

Family Planning Briefing

The socio-economic development of any country is related to its demographic parameters. In Bolivia the population growth rate is estimated to be 2.4%, equivalent to a doubling of the population in approximately 28 years. This relatively high rate can be translated into a very youthful population, a high percentage of which is economically dependent, and a heavy demand for education, health and other services.

Traditional societies are generally resistant to social change. This resistance extends to family planning in Bolivia. Paradoxically, there is evidence that the upper class practices contraception, but the political and ecclesiastical decision-makers appear to be unconcerned about, or unconvinced of, the unfavorable impact of a demographic flare-up on socio-economic development. Consequently, the approach to the establishment of a family planning or, more sensitively stated "responsible parenthood", program in Bolivia has been indirect through activities at the University, Ministry of Health, and semi-autonomous agency levels.

The steps being taken by USAID Bolivia's "Family Care" program to achieve responsible parenthood follows:

1. The modification of the medical curriculum in the three major universities, by the introduction of modern techniques of preventive medicine including courses in demography, sociology and maternal/child health plus student and professional staff participation in related field work and direct services to the community through projected University Health Centers and other neighborhood health centers.
2. The support of a semi-autonomous government agency for the promotion of population planning and family care (the National Family Center [Centro Nacional de Familia, CENAF] at governmental, civic, and religious levels.
3. The carrying out of a joint abortion and "contraceptive practice" study in three principal areas of Bolivia has stimulated direct inquiries as to the availability of family planning information and materials.

To date the following progress has been made:

1. A modified curriculum continues to be implemented at the Universidad Mayor de San Andres Medical School (UMSA), whereas similar projects have been approved by the University Councils at the University of San Francisco Xavier (Sucre) and San Simon (Cochabamba). Implementation of these programs has begun. Construction for the University Health Center has been approved by UMSA and USAID/B.
2. CENAF has: continued to discreetly promote family planning in Bolivia through news-letters and press releases on the effects on population

growth in Bolivia and comparison with the world situation; sponsored and distributed educational materials to various audiences; sponsored research on the abortion problem in Bolivia; distributed the Bolivian Population Study Center's (CEP) volume of research on the attitudes and statistics relating to fertility in Bolivia ("Condiciones Socio-culturales de la Fecundidad en Bolivia").

Evidence of an increased local country role is as follows:

1. Implementation of new curriculum at three universities continues in a satisfactory manner. UMSA has contributed \$40,000 for construction of the Health Center and the Ministry of Health will provide the land as well as the services of several professionals at the Center.
2. The Department of Preventive Medicine, Universidad Mayor de San Francisco Xavier has disseminated family planning information to campesinos in 32 communities near Sucre. This is the first positive and pragmatic step taken by any Bolivian university in the discipline of Family Planning.
3. CENAFPA is actively seeking support for its programs from the GOB and international sources.

The significance of the progress described above is as follows:

1. A modified curriculum is important because it affects the attitudes and practices of future generations of physicians. Progress in the development of "responsible parenthood" programs will be contingent on the comprehension and support of the medical profession.
2. CENAFPA is an essential component in the molding of public opinion and that of the GOB decision-makers, through its public education, coordinating and catalytic roles.

Among the major problems are the following:

1. Current attitudes and the financial situation in Bolivia will probably make outside financial support necessary for at least four years more. Eventually such action will generate self-support.
2. Conservative and pre-literate attitudes and behavioral patterns are critical factors affecting acceptance of responsible parenthood, and basic research in these areas will be continued. Further seminars, participant training and information dissemination activities are required.
3. Although interest had been generated in the re-establishment of the Maternal/Child Health Department (formerly Family Protection Department) in the Ministry of Health, various changes in Ministers of Social Welfare/Public Health have inhibited progress in this area.