandanistic Government. For example, NDA works with the "Barrio" and "Defense" committees and places contraceptives at the government's disposal. In addition NDA operates a model clinic and a training program. But government "red-tape" has hindered progress. It is likely that the unmet demand for services is growing.

Panama: Armed with quality demographic data, Panama can show a 30 percent drop in fertility between 1970 and 1983. While Panama overall has relatively favorable demographic conditions, a birth rate of 28 and a death rate of 6 there are large regional and other differences hidden in national indices. For example, the crude birth rate varies from 19.2 in the province of Los Santos to 37.0 in Bocas del Toro province. Similarly, the infant mortality rate is lowest in Panama City (24.3/1000 live births), rising to 42.4/1000 live births in Bocas del Toro. The population still grows at the healthy rate of 2.3 per year.

Rural to urban migration continues, with the population of Panama City and environs increasing by 44% in the 1970-80 period. With Panama's vulnerable economy registering lackluster performance, unemployment is officially reported to be around 9%, but recent surveys show it to be 25-30% in Colon and in the poorer areas of Panama City. More than half of the unemployed in Panama are between the ages of 15 and 24. While the economy produces between 6 and 8,000 new jobs annually, the labor force increases by about 16,000 per year.

The 1979 Family Planning-Maternal Child Health Survey established a crude birth rate in Panama of 28 per 1000. Other interesting data from the Survey include: 61% of married women aged 15-44 used effective contraceptive methods at the time of the survey; of these, nearly half (30% of all married women) had been sterilized; 71% of contraceptive users obtain their contraceptives from Ministry of Health facilities, while 19.5% get them from private physicians, the family planning association and pharmacies. Despite the apparent success of family planning programs, the Survey notes that about one woman in 8 is still at risk of an unplanned pregnancy, with the risk substantially greater in rural areas (18%) than urban areas (8%), and higher among the less educated, non-working, and lower income women. Twenty percent of births are currently to women aged 15-19, and it appears that teenage abortions are quite high. (One recent

hospital study showed that 17% of women treated in that hospital for abortion complications were under age 20.)

Although there is no official population policy in Panama, several government entities are involved in family planning and related activities. The Ministry of Health continues to offer family planning services in about 400 of its outlets throughout the country. The latest figures available (for 1980) showed 7,898 new acceptors during that year plus 3,641 female sterilizations. The Social Security program provides services in its facilities in Panama City and, through its integrated services with the Ministry of Health, in the rest of the country. The Ministry of Education is training secondary school guidance counselors in sex education, and the Ministry of Planning and Economics is incorporating population variables into the national development plans.

In January, 1982, President Aristides Royo appointed a National Committee on the Family (CONAFA). With the Panamanian Archbishop and Minister of Health as co-Chairman, and with representation from the public and private sectors, the Committee is preparing a description of the current status of the Panamanian family, and will make recommendations to the National Legislative Council for a law to deal with the situation, as appropriate. So far preliminary recommendations include establishing a national population policy.

Panama's population program is in great part self-sufficient i.e. a small fraction of the total program is funded by international donor organization. Nevertheless, with a weak economy, the government will be hard pressed to assume the remaining costs - particularly the procurement of contraceptives. Perhaps stimulating the commercial sector could both reduce government's burden and diminish end costs to the user.