

A Projection of
Family Planning
Needs & Costs
1985—2000



This report is one of a series of country reports illustrating the potential future needs and costs for family planning in the Latin American and Caribbean region.

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December 5, 1986

PROJECTION OF
FAMILY PLANNING NEEDS AND COSTS, 1985 TO 2000:
PERU

Preface

All Latin American and Caribbean countries joined the United States in adopting the "Mexico City Declaration on Population and Development" at the August 1984 International Conference on Population.

The Declaration focused attention on the need to make family planning accessible to all couples so they can exercise the basic human right to decide for themselves the number and spacing of their children.

Now in 1986, two years after the Conference, Latin American and Caribbean nations with support from international donors are implementing the Declaration. The key questions are: How can family planning services be made more widely available to growing numbers of couples of fertile age? How much will it cost?

Reports in this series are designed to provide systematic estimates of what needs to be done and how much it will cost to reach the population policies and goals that have been formulated explicitly or endorsed implicitly by the Latin American and Caribbean nations themselves. The reports do not attempt to apportion family planning costs among the various funding sources, be they individual couples, Latin American and Caribbean governments, the international donor community, or private family planning organizations.

The reports are follow-on to "Project 1990," the first comprehensive cost forecasting system developed by James W. Brackett at The Population Institute. The methodology made extensive use of target setting models developed by John

Bongaarts of The Population Council and John Stover of The Futures Group.

To provide a context for understanding future family planning needs and costs, each report contains a brief overview of the national demographic and family planning situation. The cost estimates per user are calculated on what an individual from the poorer segment of society would pay for unsubsidized contraceptive services purchased in 1986 from local sources.

I

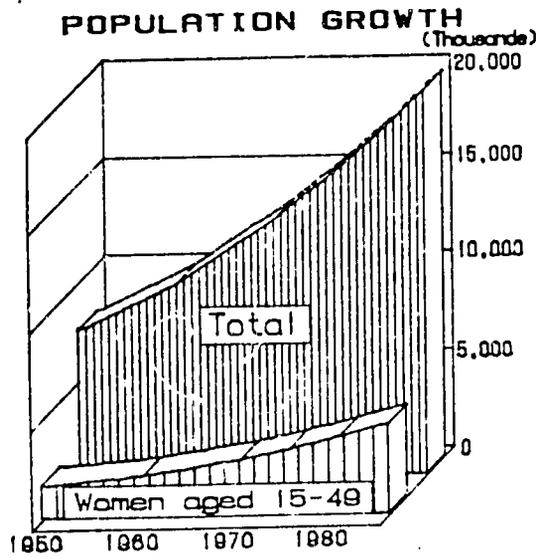
The Current Demographic Situation in Peru

Peru has only recently entered a phase of strong concern about the effect of population on development. With no public and only a weak private family planning system, fertility rates remained at an extremely high level (6.8 children per woman in 1950-55) until 1975, long after rates had begun to decline rapidly in other countries. A combination of growing governmental concern, urbanization and modernization, and improved accessibility to information and services for family planning through private and commercial sources has caused fertility rates to fall by a moderate amount, but they still are at a level well above the rates of all but a few nations in Latin America. (Figure A provides a graphic overview of current and recent population trends, and Appendix Tables A and B contain more detailed statistics prepared by the Latin America Demographic Center (CELADE) and published by the United Nations.)

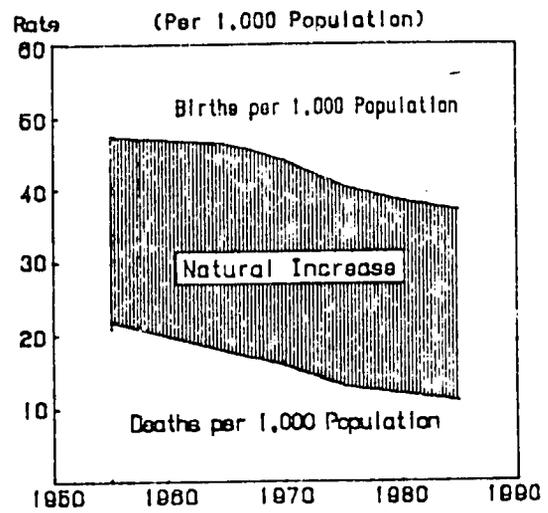
Fertility. The estimated total fertility rate of 5.20 children per woman for 1985 is equivalent to a crude birth rate of about 37 births per 1,000 inhabitants. Although several nations of Latin America have a higher level of fertility, they tend to be smaller, much less urbanized, and with less industrial and commercial development. During the 25 years from 1950 to 1975, Peru's very high fertility rate drifted slowly downward, but remained above the level of 6 or more children per woman. Beginning in the mid-1970s the birth rate began to fall more rapidly, and as of 1985 appears to be falling at a pace comparable to that of other countries. Peru now appears to be emulating the trends in Mexico, Colombia, Chile, and other nations but after a delay of 10-15 years. Even if the recent more rapid declines were to continue unabated for the remainder of this century, the fertility level would still be higher than that of Colombia, Chile, Costa Rica, and other countries which began their fertility transitions earlier.

Mortality. Mortality trends in Peru, unlike fertility, have shown a steady decline. Because of high illiteracy, poverty, and primitive rural subsistence, death rates were

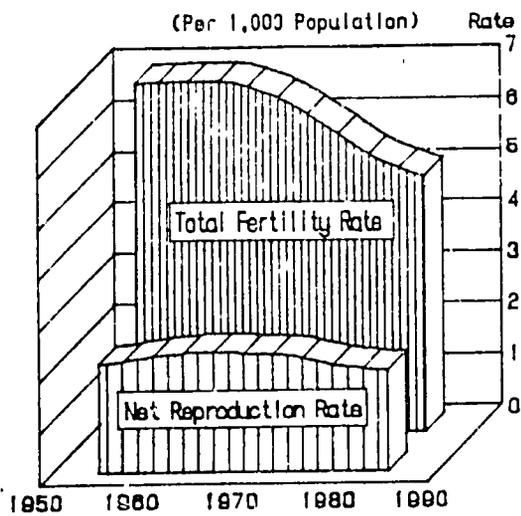
FIGURE A



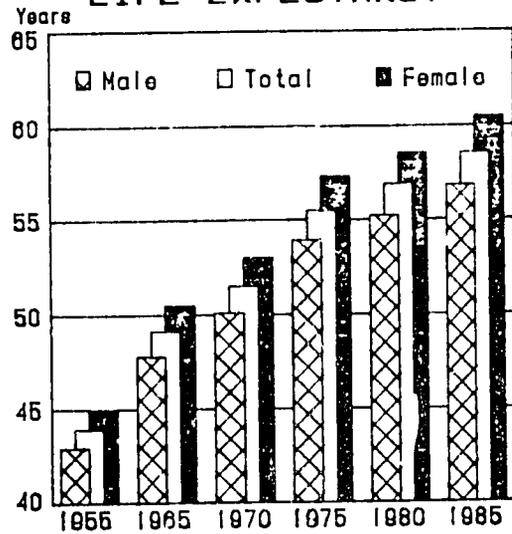
BIRTH AND DEATH RATES



FERTILITY RATES

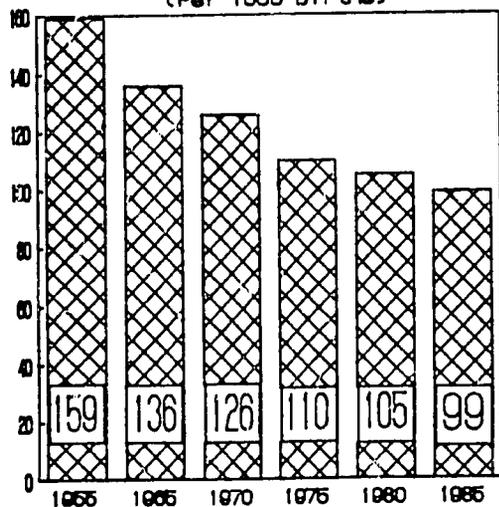


LIFE EXPECTANCY

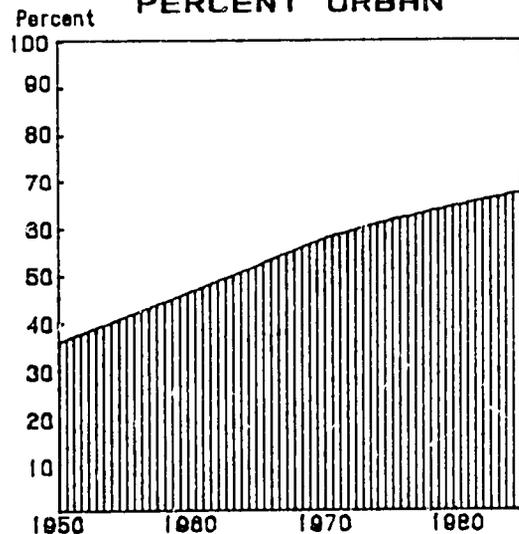


INFANT MORTALITY RATE

(Per 1000 Births)



PERCENT URBAN



among the highest in Latin America in the 1950s, and the average expectation of life at birth was only 43 years. By 1980-85 it had risen by 14 years, to 57 years of expectancy. This is still well behind the leaders in mortality control, but the amount of improvement is as great as in most countries. Infant mortality was and continues to be a major weak link in Peru's social and economic development. While most nations of Latin America have infant death rates between 60 and 40, or below, in Peru it is still in the 90s. Only Bolivia and Haiti have higher infant mortality rates. Because Peru has farther to go before matching the mortality conditions of other countries, death rates may be expected to continue to fall rapidly for the remainder of this century, thereby contributing to rapid population growth.

Growth. Peru's very high fertility has not been translated into extraordinarily high rates of growth, in comparison with other countries, because of the higher mortality that has prevailed. Although the rates of annual growth have been rapid (about 2.6 percent per year) these rates have also been characteristic of countries where fertility fell rapidly and mortality was at a lower level and also declining rapidly. In fact, birth and death rates have declined by about the same amounts in Peru, with the result that the annual rate of growth in 1980-85 is almost identical to that which prevailed in 1950-55. If the more rapid decline in fertility, which many observers believe is now taking place, continues for even a brief time, the growth rate will begin to fall also. However, very rapid growth rates are almost certain to be characteristic of Peru well into the next century. Growth at the rate of 1.0 percent per year, regarded by many economic planners as a desirable condition for rapid improvement in the quality of life, lies decades into the future for Peru.

Distribution. Probably no nation of Latin America has more difficult problems of population distribution than Peru. Great differences in altitude, with areas of arable land separated from each other by major physical barriers, have made it difficult to develop a modern economy. This is being solved in large part by migration. People have been deserting the more remote and less productive areas of the country and settling in Lima and other major cities. In 1950 the country was 65 percent rural; in 1985 it is 67 percent urban. Despite the fact that Peru has a rural frontier in the Amazon slopes, rural growth at the present time is less than 1 percent per year, while the rate of urban growth is nearly four times as fast.

II Peru's Population Policy and Goals

Until the mid-1970s, Peru's national population policy was implicitly, and sometimes explicitly, pronatalist. Major upheavals and changes in the political orientation of the national government made it impossible for government health centers to provide family planning via the public sector, and even created conditions which forced private family planning activities to cease or greatly curtail their services. Although the Peruvian government made positive declarations favorable to population planning as early as 1976, only in the early 1980s did a program with action components begin to emerge. This change is due in no small part to the activities of an organized program of public information and debate sponsored by an international group of parliamentarians, whose president is Peruvian. The government now provides direct support to family planning activities, and participates in a number of projects to make family planning services widely accessible in all parts of the country, through public and private channels.

Few countries in Latin America had a wider variety of policy changes during the 1983-86 period than Peru. The government established a population planning agency, El Consejo de Poblacion, and on July 6, 1985, promulgated a national population policy law. One of the law's objectives is

"To promote and insure the free, well informed and responsible decision of individuals and couples regarding the number and spacing of their children, providing them with the education and health services which contribute to the stability and solidarity of the family and improving the quality of their life."

In order to implement this objective, the law states that

"The state, to guarantee responsible parenthood, promotes the realization of family planning programs, which include education, information and service activities through the facilities of the health sector.... Said programs will respect the fundamental rights of the individual and will preserve the dignity of families."

The law is written almost entirely in terms of implementing the right of individual couples to information and choice about family size, and sets no official goals or desired fertility levels. However, at the International Population Conference of 1984, the Peruvian delegation specified a hoped-for birth rate of 28 per 1,000 population in the year 2000. This is an ambitious goal, since it calls for a 25 percent reduction of the birth rate within 15 years. This is accepted as the national goal for the projections of this

report (and equivalent to a total fertility rate of about 3.90 children per woman).

The "turnaround" in Peru's population orientation is largely a product of the administration now in power. The broad-based support rapidly being generated makes it appear that the population law will be supported and implemented with much less political controversy or fluctuations due to differences in political/economic ideology than has been the case in the past.

III

Current Family Planning Situation in Peru

Because the policy changes described above are so very recent and new, the family planning situation is in a state of rapid transition in Peru. New programs are emerging in a number of different contexts, and old established organizations are taking on new life.

The national government has become actively involved in the sphere of public information and communication for family planning, as a matter of family health. Programming has been done for radio and television, and it appears mass media will continue to be used to provide information on responsible parenthood and family planning. The private family planning organization, INPPARES, is much more active than ever before in providing family planning information and services. Services also are being offered through both public and private clinics with other private organizations having become interested in family planning. A system for commercial distribution of contraceptives was established in 1986. Private employers who have large numbers of employees and who maintain a health service for their workers, are adding family planning to their services.

How much of these new initiatives can be translated into actual delivery of family planning services remains to be discovered in the next few years. If the goals quantified in the projections of this report are to be achieved, it will require a complete turnaround in service as well as in policy.

Based on the results of a contraceptive prevalence survey taken in 1981, it is estimated that 41 percent of the population were practicing some form of contraception in 1985. However, only a minor part of this could be considered high-quality modern contraception. Table 3 reports the "mix" of methods in use. Only 12 percent of all contraception is supplied by the pill, 10 percent by the IUD, 10 percent by female sterilization, and 5 percent by injectables. Nearly two-thirds (63 percent) of current contraception is the practice of "other" methods, primarily rhythm and withdrawal.

Sterilization is not considered a family planning method, but is available for health reasons.

To some observers, this "mix" of methods is an adjustment forced upon the public during the era of government nonparticipation in family planning, and an indication of unsatisfied demand for modern, accessible, affordable contraceptive services. It may be expected to undergo change in response to the new initiatives that are taking place.

Contraceptive services are provided primarily through private sources, with a comparatively small public sector input. The following summary reveals the "mix" of service delivery as estimated for 1985:

| Source | Number users (000) | Percent of users |
|---------------------|--------------------------|------------------------|
| Total..... | 1,080.0* | 100.0 |
| Public sector..... | 190.1 | 16.5 |
| Private sector..... | 889.9 | 83.5 |

*"Other" category of sources not included (see Table 6).

This mix estimate is based on the 1981 contraceptive prevalence survey. As the new government policy gains initiative and the new commercial contraceptive delivery system expands, the remote rural and isolated populations will begin to have better access to services.

In summary, Peru is on the threshold of implementing its national population law, but thus far it is primarily in the discussion stage and has not had time to produce results. As of 1985-86, the public did not have access to a full range of modern family planning methods, nor was there a distribution system adequate in public and private sector delivery to meet the demand. Rural citizens and the urban poor who inhabit the mushrooming new settlements surrounding Lima and other major cities still have only minimal or no services for family planning.

IV

Projections of Future Family Planning Needs

The projections of this report assume that the policy of the Peruvian government will be to implement its policy declaration as stated in the new population law. Consequently, the projections anticipate a substantial improvement in the mix of methods offered to the public. Because of serious financial problems, there are major

limitations on how much change the government can make and how much of the greatly increased demand can be satisfied through the public sector. The substantial reductions in the "other" methods and the increased share of contraception by modern methods for the projected period are specified in Table 3. The share of the government's activity, as specified in Table 5, was allowed to remain constant for the entire projection period, in the absence of predictions about future changes in sources of contraceptive services.

Tables 1 to 6 report the results of these projections. Table 1 summarizes the numerical implications of the assumptions, while Table 2 reports the yearly number of users required to attain the conditions specified in the assumptions. It is assumed that prevalence will rise to 56 percent by 2000, with the number of users more than doubling, to reach 2,364,900. This large increase in number of users is caused not only by the anticipated increased prevalence of use, but also by the significant increase (50 percent in 15 years) in the number of women 15 to 49 years of age in a conjugal union.

Projecting the number of women who will be in conjugal union and computing the percentage who will be practicing

Table 1. PROJECTED NUMBER OF WOMEN OF REPRODUCTIVE AGE AND CONTRACEPTIVE PREVALENCE

| Indicator | 1985 | 1990 | 1995 | 2000 |
|--|---------|---------|---------|---------|
| Total fertility rate..... | 5.20 | 4.81 | 4.38 | 3.90 |
| Women 15 to 49 years (000s) | 4,695.0 | 5,408.0 | 6,185.0 | 7,057.0 |
| Women 15 to 49 years in union (000s)..... | 2,817.1 | 3,245.4 | 3,714.5 | 4,230.6 |
| Percent of MWRA currently using..... | 41.0 | 45.6 | 50.5 | 55.9 |
| Number of contra- ceptive users (000s)..... | 1,155.0 | 1,479.9 | 1,875.8 | 2,364.9 |

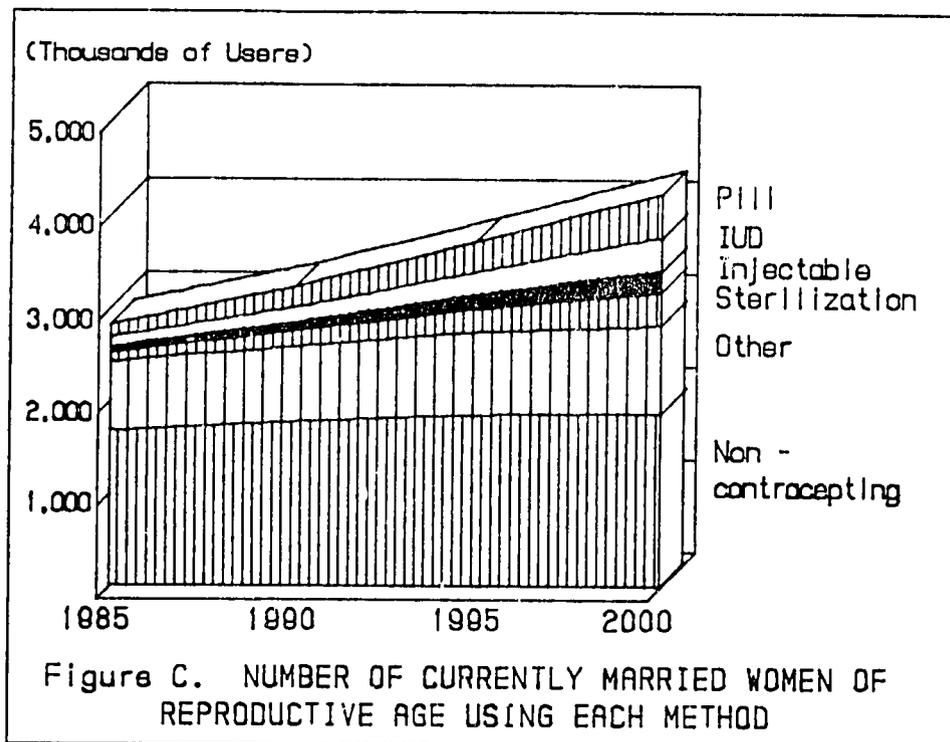
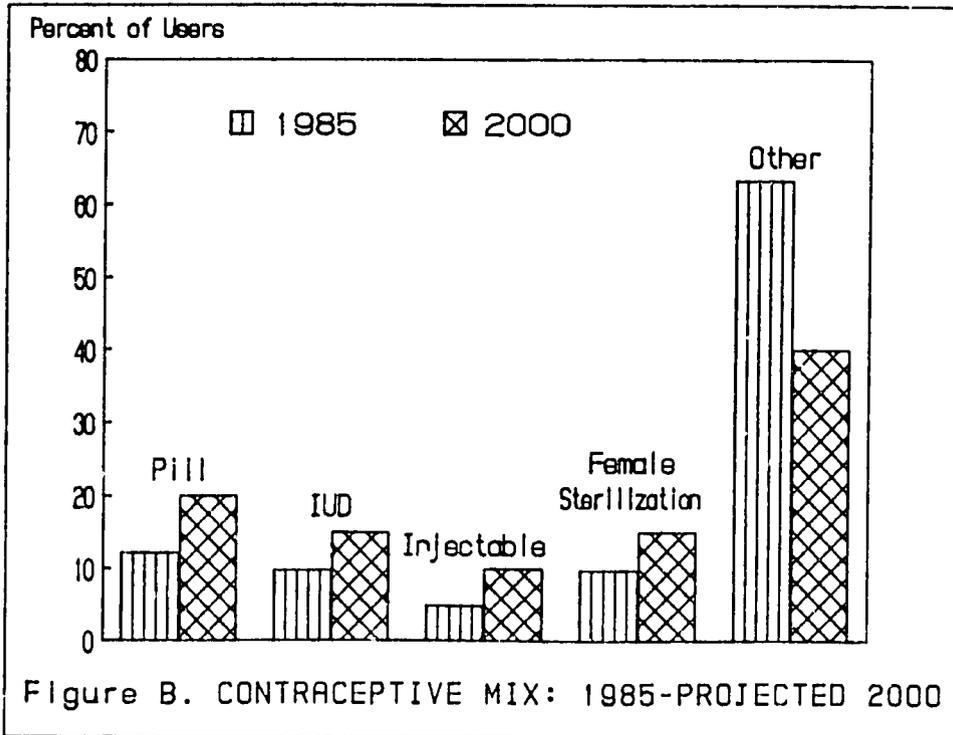


Table 2. PROJECTED FAMILY PLANNING USERS

| Year | Percent Using | Users (000s) |
|-----------|---------------|--------------|
| 1985..... | 41.0 | 1,155.0 |
| 1986..... | 41.9 | 1,215.3 |
| 1987..... | 42.8 | 1,277.7 |
| 1988..... | 43.7 | 1,342.4 |
| 1989..... | 44.7 | 1,409.7 |
| 1990..... | 45.6 | 1,479.9 |
| 1991..... | 46.6 | 1,552.9 |
| 1992..... | 47.5 | 1,628.7 |
| 1993..... | 48.5 | 1,707.5 |
| 1994..... | 49.5 | 1,789.8 |
| 1995..... | 50.5 | 1,875.3 |
| 1996..... | 51.6 | 1,965.5 |
| 1997..... | 52.6 | 2,058.9 |
| 1998..... | 53.7 | 2,156.4 |
| 1999..... | 54.8 | 2,258.2 |
| 2000..... | 55.9 | 2,364.9 |

Table 3. CONTRACEPTIVE METHOD DISTRIBUTION, 1985-2000

| Method | 1985 | 2000 |
|---------------------------|-------|-------|
| Total..... | 100.0 | 100.0 |
| Pill..... | 12.2 | 20.0 |
| IUD..... | 9.8 | 15.0 |
| Injectable..... | 4.9 | 10.0 |
| Female sterilization..... | 9.8 | 15.0 |
| Male sterilization..... | -- | -- |
| Other..... | 63.3 | 40.0 |

Table 4. PERCENTAGE OF CURRENTLY IN-UNION WOMEN AGED 15-49
USING CONTRACEPTIVES, BY METHOD: 1985-2000

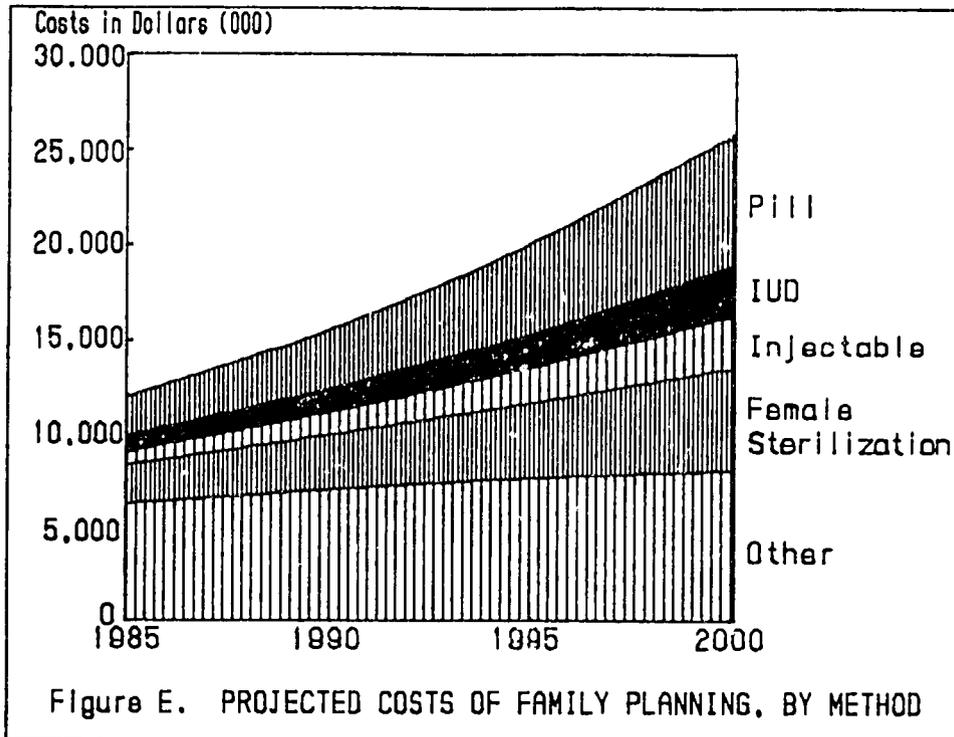
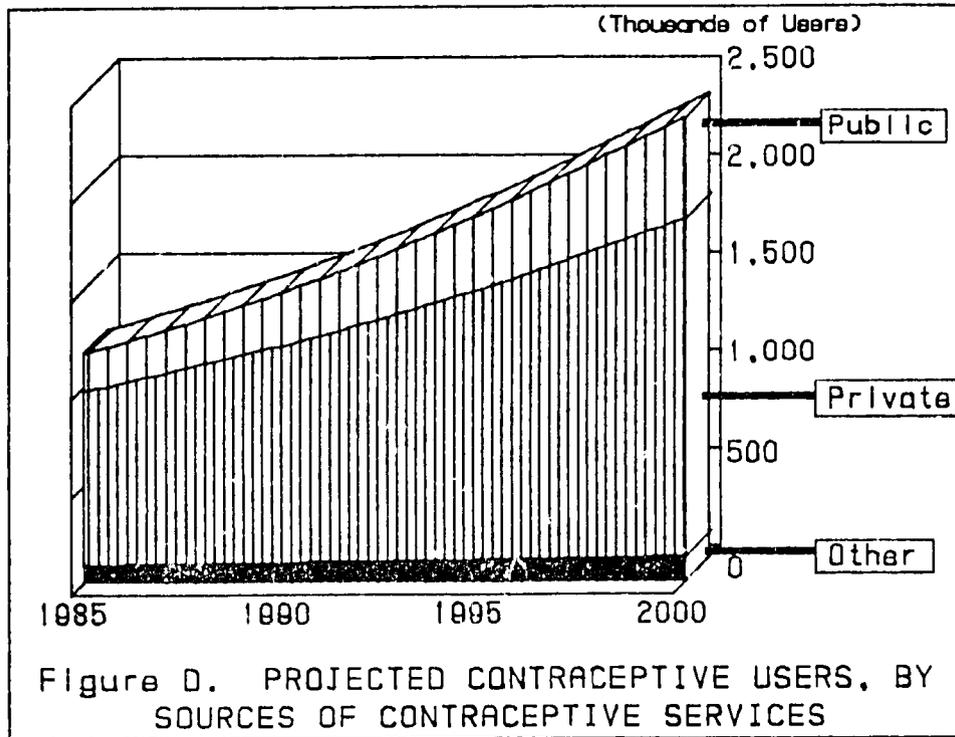
| Method | 1985 | 1990 | 1995 | 2000 |
|---------------------------|------|------|------|------|
| Pill..... | 5.0 | 6.7 | 8.8 | 11.2 |
| IUD..... | 4.0 | 5.3 | 6.7 | 8.4 |
| Injectable..... | 2.0 | 3.0 | 4.2 | 5.6 |
| Female sterilization..... | 4.0 | 5.3 | 6.7 | 8.4 |
| Male sterilization..... | -- | -- | -- | -- |
| Other..... | 26.0 | 25.3 | 24.1 | 22.3 |

Table 5. DISTRIBUTION OF SOURCE OF CONTRACEPTIVE PERCENT,
BY METHOD: 1985

| Method | Service Source | | | |
|---------------------------|----------------|--------|---------|-------|
| | Total | Public | Private | Other |
| Pill..... | 100.0 | 9.0 | 87.0 | 4.0 |
| IUD..... | 100.0 | 52.0 | 47.0 | 1.0 |
| Injectable..... | 100.0 | 4.0 | 96.0 | -- |
| Female sterilization..... | 100.0 | 64.0 | 33.0 | 3.0 |
| Male sterilization..... | 100.0 | -- | -- | 100.0 |
| Other..... | 100.0 | 6.0 | 85.0 | 9.0 |

Table 6. CONTRACEPTIVE USERS (000s) BY SERVICE SOURCE:
1985-2000

| Source | 1985 | 1990 | 1995 | 2000 |
|--------------|--------|--------|--------|--------|
| Total..... | 1155.0 | 1479.9 | 1875.1 | 2364.9 |
| Public..... | 190.1 | 270.9 | 378.0 | 520.3 |
| Private..... | 888.9 | 1119.4 | 1394.1 | 1726.4 |
| Other..... | 76.0 | 89.6 | 103.7 | 118.2 |



family planning, then dividing the contraceptors by the anticipated proportions who will be using each method yields the following estimate of contraceptive needs for each fifth year between 1985 and 2000. The results are as follows:

| Method | 1985 | 1990 | 1995 | 2000 |
|----------------------------|---------|---------|---------|---------|
| Total users..... | 1,155.0 | 1,479.9 | 1,875.8 | 2,364.9 |
| Oral pill (000 cycles).... | 1,831.7 | 2,847.2 | 4,243.1 | 6,149.0 |
| IUD (000 insertions)..... | 28.9 | 41.9 | 59.8 | 83.4 |
| Injections (cycles)..... | 226.4 | 390.7 | 622.8 | 946.0 |
| Female Sterilization (000) | 12.8 | 17.9 | 24.7 | 33.8 |
| Male Sterilization (000).. | 0.0 | 0.0 | 0.0 | 0.0 |
| Other (years of use)..... | 243.7 | 273.9 | 298.7 | 315.3 |

The sources from which each of the methods would be supplied are specified in Table 5. By multiplying the quantities in the above table by the proportions of Table 5, it is possible to calculate the quantity of each method to be provided by each source.

Figure C graphs the anticipated demand for each method, to supplement Table 4, while Figure D graphs the anticipated demand for services that will be placed on each of the principal sources, as a supplement to Table 6.

All of these statistics convey one important message: If Peru is to catch up with the other nations of Latin America in implementing its population law, there must be tremendous increases in service for each method. A major need is to provide access to modern methods and to increase the contribution of the public sector so that the load may be shared more equally. It is quite likely these projections understate the amount of contraception that will be carried out through the public sector, and exaggerate the amount of "other" contraception that will remain in the year 2000, if the plans and programs now being made materialize even to the extent of 50 or 75 percent of their goals.

V

Projected Costs of Family Planning in Peru

The "fair market price" of contraception in Peru for each of the methods was obtained in 1986. "Fair market prices" are considered to be those paid by the poorer segment of society if they were to seek contraceptive services through private or professional channels. These estimates are provided by informed sources within Peru. The following average estimates of cost (in \$U.S.) were used in making the projections:

| | |
|-----------------------|----------------------|
| Oral pills..... | \$0.76 per cycle |
| IUD insertion..... | 10.80 per insertion |
| Female sterilization. | 162.00 per procedure |
| Male sterilization... | (not available) |
| Condom, spermicides.. | (not available) |
| Injections..... | 3.00 per injection |

The average cost for a medical visit for a person in the poorer segment of society was estimated to be about \$4.70. By multiplying these prices by the quantities of contraceptives reported in the table above, an approximate cost of contraception services can be obtained. For oral pills and IUDs, it was assumed there would be one medical visit per year in addition to the per unit cost cited. It was further assumed that one-third of the "other" contraception should be treated as vaginal contraception (condom and spermicides), which was assigned a cost about \$0.25 per intercourse, or about \$25 per couple/year. (This value represents an average of costs in other Latin American countries.) It was assumed that the other two-thirds of the "other" contraception is rhythm, withdrawal, or other methods which do not require expenditure of money, once learned.

Scheduling out the costs of contraception, by method, yields the following estimates for selected years:

| Method | 1985 | 1990 | 1995 | 2000 |
|---------------------------|----------|----------|----------|----------|
| Total..... | 11,743.8 | 15,368.2 | 19,911.0 | 25,661.1 |
| Pill..... | 2,054.3 | 3,193.2 | 4,758.8 | 6,896.3 |
| IUD..... | 844.2 | 1,254.8 | 1,815.7 | 2,567.8 |
| Injectable..... | 679.2 | 1,172.1 | 1,868.4 | 2,838.0 |
| Female sterilization..... | 2,073.6 | 2,899.8 | 4,001.4 | 5,475.6 |
| Male sterilization..... | 0.0 | 0.0 | 0.0 | 0.0 |
| Other..... | 6,092.5 | 6,848.3 | 7,466.7 | 7,883.3 |

These estimates indicate that contraception without subsidy in Peru would cost about \$11.7 million per year. With an estimated 1,155,000 total number of users in 1985, this represents an average cost per user per year of \$10.17. Because of the rising number of women of reproductive age, and the projected increase in prevalence rates, the total cost will rise precipitously in the next 15 years. The total annual cost in the year 2000 is estimated to be \$25.6 million. This represents a 100 percent increase in only 15 years, or more than 6 percent per year.

Figure E graphically illustrates the increased cost of contraception in Peru by method.

VI
Discussion, Implications, Conclusions

The projections made above assume that Peru will make major improvements in the quality of its family planning services, while meeting the rising demand expected to take place as a result of increased prevalence of use and increasing numbers of women at risk and in need of contraception. Because Peru has lagged behind in its family planning efforts in the past, the service and financial implications of this national goal are staggering, in terms of percentage increases in numbers of adopters and cost.

In Peru, a very large share of the adult population is either outright unemployed, seriously under-employed, or employed and paid inadequate wages in the so-called informal sector of the economy which employs perhaps one-half of all working persons. With such employment problems, the new commercial sales program, offering widespread access to low-cost contraceptives, is an important component of the national family planning strategy.

A comparison of the scheduled contraceptive needs and the strategy for paying for them in Peru provides an instructive example of the problems that nations experience for delayed action on family planning. Nations that began early to promote their programs will have much smaller increases in client loads and costs than countries which began by providing inadequate and insufficient services. Such late-comers now must modernize their systems under conditions of exploding numbers of new clients while replacing no service or service of unreliable methods with a service that will actually permit individual couples to make an informed choice concerning the number and spacing of children.

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APPENDIX TABLES
Table A. INDICATORS OF DEMOGRAPHIC STATUS FOR 1950 TO 1985:
PERU

| Indicator | 1950 | 1960 | 1970 | 1975 | 1980 | 1985 |
|------------------------|-------|-------|--------|--------|--------|--------|
| Total population (000) | 7,632 | 9,931 | 13,193 | 15,161 | 17,295 | 19,698 |
| Women age 15-49 (000). | 1,747 | 2,211 | 2,930 | 3,433 | 4,033 | 4,695 |
| Median age..... | 19.1 | 18.4 | 17.9 | 18.2 | 18.8 | 19.4 |
| Age 0-14 (percent).... | 41.6 | 43.3 | 44.0 | 43.2 | 41.8 | 40.5 |
| Age 65 over (percent). | 3.5 | 3.4 | 3.5 | 3.5 | 3.6 | 3.6 |
| Sex ratio (M/F*100)... | 101.4 | 101.6 | 101.6 | 101.6 | 101.6 | 101.5 |
| Percent urban..... | 35.5 | 46.3 | 57.4 | 61.4 | 64.5 | 67.4 |

SOURCE: United Nations. World Population Prospects: Estimates and Projections as Assessed in 1982. New York: United Nations, 1985, p. 356-57.

Table B. INDICATORS OF DEMOGRAPHIC CHANGE, 1950 TO 1985:
PERU

| Indicator | 1950-55 | 1960-65 | 1965-70 | 1970-75 | 1975-80 | 1980-85 |
|------------------------------|---------|---------|---------|---------|---------|---------|
| Births per 1000 population.. | 47.1 | 46.3 | 43.6 | 40.5 | 38.0 | 36.7 |
| Deaths per 1000 population.. | 21.6 | 17.6 | 15.6 | 12.8 | 11.7 | 10.7 |
| Natural increase /1000..... | 25.5 | 28.7 | 28.0 | 27.3 | 26.3 | 26.0 |
| Total fertility rate..... | 6.87 | 6.87 | 6.56 | 6.01 | 5.37 | 5.00 |
| Expectation of life, male... | 42.9 | 47.8 | 50.1 | 53.9 | 55.2 | 56.8 |
| Expectation of life, female. | 45.0 | 50.5 | 53.0 | 57.3 | 58.6 | 60.5 |
| Expectation of life, total.. | 43.9 | 49.1 | 51.5 | 55.5 | 56.9 | 58.6 |
| Infant mortality rate (1000) | 159 | 136 | 126 | 110 | 105 | 99 |
| Net reproduction rate..... | 2.15 | 2.37 | 2.36 | 2.30 | 2.10 | 2.00 |
| Annual rate of growth, total | 2.55 | 2.88 | 2.80 | 2.78 | 2.61 | 2.60 |
| Annual rate of growth, urban | 5.3 | 5.2 | 4.8 | 4.1 | 3.6 | 3.5 |
| Annual rate of growth, rural | 0.8 | 0.7 | 0.4 | 0.8 | 1.0 | 0.9 |

SOURCE: Same as Table A.