

Population Program Assistance

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



Agency for
International
Development

Bureau for
Technical
Assistance

Office of
Population

Washington, D.C.
20523
October 1970

Population Program Assistance

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

- Policy and program design
- Information
Education
Communication
- Technical and field support
- Fiscal and program support
- Institutional and manpower development
- Biomedical and behavioral research

Agency for International Development
Bureau for Technical Assistance
Office of Population

October 1970

Foreword

The decade of the seventies opens with a growing world awareness that the population explosion increasingly evident in this century is destructive to the well-being of millions of individual families and threatens the peace and prosperity of all nations.

President Richard Nixon recognized this threat when he sent to the Congress at the beginning of fiscal 1970 a Presidential Message on the population problem, the first in U.S. history. Earlier, thirty Heads of State, representing almost half the world's people, sent to the Secretary-General of the United Nations a Declaration on Population, inviting leaders around the world to share their views that unplanned reproduction and too-rapid population growth are a grave threat to mankind.

During each of the past four years the U.S. Congress has earmarked increased funds within the Foreign Assistance budget for A.I.D.'s assistance to population and family planning programs in developing countries: \$35 million in fiscal 1968, \$50 million in 1969, \$75 million in 1970, and \$100 million in fiscal 1971. Other nations have increased their contribution, too, as have many private organizations.

Naturally, considerable time must elapse from initiation of family planning programs to resultant fall in birth rates--time to recruit personnel, time to muster fiscal and other resources, time to purchase and deliver contraceptives and other commodities, time to educate and recruit acceptors, and, finally, the nine months until the time when births prevented would have occurred.

But family planning programs are now beginning to have clearly perceptible effects in many nations--in Hong Kong, Singapore, and the Ryukyu Islands--birth rates are near 20 per 1,000 population; in South Korea, Taiwan, Malaysia, and Central America, substantial downward trends are in progress; and even in India-- in areas such as Ghandigram and Narangwal--islands of fertility control success are apparent.

These changes in small countries and in localities are but early signs of an ultimately favorable outcome of a program in the early stage of development and with still a long way to go.

To review the scope and nature of family planning activities in developing countries and report A.I.D.'s assistance actions, the Agency for International Development presents this fourth annual report on "Population Program Assistance."

R. T. Ravenholt, Director
Office of Population

Preface

This publication has been prepared by the Agency for International Development's Office of Population, Bureau for Technical Assistance, with the overall help of the Agency's five Regional Bureaus--Africa, East Asia, Near East-South Asia, Latin America, and Vietnam--and the U.S. Bureau of the Census. Preparation was under direction of W. Bert Johnson, Chief, Information, Education, and Communication Division; and Alice Fray Nelson, Mary A. Rudbeck, and Beverly J. Horsley, Publications Specialists for the Office of Population.

Special acknowledgement is made of the cooperation and information provided by other U.S. Government agencies and by such organizations as the International Planned Parenthood Federation, the Population Council, the Ford Foundation, the Rockefeller Foundation, the Pathfinder Fund, the Population Reference Bureau, and numerous other international, national, private, and church groups active in the field of family planning and population.

The publication includes population data for all less developed countries from which information could be obtained, including a number that receive no assistance from the Agency for International Development. Statistics used are subject to various qualifications and often represent approximate orders or magnitude rather than precise measurements.

Special terminology used in the demographic tabulations includes:

- *Infant deaths per 1,000 live births*, which refers to live-born children who die during their first year of life; and
- *Birth order*, which refers to whether the child whose birth is tabulated is the first live-born child of the mother, or the second, third, fourth, etc.

"Percent of registered births born to women less than 20 years old," "median maternal age," and "median birth order," are based on registration data; where the data are either known, or believed, to be incomplete these items carry the footnote "underregistered."

DR. JOHN A. HANNAH
Administrator
Agency For International Development
DR. JOEL BERNSTEIN
Assistant Administrator
Bureau for Technical Assistance

DR. R. T. RAVENHOLT
Director
Office of Population

Contents

1	World Action on the Population Problem
4	World Demographic Trends
8	The Momentum of Population Growth
15	Assistance by the U.S. Government
16	Agency for International Development
33	Department of State U.S. Department of Health, Education, and Welfare
35	U.S. Information Agency
36	The Peace Corps
37	Assistance by Others
38	Private Organizations
45	Multilateral Agencies
48	Other Governments
51	Africa
56	Algeria Botswana
57	Burundi Cameroon
58	Chad
59	Comoro Islands Congo (Democratic Republic)
60	Dahomey Ethiopia
61	Gambia (The)
62	Ghana
64	Ivory Coast
65	Kenya
67	Lesotho
68	Liberia
69	Malagasy Republic
70	Malawa Mauritius
71	Morocco
73	Niger
74	Nigeria
76	Réunion Rhodesia
77	Rwanda
78	Senegal
79	Seychelles Sierra Leone
80	South Africa
81	Sudan Tanzania
82	Togo
83	Tunisia
86	Uganda
87	Upper Volta
88	Zambia

89	East Asia
94	Burma
95	Hong Kong
96	Indonesia
98	Korea, (South)
101	Malaysia
102	Philippines
106	Singapore
107	Taiwan (Republic of China)
109	Thailand
113	Latin America
119	Argentina
120	Bolivia
121	Brazil
122	Chile
124	Colombia
125	Costa Rica
126	Dominican Republic
127	Ecuador
129	El Salvador
130	Guatemala
132	Haiti
133	Honduras
134	Jamaica
136	Mexico
137	Nicaragua
138	Panama
	Paraguay
139	Peru
140	Surinam
141	Trinidad and Tobago
142	Uruguay
	Venezuela
143	Eastern Caribbean
145	Near East–South Asia
149	Afghanistan
151	Ceylon
153	India
158	Iran
159	Israel
	Jordan
160	Nepal
162	Pakistan
165	Turkey
167	United Arab Republic
169	Vietnam
171	Demographic and Projects Data
172	World Population Data
179	A.I.D. Projects in Population and Family Planning, Fiscal Year Obligations

World action on--

The Population Problem

The dangers and difficulties inherent in excess reproduction and too rapid population growth are now widely recognized, and remedial action by the world community is gathering strength.

The tidal wave of population increase in the less developed countries, generated by the precipitous drop in death rates and continued high birth rates accompanying the advancing edge of economic and social development, provoked an intense adaptive response during the 1960's and should lead to substantial progress toward resolution of the problem during the 1970's.

Since World War II, the United States and other economically advanced countries have given major resources to many less developed countries to speed their economic and social development. This foreign assistance has contributed to the rapid evolution of technology, which, in turn, has had a dramatic impact on the size and distribution of the world population.

During the first decade after the war, developmental assistance action centered upon the urgent task of rebuilding the shattered economies of war-ravaged countries in Europe and Asia, and upon the improvement of food supplies and public health on all continents.

Foreign assistance was directed almost entirely toward augmentation of the *resource numerator* in the *developmental equation*:

$$\frac{\text{Resources}}{\text{People}} = \text{Well-being}$$

with little assistance directed toward limiting too rapid growth of the *population denominator*.

The results of this approach were varied: In Europe and Japan, well advanced in the demographic transition from the traditional balance of high birth and death rates to the modern and more efficient balance of low birth and death rates, reconstruction assistance programs achieved rapid economic success without producing population explosion. But in less developed countries, where knowledge and means for control of fertility are scarce, augmentation of the *resource numerator* was accompanied by such rapid increase in the *population denominator* that little increase occurred in the resources quotient on a per capita basis.

The magnitude of the current problem is indicated by the demographic data presented in this publication--showing the world population on January 1, 1970, to be 3.7 billion, with world birth rates and death rates of 36 and 15 per thousand, respectively. The difference yields a world population growth rate of 2.1 percent per annum--which yields 78 million more people each year, 1.5 million more each week, 214,000 more each day, and 9,000 more each hour.

Effective world action to correct this gross imbalance between births and deaths is urgently needed--and increasingly apparent. A number of notable actions with worldwide implications have been initiated recently:

- the United Nations made important policy and organizational changes, recruited key personnel for the population program, and through the Secretary General's Fund for Population Activities and the specialized agencies--WHO, UNICEF, UNESCO among others--launched a greatly expanded program, including contraceptive assistance and training. The United States contributed \$4 million to the U.N. from fiscal 1970 funds, and pledged a total of \$7.5 million during calendar 1970 if matched by contributions from other countries. Other contributors to the U.N. Fund for Population Activities included Sweden, Denmark, Norway, Finland, the Netherlands, the United Kingdom, and Trinidad and Tobago; and pledges have been received from West Germany, Canada, Japan, Pakistan, India, Taiwan, Mauritius, and Ceylon.
- the World Bank established a Population Projects Department, recruited personnel, completed evaluations of population programs in Jamaica and Indonesia, and made its first loan in direct support of family planning to Jamaica.
- the Organization for Economic Cooperation and Development, which established a population unit in 1968 with support from two countries, expanded its population unit with support from eight countries in 1970.
- the work of nongovernmental organizations such as the International Planned Parenthood Federation, the Population Council, and the Pathfinder Fund, continued to burgeon rapidly in scope and effectiveness.

The IPPF, with an operating budget of \$17 million in 1970 (up from \$70,000 in 1960) now

provides support for family planning activities in 67 countries; the Population Council, now with a budget of \$16 million, has likewise expanded its program and has provided assistance in more than 60 countries; the Pathfinder Fund in 1970 provided support for family planning activities in more than 90 countries.

- the Ford and Rockefeller Foundations continued their strong leadership and research activities, with increasing support by the Ford Foundation for fertility research and by the Rockefeller Foundation for institutional development.

Noteworthy actions by the United States during the past year include the following:

- A.I.D., through the U.S. Bureau of the Census, continued to assist census programs in developing nations. This assistance has taken the form of participant training, advisory services, and financial support. In fiscal 1970 some 109 participants from 31 developing countries were trained in statistics, data processing, and sampling techniques; 30 American census advisors served overseas on a regular basis, and 11 had temporary assignments in 22

developing countries. Much attention has also been given to sample surveys as a means of obtaining data for noncensus years. The census helps to quantify the demographic picture and provide information needed for program planning and evaluation. An estimated 33 nations took censuses in 1970.

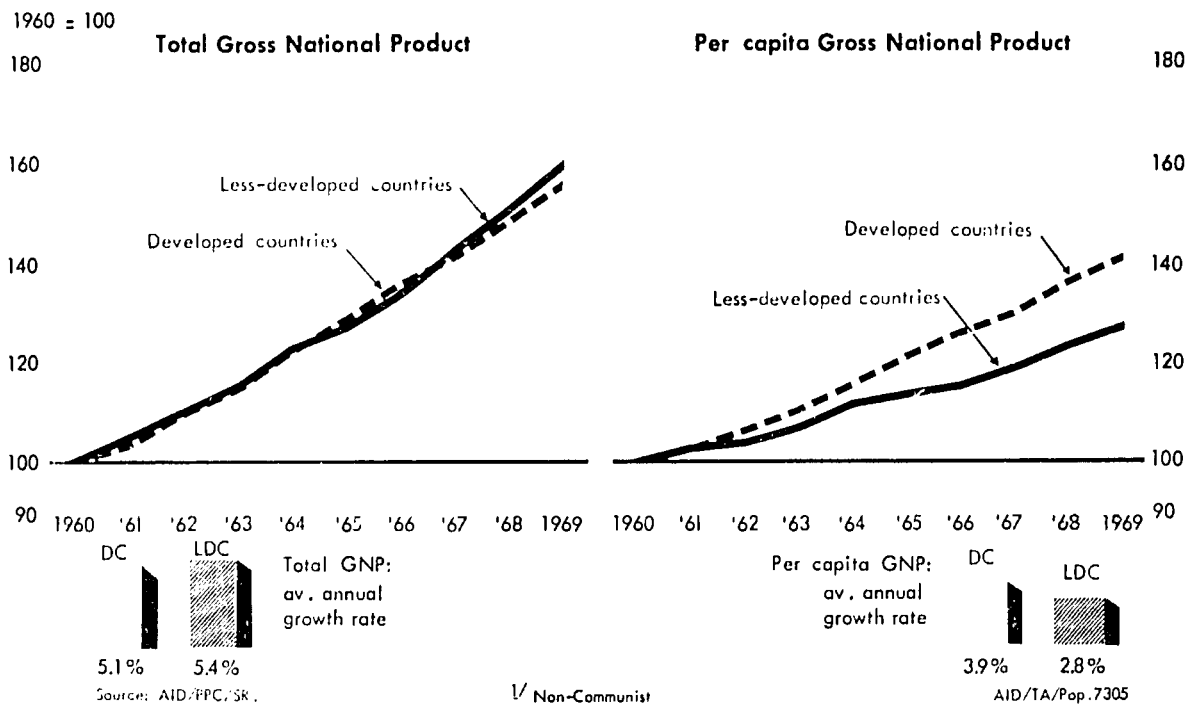
- the U.S. Congress increased funds earmarked for A.I.D.'s population program assistance to \$75 million in fiscal 1970, and \$100 million in fiscal 1971.

A.I.D. gave a \$20-million grant to India to help accelerate India's expanding family planning program. The U.S. grant will finance inputs to enable India to spend an equivalent amount in rupees for the program expansion. Emphasis will be given to improvement of family planning delivery services, training, and evaluation. In addition to this grant, A.I.D. continued to provide U.S. technical assistance for the Indian program.

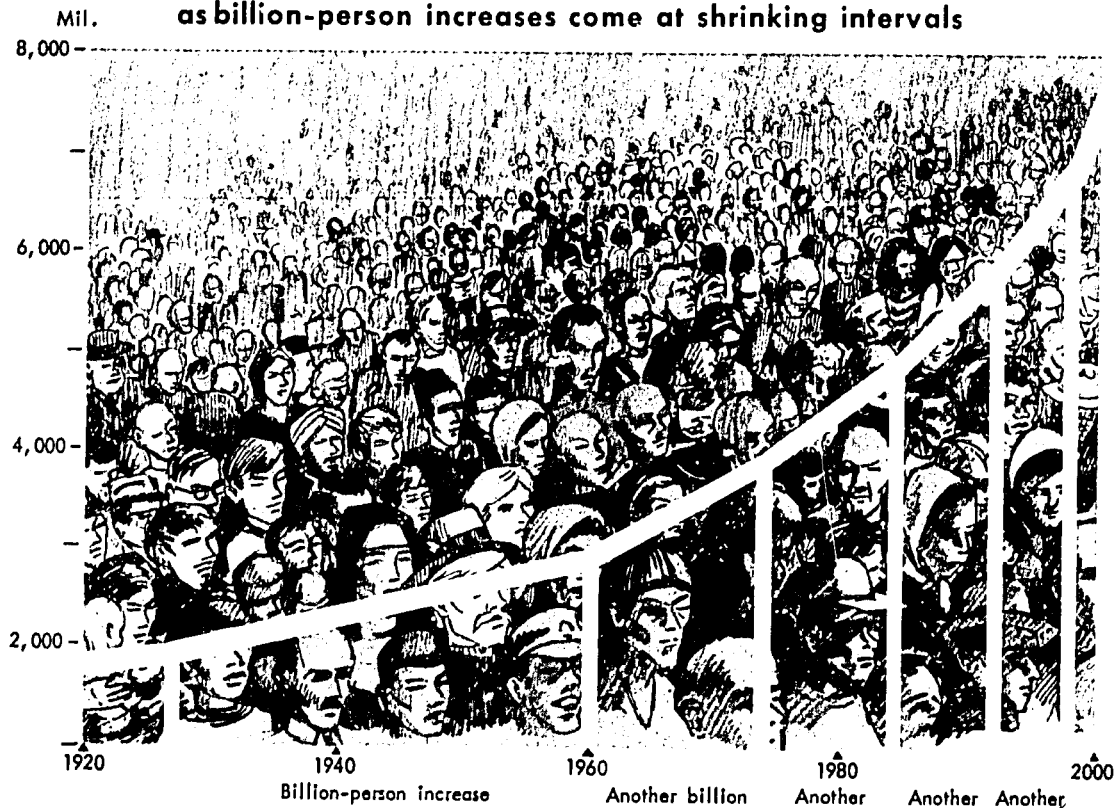
- \$7.2 million was provided for support of research aimed at improving means of fertility control—with \$3 million to the Worcester Foundation for Experimental Biology to exploit as rapidly as possible the potential of an exciting new class of compounds,

$$\frac{\text{Resources}}{\text{People}} = \text{Well-being}$$

Total and per capita GNP in developed and less-developed countries, 1960-69 ^{1/}



World population crowds into the 21st century as billion-person increases come at shrinking intervals



Source: International Demographic Statistical Center, Bureau of the Census.
Estimates Based on U.N. projections; incorporates constant fertility and declining mortality.

AID/TA/Pop-7301

the prostaglandins, demonstrated during this year to be an effective once-a-month means of fertility control, with potential for self-administration as a nonclinical method.

- \$3 million went to the Universities of Michigan, Johns Hopkins, and North Carolina to establish "University Overseas Population Fellowships" (now called "Frederiksen Fellowships" in honor of Dr. Harald Frederiksen, Chief, Analysis and Evaluation Division, Office of Population, who died August 9, 1970), aimed at bridging the manpower gap from training in academic centers to direct employment in population programs.

- this past year A.I.D. intensified its work in developing an approach to the estimation of population/family planning manpower to provide needed services in a given program during a given period of time. The result was formulation of a preliminary method for program planning and budgeting.

One of the major issues identified during this preliminary work was that of management and manpower utilization. The quantitative and qualitative problems of availability of sufficient numbers of good

personnel are probably less difficult than the organization of manpower resources to produce the necessary results.

- oral contraceptives and other commodities urgently needed for family planning programs emerged in rapidly increasing amounts from pipelines extending throughout the developing world. In the first 6 months of 1970 more than 6 million monthly cycles of A.I.D.-financed oral contraceptives were *delivered* to family planning programs in the less developed countries. The ready availability of generous supplies of oral contraceptives is a first requisite for increasing utilization. And such improved availability and utilization of oral contraceptives are finally dispelling, to a considerable extent, the doubts and fears of many persons, U.S. as well as foreign; their skepticism concerning the ability of poor and illiterate women to use these pills effectively plus alarmist fears concerning their safety have seriously retarded availability and use of oral contraceptives during the last several years. Fiscal 1971 opens on a bright note, with Pakistan moving forcefully to make orals more fully available in its national family planning program.

World Demographic Trends

Demographers attempting to quantify the nature of the "population explosion" are faced with numerous questions, many of which as yet have no precise answers. How fast, and by how much, is the world's population increasing? What are the levels of fertility and mortality and how do they differ among the regions and subregions—of the world? What are the patterns by age group and sex?

Much is known about the pace of population increase in the developed countries. However, many of the less developed nations have only recently begun to collect demographic information. Essential data on population dynamics are weak or missing altogether. Firmer and more precise information should become available in the early 1970's, when over 100 nations will conduct population censuses.

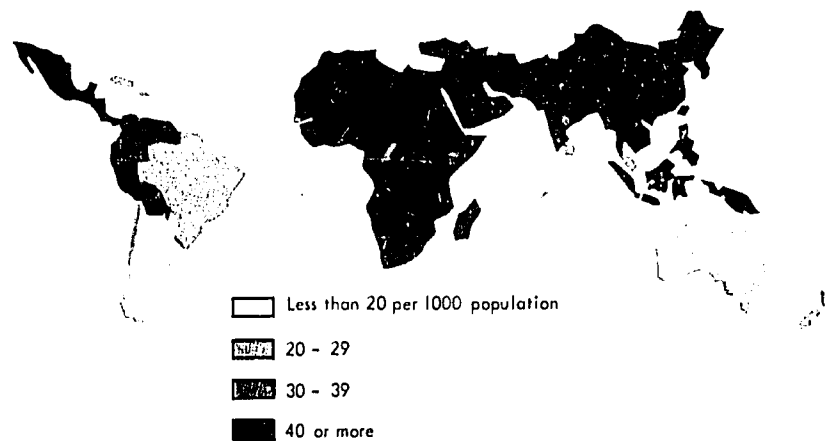
Even so, the broad facts on population trends are all too clear. During the last 50 years both the rate and amounts of population increase have been moving upward at unprecedented speeds.

In 1650, according to sparse statistics, the world probably had not more than half a billion people. High birth and death rates meant a growth rate that was barely above zero. By 1900 the world's population had risen to about 1.5 billion and the growth rate, to around 0.4 percent per year. Over the next 50 years, the world added another billion people. As mortality levels continued to decline, particularly in the more developed countries, the rate of population growth increased, so that by 1950 it was close to 1 percent per year.

In the last 20 years the "population explosion" has really made itself felt. Mortality levels have been reduced drastically in the less developed nations. Going into 1970, world population had already surpassed 3.5 billion, and the rate of growth had doubled to about 2 percent per year.

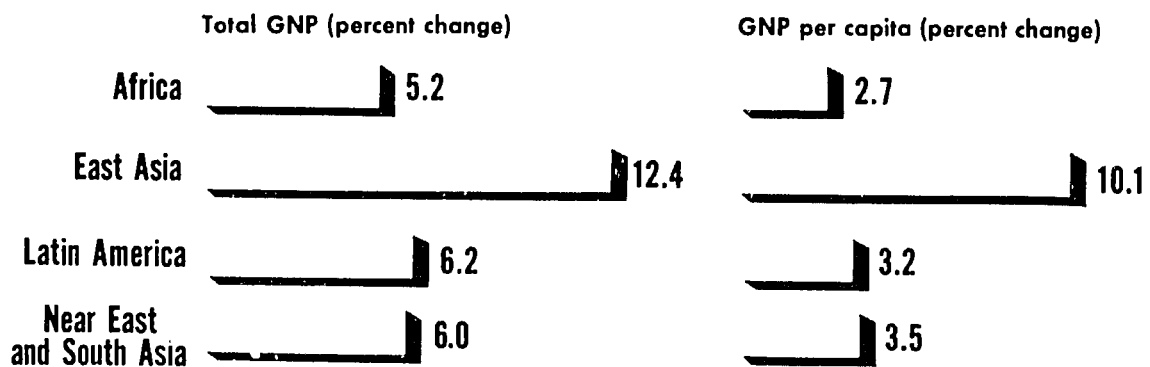
The current increase of 2 percent per year, if maintained, would result in fantastic increases in population. It would take less than 10 years to add

World birth rates by region, 1970



AID/TA/Pop-7302

GNP growth rate for the four regions -- Africa, East Asia, Latin America, and the Near East and South Asia.^{1/}



^{1/} Average of percent changes in 1967 and 1968. Non-Communist countries.

Note: East Asia includes Japan; Africa includes South Africa.

Source: Office of Statistics and Reports, AID.

AID/TA/Pop-7310

the next billion people, while the population would double about every 35 years.

Actually, the U.S. Census Bureau believes that a moderate decrease in birth rates by the year 2000 would be a reasonable expectation. The Bureau adds, however, that this assumes family planning programs will be expanded and intensified and that the developing countries will undergo economic and social development.

Even with moderate declines in fertility, the increase in population will be dramatic. The U.N. medium projection indicates population in the year 2000 will total over 6.1 billion, or more than 2.5 billion above the 1970 total. This growth will place major burdens on economic and social development among the less developed nations even as population programs work toward lower birth rates.

Latin America

The population of Latin America—currently about 270 million—is growing more rapidly than that of any other major region. Since the end of World War II, mortality levels have dropped sharply in Latin America. Today, the average crude death rate of about 10 per thousand is only slightly above that for

the more developed countries. The average crude birth rate has remained high at slightly under 40 per thousand although a downward trend in it has been evidenced in some countries in recent years. (Actually, the birth rate in most Latin American countries is over 40 per thousand since the average figure is affected by the relatively low birth rates of close to 25 per thousand prevailing in the countries of Temperate South America—Argentina, Chile, and Uruguay.)

The result of this has been a staggering increase in the rate of growth, from less than 2.0 percent in 1940 to almost 3.0 percent today. In about half a dozen countries the growth rate approaches 3.5 percent.

If fertility were to remain constant at present levels, the United Nations estimates the population of Latin America would reach 756 million by the year 2000. Even if fertility declined significantly, the population would still increase by almost 150 percent, according to the U.N. medium projections, reaching 638 million by the year 2000.

Rapid growth rates have been reflected by a large proportion of young people in the population, a situation which can place severe strain on government

resources for social welfare and education. In Latin America about 42 percent of the total population is less than 15 years old as compared to only 30 percent in North America and 24 percent in Europe.

Asia¹

Asia contained close to 2.1 billion people at the beginning of 1970, about three-fifths of the world's total population. The average growth rate of about 2.4 percent means that close to 50 million people are being added each year, an annual numerical increase equal to the present population of the Philippines and Malaysia combined.

There is considerable variation in the rate of growth among the continent's subregions. In several of the countries of East Asia the annual rate of population growth is below the area average. Extensive family planning programs in Hong Kong, the Republic of Korea, and Taiwan have helped to cause marked declines in fertility in recent years. The average crude birth rate for these three countries has declined by almost 25 percent, from about 40 per thousand to close to 30 per thousand over the past decade. In Japan, a very low crude birth rate of 19 per thousand and a crude death rate of 7 per thousand make this country demographically comparable with those of Western Europe.

In comparison, the population of the Philippines is currently increasing at an annual rate of 3.5 percent. Its population of 38 million will double by the year 1991 if the present rate of growth continues.

The population of Near East-South Asia (NESAs), with an annual increase of about 2.6-2.7 percent, would more than double from about 860 million to almost 1.9 billion by the year 2000 if present growth is maintained.

In two of the largest countries in South Asia, India and Pakistan, the governments are engaged in large-scale programs to effect fertility reduction. However, it is still not just clear how much birth rates have been reduced.

Mainland China is the largest country, both in terms of land area and population, in Asia. However, because of a lack of specific data, the present size and growth rate of the population are somewhat uncertain. Current estimates place the population at about 830 million (give or take 100 million). Estimates of the crude birth and death rates of about 43 and 21 per thousand, respectively, give a rate of

¹Including Mainland China, United Arab Republic, Turkey, and Greece are included as part of the Near East and South Asia (NESAs).

increase of about 2.2 percent. At this rate the population would pass the 1-billion mark before 1980 and would reach about 1.6 billion by the year 2000.

Africa

Lack of data necessitates basing population estimates in many African countries on sample surveys, scattered censuses, and rough estimates of fertility and mortality. As of 1969 only a handful of countries, primarily in North and East Africa, had undertaken complete censuses, while several countries had never even attempted comprehensive sample surveys.

Africa has the highest fertility of all the major regions of the world, with an estimated crude birth rate for 1970 of about 48 per thousand. However, the estimated crude death rate of 21 per thousand is also the highest in the world, giving Africa a rate of increase of about 2.7 percent, roughly midway between that of Asia and Latin America.

The estimated 1970 population of about 310 million would increase 145 percent to about 770 million by the year 2000 under the U.N. constant fertility projection and would still reach close to 690 million under the medium population projection.

While population density is not yet severe in most of Africa, indications are that growth rates will increase markedly during the next decade in much of the region. Mortality, which began to decline only in the mid-1950's in many of the countries, should continue to decline rapidly as health practices and medical facilities improve. Fertility will most likely remain at present high levels in the near future. Only a few countries (most notably Tunisia, Kenya, and Ghana) have announced policies aimed at the reduction of population growth, while many governments still maintain strongly pronatalist views.

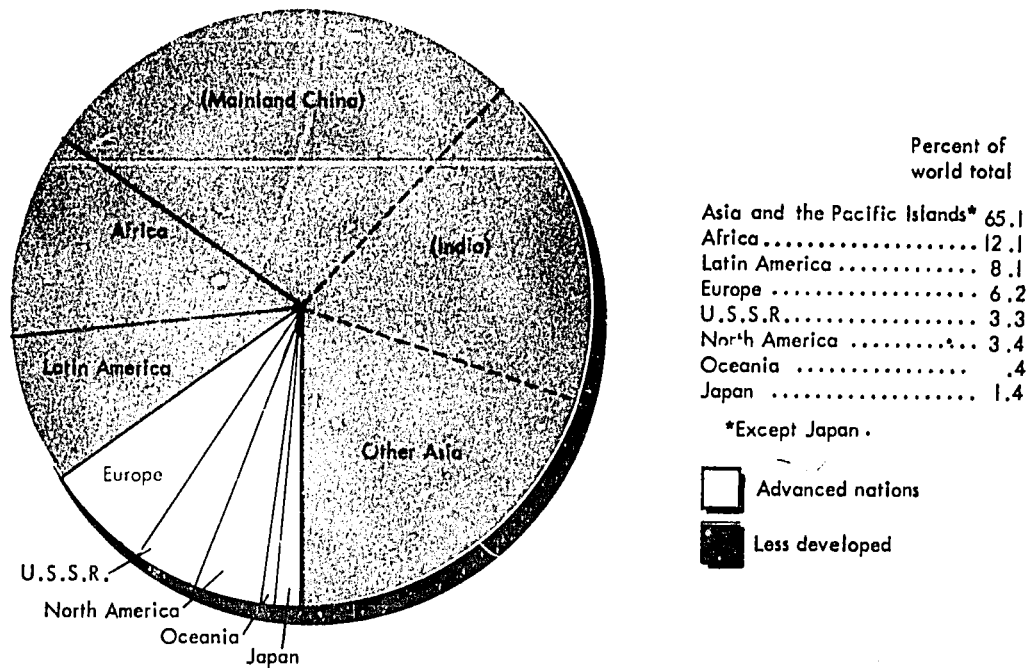
United States and Canada

The population of North America - 228 million in the middle of 1970 - is increasing by about 1 percent per year, considerably slower than in the less developed regions. By the year 2000, under the U.N. medium projection, the total population would reach 354 million, 56 percent above the 1970 level.

The present low growth rate has resulted largely from declining fertility. In the United States the birth rate fell from 23.8 per thousand in 1960 to an alltime low of 17.4 in 1968, while the death rate has held virtually constant since 1960 at around 9.5 per thousand.

Because of the post-World War II baby boom, the number of women in the child-bearing years, ages

Births in the world, percent of total by region, 1970



Source: Estimates of International Demographic Statistical Center, Census Bureau.

AID/TA/Pop 7303

15-44, will grow at a faster rate than the total population in the next decade. Such a change in the age structure would result in increases in the crude birth rate if fertility remained constant at its present level.

Europe²

Europe's population—an estimated 455 million in the middle of 1970—is growing at slightly more than 0.7 percent, the slowest rate of any major region in the world. By 1967 the average crude birth rate in every subregion of Europe had dropped below 20 per thousand. An aging population combined with an only slightly declining mortality level are expected to result in a slight increase in the crude death rate during the next several decades.

Thus, the current population structure and low fertility rate in Europe do not presage a sizable expansion of population. According to the U.N. medium projection, the population would reach only 527 million by the year 2000, less than 20 percent greater than in 1970.

²Excluding the U.S.S.R.

The Soviet Union

Preliminary results from the Census of the Soviet Union conducted on January 15, 1970, showed a total population of 241,748,000. This represents an increase of 15.8 percent from the previous census conducted some 11 years earlier. Population trends have been marked by a continuing decline in the crude birth rate, which dropped from 24.9 per thousand in 1960 to 17.3 in 1968. On the other hand, the crude death rate has remained relatively stable at between 7 and 8 per thousand.

The census results also confirmed what demographers had seen as a trend in recent years, namely a high growth rate in the central Asian and some Caucasian republics with non-Russian indigenous groups and a slowdown in the rate of natural increase in the European areas.

For example, the Russian Federation (R.S.F.S.R.), the largest and most important republic, grew only 11 percent between the two Censuses. Yet the amount of growth in the Asian republics averaged close to 40 percent, with Tadzhikistan showing the highest increase of 46 percent.

The Momentum of Population Growth

Among the developing countries of the world, birth rates have remained generally rather high while mortality rates have rapidly declined, and populations have increased at a perilous rate. Instead of attempting here to predict when and at what pace fertility will decline in the less developed countries of the world, let us consider how their populations would develop under two very different types of conditions: First, if birth rates should decline rather drastically in a very short period of time and mortality would continue to decline; and second, if both fertility and mortality should remain constant at their recent levels over a long period of time.

The two-child family

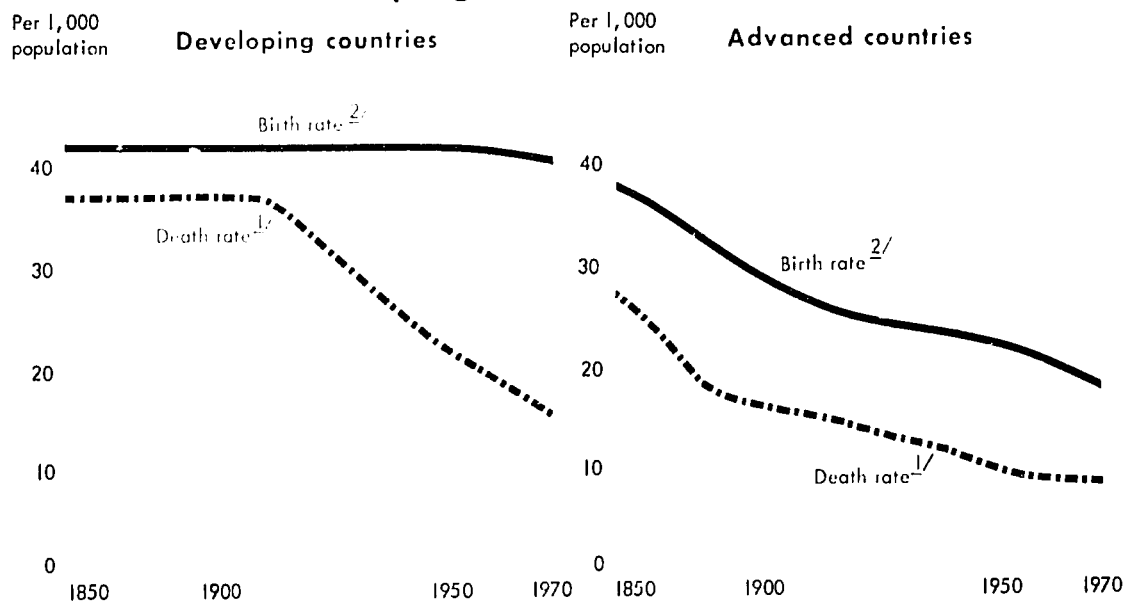
A very optimistic look at the future might see the fertility of the developing countries reach the so-called replacement level where each set of new parents has two children a daughter who would eventually "replace" her mother in the population and a son who would "replace" his father. This

hypothetical ideal situation is approximated, in demographic terms, when the Net Reproduction Rate (NRR) reaches a level of 1.00, or when each woman in the population has borne one surviving female child by the end of her reproductive years.

Even reaching the level of a two-child family in a relatively short period, however, would not be sufficient to produce an immediate halt to the rapid growth of a population. Until the age structure of a population has time to shift away from one with a high proportion of young people to a so-called older population, there will be more young couples having babies than older people dying, and the population will continue to grow. For the developing countries, as shown in table 1, this shift (after the NRR level of 1.00 is reached) would take about 60 years, after which their population would become stationary. During the 60-year interim, their population would increase to at least double their initial size.

In Indonesia, for example, if family size could be reduced from the current average of five or six

Patterns of birth and death rates in developing and advanced countries



Source: International Demographic Statistics Center, Bureau of the Census.

Note: Estimates for 1920-60 based on United Nations estimates. And for 1850-1920 on the Carr-Saunders, Wilcox population estimates. Estimates for 1960-70 made by graphically extrapolating trend lines for 1950-60 except in case of LDC birth rate; this was assumed to have declined to about 40 per thousand by 1970.

1/ Death rate: Estimate for 1920-24 of 23 has been adjusted to 35, and used as adjustment factor for 5-year intervals through 1955-60; a smooth curve has been graphically fitted to these points, does not reflect influenza epidemic of 1918-19.

2/ Line smoothed; does not reflect impact of the Depression of the 1930's.

AID/TA/Pop-7304

TABLE 1: ESTIMATED POPULATION IN SELECTED COUNTRIES, 1965 AND 1970, AND PROJECTED POPULATION FOR THREE SERIES ASSUMING NRR REACHES 1.00¹

Country	Population estimates		Population projections		
	Year	Population	Year NRR Reaches 1.00	Year population becomes stationary	Stationary population
		<i>Millions</i>			<i>Millions</i>
Chile - - - - -	1965	9	1980-85	2045	19
	1970	10	1990-95	2050	22
			2000-05	2060	25
Mexico - - - - -	1965	42	1980-85	2040	110
	1970	50	1990-95	2050	134
			2000-05	2060	165
Ghana - - - - -	1965	8	1980-85	2045	18
	1970	9	1990-95	2050	22
			2000-05	2060	27
Tunisia - - - - -	1965	5	1980-85	2040	11
-	1970	5	1990-95	2055	13
			2000-05	2060	16
Indonesia - - - - -	1965	107	1980-85	2045	238
	1970	120	1990-95	2050	280
			2000-05	2060	336
Thailand - - - - -	1965	31	1980-85	2045	77
	1970	37	1990-95	2050	94
			2000-05	2060	116
France ² - - - - -	1965	49	1980-85	2045	61
	1970	50	1990-95	2045	64
			2000-05	2055	68

¹Fertility is held constant until 1970, then declined until the indicated year and held constant thereafter. ²France is included as an example of how the population of a low-fertility country would change under the same hypothetical conditions.

Projections of the International Demographic Statistics Center, Population Division, U.S. Bureau of the Census.

children to an average of only two children by 1980-85 and if mortality also declined considerably between 1970 and the year 2000, the population would increase from 120 million in 1970 to 238 million before it stabilized around the year 2045. In the more probable instance that the two-child family could not be reached at least until 1990-95, the population would reach 280 million before it stabilized around the year 2050. Finally, if it should take until the period 2000-05 for the fertility level in Indonesia to reach an NRR of 1.00 (still a relatively short time to accomplish such a drastic decrease in fertility) the population would increase to 336 million before it stabilized at nearly three times its current size.

To state it another way, if Indonesia should feel that the maximum population it can support is one twice its present size, the Indonesians have only about 10 years left in which to reduce their fertility to roughly one-third its present level. If Indonesia should feel that it cannot support a population even

twice its present size, it is probably already too late to stop at a smaller size.

These statements are true not only for Indonesia, but for all high-fertility countries. In fact, for Mexico, Ghana, Tunisia, and Thailand—some selected examples of countries in the less developed world—it can be seen (table 1) that population growth under the same hypothetical assumptions as described for Indonesia would result in even greater increases. In all four of these countries, even if the two-child family average could be reached in only 10 years, the population would more than double before stabilizing, and the interim growth period would last at least 60 years.

That is one possibility of what could happen in the future.

No change in fertility

Suppose instead for all of the countries named above—or in any high-fertility country—that birth rates remained at their current level for a long period

of time. Suppose further that mortality did not improve beyond its current level, with the result that the gap between fertility and mortality did not change substantially and that the population continued to grow at approximately the same pace. What then would be the population growth compared to the NRR series discussed above?

Table 2 shows the results of such projections based on the continuation of current fertility and mortality rates for the same selected countries. One of the previous series (NRR = 1.00 in 1990-95) is included for comparison. The startling fact here is that the figure that was reached around the year 2050 under the declining fertility assumption is now reached (assuming constant fertility) by the year 2010 or even sooner. In Indonesia, for example, the total population of 280 million reached in 2050 under the medium stationary-population hypothesis would be reached by the year 2010 if one assumes constant

fertility and constant mortality. And by 2050, if one assumes constant fertility and mortality, the population of Indonesia would increase to nearly six times the 1970 figure, for a total population of over 600 million.

Of course, few people today will be greatly concerned over what could happen by the year 2050. The lesson to be learned from these figures, if any, is that one cannot afford to wait until 2050. Today may already be too late to begin to work toward some ideal goals and may leave just barely enough time to work toward some tolerable limits.

Specialists in various fields of study, such as the labor force and education, may be more concerned with the future development of population in certain functional age groups than with aggregate numbers. Tables 3 and 4 present implications for the labor force and school enrollment, respectively, of the population projections.

TABLE 2: COMPARATIVE POPULATION PROJECTIONS FOR SELECTED COUNTRIES, UNDER TWO FERTILITY ASSUMPTIONS, SELECTED YEARS, 1970 TO 2050

Country and fertility assumptions ¹	1970	1980	1990	2000	2010	2050
	<i>Mil.</i>	<i>Mil.</i>	<i>Mil.</i>	<i>Mil.</i>	<i>Mil.</i>	<i>Mil.</i>
Chile:						
Declining	10	12	15	16	18	22
Constant	10	13	16	20	26	69
Mexico:						
Declining	50	66	82	95	109	134
Constant	50	69	97	135	189	720
Ghana:						
Declining	9	11	13	15	17	22
Constant	9	11	14	18	23	63
Tunisia:						
Declining	5	6	8	9	10	13
Constant	5	7	9	12	16	55
Indonesia:						
Declining	120 ²	149 ²	178	202	229	280
Constant	118	147	182	226	280	666
Thailand:						
Declining	37	48	58	67	76	94
Constant	37	49	68	93	129	468
France ³						
Declining	50	53	56	58	61	64
Constant	50	54	59	64	71	109

¹Declining fertility refers to the series in which fertility begins to decline in 1970, until the NRR reaches 1.00 in the period 1990-95, and mortality also declines; see text and table 1. The constant fertility series given here holds mortality constant as well. ²Figure lower than for declining series because in this series mortality held constant at 1960 level. ³France is included as an example of how the population of a low-fertility country would change under the same hypothetical conditions.

Projections of the International Demographic Statistics Center, Population Division, U.S. Bureau of the Census.

TABLE 3: PROJECTED LABOR FORCE OF SELECTED COUNTRIES FOR TWO SERIES ASSUMING NRR REACHES 1.00, SELECTED YEARS 1970 TO 2020¹

Country and year NRR = 1.00	1970	1980	1990	2000	2020
	<i>Millions</i>	<i>Millions</i>	<i>Millions</i>	<i>Millions</i>	<i>Millions</i>
Chile:					
1980-85 - - - - -	3.1	4.1	5.1	5.8	6.9
1990-95 - - - - -	3.1	4.1	5.2	6.3	7.7
Mexico:					
1980-85 - - - - -	15.9	22.6	30.9	36.1	44.7
1990-95 - - - - -	15.9	22.6	31.4	40.3	51.9
Ghana:					
1980-85 - - - - -	3.5	4.6	6.1	7.1	8.9
1990-95 - - - - -	3.5	4.6	6.2	7.9	10.2
Tunisia:					
1980-85 - - - - -	1.3	1.8	2.3	2.6	3.3
1990-95 - - - - -	1.3	1.8	2.3	2.9	3.8
Indonesia:					
1980-85 - - - - -	41.1	53.4	67.2	76.9	95.5
1990-95 - - - - -	41.1	53.4	68.2	84.1	107.8
Thailand:					
1980-85 - - - - -	18.6	25.5	34.6	39.8	49.1
1990-95 - - - - -	18.6	25.5	35.2	44.3	56.8
France:					
1980-85 - - - - -	21.6	22.7	24.7	25.5	26.9
1990-95 - - - - -	21.6	22.7	24.8	26.3	28.1

¹ Assuming constant labor force participation rates (economically active population as a percent of total population ages 15 to 64) as of the latest year available in the 1960's.

Labor force participation rates from *Year Book of Labour Statistics*, ILO, 1969. Population projections are estimates of the International Demographic Statistics Center, Bureau of the Census.

Projected labor force

Table 3 is based on the assumption that the total labor force will continue to account for the same proportion of the population between 15 and 64 years of age as it did during the 1960's. This proportion varies considerably among the countries shown, from less than 50 percent for Tunisia, where very few women work, to nearly 100 percent for Thailand, where the proportion of women reported as working is nearly as large as that for men. The labor force participation rates implied by the data in table 3 are as follows:

	<i>Percent</i>
Chile	57
Mexico	62
Ghana	77
Tunisia	48
Indonesia	62
Thailand	98
France	68

Even if fertility were to decline to the level of a two-child family by 1980-85, it would be some time before the reduced fertility level would have an appreciable effect on the growth of the labor force. In Mexico, for example, new jobs would have to be found for an additional 6.7 million persons between 1970 and 1980, 8.3 million between 1980 and 1990, and 5.2 million between 1990 and 2000 for a total of more than 20 million added jobs in 30 years.

In the more probable instance that fertility could not decline to the so-called replacement level at least until the period 1990-95, more than 24 million Mexicans would be added to the labor force by the year 2000 if participation rates remained unchanged. During the same 30-year period, new jobs would have to be found for 3.1 million Chileans, 4.4 million Ghanaians, 1.6 million Tunisians, 43.1 million Indonesians, and 25.6 million Thais, representing increases over the level of the 1970 labor force of from 100 percent to 154 percent. The 4.7 million

persons added under the same assumptions to the labor force of France, where fertility is already low, represents an increase of only 22 percent.

Projected school enrollment

In general, children begin to attend school at a younger age than they begin to work, so any change in the fertility level of a population will promote a change in school enrollment sooner than in the labor force. Table 4 gives examples of how school enrollment would increase under the medium NRR projection assumption (NRR = 1.00 in 1990-95) and under the constant fertility assumption. In each instance, it is also assumed that school enrollment rates would not change. Since these rates are still very low in some countries, and the percent enrolled would very probably increase above the initial rates, the projected enrollment may be considered a very

minimum for the projection assumptions given.

Enrollment rates implied in the projections are as follows:

	<i>Percent</i>
Chile	61
Mexico	49
Ghana	57
Tunisia	51
Indonesia	38
Thailand	38
France	73

As table 4 shows, even if fertility were to decline to the so-called replacement level by 1990-95, additional classrooms would have to be built for at least 4.6 million Mexican children, 0.9 million Ghanaian children, 5 million Indonesian children, and so on, by the year 1990 even if there were no increase in the current proportion of children who attend

TABLE 4: PROJECTED SCHOOL ENROLLMENT OF SELECTED COUNTRIES UNDER TWO FERTILITY ASSUMPTIONS, SELECTED YEARS 1970 TO 2020¹

Country and fertility assumption ²	1970 ³	1980	1990	2000	2020
	<i>Millions</i>	<i>Millions</i>	<i>Millions</i>	<i>Millions</i>	<i>Millions</i>
Chile:					
Declining - - - - -	2.1	2.6	2.8	2.7	2.8
Constant - - - - -	2.1	2.6	3.4	4.3	7.0
Mexico:					
Declining - - - - -	9.5	12.6	14.1	13.2	13.6
Constant - - - - -	9.4	12.9	18.1	25.4	49.5
Ghana:					
Declining - - - - -	1.8	2.4	2.7	2.5	2.6
Constant - - - - -	1.8	2.3	2.9	3.8	6.2
Tunisia:					
Declining - - - - -	1.0	1.2	1.3	1.3	1.3
Constant - - - - -	1.0	1.2	1.7	2.4	4.2
Indonesia:					
Declining - - - - -	17.6	20.2	22.7	2	22.1
Constant - - - - -	17.5	19.5	24.8	30.	47.4
Thailand:					
Declining - - - - -	5.2	7.1	7.6	7.2	7.5
Constant - - - - -	5.1	7.2	9.7	12.1	25.7
France:					
Declining - - - - -	8.7	9.6	9.9	12.1	9.8
Constant - - - - -	8.7	9.8	11.1	12.0	15.1

¹ Assuming constant rates of school enrollment (total enrollment at primary and secondary levels as a percent of total population ages 5 to 19) at 1965 level (for Indonesia, 1964). ² Declining fertility refers to the series in which the NRR reaches 1.00 by the period 1990-95 and mortality also declines. The constant fertility series holds mortality constant as well. ³ Slight differences in the figures for 1970 may be explained by the early mortality decline in the "declining fertility" series.

School enrollment rates from UNESCO Statistical Yearbook, 1967. Population projections are estimates of the International Demographic Statistics Center, U.S. Bureau of the Census.

school. These figures represent enrollment increases (due to population growth only) of from 29 to 49 percent over 20 years for the various countries shown.

If fertility rates did not change at all during the projection period, the number of children attending school in these countries would increase by from 42 to 92 percent in only 20 years, even without an increase in the proportion of children enrolled.

Conclusions

The projections given here for a random selection of less developed countries have shown that even if fertility were to drop to very low levels in a short period of time, sizable population increases

would still result before the population finally leveled off. To state it another way, if the people of a high-fertility country should desire that their population eventually stop growing, they would first drastically reduce their birth rates at least until the two-child family becomes the norm; then, some 60 years later - if the lowered fertility level is maintained without fail - their goal of a stationary population will be achieved, bearing in mind that the stationary population will still be at least twice as large as the initial population before fertility declined. If it happened that the time required to reach this replacement level was more than 10 to 15 years, then the ultimate stationary population of the country would be even larger.



Assistance by the U.S. Government

Primary responsibility for U.S. aid to family planning and population programs in developing countries has been given the Agency for International Development. Other Government agencies share importantly in the endeavor. These are the Departments of State and Health, Education and Welfare and the U.S. Information Agency and Peace Corps.

Agency for International Development

A.I.D.'s assistance to population and family planning programs continues to move to higher levels in 1970 as the U.S. Government puts more emphasis on the need to contain population growth and more developing nations seek initial or expanded assistance.

Funds obligated for population activities during fiscal year 1970 totaled \$74.5 million up from 1969's \$45.4 million and the \$4-million level of fiscal years 1966 and 1967.

These funds in 1970 supported family planning through A.I.D. bilateral programs in 32 countries and helped finance activities in many others through such organizations as the IPPF, the Pathfinder Fund, the Population Council, and the United Nations.

First dollar assistance

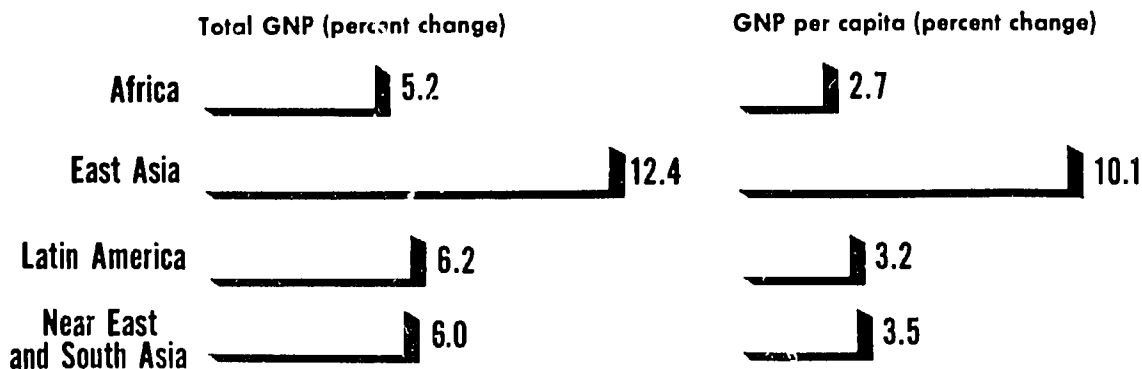
Assistance to family planning is one of A.I.D.'s newer programs although the agency and its

predecessors have helped on related statistical and health matters for 20 years or more. Dollar assistance began in 1965 with \$2.1 million, concentrating primarily on strengthening U.S. educational and research institutions to provide the research, evaluation, and manpower training needed for effective programs in developing countries.

Also in that year, A.I.D. set out principles governing its population programs:

- Family planning programs must be host nation programs, not U.S. programs; the United States must respect the sovereignty and sensibilities of the nations it assists.
- A.I.D. provides assistance only upon request, and in accordance with the type of program chosen by the host nation and institutions.
- A.I.D. will not make family planning a condition of aid, and will not support any family

GNP growth rate for the four regions -- Africa, East Asia, Latin America, and the Near East and South Asia.^{1/}



^{1/} Average of percent changes in 1969 and 1968. Non-Communist countries.

Note: East Asia includes Japan; Africa includes South Africa.

Source: Office of Statistics and Reports, AID.

AID/TA/Pop-7310

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

Project	1965-66	1967	1968	1969	1970
Nonregional:	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Office of Population	1,554	525	10,623	17,398	22,013
Office of International Training	91	41	38	40	304
A.I.D./W other	119	405	435	1,431	1,908
U.N. Fund for Population Activities			500	2,500	4,000
Nonregional total	1,764	971	11,596	21,369	28,225
Near East-South Asia:					
Country missions	¹ 2,100	337	² 9,061	3,336	22,861
Regional projects			655	976	324
³ Near East-South Asia total	¹ 2,100	337	² 9,716	4,312	23,185
Latin America:					
Country missions	361	1,178	5,457	3,072	5,437
Regional projects	1,670	1,191	2,468	7,255	5,518
Latin America total	2,031	2,369	7,925	10,327	10,955
East Asia:					
Country missions	112	334	3,475	6,388	8,673
Regional projects		350	1,325	1,608	623
East Asia total	112	684	4,800	7,996	9,296
Africa					
Country missions	19	4	404	983	2,485
Regional projects		30	259	457	181
Africa total	19	34	663	1,440	2,666
Vietnam		50	50		180
Country and regional total	4,262	3,474	23,154	24,075	46,282
Grand total	6,026	4,445	34,750	45,444	74,507

¹A development loan to Turkey, originally for \$3.6 million, signed October 1966. ²Includes \$2.7-million loan to India for program vehicle parts.

planning program unless it is voluntary as far as the individual citizen is concerned.

In 1966, two laws—the Foreign Assistance Act of 1961, as amended, and the Food for Peace Act of 1966—strengthened A.I.D.'s family planning efforts by providing that U.S.-owned or -controlled foreign currencies could be used to help finance population programs. These currencies accrue largely through sale of U.S. commodities abroad.

The whole family planning effort in developing countries was further strengthened that year when the Department of State, A.I.D., the Peace Corps, and the U.S. Information Agency jointly announced they were giving high priority to helping limit excessive rates of population growth and increase food production. U.S. Ambassadors and Mission Directors were instructed to consider the population crisis a priority concern, along with food production.

As a result the Population Service was set up in 1967 as part of the new Office of the War on Hunger, and population officers were designated for each of A.I.D.'s regional bureaus in Washington and its missions and U.S. posts abroad. Guidelines for the

expanded program assigned leadership responsibilities, described the types of assistance available, enumerated certain priorities, and announced A.I.D.'s intention to work through United Nations agencies and other multilateral agencies.

Continuing a key element in A.I.D.'s program was support of research and manpower development at U.S. institutions. Five-year grants totaling \$4.9 million went to three universities for building specialized competency in the population and family planning field. And A.I.D. gave its first support to development of improved means of fertility control.

In May 1967, U.S. assistance advanced importantly when A.I.D. made contraceptives eligible for financing in assistance programs, along with equipment for their manufacture. This heralded a change in public attitudes that helped open the way for the liberalized legislation of the next 2 years.

Independent funding

For the first time, in fiscal 1968, Congress earmarked funds for assistance to family planning and population programs, and gave needed latitude in

types of funding. This was contained in the Title X amendment to the Foreign Assistance Act of 1961, which authorized the appropriate executive agencies and the foreign aid program to help developing countries and institutions carry out programs relating to population growth.

Thus, at the end of that fiscal year, A.I.D. had committed \$34.7 million for population assistance eight times the total for the preceding year and direct help was going to 26 countries, which together had more than half the population of the developing world.

By the end of the following year, A.I.D.'s professional personnel involved in population work around the world numbered 79 compared with less than half a dozen 2 years before. Earmarked for the fiscal 1969 program was \$50 million.

In line with greater emphasis being given

technical aid, the Bureau for Technical Assistance was formed in fiscal 1970 and the Population Service—renamed the Office of Population—became a part of it.

Early in fiscal 1970, the population program got special attention with the first Presidential Message to Congress on the subject. President Richard Nixon called population growth a "world problem which no country can ignore," and went on to state his belief that the United Nations, its specialized agencies, and other international bodies should take the leadership in responding to world population growth. The United States will cooperate fully with their programs and support efforts being initiated by other governments. He mentioned the important resources of private organizations and university research centers, and called upon other nations to enlarge their population family/planning programs.

Major Areas of A.I.D. Assistance

Communications

Action to reduce high birth rates, whether by a family or a nation, necessarily begins with the knowledge that it is needed—for responsible parenthood, the health of mothers and children, better family living, and socioeconomic development.

To spread and strengthen this knowledge among hundreds of millions of families is a principal task of family planning programs, along with provision of clinic services and contraceptive supplies. It is essentially a task in extension education, including dissemination of information on techniques and the availability of services. In addition, it has also demonstrated its helpfulness in fostering adoption of public population policies and programs, with the help of voluntary groups.

Worldwide, the information/education/communication (IE&C) task in the population field is of dimensions not yet known. The experience of numerous country programs, however, thus far has emphasized the need for continuing broad-reaching IE&C support to enlist and maintain public participation. This type of communication/education generally makes substantial use of mass media and mass communication techniques, as well as group meetings and other approaches. In major programs, the size of the publics needing to be reached frequently and at low cost requires heavy reliance upon mass communication. Scarcity of field staff makes this reliance imperative.

Since the success of the population programs of developing countries is clearly dependent upon massive public adoption of practices—the voluntary action of millions of decision-makers—A.I.D. has actively encouraged attention to program needs for communication/education support, especially through mass communication channels. In fiscal year 1970, new or continuing assistance was given for the IE&C support elements of the programs in India, Pakistan, the Philippines, Korea, Tunisia, Morocco, Kenya, Ghana, and others. In addition, IE&C aid was provided regionally and interregionally through assistance to the International Planned Parenthood Federation, the Pathfinder Fund, the Population Council, World Education, World Assembly of Youth, and other institutions. Also, international and country program actions in this sphere are being further stimulated through cooperation with the United Nations and its specialized agencies, other donor countries, U.S. educational institutions, and private foundations.

Development of key IE&C resource

A centrally important project in the field of IE&C support for population programs, worldwide but with Asian focus, was developed during fiscal year 1970, for later funding. This institutional development project is with the East-West Center, in cooperation with the University of Hawaii. It is designed to meet four major continuing needs in the communication/education field as related to

population action: (1) provision of a continuing inventory, analysis, and evaluation of IE&C support activities and plans of assisting agencies and institutions as well as countries as a basis for planning in this field; (2) short-term training each year of 6-10 highly competent IE&C specialists (mostly U.S.) for IE&C advisory services to population programs; (3) short-term training of country IE&C leaders and relevant country officials in planning and conduct of IE&C support activities for family planning; and (4) consultation and follow-up services for the alumni participants, including research advisory aid.

The inventory and analysis data obtained by this project will be made available to all concerned agencies and institutions national and international. The training facilities of the East-West Center and its Communications Institute under this project will be available to candidates nominated by A.I.D., country programs, international agencies, and voluntary family planning organizations. Capabilities for research, participant follow-up, and expert consultation elements will round out the institutional development sought in this field.

Indirect and direct assistance

A.I.D. grants in fiscal 1970 and earlier are enabling fuller attention to aspects of population program development, internationally and in numerous developing countries. UNESCO and other United Nations agencies, assisted through the U.N. Population Fund, are preparing additional action in IE&C support for population programs. Similarly, A.I.D. grants to the International Planned Parenthood Federation, the Population Council, and the Pathfinder Fund embody important communication/education elements. These elements are especially helpful in the programs of nonofficial family planning organizations and related institutions. Several regional organizations are also assisted.

In addition, the interest of national youth groups in the population problem has also been stimulated through assistance to the World Assembly of Youth. A grant to World Education, Inc., initiated wider input of family planning information into national literacy programs.

The Agency recognizes that, important as are the above channels, the programs of developing countries are the principal means for marshaling the information/education/communication activities. Therefore, in response to country program requests, A.I.D. provides needed financial aid, commodities, training, consultant assistance, and other IE&C help.

Assistance for these IE&C activities in fiscal 1970 included help to the programs of India, Pakistan, Indonesia, Tunisia, Morocco, Kenya, and Ghana. This assistance ranges from provision of selected audiovisual equipment for the Tunisian program to aid for India's development of a system of direct mail communication with program field staff and other audiences. In addition, consulting specialists were supplied to other programs regarding IE&C support matters.

Advisory help has been provided to India's direct mail system, together with about \$150,000 worth of equipment and supplies for offset printing and for machine-addressing mailings. A.I.D. is also furnishing rupee funding for the services of two Indian technicians in the project. The Swedish International Development Authority is providing major printing equipment and other items for this mailing system.

By June 1970, this system had nearly 500,000 addresses on mailing plates, and initial mailings had been made. Attractive quarters had been provided by the Government of India and the addressing and mailing units were in operation. Installation of the Swedish presses was being completed.

IE&C training

Staff training in the field of IE&C support for population programs is a strongly felt need in many programs, especially in those countries which have had little experience with programs of mass communications/education. The range of need varies all the way from providing limited materials production skills to planning and overall guidance of IE&C support activities, depending on the situation.

Through the upcoming East-West Center project and cooperation in three IE&C training seminar-workshops since December 1968, attention to this training need is being continued. In fiscal 1970, assistance was provided for one seminar-workshop in this field in Latin America. Also, this Agency provided consultant assistance for a population communication training seminar in Teheran for participants from 12 countries of the Near East and Africa. The seminar was conducted by the University of North Carolina in July 1970, under sponsorship of the Ford Foundation.

In December 1968, as a follow-up to a similar seminar-workshop sponsored earlier by the Economic Commission for Asia and the Far East (ECAFE), A.I.D. sponsored the second such training seminar in Bangkok, Thailand. The University of North Carolina led the seminar, under an A.I.D. contract.

In June 1969, UNESCO held a general seminar in Paris on mass communication support for the population programs. Other interregional and regional IE&C seminars have been held under varying auspices.

These seminars and workshops contribute importantly to needed exchange of program information between regions and countries, in supplement to their training function.

Exchange of information

Though communications/education in family planning is devoted mainly to public extension education, the multi-country dimensions of population action require also another type of information flow. This need is for continuing interchange of information between regions, countries, population agencies and organizations, technical specialists, and program leaders as a guide to future planning and action.

The publication, "Population Program Assistance," is one contribution to meeting this need. In addition, however, A.I.D. provides for much exchange of technical, informational, and training materials. These materials are reviewed in Washington, selected, and distributed to Population Officers in A.I.D. Missions and to cooperating specialists. Mission requests and needs for technical reports, motion picture prints, and prototype audiovisual materials have increased sharply. Mailings of these from Washington amount to about 3,000 per month. In addition, the Regional Technical Aids Center for Latin America supplies materials in Spanish for use of Missions in that region. Publication sources drawn upon include the United Nations, World Bank, the International Planned Parenthood Federation, the Population Council, the Carolina Population Center of the University of North Carolina, the Population Crisis Committee, the Pathfinder Fund, and the Population Reference Bureau.

IE&C assistance goal

In A.I.D.'s broad program of help for economic and social progress in developing countries, communication/education assistance has long had an important place. In population/family planning programs, which seek the participation of many millions of individuals, massive educational efforts, especially with youths and adults, are clearly required.

The Agency is glad to help make possible useful and economical activities in this field, when requested to do so by the countries and institutions concerned. However, this assistance is for work led and

conducted by them, not by A.I.D. The Agency for International Development looks toward the early ability of such countries and institutions to carry out needed work in this field without further U.S. aid. It also seeks to foster the growth of multilateral aid, to diminish the role of A.I.D., consistent with the needs of the population movement.

Research

In the search for new information and methods to maximize the efficiency and effectiveness of population programs in less developed countries, A.I.D. has provided ongoing support for a broad range of population research activities.

In fiscal 1970 funding for research activities increased to \$8.2 million from \$7.8 million in fiscal 1969 and about \$1 million in fiscal 1968. This does not include funding for technical assistance projects with research components and for research projects supported by A.I.D. missions overseas, which totals an additional several million dollars.

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

Research needs and activities

A.I.D. has identified four areas of research activity particularly pertinent to solution of population problems. Three of these areas—descriptive demography, population dynamics, and operational research—are geared to extending the practice of fertility regulation with current means through the development of techniques for reliable demographic measurements, provision of data for use in determining national population policies, and development of ways to implement fertility-control programs more effectively. The fourth area aims to develop new or improved methods of fertility regulation more suitable to conditions in the less developed countries. Examples of A.I.D.'s efforts in these four areas of research follow.

- **Descriptive demography.** This area poses a challenging research problem, that is, the development of new methods to obtain and analyze accurate and representative demographic information in less developed countries where full-scale censuses and complete vital registration systems are not practical.

Among projects in this area, A.I.D. is providing funds, under a technical assistance project, to the

University of North Carolina, which is helping to establish population laboratories at universities and research institutions in several countries in order to improve the reliability and predictive value of data for population and family planning programs. This project includes surveys, development of experimental data-collection systems, and research on the effectiveness and validity of data-collection techniques.

• **Population dynamics.** Population dynamics involves the elucidation of relationships and causal factors affecting population in a given society and of the effects of population characteristics and changes on that society. These topics must be studied if less developed countries are to discover the best means of solving their population problems. Three of the ongoing projects in this area are being carried out by Wake Forest and Johns Hopkins Universities and the Rand Corporation.

Wake Forest University, with A.I.D. support, is conducting research in several developing countries to determine what attitudes and values husbands and wives hold that affect utilization of available family planning services. Variables related to the administration of family planning services will be

investigated, in addition to attitudinal and motivational factors.

Information on abortions is being developed through an A.I.D.-supported project at Johns Hopkins University, which is conducting epidemiological studies in several countries. Through this project, researchers hope to determine the incidence of induced abortions and how this relates to health, fertility levels, and other factors.

A.I.D. also is supporting the Rand Corporation in an inquiry into determinants of fertility. The primary purpose of this project is to develop both a general theoretical statement of the determinants of fertility and to explore elements of this theory from various conceptual, empirical, and policy points of view. The goal is to help provide a basis to better define alternative population/family planning program strategies, indicate their potential comparative advantage, and test the cost effectiveness of actual operations.

• **Operational research.** Research is needed to determine the optimal organization and administration of family planning action programs in the less developed countries. This includes research on the best methods of education and motivation of

**A.I.D. POPULATION FUNDS OBLIGATED FOR
RESEARCH IN FISCAL 1966-70**
[Centrally and regionally funded]

Subject	1966	1967	1968	1969	1970
	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>	<i>Dollars</i>
Population dynamics and descriptive demography:					
Pregnancy outcome	---	---	---	194,000 ^a	---
Study of family structure	---	239,000	96,000	---	---
Population growth in Latin America	---	200,000	300,000	993,000	300,000
Determinants of fertility	---	---	---	---	326,000
Attitudinal and other studies	204,000	---	325,000	192,000	350,000
Operational research:					
Postpartum study	---	300,000	---	300,000	---
Utilization study	---	---	---	262,000	---
Population decisions study	---	---	---	---	276,000
Improved methods of fertility regulation:					
Hormonal and chemical:					
Luteolysis	---	---	109,000	---	---
Antiprogestins (Population Council)	---	---	---	3,000,000	---
Corpus luteum (NICHD-CPR)	---	---	---	1,510,000	53,000
Prostaglandins (Worcester)	---	---	---	---	2,980,000
Contraceptive safety	---	---	---	---	913,000
Gonadotropin inhibitors (Salk)	---	---	---	---	2,255,000
Contraceptive and disease prophylaxis	---	---	---	---	581,000
IUD studies:					
Pathfinder Fund	---	194,000	---	1,289,000	---
Battelle Institute	---	---	---	---	150,000
Reversible sterilization	---	---	---	79,000	---
Total	204,000	933,000	830,000	7,819,000	8,184,000

recipients, development of optimal staffing patterns and training methods for program workers, and evaluation of the impact of the program.

The Population Council has received A.I.D. assistance to conduct research on the impact of demonstration postpartum family planning programs in selected maternity hospitals in 14 countries both on mothers while hospitalized and on local women who have been drawn to the hospital clinic in some other fashion. This research covers many topics, including the extent of participation, age-parity patterns, characteristics of acceptors, measurement of fertility rates, and measurement of costs and of cost effectiveness.

• **Improved methods of fertility regulation.** New fertility control techniques more suitable than present methods for less developed countries are needed. Perhaps the most important factor to be considered is improved acceptability of the method. A working definition of the ideal means of fertility control sought by A.I.D. is: "A nontoxic and completely effective substance or method which when self-administered on a single occasion would ensure the nonpregnant state at the completion of a monthly cycle."

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

For this purpose, A.I.D. obligated nearly \$5.3 million in fiscal 1970 for major new projects at the Worcester Foundation and the Salk Institute.

The Worcester Foundation for Experimental Biology will receive about \$3 million for an intensive program of research aimed at rapid exploration of the potential of prostaglandin compounds, and for several other approaches to the development of new means of fertility control.

Research on the prostaglandin series of compounds or their analogs appears to be one of the most promising approaches to developing two once-a-month means of fertility control. Recent clinical trials confirm their effectiveness for this purpose. Self-administration by vaginal application is being tested and appears to be feasible. The potential for improving the efficiency of fertility control programs is great. The prostaglandin research program will include synthesis of compounds, development of new analogs, fundamental studies of their metabolic and biologic activity, and field trials for fertility control.

The Salk Institute, with the assistance of Ford, Rockefeller, and other foundations, is initiating a program of research in reproductive biology. A.I.D. will provide about \$2.3 million to study development of inhibitors of the gonadotropin-releasing factors as contraceptive agents.

This research is based on the fact that the hypothalamus and the anterior pituitary are linked by chemical agents called releasing factors, which ultimately control endocrine processes necessary to pregnancy. When their chemical make-up is determined, it may be possible to synthesize chemicals which interfere with their activity and, therefore, prevent conception. It is hoped that they will be effective either once a month or with a relatively short duration of administration and that they will have few of the systemic side effects of the present oral contraceptives.

Two ongoing projects in the search for an "ideal" means of fertility control were initiated with fiscal 1969 funds. The Population Council received \$3 million for a 4-year program of antiprogesterone investigations, and the National Institute of Child Health and Human Development (NICHD) received \$1.5 million to finance 28 activities to study ways of controlling the function of the corpus luteum.

Additional contraceptive research

A.I.D. is supporting other research on contraceptive development, including work on reversible sterilization at the University of North Carolina and research on IUDs.

Support for research on IUDs was greatly strengthened with a grant of \$1.3 million in fiscal 1969 to the Pathfinder Fund to support ongoing research conducted under its International IUD Program. Working with over 60 investigators in 40 countries, this project has made remarkable progress during the last 3 years in the evaluation of the most promising IUDs. In fiscal 1970 the Battelle Memorial Institute received \$150,000 for the first year of a 3-year project to improve IUD design.

Other projects to be carried out with fiscal year 1970 funds include a 3-year \$913,000 program at the Southwest Foundation for Research and Education to study metabolic and vascular effects of the steroids used in current hormonal contraceptives and a 3-year \$581,000 program to be carried out at the University of Pittsburgh School of Public Health to develop intravaginal contraceptives that are also effective in preventing transmission of communicable diseases affecting the genital tract, including venereal diseases.

Contraceptives and Clinical Supplies

Family planning clinics are now operating in almost all developing countries, aided by contributions from foundations, private individuals, and governments. A.I.D. is assisting these private organization and government-sponsored programs and is providing contraceptives and other supplies and equipment to increase their effectiveness.

Operating on a voluntary basis, these private and government-sponsored family planning programs are making a special effort to reach low income families unable to obtain family planning information and services through regular commercial channels and private medical facilities. Without these programs, the cost of family planning services in developing countries would still be above the means of large sectors of the population. Several types of contraceptives are ordinarily made available for use. This so-called cafeteria approach to family planning permits the individual woman and the medical personnel administering the program locally to select the most satisfactory methods in each instance.

In fiscal 1970 A.I.D. financing went to provide contraceptives orals, intrauterine devices (IUDs), condoms, etc. for family planning programs in more than 50 countries.

Oral contraceptives

Availability and use of oral contraceptives increased slowly in the less developed countries during the decade of the 1960's impeded by cost considerations, doubts of suitability, and exaggerated fears of untoward effects. But as supplies have become more adequate and experience has grown, acceptance has increased, and oral contraceptives are proving to be the most popular effective means of fertility control in many less developed nations just as they are in more developed countries.

Since 1967, the Swedish International Development Authority (SIDA) and A.I.D. have supplied more than 30 million monthly cycles.

As of June 30, 1970, over 18 million cycles had been purchased with A.I.D. financing since the inception of this program for use in developing countries. Purchases in the first half of calendar year 1970 were more than double purchases in all of calendar year 1969.

Purchases of oral pills, as well as all other types of A.I.D.-financed contraceptives, have been made through the General Services Administration. A.I.D. has thus been able to standardize specifications to

assure maximum quality and safety of products and encourage competitive bidding. Relying on the Food and Drug Administration, A.I.D. finances only those oral contraceptives which are covered by an approved New Drug Application (NDA) and has incorporated into its program FDA safeguards with respect to information requirements for medical personnel and patients as prescribed for the United States. In addition to supplying all such information in English, translations into local languages are provided when requested.

From the inception of the program, A.I.D. has financed three different package (monthly cycle) arrangements of oral contraceptives the 21-day package including one tablet for each day; the 28-day package containing 21 contraceptive tablets and 7 inert spacing tablets; and the 28-day package containing 21 contraceptive tablets and 7 tablets with iron (ferrous fumarate) as a supplement, in view of the chronic iron deficiency of women in the developing countries. The 28-day regimen with iron has been by far the most popular type, and both of the 28-day regimens have overshadowed the 21-day package, accounting for over 90 percent of the total number of monthly cycles delivered through June 1970.

Pursuant to the recent guidance from FDA, A.I.D. is financing low-dosage oral contraceptives (with only 50 micrograms of estrogen). Currently, oral contraceptives are costing A.I.D. 17¼ and 17½ cents per monthly cycle for the 21-tablet and 28-tablet packages, respectively.

Assistance to private nonprofit organization programs accounted for approximately two-thirds of the oral contraceptives financed by A.I.D. through June 1970; bilateral assistance accounted for the remaining one-third.

In many of the developing countries the commercial sector is becoming increasingly significant as a supplier of oral contraceptives. In many countries, this source exceeds the nonprofit sector.

Condoms

A Population Council study published in June 1970 estimated that in 1968 there were between 17 million and 19 million users of condoms worldwide. Condom supplies have moved to the developing countries primarily through commercial channels and from a variety of sources, including production facilities in some of the developing countries, such as Korea and India.

SIDA has been one of the largest suppliers of condoms for private and government family planning assistance programs, providing more than 2 million

gross in 1969, mainly to India and Pakistan. A.I.D.-financed condom deliveries over the 2½ years ending June 30, 1970, exceeded 1 million gross, mainly for India. Together these deliveries accounted for approximately 20 percent of the world's production. Requirements for the powdered and lubricated types of condoms have increased. Costs per gross for the various types have ranged between \$2.85 and \$3.75.

Intrauterine devices

Intrauterine devices are also being supplied in larger numbers. In the developing countries midwives are increasingly being trained to do the insertions in normal cases.

The Population Council, which is among the largest suppliers of IUDs, is making extensive use of this method of contraception in its postpartum family planning program in a growing number of maternity hospitals in the developing countries.

A.I.D.-financed deliveries of IUDs since the inception of the population assistance program as of June 30, 1970, totaled nearly 700,000 and of IUD inserters, more than 1.5 million.

Other contraceptives, supplies, and equipment

In addition to supplying oral contraceptives, condoms, and IUDs, A.I.D. has provided vaginal foams and creams, jellies, and diaphragms. As of June 30, 1970, orals and condoms accounted for 89 percent of the cumulative value of A.I.D.-financed contraceptives deliveries. IUDs accounted for 4 percent, and the above other types of contraceptives accounted for the remaining 7 percent.

Of the others, the newer types of aerosol foams have been in increasing use. Like the less effective earlier types of spermicidal liquids and tablets, these products do not require a physician's prescription and therefore are especially popular among people of low socioeconomic status or where medical services are not available. Diaphragms used in conjunction with spermicides have been supplied in only a few instances, mainly where doctors have been trained in this method.

Based on a kit developed by the International Planned Parenthood Federation, A.I.D. has supplied approximately 2,000 sets of medical instruments to clinics providing family planning services. The kit contains over 40 items. The instruments are packed in a container which can also be used as a sterilizer and for transporting the equipment to outlying clinics. Equipment and supplies are furnished also for training family planning workers and for related information activities.

Manpower Development

A rapid expansion of both public and private programs in population and family planning throughout the world and a large increase in available assistance resources sharply increased the need for qualified personnel during fiscal 1970. This heightened demand further underscored the requirement for institutional and program development designed to rapidly expand training and retraining. Population program assistance moved to meet this challenge and to prepare for future needs.

Manpower requirements for population and family planning programs in the developing countries are huge and complicated. Preliminary surveys of 37 countries indicate the need over the next 10 years for a minimum of 50,000 physicians, 150,000 nurses and nurse-midwives, 45,000 health and family life educators, 100,000 health and family planning home visitors, and 20,000 medical social workers to provide services. In addition, a need for a few hundred to several thousand specialists in such fields as demography, behavioral science, communications, and training was indicated.

Rough estimates of the total cost of training these personnel are in the order of \$850 million (equivalent). The largest proportion of this cost will have to be provided by the developing countries involved with the remainder coming from the donor countries and international agencies that are now or will become active in population assistance.

Population manpower analysis is still in its infancy. Although some manpower research has been initiated by private agencies and universities, it has not yet yielded a conceptual framework or formula that can be reliably applied to different country situations. Little professional expertise exists in this area. Thus, a major task in manpower development is the design and implementation of a program of population manpower analysis.

In fiscal 1970 such a program was initiated. It involves: (1) Identification and evaluation of population manpower studies already undertaken; (2) new manpower studies in selected countries (the first of these have already been started in Pakistan and the Philippines); (3) stepped-up development of manpower analysis skills within A.I.D.-assisted universities and training institutions.

Training accomplishments

Concurrent with the improvement in manpower analysis capabilities, training under A.I.D. sponsorship or in A.I.D.-supported institutions has expanded

further. During the first 3 quarters of fiscal 1970 (fourth-quarter data not yet available), a total of 494 participants from 29 countries received 1,298 man-months of training supported by A.I.D., in cooperation with their own governments. Of the total, 441 were trained in population/family planning and 53 in statistics. The larger proportion, 350, were trained overseas in countries other than their own, while 144 came to the United States.

Special seminars, held mainly outside the United States, were the major instruments of training,

with 229 persons participating. Next largest was on-the-job training with 98 trainees, of which 93 worked in population and family planning programs of nearby countries. The next in order was academic training, principally in the United States, of 72 participants. Finally, 46 pursued programs that were a mix of two or more of the above types.

Institutions receiving A.I.D. support

Training of population/family planning leaders and specialists continued in the four universities that

NUMBER OF PARTICIPANTS ARRIVING IN THE UNITED STATES AND THIRD COUNTRIES FOR POPULATION/FAMILY PLANNING AND STATISTICS TRAINING BETWEEN JULY 1, 1969, AND MARCH 31, 1970

Country & region of origin	United States		Third country		Total
	Population/ family planning	Statistics ¹	Population/ family planning	Statistics ¹	
Near East-South Asia:					
Iran	-	3	-	-	3
Turkey	-	7	3	-	10
Jordan	7	-	-	-	7
Afghanistan	4	-	10	-	14
Nepal	6	1	34	-	41
India	10	2	2	-	14
Pakistan	25	4	-	-	29
Total	52	17	49	-	118
East Asia and So. Vietnam:					
Korea	-	2	10	-	12
Laos	-	-	-	8	8
Philippines	21	-	8	-	29
Thailand	3	3	32	-	38
Indonesia	3	4	46	-	53
Ryukyu Islands	-	-	-	3	3
South Vietnam	1	1	10	-	12
Total	28	10	106	11	155
Latin America:					
Brazil	-	1	-	-	1
Colombia	4	1	-	-	5
Costa Rica	2	-	8	-	10
Ecuador	1	-	3	-	4
Guatemala	-	-	31	-	31
Honduras	1	-	1	-	2
Nicaragua	-	-	57	-	57
Panama	2	-	10	-	12
Paraguay	1	1	71	1	74
Other	-	-	-	2	2
Total	11	3	181	3	198
Africa:					
Malawi	-	5	-	-	5
Uganda	1	1	-	-	2
Nigeria	1	1	-	-	2
Ghana	7	2	-	-	9
Tunisia	1	-	-	-	1
Liberia	4	-	-	-	4
Total	14	9	-	-	23
Grand total	105	39	336	14	494

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

receive A.I.D. institutional support grants—Johns Hopkins, North Carolina, Michigan, and Hawaii. They supplied training to 248 graduate students, of whom 73 were from overseas and 175 were Americans. About half of them (122) were candidates for masters degrees in a number of population-related fields, 62 were candidates for Doctoral degrees, 31 took special courses in population and international health, and 20 were senior health planners.

**NUMBER OF STUDENTS RECEIVING A.I.D.—
SUPPORTED UNIVERSITY TRAINING IN
POPULATION/FAMILY PLANNING, FISCAL 1970¹**

Type of Training	Johns Hopkins	Univ. No. Carolina	Univ. of Michigan	Univ. of Hawaii
Academic:				
Doctoral candidates		54	8	
Masters candidates	35	40	35	12
Other			13	
Total	35	94	56	12
Special course:				
Senior health planners	20			
Population & international health	31			
Total	51			
Grand total	86	94	56	12

¹Includes long-term and short-term training regardless of sponsorship or nationality of the trainee.

Through its programmatic grant to the Population Council, A.I.D. supported 25 of the 114 overseas fellows who were given advanced training in several universities. About half of the A.I.D.-supported Fellows were candidates for doctors and master degrees in such fields as demography, sociology/demography, food and agricultural economics, and public health. The other half pursued nondegree programs in demography, physiology of reproduction, and public health.

Toward the end of fiscal 1970, a new program was launched with Johns Hopkins, Michigan, and North Carolina Universities to provide combined work and learning opportunities overseas for 60-100 well-qualified people through University Overseas Population Fellowships. Placing these Fellows in ongoing projects in less developed countries will provide them with actual program experience to balance their academic training, thus adding to their qualifications as population specialists. At the same time, the countries involved can use the Fellows to help overcome their trained-manpower shortages.

Leadership development and specialty training

Population and family planning programs require leadership of many types in the societal,

administrative, and professional arenas where action must be taken. A.I.D. training has sought to foster the development of such leaders in a number of ways. For example, a 1-week seminar on reproductive physiology, demography, and clinical and sociological aspects of family planning was given by Columbia University's International Institute for the Study of Human Reproduction for 37 attendees of the Sixth World Congress of Gynecology and Obstetrics held in New York in April 1970. Most of these men and women from developing countries were leaders of their professions. A.I.D. support also made possible the attendance of nine leaders from five countries at the first Congress of Optimum Population and Environment that met in Chicago in June.

A grant to the Margaret Sanger Research Bureau in New York City provided for an expansion of facilities and resources to increase the number of fellowships given and the number of participants the Bureau could accept for advanced training in the clinical aspects of family planning.

The U.S. Census Bureau, with A.I.D. support, continued its program for training nationals from many developing countries in designing census and survey questionnaires; census taking; data processing; and compilation, analysis, and publication of findings. In all, 109 participants received 518 man-months of instruction in demography and census taking, data processing, and sampling. Work continued on the development of methodology handbooks and on a correspondence course which should be ready for the enrollment of overseas students in 1971.

The National Center for Health Statistics provided 5 to 12 months of instruction for each of 23 foreign participants in the registration and analysis of births and deaths and in the evaluation of family planning operations. This program was about twice as large as it was in fiscal 1969.

Field observations and practice in all aspects of family planning services was given to 42 participants by the International Training Division of the Planned Parenthood Association of Chicago. These programs lasted from 2 weeks to several months and served a wide variety of family planning personnel from 16 countries. The Association also provided family planning orientation to 25 foreign visitors and assisted the Family Study Center of the University of Chicago with a seminar providing 8 weeks of training to 121 participants from 39 countries; about one-third of these people were brought to the United States by A.I.D.

Another seminar, supported by A.I.D., provided 7 weeks of work on Planning and Management

of Population/Family Planning Programs. It was run by the Government Affairs Institute in Washington, D.C. and was attended by participants from six countries.

The following tabulation gives the total number of students receiving population/family planning training (including long- and short-term training regardless of sponsorship or nationality of the trainee) through special courses funded by A.I.D.:

Institution and type of training	<i>Number</i>
Census Bureau:	
Population studies	66
Data processing	36
Sampling	7
Total Census	<u>109</u>
Planned Parenthood Association, Chicago:	
Family planning operations	42
Family planning administration and communi- cation	<u>121</u>
Total PPA	<u>163</u>
National Center for Health Statistics:	
Measurement of population change ²	23
East-West Center, Hawaii: Population Studies. .	
	18
Government Affairs Institute, Washington, D.C.:	
Family planning administration and communication	13
International Institute for the Study of Human Reproduction, Columbia Univ.:	
Clinical training	37
Foreign Service Institute, Dept. of State:	
Orientation in population/family planning . . .	<u>87</u>
Grand total	450

¹Participants in University of Chicago, Community and Family Studies Center, summer workshop who get field training at PPA. ²Includes Vital Statistics, Survey Statistics, and Evaluation of Family Planning Programs.

The first of a series of overseas workshops providing training in a System of Evaluation of Family Planning Programs was sponsored by the Government and universities of Korea, A.I.D., and the Community and Family Study Center of the University of Chicago. It provided 3 weeks of technical training sessions attended by 54 participants and a week of executive training sessions to which 46 more came. It served to enhance the quality of the research and evaluation capabilities of nine East Asian, Near East and South Asian, and American countries that were represented.

The University of Chicago supplied staff assistance for a second workshop run by the Latin American Demographic Center (CELADE), May 8 to June 12 in Santiago, Chile. Two more such workshops are planned: one for Ankara, Turkey, in 1971 and one for the Caribbean in late 1971 or 1972. Others will be added as arrangements can be made.

The first step toward introducing population/family planning instruction into the curricula of schools of social work in the developing countries was taken when the Council on Social Work Education, with A.I.D. support, convened an International Conference on Family Planning in Hawaii, March 9-14, 1970. There were 104 delegates from 28 countries who studied the role that social work should play in family planning and considered how best to train social workers for that role. The conference findings will be the basis of further action.

Two separate programs were offered to orient other professionals in the U.S. Government to the nature of the population problem and how family planning provides one approach to its solution; 87 persons attended these courses in fiscal 1970.

Toward the end of the year, a contract was signed with the Government Affairs Institute to develop and run, for A.I.D.'s Office of International Training, a series of 1-week seminars, on the population problem, for foreign participants who come to this country for study in fields other than those directly concerned with population. Beginning in the fall of 1970, seminars will be held every few weeks and during the year about 600 participants will have the opportunity to attend one of these sessions.

Training in developing countries

Training of many types of population/family planning personnel went forward in more than 30 countries with either direct or indirect A.I.D. assistance. Much of this effort was made by private agencies that are supported in part by A.I.D. or by host government programs.

For example, in the Philippines the Institute of Maternal and Child Health has trained 1,500 persons, and Family Planning Organization of the Philippines has trained 200, and the University of the Philippines College of Medicine has trained 200 in one or another aspect of family planning. The Office of Health Education and Personnel Training in the Department of Health started training classes for its own personnel so that they can begin in service training in family planning throughout the Department of Health.

In Chile general population, and family planning orientation has been given for 1 day to 1 week to 300 teachers, 60 physicians, 146 laymen, and 46 labor leaders. More advanced training in motivational skills and sex education has been provided for nine overseas trainees, 15 midwives and health auxiliaries, 135 school teachers, and 200 volunteers from the armed services and the police.

Analysis and Evaluation

A.I.D. emphasizes analysis and evaluation of population/family planning programs to increase the effectiveness of supported activities and to develop new approaches for determining optimal policies and programs for any given situation.

In 1970 population/family planning was the topic of A.I.D.'s Spring Review, an annual evaluation by the Administrator and other top management personnel of selected areas of A.I.D. program emphasis. In addition, analysis and evaluation are built into each A.I.D.-assisted project—international, regional, or country—and are a continuing part of A.I.D. Washington and field activity. Funding in this area in fiscal 1970 totaled \$2.4 million for new and ongoing projects, at universities and other institutions, to develop and refine evaluation techniques and analyze program activities. Projected funding for fiscal 1971 totals about \$3.3 million.

The Spring Review

The Spring Review brought together A.I.D. field and Washington personnel as well as representatives of other donor agencies for an interchange of relevant experiences and an analysis of current activities in initiating, administering, and evaluating population and family planning activities. Readily apparent were the diversity of worldwide efforts to mount population programs and of A.I.D.'s assistance to them. Programs operate in a wide range of social, economic, and cultural settings, as well as with varying degrees of official recognition. Understanding of the implications of population growth for development vary, as do commitments to take action.

Several general conclusions emerged from the Review and are summarized below:

- Family planning programs need to stress quality as well as quantity from the outset. Evidence suggests that initial emphasis on meeting quantitative targets could be self-defeating, leading to large numbers of dropouts. In other words, "satisfied customers" are a major element in program expansion.

- Greater emphasis should be put on the private sector—those people who do not utilize public clinics and hospitals. Abortion, of considerable importance in reducing fertility in countries where legal, also warrants increased attention.

- Younger, lower parity mothers should be reached with newer techniques, like the pill. Acceptors in present programs based mainly on IUDs

and sterilizations tend to concentrate in the older age groups who have at least several children already.

- It is extremely beneficial for a family planning system to operate in relation to general health services and within the health infrastructure. However, family planning systems—which are cheaper to initiate and operate than more comprehensive health services—should not be held back when such services or infrastructure are lacking.

- Population activities need to be considered in the broader vein of total development planning rather than simply as elements of health and family planning programs, since birth rate declines depend on the development process itself as well as on the availability of family planning services.

Evidence suggests that future expansion of population programs to bring further reductions in birth rates in developing countries will depend upon actions on three related fronts: Greater effective use of currently available contraceptive techniques; research and experimentation with new or relatively untried contraceptive techniques and means of delivering these services; and research and experimentation on accelerating the integration of family planning into ongoing processes of social, economic, and cultural change.

A.I.D.-funded projects

The scope and import of some of the analysis and evaluation projects that A.I.D. has undertaken or supported are outlined below.

GE-TEMPO. Under an A.I.D. contract, TEMPO, General Electric's Center for Advanced Studies, has set up a model that utilizes data on a given country to predict the effects of changes in fertility rates on various aspects of economic development such as per capita income, unemployment, education, level of savings, per capita use of food and other consumer items, and a number of other development indicators. The philosophy behind this project is that people must understand the consequences of high growth rates if family planning programs are to be understood and accepted.

The main conclusion of the model is very clear: While a larger population may contribute to a substantially higher level of output than a smaller one, the level of output has to be divided among more people so that each person has less.

A second conclusion is that the absolute size of a nation's population is less important for economic well-being than is its rate of population growth. This point is particularly important for the many

developing nations that have large areas of land that are not in productive use. Filling up this land quickly by encouraging rapid population growth provides no economic dividends. Quite the contrary, high fertility rates result in a large proportion of people who consume but do not produce. This causes greater spending for immediate consumption and less investment in projects and programs for economic and social development.

Quantitative projections such as those resulting from the model should help to provide more reliable information on the consequences of differing rates of population growth. This information, in turn, could spark population planning programs in tune with economic and social development goals.

Cost-benefit analysis. - Analysis of specific family planning programs that receive assistance is a

primary responsibility of A.I.D. Under a contract with A.I.D. a model has been developed at Pennsylvania State University to measure the performance of family planning programs on a cost-effectiveness basis, and much relevant data has been collected. A.I.D. broadened the analysis to include more input and output measures and programmed the model for computer execution. Four of the more interesting series generated by it are shown in the table below.

This model is designed to compare total programs, both over time and between countries, although it may also be used at the subnational level. It shows the general level of program success and points to areas that need further inquiry. The model has been considerably simplified because much desirable data are not available or are of questionable quality. The model does not take account of

SELECTED MEASURES OF FAMILY PLANNING PROGRAM PERFORMANCE

Country	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
<i>-Equivalent dollar expenditure per eligible couple -</i>										
Coverage:										
Chile	---	---	---	0.17	0.31	0.79	0.75	1.22	---	---
India	0.04	0.07	0.07	.12	.22	.23	.43	.47	---	---
Korea	---	.10	.17	.32	.39	.70	.73	1.00	---	---
Malaysia	---	---	---	---	---	---	.41	.56	.64	---
Pakistan	---	---	---	---	---	.35	.56	.76	---	---
Taiwan	---	---	---	.09	.33	.29	.33	.42	.44	---
Tunisia	---	---	---	---	---	---	---	1.13	---	---
<i>-Percent of eligible couples contracepting via the program at end of year-</i>										
Acceptance:										
Chile	---	---	---	1.2	4.6	7.2	8.8	12.7	---	---
India	0.4	0.5	1.1	1.6	3.0	4.4	6.3	8.1	---	---
Korea	---	.1	.7	8.1	13.2	18.8	20.4	23.0	23.0	---
Malaysia	---	---	---	---	---	---	.9	4.3	7.0	---
Pakistan	---	---	---	---	---	2.8	7.9	14.0	17.8	---
Taiwan	---	---	---	2.3	6.2	8.9	11.4	13.1	14.0	---
Tunisia	---	---	---	.3	1.8	3.1	3.4	3.9	5.0	---
<i>-Births averted as percent of births expected in absence of program-</i>										
Effectiveness:										
Chile	---	---	---	---	1.3	5.2	8.1	9.8	14.0	---
India	0.2	0.4	0.5	1.0	1.5	2.8	4.1	5.9	7.5	---
Korea	---	---	.1	.6	6.2	10.5	15.2	16.2	15.7	18.1
Malaysia	---	---	---	---	---	---	---	.9	4.4	7.2
Pakistan	---	---	---	---	---	---	2.3	6.5	11.6	14.9
Taiwan	---	---	---	---	1.9	4.9	6.8	8.6	9.5	9.9
Tunisia	---	---	---	---	.3	1.9	3.2	3.5	4.0	5.1
<i>-Equivalent dollar expenditure per birth averted-</i>										
Cost-effectiveness:										
Chile	---	---	---	13.99	11.03	19.08	14.30	17.76	---	---
India	11.54	16.35	10.94	12.26	10.88	8.01	8.67	10.60	---	---
Korea	---	47.43	13.90	7.79	7.66	9.36	11.70	19.57	---	---
Malaysia	---	---	---	---	---	---	113.84	33.20	32.99	---
Pakistan	---	---	---	---	---	28.67	16.62	10.68	---	---
Taiwan	---	---	---	10.04	17.30	13.76	14.07	17.20	17.81	---
Tunisia	---	---	---	---	---	---	---	58.63	---	---

differences between the total population and program acceptors with respect to prior contraception, time since last birth, and differential fertility and sterility for other causes not related to the program.

Work is now progressing to eliminate some of the simplifying assumptions and to permit projections of input needs to reach specific demographic goals.

Other projects. Among other recipients of A.I.D. grants in the area of analysis and evaluation in fiscal 1970 were the University of North Carolina, and Columbia and Tufts Universities. The University of North Carolina is analyzing current systems of delivering family planning services and testing new approaches. Columbia University is developing systems of evaluation for use in family planning programs of cooperating host countries at their request. At Tufts University, a grant to the Fletcher School is supporting studies of the relationships between legal changes and population dynamics in many countries.

Numerator analysis

Efforts to develop new evaluation techniques are also carried out within A.I.D. One such technique is numerator analysis. A brief explanation of this rather technical method may be of interest to demographers and others involved in evaluation of family planning programs.

Family planning programs are usually evaluated by attempting to measure their impact on the birth rate. However, accurate calculation of birth rates, even crude ones, requires substantial denominator data. Numerator analysis, which does not require complete reporting of births and other data, uses a standard age-parity grid (see pages 31 and 32) to depict the births in a society by the age of the mother and the order of the birth (parity). Over time, a series of these grids can reveal changes in fertility patterns by age groups.

This technique has been similarly used at the University of North Carolina to develop the concept of "excess births." In this approach a maximum cumulative number of births to women of various ages is set, and upper and lower limits are placed on the ages at which births are considered excess. These bounds may be set by policy (based on economic, demographic, health, etc., considerations) or may represent the normative family size in a particular country as revealed by KAP (knowledge, attitudes, and practices) surveys. When these bounds are superimposed on the age-parity grid, it is possible to see which births are excess and which age groups are the main contributors to the excess births (shaded areas of the illustrated grids).

This information can help optimize the focus of an action program by pinpointing the women who might be more ready acceptors. The use of normative family size to set limits on births does not imply that changing the norms is not a legitimate goal of population programs. It simply recognizes that a service program will meet with greater success if it takes advantage of existing demand.

Institution Development

One of the major requirements for successful operation of population/family planning programs is strong institutional support. Institutions must be available and equipped to provide operational research, evaluation studies, personnel training, and consultation services--all essential for the establishment and continual improvement of programs.

A.I.D. has acted to meet this need for strong institutional backup for its population/family planning programs in two ways: Funds have been made available since 1965 to enable U.S. institutions to develop their expertise in the population field, and assistance has been given to developing countries to support institutions providing instruction and training in population/family planning and related fields.

In the United States, A.I.D. has made available about \$6 million to four institutions to enable them to develop their research and training programs and their staffs so that A.I.D. may call upon them for support in developing and carrying out its overseas activities: the University of North Carolina, Johns Hopkins University, the University of Michigan, and the University of Hawaii. The University of Hawaii also has set up a family planning studies unit.

A.I.D. believes that, where feasible, each country with a population program should have its own institutional support arrangement. Research must be expanded and associated directly with the field programs that are providing services directly to the people. Direct feedback of evaluation studies must be made available constantly and quickly to program administrators. A combination of information from training/research institutions and from the direct experiences of field personnel must be incorporated into the development of meaningful training programs. Professional staff from several discipline areas should be available to assist program operators in incorporating the most advanced techniques and ideas for optimum results.

During the coming year, particular attention will be given to the further development of supporting institutions overseas.

AGE-PARITY GRID FOR LIVE BIRTHS, JAPAN, 1962

Parity	Age of women in years							Unknown ages	All ages	Median age	
	15-19	20-24	25-29	30-34	35-39	40-44	45-49				
0									<i>Number</i>	<i>Percent</i>	
1	17,310	334,350	333,420	65,470	11,370	1,240	70	----	763,230	47.2	25.4
2	1,300	91,380	332,050	119,220	16,260	1,460	60	----	561,730	34.7	27.8
3	70	10,220	94,910	76,670	13,660	1,370	70	----	196,970	12.2	29.6
4	-----	890	16,740	27,710	9,480	1,370	80	----	56,270	3.5	31.9
5	-----	70	2,880	9,670	6,660	1,480	80	----	20,840	1.3	33.9
6	-----	10	510	3,540	4,470	1,400	80	----	10,010	.6	36.1
7	-----	-----	90	1,200	2,620	1,170	80	----	5,160	.3	37.5
8	-----	-----	20	380	1,220	820	60	----	2,500	.2	38.5
9	-----	-----	10	90	490	470	60	----	1,120	.1	39.7
10	-----	-----	-----	30	240	450	70	----	790	----	41.4
11	-----	-----	-----	-----	-----	-----	-----	----	-----	-----	-----
12+	-----	-----	-----	-----	-----	-----	-----	----	-----	-----	-----
Unknown parity	-----	10	-----	-----	-----	-----	-----	----	10	----	22.5
All parities:											
<i>Number</i>	-----	18,680	436,930	780,630	303,980	66,470	11,230	710	1,618,630	100.0	27.3
<i>Percent</i>	-----	1.2	27.0	48.2	18.8	4.1	.7	----	100.0	-----	-----
Median parity	-----	1.0	1.2	1.7	2.2	2.9	4.6	5.4	-----	1.6	-----

Note: Data are according to date of occurrence. Parity is defined as live births, whether or not now living. Births shown in shaded area are considered excess. The concept of excess births is based on optimum conditions in the United States and Europe. Key indices of fertility patterns are enclosed in boxes.

EXCESS BIRTHS BY AGE GROUP

Age groups	Total births in age group (A)	Excess births in age group (B)	Percent Excess births in age group (B/A)	Excess births as a percent of total excess
Under 15	-----	-----	-----	-----
15-19	18,680	18,680	100.0	28.1
20-24	436,920	90	—	.1
25-29	780,630	3,510	.4	5.4
30-34	303,980	14,910	4.9	23.0
35-39	66,470	15,700	23.6	24.2
40-44	11,230	11,230	100.0	17.3
45-49	710	710	100.0	1.1
Total	1,618,620	64,830	4.0	100.0

AGE-PARITY GRID FOR LIVE BIRTHS, GUATEMALA, 1963

Parity	Age of women in years							Unknown ages	All ages	Median age	
	15-19	20-24	25-29	30-34	35-39	40-44	45-49				
0									<i>Number</i>	<i>Percent</i>	
1	21,692	12,164	3,787	1,489	735	220	67	84	40,238	20.4	19.6
2	8,285	16,989	6,353	2,269	954	202	51	56	35,159	17.8	22.7
3	2,294	13,562	9,195	3,931	1,615	338	88	46	31,069	15.7	24.9
4	563	7,198	9,889	5,106	2,328	563	104	30	25,781	13.0	27.6
5	164	2,824	7,753	5,749	2,792	703	140	23	20,148	10.2	29.6
6	54	1,015	4,706	5,485	3,221	862	173	25	15,541	7.9	31.8
7	19	328	2,069	4,119	2,901	754	161	15	10,366	5.2	33.3
8	---	146	929	2,636	2,889	959	201	12	7,772	3.9	35.3
9	---	60	346	1,323	2,025	806	136	4	4,700	2.4	36.5
10	---	48	253	1,101	3,007	2,065	414	9	6,897	3.5	38.4
11	---	---	---	---	---	---	---	---	---	---	---
12+	---	---	---	---	---	---	---	---	---	---	---
Unknown parity	---	---	---	---	---	---	---	---	---	---	---
All parities:											
<i>Number</i>	33,071	54,334	45,280	33,208	22,467	7,472	1,535	304	197,671	100.0	26.2
<i>Percent</i>	16.8	27.5	22.9	16.8	11.4	3.8	.8	.2	100.0		
Median parity	1.3	2.4	3.8	5.2	6.4	7.6	7.4	2.8		3.3	

Note: Data are according to date of registration. Parity is defined as live births, whether or not now living. Births shown in shaded area are considered excess. The concept of excess births is based on optimum conditions in the United States and Europe. Key indices of fertility patterns are enclosed in boxes.

EXCESS BIRTHS BY AGE GROUP

Age groups	Total births in age group (A)	Excess births in age group (B)	Percent Excess births in age group (B/A)	Excess births as a percent of total excess
Under 15	---	---	---	---
15-19	33,071	33,071	100.0	33.1
20-24	54,334	4,421	8.1	4.4
25-29	45,280	16,056	35.5	16.1
30-34	33,208	20,413	61.5	20.5
35-39	22,467	16,835	74.9	16.9
40-44	7,472	7,472	100.0	7.5
45-49	1,535	1,535	100.0	1.5
Total	197,367	99,803	50.6	100.0

Department of State

The Department of State takes a major interest in matters of population policy, recognizing the growing influence that population problems are having on international relations.

Following President Nixon's July 1969 Message to the Congress on population, the Department of State conducted a thorough review of the U.S. Government's activities in the field of population/family planning abroad. As a result of this review, higher priority and greater emphasis are being given to these programs, and their objectives have been defined in terms more closely related to the need to reduce the world's excessive population growth rate. It was also concluded that officers serving abroad, particularly in the developing countries, must have broader knowledge in this field as problems associated with population dynamics become increasingly critical during the next decade and probably longer.

The Foreign Service Institute, the academic training facility of the Department of State, has expanded its teaching capacity in population/family matters by introducing appropriate material into a variety of courses for junior, middle-grade, and senior personnel and by conducting a series of seminars on population for key officers of State and other foreign affairs agencies.

The nucleus for policy and coordination on

population topics of concern to the Department of State is the office of the Special Assistant to the Secretary for Population Matters, established by the Secretary of State in June 1966. To assist in focusing attention on this area, Population Officers are designated in each regional bureau of the Department of State and in U.S. Embassies, including those in countries where there is no A.I.D. Mission.

The Special Assistant for Population Matters consults with the officers in State, A.I.D., the U.S. Information Agency, and other agencies who have responsibility in the field of population. He also maintains liaison—and facilitates the exchange of information on developments in population and family planning—between the Department and U.S. Embassies, particularly those in the less developed countries, to encourage and assist them to focus attention on population matters as directed by President Nixon. In addition, he maintains liaison with U.S. Government agencies and private organizations active in this field.

The office of the Special Assistant has joined with the appropriate bureaus of the State Department and A.I.D., including A.I.D.'s Office of Population, to work with multilateral agencies, including various bodies of the United Nations, and with other governments to increase cooperative activities in population matters.

Department of Health, Education, and Welfare

Research affecting population and family planning in developing countries is carried on by the Department of Health, Education, and Welfare, largely by agencies under the Public Health Service. Some research in this field is also conducted by HEW's Social and Rehabilitation Service.

Under the Public Health Service, the National Institutes of Health, the Health Services and Mental Health Administration, and the Consumer Protection and Environmental Health Services are conducting research both in the United States and abroad in aspects of population and family planning that have importance for family planning activities in this country and the developing countries as well.

The coordinating point in the Public Health Service for developing population research programs

in countries where the United States owns excess local currencies (funds derived from U.S. exports under P.L. 480) resides in the Center for Population Research of the National Institute of Child Health and Human Development, N.I.H.

In 1970, the Center for Population Research continued and expanded the contract research program in contraceptive development, which was initiated in 1969. The purpose of this program is to develop an array of contraceptive methods that are effective, safe, reversible, inexpensive, and suited to the diverse requirements of the world's varied population groups. Research is concentrated in four areas: Corpus luteum function, sperm capacitation, oviduct function and gamete transport, and the biology of the ovum. Each of these areas shows

special promise for the development of new methods of fertility regulation. In 1970, 52 projects initiated in 1969 were continued and 55 new contracts were awarded; \$3.7 million of the Center's fiscal 1970 funds were used to support this effort.

New projects developed

The Center has also developed a number of new projects to investigate the medical effects of contraceptive agents presently in use, particularly the oral contraceptives, and has continued to support studies in this area. Particularly significant are new epidemiological studies designed to measure what relationship, if any, exists between the use of oral contraceptives and the incidence of cerebrovascular and other disorders. In 1970 the Center supported nine projects, costing \$1.5 million, on the medical effects and mechanism of action of steroid contraceptives and IUDs. Research in these areas is important for family planning throughout the world.

Much fundamental knowledge is needed to provide the scientific basis for the development of new methods of fertility regulation and for complete understanding of the effects of methods already in use. The Center's research grant program, totaling \$9.7 million in fiscal 1970, supports a wide range of research projects in reproductive biology and contraceptive technology, as well as an increasing number of studies in demography and the social sciences. While most of these projects are conducted in the United States, the knowledge gained will have wider application. One study of particular relevance to international programs is a longitudinal analysis of fertility change in a developing country (Taiwan), with special emphasis on the effects of a program of family planning. This study is supported by a research grant to the University of Michigan.

The Center for Population Research has also continued and significantly expanded its contract research program in the behavioral sciences. This program, like that in contraceptive development, was initiated in 1969 and is pursued in four general areas: The antecedents, processes, and consequences of population structure, distribution, and change; trends in fertility and related variables; population policies; and family structure, sexual behavior, and the relationship between childbearing patterns and child development. Fiscal 1970 funds devoted to this program amount to \$1.6 million.

A number of the individual contracts are for work related to population programs in developing countries. Examples of these projects are awards for studies of the demographic transition without

urbanization in the Philippines; socioeconomic factors in the reduction of natality in the less developed areas (by comparison of measures of natality and socioeconomic development in several major regions of the world); and urbanization, migration, and fertility in Thailand.

The Food and Drug Administration has developed a research contracts program to evaluate the safety of oral contraceptives. Ten contracts were continued or initiated during fiscal 1970 at a total cost of \$1,352,723. This includes nine contracts with support of \$1,117,723 during fiscal 1970 and continuation of other work begun during previous fiscal years at an original cost of \$235,000. These investigations will evaluate the effects of oral contraceptives on cervical cytology, lipid metabolism, blood coagulation and thromboembolism, urinary tract function, carbohydrate metabolism, mammary tissue in animals, and chromosomes.

The Health Services and Mental Health Administration (HSMHA) supports research in mental health and behavioral aspects of fertility and family life, as well as in the operational aspects of family planning services. HSMHA also provides technical assistance to other countries upon request. Such requests are usually made through A.I.D.

An additional related service sponsored within HSMHA is the academic training or field observation of foreign physicians and allied health personnel in the field of family planning.

P.L.480 funded research

The Center for Population Research has been making special efforts to develop research projects using P.L. 480 excess foreign currencies, and in 1970 several staff members visited Pakistan, India, the United Arab Republic, Poland, and Yugoslavia to stimulate interest in this program and to discuss individual projects. A Yugoslavian study comparing the outcome of abortions performed by suction and by curettage is in the final stages of negotiation. Also a number of research projects in reproductive biology, contraceptive technology, and the social sciences are being developed, particularly in Poland and Yugoslavia.

During fiscal 1970, the Food and Drug Administration sponsored, at a cost of \$329,479, two ongoing long-term studies concerning oral contraceptive safety in Yugoslavia. These investigations are to evaluate the effects of oral contraceptives on carbohydrate and lipid metabolism and on cervical cytology and fertility. Negotiations on a third study concerning effects on cervical cytology

are nearing completion. Pending final approvals, \$279,720 has been obligated from fiscal 1970 funds for this study.

The Health Services and Mental Health Administration is developing a comprehensive population research program that is directed not only to the problem of population control but at maintaining the health of women and ensuring the normal birth of desired healthy children. HSMHA supports research in the behavioral aspects of fertility and family life as well as in the operational aspects of family planning services. In a number of countries greater emphasis is being given to the improvement of methods for estimating population growth. These studies will provide better estimates of demographic variables that are essential to the evaluation of family planning programs.

Of seven P.L. 480 funded projects that are currently active, two are in Yugoslavia, one is in Tunisia, and four are in India. Additional projects for which P.L. 480 funds have been obligated are pending final approval in the foreign countries.

The National Center for Family Planning Services will be undertaking new initiatives to develop additional family planning research projects during fiscal 1971.

The Social and Rehabilitation Service (SRS) supports research overseas in the operational aspects of family planning activities. In fiscal 1970, support

through U.S.-owned foreign currency was provided for two projects in the Muslim world one in the Middle East for a cooperative project dealing with social-welfare aspects of family planning; the second, a similar project with a university in South Asia.

The Social and Rehabilitation Service also provides training opportunities in the social aspects of family planning for participants sponsored by the United Nations, A.I.D., and other international and national organizations. A major highlight of 1970 was the International Conference on Social Work Education, Population and Family Planning, supported by A.I.D. and sponsored by the Council of Social Work Education. SRS cooperated actively in planning the project, serving on the Advisory Committee, nominating participants, and providing technical resource persons. The meeting was held at the East-West Center at the University of Hawaii in March 1970 and attracted 160 participants from 30 countries. Following the meeting, study visits in the United States were arranged by SRS for social researchers from the U.A.R., India, and Pakistan through the SRS Interchange Program.

Other training opportunities were arranged for more than 30 visitors from Africa and Asia—specialists in the fields of public health, human rights, and social planning who came to SRS for information on SRS domestic programs concerned with the social aspects of family planning.

U.S. Information Agency

The United States Information Agency (USIA), which provides informational support for U.S. Government policies overseas, is giving significant program emphasis to problems of population growth and family planning.

USIA disseminates information in many countries, especially to opinion leaders, to encourage greater awareness and understanding of population problems and family planning. In developing countries with population programs it endeavors by informational means to strengthen public interest in and support for these programs. In each country the extent and nature of USIA's efforts are determined by country policies and sensitivities.

USIA initially concerned itself with population problems as they relate to questions of food supply and nutrition. This emphasis still exists but has been broadened. Population growth and distribution are recognized as a world concern, with demographic trends affecting a wide range of economic and social

factors in the United States and other industrialized countries as well as in developing countries. Increasingly, USIA information activities relate population problems to housing, education, health, and the ability of countries to achieve their own development goals for an enhanced quality of life and better living conditions.

Emphasis is placed on the initiatives and activities of international agencies, notably those connected with the United Nations, and of other countries' organizations.

To support U.S. policies and programs, USIA has prepared, both in Washington and at field posts, a variety of informational materials dealing with population and related problems. These materials include press and radio news, feature, and commentary output; interviews with leading authorities; special book lists and translations; special exhibits, publications, and photo materials; and motion picture and television productions. In

addition, USIA, in its posts and libraries abroad, makes available copies of pertinent speeches, publications, articles, films, and other materials on

population and family planning prepared by other governments, by international institutions, and by private groups and experts.

The Peace Corps

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

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

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

The State Government of Punjab is currently using generalist volunteers as special assistants to district family planning officers. They are performing an important training function within a highly developed infrastructure. Other volunteers with expertise in such areas as mass media/communications and public administration are working closely with State-level officers responsible for specific operational areas.

In the Dominican Republic volunteers are

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

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

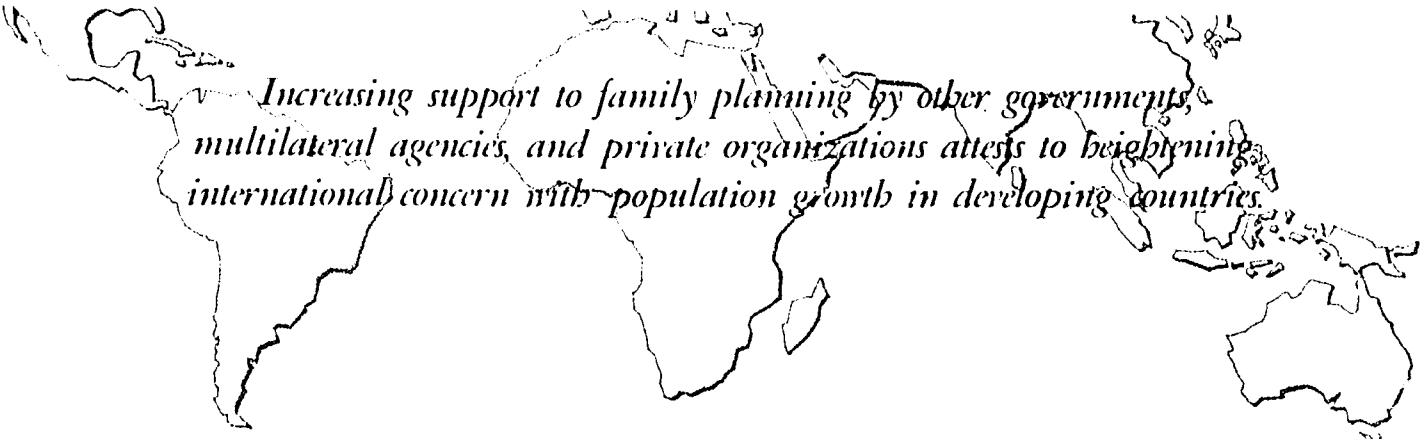
The program in El Salvador is an exception. There, the volunteers' basic function is to refer mothers to maternal and child health clinics that offer information and a choice of family planning methods. They are providing a needed and useful service for which no host-country extension workers are available.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

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

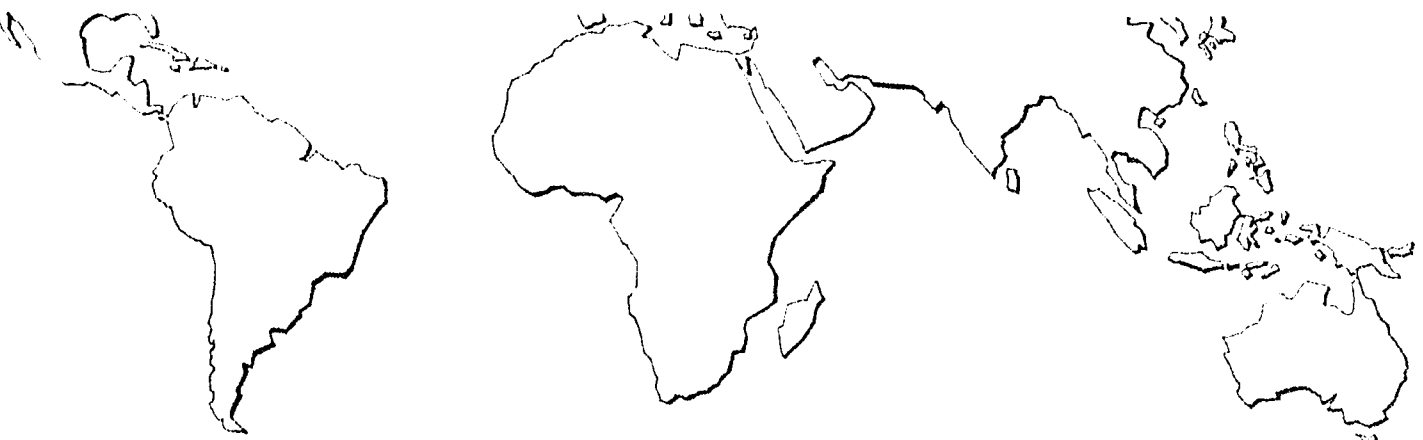
Not all family planning jobs afford the daily people-to-people contact that keeps volunteer morale high, but most volunteers find that service to the host country, in the capacity that serves it best, is the ultimate satisfaction.



Other Assistance



Increasing support to family planning by other governments, multilateral agencies, and private organizations attests to heightening international concern with population growth in developing countries.



Private Organizations

The International Planned Parenthood Federation

The International Planned Parenthood Federation assists the formation and effective operation of family planning associations and institution affiliates worldwide; encourages and supports the training of medical and paramedical workers; sponsors workshops and seminars; and promotes and organizes international and regional meetings and conferences. The Federation also stimulates appropriate scientific research in the fields of biology, demography, and sociology, as well as in methods of contraception, fertility and subfertility, sex education, and marriage counseling.

Established in 1952, IPPF is an association of autonomous national family planning associations. One nongovernmental family planning association from each country is eligible for full membership, provided it is a national organization. In countries where no full member has been recognized, nongovernmental organizations are eligible as associate members. Government organizations or agencies are eligible as affiliate members. In 1970 there were 66 members, including associate members and two affiliates. Information and assistance have also been given to nonmember associations in more than 70 countries. The IPPF has six regional offices, located in Beirut, Bombay, Kuala Lumpur, London, New York, and Tokyo. The Federation also has representatives for Africa in Nairobi and Accra.

IPPF is financed largely by foundations and individuals and through grants by governments such as those of Denmark, Japan, the Netherlands, Norway, Sweden, the United Kingdom, and the United States. Indicative of the growth of the Federation in recent years is the increase in its annual budget from \$325,000 in 1962 to nearly \$17 million in 1970.

Victor-Bostrom Fund.—The Victor Fund was established in 1965 following the death of Alexander F. Victor, who bequeathed almost his entire estate to encouragement of birth control. The Fund's initial purpose was to get contributions of at least \$3 million for support of the International Planned Parenthood Federation during 1966, 1967, and 1968. The Fund, which sought individual contributions of \$150,000 or more, was oversubscribed, and was instrumental in enabling IPPF to support projects and programs in more than 40 countries during those years.

In order to rebuild the Fund for the years 1969, 1970, and 1971, a donation of \$300,000 was made by Harold Bostrom, on the condition that a minimum of another \$3 million be raised. By the spring of 1969 the Fund had received \$4.5 million. The present objective of its Chairman, General William H. Draper, Jr., is to increase this amount to \$6 million to expand the Victor-Bostrom Fund's support of IPPF.

The Population Council

The Population Council, a private, nonprofit organization established in late 1952 by John D. Rockefeller 3rd, promotes research, training, and technical assistance in the social and biomedical sciences. It serves as a center for the collection and exchange of information on significant ideas and developments related to population questions. Activities include the publication of books, occasional papers, abstracts/bibliographies, *Country Profiles*, *Studies in Family Planning*, *Reports on Population/Family Planning*, and *Population Chronicle*.

The Council initially confined its activities largely to fellowships and small demographic and biomedical research grants. In the early 1960's, however, it began to give technical assistance to

family planning and population projects in developing countries.

Operating on a \$16.2 million budget in 1969, the Council draws support from the Rockefeller and Ford Foundations, the Scaife family, and A.I.D. It has a staff of about 200, of whom 30 serve in 18 foreign countries.

Through its Technical Assistance Division, the Council provides support to family planning programs in Ceylon, Colombia, Ghana, Hong Kong, India, Indonesia, Iran, Kenya, Morocco, Nigeria, Pakistan, South Korea, Taiwan, Thailand, Tunisia, Turkey, and Vietnam. It also seeks to evaluate the effectiveness of various aspects of family planning programs.

The Demographic Division has assisted the United Nations Demographic Centers in Bombay,

Cairo, and Santiago, and national centers of population studies in Algeria, Argentina, Colombia, India, Kenya, Peru, Pakistan, South Korea, Thailand, and Tunisia. Other grants have been made to numerous university departments and study centers in the developing countries. The Demographic Division also conducts research on fertility, estimation of rates of population growth, population policy, and related topics.

The Bio-Medical Division has focused much of its resources upon research in various methods of contraception. In 1967 it began a project to establish fertility regulation by continuous progestin therapy. The progestin—in this instance, megestrol acetate—is being field-tested in Brazil, Chile, and Colombia. Basic research on reproductive biology and other aspects of fertility regulation is being conducted. The Council's Cooperative Statistical Program, now in its seventh year, is a main source of information on the comparative effectiveness of IUDs. A similar Joint Program for the Study of Abortion is being inaugurated in the United States. It will be the first source of nationwide data on morbidity associated with abortion, with special consideration of age and

parity of women, operative technique, gestational age, and in-patient versus out-patient treatment.

The Council started its International Postpartum Family Planning Program in 1966 in 25 hospitals in 14 nations around the world. Since that time the program has grown to include 150 hospitals and clinics operating in 14 nations in Asia, Africa, Latin America, and the Near East. There are now four country-network programs—in Colombia, India, Thailand, and Venezuela. Network programs have been proposed for Ceylon and Indonesia.

The Postpartum Program is an international demonstration effort to provide family planning information and services immediately after childbirth to urban women of low socioeconomic status, in settings where delivery is institutionalized in public hospitals and clinics. Involving large maternity hospitals and related maternal and child health centers in diverse urban settings throughout the world, this program includes the first coordinated attempt to evaluate the effectiveness of such an approach. A worldwide followup survey is now underway, and other studies of the postpartum approach are planned.

The Pathfinder Fund

The Pathfinder Fund, a nonprofit foundation, is a pioneer in the field of population planning. In fiscal 1970 Pathfinder conducted or sponsored over 200 projects, mostly in developing countries.

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

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

In the developing countries, Pathfinder has assisted local groups in forming family planning associations; encouraged new contraceptive clinical services directed by local physicians; sponsored training programs for medical personnel; provided contraceptives, other supplies, and initial funds to clinics; and assisted local studies of the acceptability

and effectiveness of present contraceptive methods. It also has provided informational and educational materials and audiovisual equipment, and developed population education curricula for secondary school and university students.

As an outgrowth of its intercountry family planning activities—particularly its introduction and provision of IUDs beginning in 1963—Pathfinder has become an international clearinghouse for the latest developments in IUD technology. In 1967 the International IUD Program was initiated, using computer technology to provide scientific, timely evaluation of IUDs in existence and of new ones.

This IUD program is carried out through a cooperative network of 100 selected doctors in 40 countries. The doctors, whose data have proven to be of high quality, send monthly reports to Pathfinder headquarters. The Pathfinder Fund supplies the contributors with appropriate IUDs and literature, plus expert analytical support. Seven volumes (1,500 pages) of "IUD Performance Patterns" have been published as technical reports. The International IUD Program greatly facilitates the evolution of new and improved devices, as it functions as a critical link between the IUD user and the IUD creator.

The Ford Foundation

The Ford Foundation, largest foundation in the world, has contributed substantial funding for population work, acting as a major aid pioneer in this field. Since 1952, it has committed about \$132 million for this purpose, and has been an important force in three areas concerned with problems of population: Research and training in reproductive biology; establishment and expansion of university population centers in the United States; and assistance to family planning programs in developing countries.

Major emphasis has been on reproductive biology, with some \$72 million in grants going primarily for fundamental research and training programs. Thirty-six institutions in the United States, 21 in Europe, 12 in Asia, nine in Latin America, and seven in the Middle East, including Israel, have received assistance for their work in this field.

Grants totaling more than \$17.5 million had been made by July 1970 to a dozen university centers focusing on population problems. While two-thirds of the Ford Foundation's population expenditures have gone to American institutions, the activities supported therein are in the main directed toward population problems in developing countries. An

example: The Population Studies Center at the University of Michigan—largely responsible for the design and evaluation of successful family planning programs in Taiwan and Korea—received \$1.7 million during 1968 to prepare students for careers in family planning, to study the relationships of population and health, and to provide technical assistance in the United States and abroad.

During the past 6 years, resources devoted to assisting population work in developing countries have grown significantly. The Ford Foundation has financed family planning work in 26 developing countries either directly, or through the Population Council (which has received about \$30 million from the Foundation since 1954), or through other grant recipients. Since 1959, aid to programs in Asia, particularly India and Pakistan, has amounted to more than \$18 million; to the Middle East and Africa, \$5.9 million; and to Latin America and the Caribbean, \$7 million. In Asia and Africa, the Ford Foundation is engaged in assisting family planning action programs as well as training and research. In Latin America, emphasis is placed upon study of population problems and reproductive biology.

The Rockefeller Foundation

Although the Rockefeller Foundation was giving support to biomedical research in fertility control in the early 1930's, it was not until the late 1950's and early 1960's that the Foundation made major commitments to solving population problems. Since 1963, it has provided more than \$22.2 million, including almost \$8 million in 1969. Appropriations and grants in the first half of 1970 totaled \$3,731,700. In 1968, \$331,000 went to overseas-oriented projects; in 1969 the amount was \$627,161, and in the first half of 1970 that figure was \$137,000.

To achieve population stability, the Rockefeller Foundation is concentrating increasingly on the interaction of social, medical, and biological sciences. It is financing research, training, and experimental programs in a broad range of fields relevant to population, and like the Ford Foundation, it is making a major effort to stimulate basic research in reproductive biology. An instance of this effort is the Rockefeller Foundation grant of \$2 million to the University of North Carolina made in early 1969. The grant will be used to finance the research of eight

to ten scientists applying techniques of modern cellular and molecular biology to problems of fertility control.

Harvard University this year broke ground for a new building to house its Laboratory of Human Reproduction and Reproductive Biology; a Rockefeller Foundation grant of \$2 million was made to help equip the Laboratory and to build a high-powered staff over the next 10 years. Other important university grants were made to Tulane, Columbia, and Georgetown Universities.

Increasing assistance to improve family planning services and fertility control procedures, and continuing support to technical assistance programs in family planning abroad, are provided through action-oriented programs. The Rockefeller Foundation has been a principal supporter of the Population Council since its beginning.

Since 1949, the Rockefeller Foundation has appropriated a total of \$164,850 to the London School of Economics and Political Science for development of its Department of Sociological and Demographic Research.

Other recent major recipients of Rockefeller Foundation funds in the field of population and family planning include seven U.S. universities, the

Planned Parenthood Federation of America, and universities in Chile, Colombia, Mexico, Thailand, and Turkey.

Population Reference Bureau

The Population Reference Bureau, a private, nonprofit organization, works to focus public attention on the facts and implications of trends in population growth. An informed public, the Bureau believes, is essential to rational decisions and action on the problems created by this growth.

For over 40 years the Bureau has published articles and periodicals for worldwide distribution in English, Spanish, and Portuguese, including *Population Bulletin*, *Selections*, *Profiles*, and the annual *World Population Data Sheet*. Recently, the Bureau began publishing ancillary textbooks for primary and secondary schools. The first two are entitled *People!* (for seventh-grade readers) and *This Crowded World* (for fifth-grade readers). The Bureau has begun to move more deliberately into the field of formal education. In 1970 it co-sponsored the first private Workshop on Population Education for secondary school teachers held in the United States.

The Bureau's Division of International Programs focuses primarily on the special problems of Latin America. From its Regional Office in Bogotá, Colombia, it distributes books, articles, and a monthly newsletter. Radio, television, and films are also used to tell the demographic story.

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

Other important arms of the Bureau are its information office and library, which together serve scores of researchers, magazines, and newspapers, as well as other individuals and institutions, each week with a wide range of population data and literature.

Population Crisis Committee

The Population Crisis Committee, Washington, D.C., is a private, nonprofit organization established in 1965 to promote public understanding and action in the face of the world population crisis. It endeavors to stimulate increased private and governmental activity in the population field, in the United States and abroad.

The Committee works with national and international leaders in business, the professions, science, and government. It holds meetings and discussions and aims to reach an ever-widening audience through the publication and distribution of educational materials and important policy statements on population problems. In 1970 the Committee co-sponsored the First National Congress on Optimum Population and Environment, organized to link activists in over 200 organizations involved in population and environmental issues.

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

to stimulate the publication of reports on population matters by other groups.

Committee members have testified on population policy, programs, and funding before Congressional committees and other groups. Ambassador James W. Riddleberger, an Honorary Chairman, is also the Special Representative of the IPPF and assists the IPPF Secretary-General in Negotiations between that organization and A.I.D. The Special Representative is responsible for arranging the procurement and shipment of commodities covered by A.I.D. funding for IPPF programs in the developing countries.

The Committee helps to raise funds for non-governmental agencies, national and international. Its other Honorary Chairman, General William H. Draper, Jr., in his capacity as chairman of the Victor-Bostrum Fund, has helped to raise some \$9 million for use by IPPF in its worldwide programs. He has helped stimulate foreign governmental support for the U.N. Fund for Population Activities and bilateral programs. He also helped organize the Population Crisis Foundation of Texas, which supports contraceptive research.

As the Committee's operations have expanded, so have its expenses, which now total about

\$400,000 a year. All funds are collected from private and other nongovernmental sources.

Church-Related Groups

Church World Service

The Planned Parenthood Program of Church World Service the overseas relief and rehabilitation agency for major U.S. Protestant and Orthodox denominations assists Christian hospitals abroad in making family planning an integral part of health services. It also attempts to stimulate recognition by local Protestant groups of the need for family planning programs and to assist these groups in beginning programs.

Emphasis is on the encouragement of leadership training, development of motivational materials, conferences and seminars for leaders, and first-stage implementation of contraceptive pilot programs.

Church World Service is supporting cooperative family planning activities in 600 of the approximately 1,200 church-supported hospitals in more than 40 of the developing countries. Church World Service is receiving substantial commodity assistance for its Planned Parenthood Program in the developing countries through the Pathfinder Fund. The value of literature and materials, including contraceptives, made available in 1969 was more than \$1 million. The largest CWS family planning program is carried on in India, where 450 church-related hospitals are cooperating. Church World Service also maintains a Caribbean consultancy program for West Indian church groups.

Lutheran World Relief

Although Lutheran World Relief has shipped family planning supplies to missionary hospitals for

many years, it was not until 1964 that a specific family planning project received financial underwriting. At that time Lutheran World Relief began providing funds to Korea for a mobile medical unit, which served as a pilot family planning project in rural areas. This was followed by funds for family planning seminars, including travel grants to ensure participation of rural leaders.

Beginning in 1967, funds were authorized for family planning projects in India. Currently, this work is based at Bethesda Hospital in Ambur and aims to expand family planning services by focusing on all mothers, plus fathers with three or more living children, reached by the hospital, including its out-patient department.

Lutheran World Relief continues to give regular help to Taiwan Christian Service for its family planning work, carried on primarily through community development centers and a mobile team. There are five community development centers with family planning services, one in the eastern mountain area, one in Putai in the southern coastal area, and three in slum areas of Taipei. The mobile team, consisting of a public health nurse, a social worker, and a driver, reaches 30 mountain communities.

Mennonite Central Committee

The Mennonite Central Committee has family planning activities in Indonesia, India, South Vietnam, South Korea, and to a more limited extent, in Haiti and Paraguay. In the Latin American countries family planning work is being done in conjunction with a broader medical program.

Other Groups

World Neighbors

World Neighbors is currently engaged in self-help programs of community development in villages of 21 nations in Africa, Asia, and Latin America. These programs focus on food production, public health, literacy, village industries, and leadership training. Although family planning has been included in the programs since their beginning in 1952, it has ranked second only to food production

in emphasis and expenditures since 1964: World Neighbors allocates 29 percent of its overseas budget to family planning projects, for a total expenditure in fiscal 1969 of \$175,271.

During the past year, World Neighbors selected 43 project areas in 15 countries to receive family planning "audiovisual packages," consisting of motion pictures, filmstrips, slides, projectors, tape recorders, and generators. At its headquarters in Oklahoma City, a production center was established

to produce audiovisual materials for use by workers and volunteers at the village level. The center has so far completed two filmstrips on family planning—one in English and one in Spanish.

Directors of family planning projects are usually nationals of the countries where the projects are located. World Neighbors plans to expand its family planning programs as opportunities and resources permit, working principally through local personnel.

CARE

CARE provides food for use in connection with family planning activities, e.g., for tubectomy/vasectomy patients, in India and plans to extend this program to other countries, including Panama, Korea, and Kenya. In addition, CARE gives assistance to family planning programs in Turkey, Vietnam, Honduras, and Nicaragua.

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

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

CARE officially entered the field of family planning in late 1965 when a policy was approved to render technical and educational aid to family planning programs overseas as part of its regular assistance activities.

Unitarian Universalist Service Committee

The Unitarian Universalist Service Committee, a private, nonprofit, nonsectarian organization, uses a multidisciplinary, multidimensional approach in its international programs, with family planning a major and emphasized component. Family planning is being developed in both its Jamaican and Nigerian programs. Most notably, it has been the focus of the Committee's program in Haiti, which began in March

1966 and was reorganized in January 1969 into a family planning field laboratory. This program has been adopted as the official model for the development of a nationwide family planning program. Two new health projects, in Togo and Zambia, also are structured for the eventual inclusion of family planning components.

Oxfam

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

Between February 1965 and April 1970, approximately \$435,600 in Oxfam assistance went to programs in Asia, Africa, and Latin America, including nearly \$120,000 in 1969-70. Further commitments from May 1970 total over \$190,000.

Oxfam of Canada

Oxfam of Canada, sister organization of the British Oxfam, was established in 1963 and is one of the largest volunteer organizations in Canada providing aid to the less developed countries. Although autonomous, it is under the patronage of Canada's Governor-General.

Between 1966 and 1970, grants for family planning activities totaled \$191,984. These grants were made largely to national planned parenthood associations. One outstanding exception was a recent grant of \$110,000 to the Christian Medical Association of India to cover part of its running costs over the next 3 years. Other family planning assistance has gone to programs in Asia, Africa, Latin America, and the Caribbean.

Milbank Memorial Fund

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

Since 1932, a roundtable on population problems has been a fairly regular feature of the Fund's periodic conferences; the proceedings of these sessions have been used extensively for teaching. Since the mid-forties, these conferences have been devoted largely to demographic problems of developing areas. Those of 1963, 1965, and 1967 related to Latin America, and that of 1969 was

concerned with demographic aspects of the Black community in the United States.

Fund representatives have cooperated with government and private agencies in demographic analyses and have assisted in the preparation of a number of publications in this field. The Fund's own publication, *The Milbank Fund Quarterly*, has long carried articles on population.

Multilateral Agencies

The United Nations and Its Specialized Agencies

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

In 1969 several of these agencies took the first steps to develop and pursue operational programs with financial support from the United Nations Fund for Population Activities (UNFPA). This Fund was established by the Secretary-General in 1967 to finance an expanded U.N. program in population/family planning. During 1969, the Secretary-General turned over management of the UNFPA to the Administrator of the United Nations Development Program (UNDP), the central technical and development assistance agency for the U.N. system.

By the end of 1969, more than \$5 million in contributions had been pledged to the UNFPA, of which \$4 million were provided by the United States. Other contributors were Denmark, Finland, the Netherlands, Norway, Pakistan, Sweden, Trinidad and Tobago, and the United Kingdom. Most of this sum was obligated for projects involving support for demographic training activities, research in demographic and population questions, advisory missions and technical services to member countries, national program support for nonconventional equipment and supplies, information and documentation, and infrastructure costs within the U.N. system of organizations.

Program expansion in 1970

A considerable expansion of the U.N. population program is anticipated for 1970 and beyond as the UNFPA begins to respond to projects requested by governments as well as to plans of the U.N. bodies themselves to expand their activities in population/family planning. A field staff of population program officers will continue to assist developing countries in identifying and preparing projects for submission to the UNFPA and to external sources for funding. During 1970, the UNFPA proposed to increase the number of population program officers from nine to 15.

Early in the year the Administrator of UNDP proposed a goal of \$15 million in pledges to support the UNFPA program for 1970. The United States responded to this appeal with a pledge to contribute

up to \$7.5 million during the year, subject to matching contributions from other donors.

The tentative program for UNFPA in 1970 provided for new obligations of approximately \$10 million for programs and projects of the United Nations and its specialized agencies.

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

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

The specialized agencies

The World Health Organization (WHO) is expected to play a key role in carrying out an effective U.N. family planning effort. The WHO has a mandate to work in the health aspects of human reproduction, family planning, and population dynamics and is expected to assist countries in the development of family planning activities within health services. During 1970, the UNFPA will provide funds to WHO for training programs for health personnel, research and studies, advisory and technical services to member countries, and a number of pilot and demonstration projects. Other proposed WHO projects include convening national and regional meetings, seminars, working groups, and training workshops; providing consultants to countries on request; and establishing several documentation and reference centers.

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

decision in 1970, UNICEF is also able to furnish contraceptive supplies to countries on request. During 1970, the UNFPA expected to allocate funds for several major UNICEF projects involving training of auxiliary nurse-midwives and paramedical instructors, as well as provision and servicing of transport equipment.

The Food and Agriculture Organization (FAO) is becoming involved in the population field in two areas: Policy-oriented research into the implications of population trends for agricultural development, and integration of family planning into home economics education programs. This year, the UNFPA will cover the cost of three FAO exploratory missions to selected countries, a regional seminar in the Far East, a national training workshop in India, and a regional pilot project in East Africa. In addition, studies are planned in Asia and the Far East

and in French-speaking West Africa on patterns of family living and on variables related to attitudes on family size, child spacing, and family planning.

The International Labor Organization (ILO) has a mandate in the population field to promote information and education activities on population/family planning, to conduct policy-oriented research on the demographic aspects of social policy in such fields as employment promotion and social security, and to stimulate the participation of social security and enterprise-level medical services in family planning. In 1970 the UNFPA planned to fund a number of ILO projects in these areas, including exploratory missions to several countries on the relationships of population and family planning to industrial health and welfare services and two seminars on population for trade union workers and employers in Asia.

The Organization for Economic Cooperation and Development

The Organization for Economic Cooperation and Development (OECD) took major action in the population field in mid-1968 when it set up a Population Unit within its Development Center—a research and educational body in the area of economic development. This action was taken on the recommendation of its Development Assistance Committee—chief policy-coordinating agency for economic assistance by developed nations. This followed official recognition by the OECD in April 1968 that population dynamics is an integral part of economic development.

The Population Unit's purpose is to promote awareness, among donor and recipient countries, of the importance of the population factor in economic development and to disseminate information on latest developments, foster coordination among aid programs, and enhance the dialogue between developed and developing countries in aid problems in the population field. To these ends the Unit organizes conferences and seminars, develops

research, and, in general, assists in exchanging information and furthering cooperation and collaboration among donors and recipients.

The Population Unit has held two conferences of top-ranking administrators of assistance programs in population, a conference on aid relations between donors and recipients, and other meetings of experts and administrators concerned with population programs. In April 1970 it held an expert group meeting on family planning and population policies in Africa, the first regional-level meeting it has organized on population problems. Experts in the Unit also have prepared analyses of the relation between population growth and economic development.

During the first 18 months of its existence, the Unit was supported by contributions of \$109,000 each from Sweden and the United States and \$15,000 from Norway. Pledges totaling \$214,000 in support of the 1970 budget were received from the United States, Sweden, the United Kingdom, Denmark, Norway, Switzerland, Belgium, and Germany.

World Bank

The World Bank is focusing increasing attention on population/family planning activities. Following the establishment of a Population Projects Department in fiscal 1969 to assume responsibility for Bank activities in this field, the Bank has begun to

implement the proposals of its president, Robert S. McNamara, “. . . to seek opportunities to finance facilities required by our member countries to carry out family planning programs,” and “. . . to join with others in programs of research to determine the

most effective methods of family planning and of national administration of population control programs.”

The Bank’s first such loan went to the Government of Jamaica in June 1970 for help in developing a postpartum family planning program. The loan will finance the construction of an extension to Jamaica’s largest maternity hospital in Kingston and of a number of rural maternity centers.

In addition, preappraisal missions have visited a number of countries with a view to subsequent Bank assistance. One advisory mission, sponsored jointly by the United Nations, the World Health Organization, and the World Bank, visited Indonesia and

subsequently made recommendations for that country’s 5-year family planning program.

Technical assistance, often as important a requirement as financial assistance, is expected to form an important part of World Bank efforts in the family planning field. This would include advice on program administration, evaluation, personnel training, and communications.

The Bank is making intensive efforts to increase its expertise in the field of population problems. Staff members keep in close touch with other organizations working in this field; international consultants have served on the Bank’s missions. The Bank expects to expand its operational and analytical activities.

Other Governments

Sweden

Family planning has been assigned the highest priority in Sweden's development aid program. Extended through the Swedish International Development Authority (SIDA), this aid has grown from a single project in Ceylon in 1958 to assistance in materials, finances, and personnel to numerous developing countries. Disbursements for 1969-70 amounted to approximately \$6 million, and allocations for 1970-71 total around \$8.4 million. The share of Sweden's bilateral aid spent on family planning has increased from a few percent in the early 1960's to some 12 percent today.

SIDA currently provides supplies and equipment to Algeria, Ceylon, Colombia, Costa Rica, the Dominican Republic, Ethiopia, Guatemala, India, Indonesia, Kenya, Malaysia, Mauritius, Morocco, Nepal, Pakistan, El Salvador, South Korea, Trinidad and Tobago, Tunisia, and Turkey. In four of these countries--Ceylon, Kenya, Pakistan, and Tunisia--it also provides expert personnel to assist Government programs. About one-third of the family planning assistance budget goes to India and Pakistan.

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

Sweden also provides multilateral assistance. Yearly allocations for the general budget of the International Planned Parenthood Federation help to support training, information, clinical, and research activities in various countries. In fiscal 1969-70 this contribution amounted to roughly \$600,000. To promote population and family planning activities within the U.N. system of organizations, Sweden has contributed to the United Nations Fund for Population Activities, WHO, UNESCO, and UNICEF. SIDA also helps to finance the population activities of the OECD Development Center.

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

Denmark

Since the mid-1960's, the Danish Government has provided multilateral family planning assistance through a number of agencies, has cooperated in family planning training courses, and has supported contraceptive research. Denmark also has provided bilateral assistance in family planning to India, the United Arab Republic, and Uganda.

Denmark has granted a total of \$742,000 to the IPPF both for special projects and for its general program. The U.N. Fund for Population Activities received \$100,000 in 1967, and additional contributions are under consideration for 1970 and 1971. Denmark gave the International Union for the Scientific Study of Population \$15,000 to cover travel expenses for participants from developing countries in a conference organized by the Union. In 1970 the OECD Development Center's population programs were scheduled to receive \$15,000.

Family planning training courses are given in collaboration with the Danish Family Planning Association for students from developing countries.

Members of the Danish Volunteer Service also receive family planning orientation before they are assigned to developing countries. Contraceptive research has focused on development and improvement of the Danish IUD, Antigon.

A 1966 Danish grant to India supported a pilot study to determine whether the Antigon was suitable for use in that country's family planning program. Under the project, the device was tested on 10,000 women, and Indian medical personnel were trained in its use. Denmark is currently considering proposals for further assistance to India, including participation in the establishment of training facilities for auxiliary nurse/midwives.

Considerable assistance has been given to the United Arab Republic. In 1968 Denmark made a grant of \$72,000--administered by the IPPF and not yet fully utilized--for the activities of the Egyptian Family Planning Association. In the same year, Denmark provided \$133,500 worth of raw materials

for production of oral contraceptives. Counterpart funds for wheat delivered to the U.A.R. under the Food Aid Convention are to be used to help finance the U.A.R. family planning program, according to an October 1969 agreement. These funds the amount the U.A.R. would have paid for the wheat are expected to amount to \$667,500. In reply to a recent request for further assistance in family planning, Denmark will send a small mission to the U.A.R. to investigate aid possibilities.

In Uganda, Denmark is covering the building costs for a family health training center at Makerere University College in Kampala and will supply the necessary equipment through a \$148,000 grant. The center, which will provide instruction in family planning and maternal and child health care, will be part of the University's medical school, and training there will be included in the regular medical curriculum. The center also will train other family planning workers.

The United Kingdom

The United Kingdom in January 1970 announced plans for a sharp increase in its aid to population programs. Such aid has been extended both multilaterally and bilaterally on a modest scale since 1964.

Budget allocations for the year ending March 1971 include \$480,000 for the IPPF (a fourfold increase since 1968-69), \$360,000 for the United Nations Fund for Population Activities (estimated expenditure this year from a total U.K. grant of \$960,000 announced in May 1970), and \$25,000 towards the cost of the population program of the OECD Development Center. Bilateral aid for 1970-71 will include mobile IUD clinics for the Dominican Republic and staff of various kinds for the Gilbert and Ellice Islands and possibly other Pacific islands. In addition, at the Aid India Consortium meeting held in May 1970, the United Kingdom pledged an interest-free loan of \$2.4 million for local costs of the Indian family planning program.

During the year ended March 1970, the United Kingdom spent approximately \$425,000 on family planning assistance, including a \$240,000 grant to the

IPPF and about \$148,000 in bilateral aid. The latter included equipment for Kenya, assistance to projects in Trinidad and Tobago and the Gilbert and Ellice Islands, training in the United Kingdom of Nicaraguan and other doctors, and \$35,000 for a training seminar run by the Institute of Development Studies of the University of Sussex.

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

The Netherlands, Norway, Japan

The Government of the Netherlands has contributed to the United Nations Fund for Population Activities and is providing some \$1.4 million to assist family planning activities in Pakistan, Kenya, Tunisia, and Indonesia.

In Pakistan, the Netherlands supports research to gather data on the motivation of the rural population towards family planning and to contribute to the successful implementation of Pakistan's family planning program. Under a 3-year, \$360,000 project begun in 1968, five Netherlands nationals are doing research in selected villages in both East and West

Pakistan, and four Pakistanis are receiving fellowships in family sociology and evaluation methods.

A 1968-73 project in Kenya includes training of local personnel in contraceptive uses, and clinical research on the applicability of various family planning techniques and on the causes and treatment of sterility. Under a Netherlands grant of about \$550,000, a Dutch team consisting of a gynecologist, a midwife, and a medical analyst is working in the Nairobi area, and another is operating in rural districts. A statistician/demographer works with both of these training teams.

A 2-year project in Tunisia, begun recently with a contribution of around \$235,000, will help to implement the Tunisian Government's family planning program. The project includes clinical research and training of medical personnel. The Netherlands has provided a team consisting of a gynecologist, a midwife, a nurse, and a social worker, and also has supplied a mobile clinic, a vehicle, and medical equipment.

A grant of approximately \$275,000 has been allocated for a National Training Center in Indonesia. This Center will include family planning training.

Norway has given assistance to family planning activities since 1964-65. During 1970, this country granted \$300,000 to the United Nations Fund for Population Activities and \$30,000 to the OECD's Development Center for its population program. In the previous year, the U.N. Fund received \$200,000, and the Development Center, \$15,000. Also in 1969, Norway contributed clinical equipment worth \$11,000 to the Government of Kenya for establishment of 50 family planning units in health centers.

Norway plans to earmark about 10 percent of its total aid appropriations during 1971-73 for bilateral and multilateral assistance to family planning activities. Part of the funds will be allocated specifically for research. The bilateral aid primarily financial will go mainly to Norway's priority

countries that request such assistance. However, contributions to other countries also will be considered.

The Japanese Government, whose assistance to family planning in developing countries began only recently, expanded its efforts considerably in 1969. A grant of \$100,000 was made to the International Planned Parenthood Federation, and an equivalent grant is scheduled for 1970. In October Japan sent a family planning mission to Indonesia. Following the mission's recommendations, the Government began receiving Indonesian trainees and sending advisors and materials to that country.

The Family Planning Federation of Japan, Inc., established in April 1968, provided in that year \$60,376 worth of contraceptive materials, microbuses, and other commodities to Indonesia, Taiwan, and Nepal. In 1969 it supplied \$49,861 in similar assistance to Korea, Taiwan, and Indonesia. These three countries were scheduled to receive \$166,667 in buses, other vehicles, and printing materials in 1970.

Since 1967, seminars on family planning have been held for doctors, nurses, and government officials from Southeast Asian countries. These seminars have been conducted by the Overseas Technical Cooperation Agency, a Government agency, and the Family Planning Federation of Japan.

West Germany, Canada

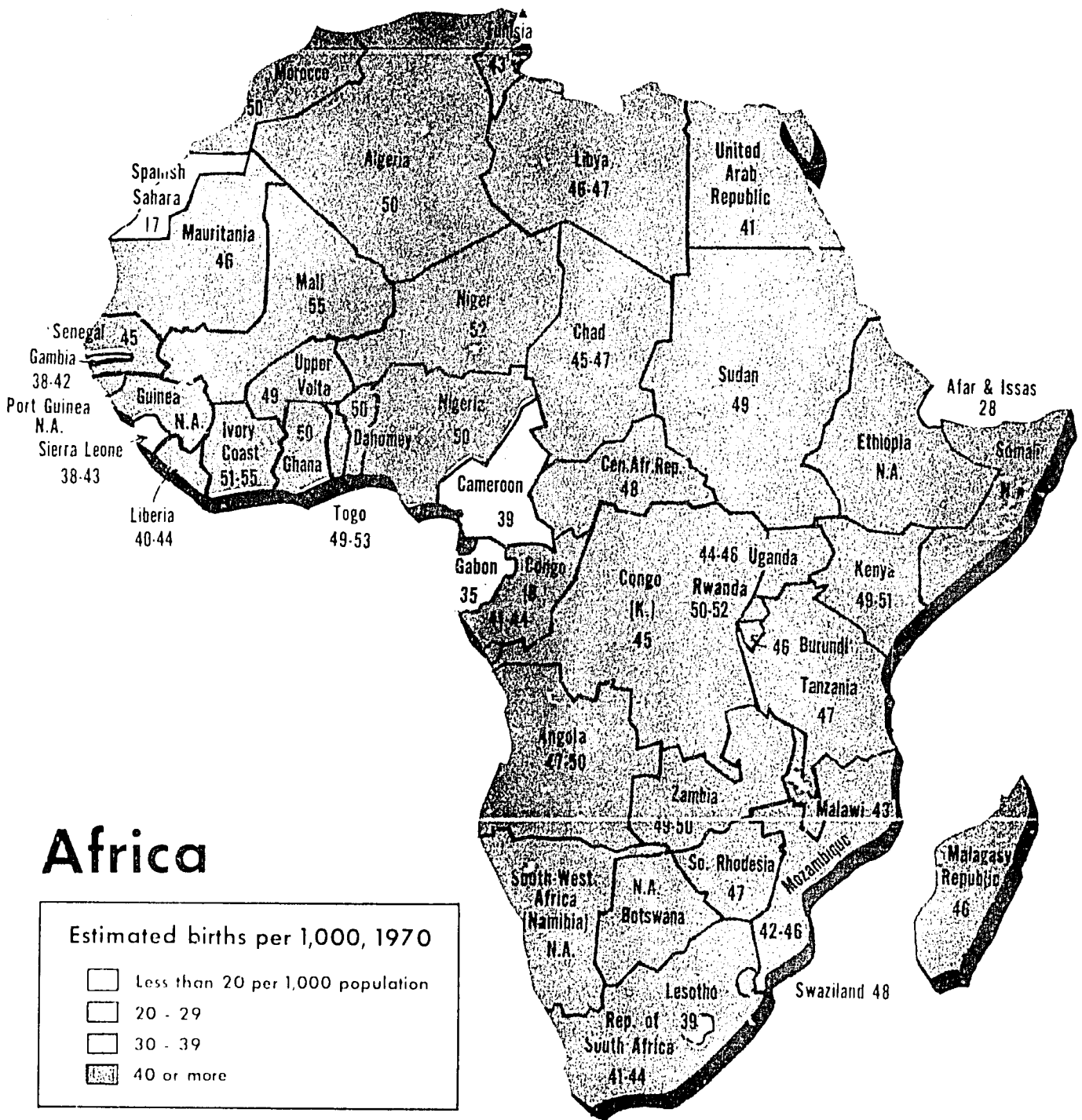
West Germany considers the population problem to be very important for both developing and developed countries and shares the view held by the United Nations that it is a human right for every family to decide how many children it wants. The country endorses the recommendations of the Pearson Report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

Germany is ready to assist family planning activities in developing countries if requested to do so by their governments. The emphasis is on aid in support of, not as a substitute for, the countries' own efforts and is to be limited to programs that are entirely voluntary. The German Government feels that assistance should be given on a multilateral basis, though not to the exclusion of bilateral aid, and that it should preferably be granted through cooperation

with private organizations working in the field of population/family planning.

West Germany allocated \$1.5 million to the United Nations Fund for Population Activities for 1970 and 1971, and in January 1970, U.N. Secretary General U Thant appointed the German Federal Minister for Economic Cooperation, Dr. Erhard Eppler, to the Fund's Advisory Board. Other financial support has gone to the United Nations Development Program, which was granted \$250,000 in 1969, and to the population group in the OECD Development Center. Aid to IPPF is under consideration.

The Government of Canada has started to consider assistance to population/family planning in developing countries since repeal in 1969 of legislation that made it illegal to advertise or encourage the use of contraceptives.



Africa

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

Africa's birth rate of 48 per 1,000 per year is the highest of all the continents, and its population of an estimated 309 million on January 1, 1970, could double in 26 years at the current growth rate. The mortality rate of 21 per 1,000 is the highest of any region in the world although it is declining with the expansion of health and sanitation facilities. The rate of growth—only 1.4 percent in the 1920's—is now 2.7 percent per year, second only to that in Latin America. Nearly half the population is under 15 years of age—children that need to be fed, clothed, housed, educated, and eventually employed.

The economic and social development needed to support a growing population is slow in coming. With an average per capita income of about \$130, Africa has many people living on the edge of subsistence, some in remote rural areas, others caught up in the vortex of urbanization that has touched many parts of the continent. Africa's urban population is growing at the rate of 5 percent annually. The countries experiencing this kind of growth are having a difficult time meeting the economic and social needs of the city dwellers.

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

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

Difficult agricultural conditions further complicate Africa's population problems. In many cases, food production has not kept pace with

population growth. A survey of 30 African countries by the U.S. Department of Agriculture shows that the index of per capita agricultural production has actually declined since 1957-59 in 13 of them. Other important difficulties are also being encountered with regard to employment opportunities and the provision of adequate public services and facilities for the expanding population.

Several countries, aware of the pressures population growth adds to their already extensive problems of economic and social development, have initiated programs to lower population growth rates or to encourage child spacing in the interest of maternal and child health and improving the quality of life of their people.

Five African countries—Ghana, Kenya, Mauritius, Morocco, and Tunisia—have national population policies or Government-sponsored family planning programs. Other Governments give support to or encourage voluntary family planning programs although they have no official policies.

In some countries the Governments are gradually becoming more favorably inclined toward family planning. In others, it is still felt that population growth should be encouraged.

A.I.D. assistance

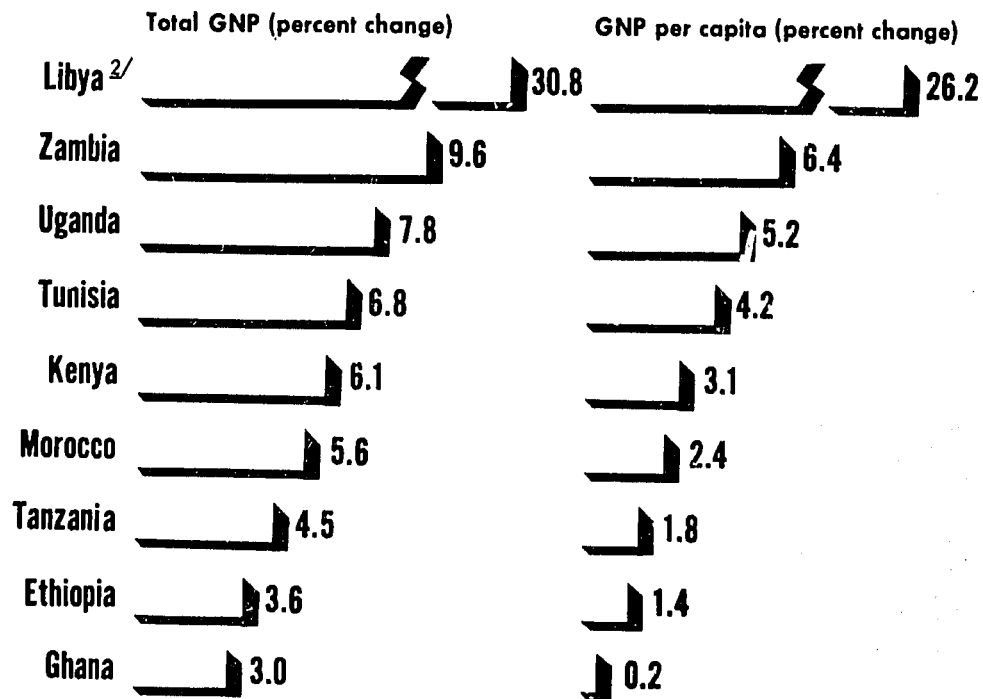
A.I.D. assistance to population and family planning activities in Africa is geared to improving the quality of people's lives. Under this general goal, A.I.D. is providing support on two fronts: To family planning programs, including maternal and child health programs, where emphasis is on the relationship between child spacing and better health for both children and mothers; and to demographic and statistical programs, through which countries can be assisted to collect and analyze demographic data and to incorporate demographic considerations into economic and social development plans.

A.I.D. assistance is extended directly to country programs or through regional and interregional projects, including grant agreements with such organizations as the Pathfinder Fund, the Population Council, and the International Planned Parenthood Federation.

In fiscal 1970 A.I.D. bilateral assistance for population activities went to Ethiopia, Ghana, Kenya, Liberia, Morocco, Tunisia, and Uganda.

New regional projects to be supported in fiscal 1970-1971 include the following:

GNP growth rate for selected countries in Africa^{1/}



^{1/} Average of percent change in 1969 and 1968. For Africa as a whole, total GNP percent change, 5.2, and GNP per capita, 2.7.

^{2/} Average of percent change in 1968 and 1967.

Source: Office of Statistics and Reports, AID.

AID/TA/Pop-7308

- Development by U.S. Bureau of Census, working closely with concerned countries, appropriate U.N. organizations, and other donors, of new approaches to obtaining census and demographic data adapted to the limited finance, personnel, and logistic capabilities of many African countries.

- Initiation, with interested governments, of a number of pilot activities designed to test new ways of providing integrated maternal/child health and family planning services in rural areas, using existing minimal health facilities such as dispensaries, rural clinics, etc.

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

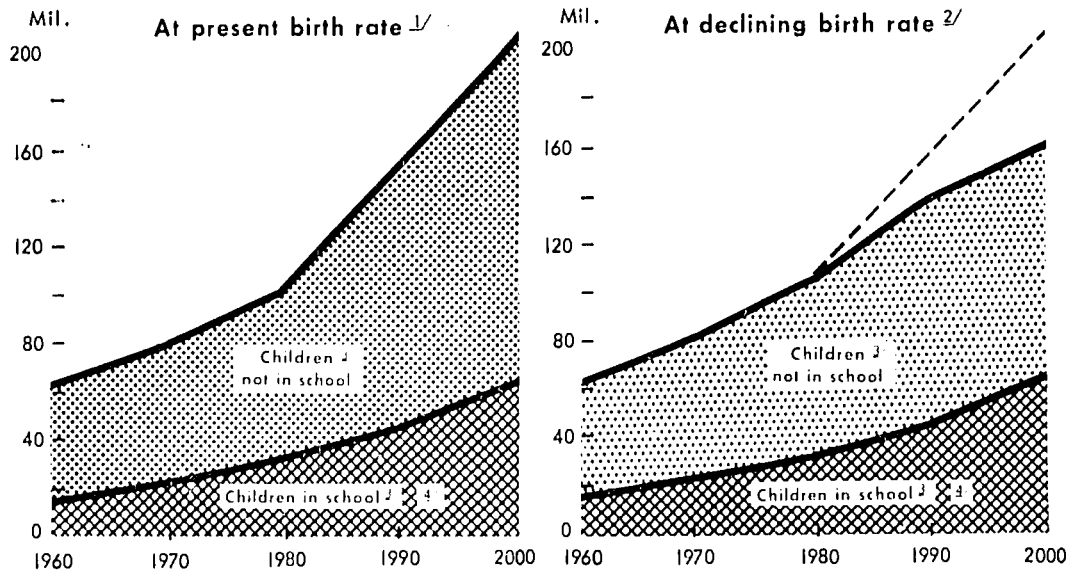
- Assistance to universities desirous of introducing interdisciplinary instruction and research

on population questions into their regular curricula and research programs. This will meet the need of those concerned with development problems—among them economists, sociologists, political scientists, statisticians, public health experts, and others—for some knowledge of population dynamics.

Substantial assistance to population/family planning programs in Africa is a relatively new development for A.I.D. Prior to 1968, A.I.D. assistance was limited primarily to support for demographic research and training. That year marked the initial acceleration of the Agency's assistance to include maternal and child health programs and other population activities. For fiscal 1970 A.I.D.'s allocation for population/family planning assistance to Africa totaled nearly \$2.7 million, compared with only \$10,000 in 1965 and \$9,000 in 1966.

Funding by the Agency for International Development for assistance since 1965 to population

Population pressure on education in Africa



Source: IDSC, Census. Estimates based on UN projections. 1/ Assuming constant fertility and declining mortality. 2/ Assuming declining fertility and mortality. 3/ 5-14 years of age; estimates based on UNESCO Statistical Yearbook. 4/ Derived by multiplying enrollment ratio by school age population at present high birth rate. Assuming present enrollment rates remain unchanged.

AID/TA/Pop-7313

and family planning activities in Africa is given in the following table:

Program	Fiscal year				
	1965&1966	1967	1968	1969	1970
	1,000	1,000	1,000	1,000	1,000
	dol.	dol.	dol.	dol.	dol.
Country projects . . .	19	4	404	983	2,485
Regional projects . . .	---	30	259	457	181
Total . . .	19	34	663	1,440	2,666

Other assistance

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

The International Planned Parenthood Federation in calendar year 1970 is providing about \$1.6 million in assistance (exclusive of commodities) for support and promotion of the work of voluntary family planning associations in some 20 African countries. IPPF has a regional office and supports a regional training center in Nairobi, Kenya. A representative for West Africa, based in Accra, Ghana, was appointed recently. Special projects in the field of family planning education have included the production of a film in Nigeria and the appointment of an information and education advisor, stationed in Nairobi, to work with African family planning associations to develop education programs. Among other IPPF family planning activities in Africa during 1970 is a Family Planning Communications Workshop in Accra in November.

The Population Council provides technical assistance, financial support, fellowships, and related assistance to institutions and individuals in a number of African countries, including particularly Ghana, Kenya, Morocco, Nigeria, and Tunisia. It is providing resident advisors to the Governments of Kenya,

Tunisia, Morocco, and Algeria and to colleges in Uganda, Tanzania, Nigeria, and Sierra Leone.

The Pathfinder Fund has supported family planning work in most African countries. In Africa, as in other regions of the world, Pathfinder has been particularly effective in stimulating the initial development of voluntary family planning organizations, in supporting family planning workers, and in providing essential contraceptive supplies and related equipment. Critical IUD studies were conducted in Kenya, Uganda, Nigeria, Rhodesia, and South Africa as part of Pathfinder's International IUD Program.

The Ford Foundation has supported population activities in 11 African countries through grants to international voluntary organizations and country programs. The Foundation has initiated an exploratory program that includes travel awards permitting West African leaders to become familiar with family planning programs in other parts of the world, financing visits to West Africa by short-term consultants, and supporting small research activities. Foundation grants support other regional projects in North, East, and Central Africa. As of July 1970 Foundation grants for population activities in Africa totaled \$2.3 million.

The Rockefeller Foundation between 1964 and 1969 provided appropriations and grants to the following African universities: University of Ibadan, \$59,300; University of Dakar, \$15,000; Dar es Salaam School of Medicine, \$19,200; Makerere University College, \$12,580; University of California, Berkeley, exchange program with Makerere University College, \$94,000. Since 1966, nurse/midwives, chiefly from Africa and Asia, have been trained in population work in an intensive 12-week course at the Downstate Medical Center of the State University of New York in Brooklyn. The Foundation has provided scholarship aid for these candidates, who are selected by their governments or by local medical institutions. A grant made this year will provide about 30 more of these training scholarships. In 1969, \$12,500 was provided through the Pathfinder Fund toward expenses of a visiting lecturer at the Makerere University College Faculty of Medicine, Uganda.

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

Oxfam through IPPF, has provided clinic salaries, equipment, and expenses for family planning

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

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

World Neighbors has community development programs that include family planning in Ethiopia, Kenya, Lesotho, Malawi, Rhodesia, Rwanda, South Africa, Tanzania, and Uganda.

The Swedish International Development Authority provided about \$300,000 in bilateral aid for family planning in 1969-70, and considerably more in multilateral grants. The proportion of Swedish family planning aid spent in Africa is likely to increase over the next few years, according to Swedish Government sources.

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

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

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

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

The United Nations, in the spring of 1968, sent a population mission to Africa to identify needs for assistance in demographic activities in nine countries. Through its Fund for Population Activities, the United Nations has provided fellowships, as well as support for personnel, training, and advisors. The Fund assists population/family planning projects and programs in individual countries and has provided funds for a three-man exploratory mission to choose a site for a demographic center in French-speaking Africa. The Fund also supports population activities of the Economic Commission for Africa (ECA) and of the specialized agencies. The ECA runs a regional population center in Cairo, whose training program includes a 1-year basic course in demography for students from North Africa. ECA also sponsors conferences, study tours, and demographic advisors.

Algeria

Demographic information

Population according to census of
April 4, 1966 12,102,000
Estimated population,
January 1, 1970 13,626,000
Births per 1,000 population, 1969 50
Deaths per 1,000 population, 1969 18
Infant deaths per 1,000 live births, 1965 . . .¹ 86
Rate of natural increase, 1969 (percent) . . . 3.2
Number of years to double population at
present rate of natural increase 22
Percent of registered births, first born, 1963 .¹ 14
Median maternal age, 1963¹ 27
Median birth order, 1963¹ 3.5
Percent of registered births born to
women less than 20 years old, 1963¹ 11
Percent urban, 1970 31
Percent of labor force in agriculture, 1965 . 60
Per capita gross national product, 1968 . . \$260
Percent literate 25-30

¹Underregistered.

Highlights of activities

The official attitude toward family planning in Algeria was stated by President Boumediene in June 1969: "I take this occasion to say--on the subject of what some are pleased to call the population explosion--that we are not in favor of false solutions such as birth control....We are, on the contrary, in favor of positive solutions, such as the creation of new jobs, of schools for children, and better social conditions for all."

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

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

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

The Population Council provides a resident advisor to the Ministry of Finance and Planning to assist it in studies of the relationship between population growth and economic planning. Fellowship support is also provided.

The Pathfinder Fund has sent contraceptives and literature to Algeria.

The Ford Foundation in 1965-66 provided a vital statistics advisor and consultants to aid the Government in improving its vital registration system. In 1968 it supplied a demographic consultant. The costs involved totaled over \$79,000. A Foundation grant of \$62,000 financed a Population Council study of knowledge, attitudes, and practices.

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

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

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

Botswana

Demographic information

Population according to census of
January 15 - April 15, 1964543,105
Estimated population,
January 1, 1970644,000
Births per 1,000 population, 1969⁽¹⁾
Deaths per 1,000 population, 1969⁽¹⁾
Infant deaths per 1,000 live births⁽¹⁾
Rate of natural increase, 1969 (percent) . . . 3.0
Number of years to double population at
present rate of natural increase 23
Percent of registered births, first-born⁽¹⁾
Median maternal age⁽¹⁾
Median birth order⁽¹⁾
Percent of registered births born to
women less than 20 years old⁽¹⁾
Percent urban, 1970 25
Percent of labor force in agriculture, 1965 . 91
Per capita gross national product, 1968 . . . \$95
Percent literate 20

¹Not available.

Highlights of activities

The Government of Botswana has taken a positive attitude toward family planning even though it has no official family planning policy. According to the National Development Plan for 1968-73, "As far as Government is concerned there is not the slightest intention to impose family planning on anyone, but

merely to make the advantages of family planning available to the population." In line with this intention, the Ministry of Health is encouraging the establishment of clinics and training programs.

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

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

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

The International Planned Parenthood Federation, during the first quarter of 1969, sponsored a training team consisting of a doctor, a social welfare worker, and a public health nurse. This team visited many parts of Botswana to promote an understanding of family planning as a part of family health. The team lectured at Government hospitals and before women's groups. Its visit was followed by the appointment, at the request of the Government of Botswana, of a doctor to help develop family planning services in Serowe. The IPPF also provides contraceptives to townships and district councils.

Burundi

Demographic information

<i>Population according to sample survey of</i>	
<i>February 25, 1965</i>	<i>July 31, 1965</i> .3,210,090
<i>Estimated population,</i>	
<i>January 1, 1970</i>	.3,538,000
<i>Births per 1,000 population, 1969</i>	. . . . . 46
<i>Deaths per 1,000 population, 1969</i>	. . . . . 24
<i>Infant deaths per 1,000 live births, 1969</i>	150-180
<i>Rate of natural increase, 1969 (percent)</i>	. . . 2.2
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	. . . . . 32
<i>Percent of registered births, first born</i>	. . . . (1)
<i>Median maternal age</i>	. . . . . (1)
<i>Median birth order</i>	. . . . . (1)
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	. . . . . (1)
<i>Percent urban, 1970</i>	. . . . . 2
<i>Percent of labor force in agriculture, 1965</i>	. 95
<i>Per capita gross national product, 1968</i>	. . . \$53
<i>Percent literate, latest</i>	. . . . . 10

¹Not available.

Highlights of activities

Burundi has no official family planning program and no voluntary family planning organization. However, a Government representative has spoken in favor of reducing the population growth rate, and official action has begun to incorporate family planning into maternal and child health services. Some family planning work is carried on by missionary groups.

A.I.D. assistance

A.I.D. has provided no family planning assistance.

Other assistance

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

The Pathfinder Fund, with Church World Service funding, is supporting the work of a social worker/midwife, who has begun to set up rural family planning clinics. Family planning literature and contraceptives also have been provided.

Cameroon

Demographic information

<i>Population according to sample survey of</i>	
<i>1960 - 1965</i>	. . . . . 5,017,000
<i>Estimated population,</i>	
<i>January 1, 1970</i>	. . . . . 5,749,000
<i>Births per 1,000 population, 1969</i>	. . . . . 39
<i>Deaths per 1,000 population, 1969</i>	. . . . 18-19
<i>Infant deaths per 1,000 live births, 1969</i>	110-115
<i>Rate of natural increase, 1969 (percent)</i>	. 2.0-2.1
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	. . . . . 34
<i>Percent of registered births, first born</i>	. . . . (1)
<i>Median maternal age</i>	. . . . . (1)
<i>Median birth order</i>	. . . . . (1)
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	. . . . . (1)
<i>Percent urban, 1970</i>	. . . . . 7
<i>Percent of labor force in agriculture, 1965</i>	. 84
<i>Per capita gross national product, 1968</i>	. . \$143
<i>Percent literate</i>	. . . . . 10-15

¹Not available.

Highlights of activities

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

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

At the same time, the Cameroonian Government is trying to improve its vital demographic statistics and statistical services. The Office de la Recherche Scientifique et Technique Outre-Mer and the Société d'Études pour la Développement Economique et Social in Paris have made several demographic studies in Cameroon.

Demographic analysis is included in the training program for statisticians at intermediate and higher levels at the International Statistics Center in Yaoundé, established in 1961 by the U.N. Economic Commission for Africa. The United Nations provides scholarships for the center.

An important goal in the Congo (Kinshasa) is improvement of health services. Here, a mother brings her child for a check-up.



In 1968 two Cameroonians were enrolled in a 3-year degree program at the U.N.-sponsored National Institute of Statistics and Applied Economics in Rabat.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

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

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

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

Chad

Demographic information

Population according to sample survey of

December 1963 - August 1964 . . . ¹3,254,000

Estimated population,

January 1, 1970 3,565,000

Births per 1,000 population, 1969 45-47

Deaths per 1,000 population, 1969 28-30

Infant deaths per 1,000 live births, 1969 160-170

Rate of natural increase, 1969 (percent) . 1.5-1.9

Number of years to double population at

present rate of natural increase 41

Percent of registered births, first born ⁽²⁾

Median maternal age, 1964 ³27

Median birth order ⁽²⁾

Percent of registered births born to

women less than 20 years old, 1964 ³14

Percent urban, 1970 8

Percent of labor force in agriculture, 1965 . 92

Per capita gross national product, 1968 . . . \$78

Percent literate 5-10

¹African population only. ²Not available ³Underregistered

Highlights of activities

The Government of Chad does not consider family planning a matter of high priority. Birth control information and services are provided by private physicians on request, but there are no organized family planning activities.

Economic and sociological research on Chad's population problems is being conducted by the Office

de la Recherche Scientifique et Technique Outre-Mer in Paris and the National Museum at Fort Lamy.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

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

The French Government is supporting demographic research.

Comoro Islands

Demographic information

<i>Population according to census</i>	
<i>of September 9, 1966</i>	244,000
<i>Estimated population,</i>	
<i>January 1, 1970</i>	276,000
<i>Births per 1,000 population, 1969</i>	21
<i>Deaths per 1,000, population, 1969</i>	7
<i>Infant deaths per 1,000 live births, 1952:</i>	52
<i>Rate of natural increase, 1963-68</i>	1.4
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	50
<i>Percent of registered births, first born</i>	(¹)
<i>Median maternal age</i>	(¹)
<i>Median birth order</i>	(¹)
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	(¹)
<i>Percent urban, 1970</i>	5
<i>Percent of labor force in agriculture</i>	(¹)
<i>Per capita gross national product</i>	² \$110
<i>Percent literate</i>	(¹)

¹Not available. ²Estimate for 1967 made by the International Bank for Reconstruction and Development.

Highlights of activities

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

A.I.D. assistance

A.I.D. has provided no assistance for family planning activities.

Other assistance

The International Planned Parenthood Federation provides some support. The Pathfinder

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

Congo (Democratic Rep.)

Demographic information

<i>Population according to sample census of</i>	
<i>May 1955 - February 1958</i>	12,777,073
<i>Estimated population,</i>	
<i>January 1, 1970</i>	17,447,000
<i>Births per 1,000 population, 1969</i>	45
<i>Deaths per 1,000 population, 1969</i>	21
<i>Infant deaths per 1,000 live births, 1969</i>	115-125
<i>Rate of natural increase, 1969 (percent)</i>	2.4
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	28
<i>Percent of registered births, first born</i>	(¹)
<i>Median maternal age</i>	27
<i>Median birth order</i>	(¹)
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	14
<i>Percent urban, 1970</i>	13
<i>Percent of labor force in agriculture, 1965</i>	69
<i>Per capita gross national product, 1968</i>	\$78
<i>Percent literate</i>	55-60

¹Not available.

Highlights of activities

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

A.I.D. assistance

A.I.D. has provided no bilateral family planning assistance.

Other assistance

The Population Council provides fellowship support.

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

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

Dahomey

Demographic information

Population according to sample survey of

May 25, 1961 September 30, 1961¹ 2,106,000

Estimated population,

January 1, 1970¹2,476,000

Births per 1,000, population, 1969 50

Deaths per 1,000 population, 1969 29

Infant deaths per 1,000 live births, 1969 160-180

Rate of natural increase, 1969 (percent) . . . 2.1

Number of years to double population at

present rate of natural increase 33

Percent of registered births, first born⁽²⁾

Median maternal age, 1961³26

Median birth order⁽²⁾

Percent of registered births born to

women less than 20 years old, 1961³14

Percent urban, 1970 12

Percent of labor force in agriculture, 1965 . . 84

Per capita gross national product, 1968 . . . \$75

Percent literate 10

¹African population only. ²Not available. ³Underestimated.

Highlights of activities

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

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

There are no organized family planning activities in Dahomey. Some individual doctors give family planning advice, and some private clinics offer family planning services.

A.I.D. assistance

A.I.D. has given the Dahomey Government no assistance for family planning.

Other assistance

The Pathfinder Fund and Church World Service have begun some family planning activities. The Pathfinder Fund in 1970 provided funds to expand the facilities of the Government hospital in Cotonou to incorporate family planning into existing maternal and child health services. Pathfinder also financed the

operations of a small family planning clinic and sent medical equipment and contraceptives.

Ethiopia

Demographic information

Population according to sample survey,

July 1, 1967 23,667,400

Estimated population,

January 1, 1970 24,987,000

Births per 1,000 population, 1969⁽¹⁾

Deaths per 1,000 population, 1969⁽¹⁾

Infant deaths per 1,000 live births⁽¹⁾

Rate of natural increase, 1969 (percent) . . .²2.3

Number of years to double population at

present rate of natural increase 30

Percent of registered births, first born⁽¹⁾

Median maternal age⁽¹⁾

Median birth order⁽¹⁾

Percent of registered births born to

women less than 20 years old⁽¹⁾

Percent urban, 1970 5

Percent of labor force in agriculture, 1965 . . 88

Per capita gross national product, 1968 . . . \$63

Percent literate 5

¹Not available. ²A.I.D. estimate.

Highlights of activities

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

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

In Addis Ababa the Association conducts a family planning clinic employing a full-time social worker and a part-time consultant, both trained in the United States. Association branches provide family planning services in about 25 centers outside Addis Ababa. Mission hospitals also provide family planning services. Altogether, about 6,000 clinic visits are handled monthly in 55 hospitals and family planning clinics in Ethiopia.

A social worker from the University School of Social Work gives weekly lectures on family planning

at the Association. These lectures are open to the general public and often include audiovisual materials such as films.

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

A.I.D. assistance

A.I.D. allocated \$1,000 for assistance in the population field in fiscal 1970, consisting primarily of consultant help related to demographic statistics.

Efforts to develop reliable estimates of birth, fertility, and infant mortality rates in a number of communities outside Addis Ababa were carried out during 1963-66 through a pilot project in birth and death registration assisted by A.I.D. Selected nurses have received training in the United States at A.I.D. expense. In 1967 A.I.D. financed the attendance of an Ethiopian family planning leader at the International Planned Parenthood Federation Conference in Santiago, Chile.

Other assistance

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

The Population Council is supporting a survey of knowledge, attitudes, and practices being conducted by the Institute of Ethiopian Studies of Haile Selassie I University.

The Pathfinder Fund has contributed funds and contraceptives to the family planning clinics and has supported a family planning leader's attendance at a course on family planning given by the University of Chicago.

Church World Service has given some assistance under its Planned Parenthood Program.

World Neighbors has joined with the Rural Department of the YMCA in a general rural development program that includes family health, nutrition, immunization, and sanitation. Family planning and maternal and child health are vital parts of the program.

The Swedish International Development Authority has contributed to extension of a maternal and child health project under the auspices of the Swedish Save the Children Federation and the Municipality of Addis Ababa. A Swedish doctor, who arrived in 1969, works part time in family planning activities.

Gambia (The)

Demographic information

Population according to census of

April 17, 1963 315,486

Estimated population,

January 1, 1970 359,000

Births per 1,000 population, 1969 38-42

Deaths per 1,000 population, 1969 18-22

Infant deaths per 1,000 live births, 1969 135-150

Rate of natural increase, 1969 (percent) . 1.8-2.2

Number of years to double population at

present rate of natural increase 35

Percent of registered births, first born (1)

Median maternal age (1)

Median birth order (1)

Percent of registered births born to

women less than 20 years old (1)

Percent urban, 1970 10

Percent of labor force in agriculture, 1965 . 87

Per capita gross national product, 1968 . . . \$95

Percent literate 10

¹Not available.

Highlights of activities

Although The Gambia has no official population policy, the Government is sympathetic to family planning as a means of improving maternal and child health.

The Family Planning Association of The Gambia was formed in 1969, with support from the International Planned Parenthood Federation and the Pathfinder Fund, and is establishing a clinic at its headquarters in Bathurst. Interviews with the Association's personnel have been broadcast by Radio Gambia, and lectures have been given to women's groups.

A full census is planned for 1970-73.

A.I.D. assistance

A.I.D. has provided no bilateral family planning assistance.

Other assistance

The International Planned Parenthood Federation has helped to set up an education/information program with films and other materials. It has also financed a short study visit by the Association's administrator to the family planning organization in Sierra Leone.

In December 1968 the Government of The Gambia officially requested the Population Council

to send a mission to investigate the country's population situation. The mission was in the field in August 1969, and the Council has provided a report to the Government on the population problems facing the country.

The Pathfinder Fund has provided funds to establish and equip the Family Planning Association and its family planning clinic. Pathfinder has sent medical supplies and literature to The Gambia on a small scale.

Ghana

Demographic information

Population according to census of

March 20, 1960 6,726,815

Estimated population,

January 1, 1970 8,973,000

Births per 1,000 population, 1969 50

Deaths per 1,000 population, 1969 20

Infant deaths per 1,000 live births, 1969 125-135

Rate of natural increase, 1969 (percent) . . . 3.0

Number of years to double population at

present rate of natural increase 23

Percent of registered births, first born ⁽¹⁾

Median maternal age, 1960 27

Median birth order ⁽¹⁾

Percent of registered births born to

women less than 20 years old, 1960 11

Percent urban, 1970 18

Percent of labor force in agriculture, 1965 . 56

Per capita gross national product, 1968 . . \$238

Percent literate, 1961 25

¹Not available.

Highlights of activities

The Government of Ghana announced an official population policy in March 1969, with the principal objective of reducing the country's population growth rate. In its announcement, the Government showed its concern for the effects of population growth on economic and social advance by stating that its national population program would be developed "as an organic part of social and economic planning."

Thus, Ghana, the first sub-Sahara African country to sign the World Leaders Declaration on Population presented to the United Nations, became the second sub-Sahara country--after Kenya--to adopt an official population policy.

The program calls for participation of national and regional entities, both public and private, and

representatives of relevant professions and disciplines. A National Family Planning Council is to be set up as a planning and policymaking body, with representatives of all agencies and groups working in family planning.

Because the desire for large families is a major obstacle to program success, one-third of the program budget will be devoted to education and motivation. The Government is considering an educational campaign using the Ministry of Information's fleet of vans, which can cover 80 percent of the population in 3 months. Plans also call for inclusion of family planning in the FAO home economics program and the Ministry of Health's nutrition program. In August 1969 the Government held a Family Planning Week to introduce its new population policy to the people.

The Planned Parenthood Association of Ghana was set up in 1966 and became a member of IPPF in 1968. It has branches in Accra, Kumasi, Takoradi, Cape Coast, Koforidua, and Tamale. The Association operates a clinic at each branch and a seventh at Tarkwa. It also has an extensive educational program involving use of an IPPF-financed film for village women, produced in English and five Ghanaian dialects; leaflets; lectures; and visits to homes, health centers, and hospital postnatal clinics by 17 fieldworkers.

The University of Ghana Medical School clinic, which provides training as well as clinical and sociological study, is open 2 days per week and serves approximately 30 patients per week. It offers advice on subfertility. Family planning services and treatment for subfertility are provided by the Ghana Christian Council of Churches in its facilities in Accra, Kumasi, Ho, Tema, and Takoradi. The Council has produced a number of local dialect leaflets.

Altogether, family planning services are offered at 30 locations in Ghana.

The Department of Sociology at the University of Ghana established a demographic unit in 1966. Staff members have carried out studies in knowledge, attitudes, and practices related to family planning among women, doctors, midwives, and clergy.

A.I.D. assistance

A.I.D. allocated \$790,000 for bilateral assistance to family planning projects in Ghana in fiscal 1970 for support of programs already underway.

In 1969 A.I.D. funded preparation of a population project plan by the School of Public Health, University of California (Los Angeles), in association with the Department of Social and Preventive Medicine of the University of Ghana.



A Planned Parenthood Association fieldworker in Ghana explains use of oral contraceptives to a group of women. The Association has a broad education program.

Funding for its implementation has now been provided. The project includes research into the best means of incorporating family planning into a comprehensive health scheme; research on providing family planning services outside a comprehensive health scheme; training for medical and paramedical personnel; development of a system for collecting vital data within the project area; and development of suitable evaluation procedures.

A total of \$228,000 was allocated in fiscal years 1968 and 1969 to provide technical and financial support to a 3-year family planning and data development project. The Demographic Unit of the Sociology Department of the University of Ghana is conducting this survey, obtaining basic data on demographic trends and information on family planning knowledge, attitudes, and practices. The results will be published and made available to Government agencies for use in social and economic planning.

A.I.D. supported attendance of two Ghanaian family planning leaders at the family planning communications workshop in Bangkok in December 1969. It funded the attendance of leaders at the IPPF Conference in Copenhagen in 1966, and at the IPPF Conference in Santiago, Chile, in 1967.

Other assistance

The International Planned Parenthood Federation provides major financial and commodity support to the Planned Parenthood Association's operating budget. The Government of Ghana is also receiving a grant from the IPPF, part of which will be

used to pay the costs of setting up a national family planning office.

The Population Council has given financial assistance for demographic teaching and research at the University of Ghana since 1961. The Council also provided \$41,160 in 1966 and 1967 toward the establishment and operation of the Demographic Unit in the Department of Sociology at the University. In addition, the Population Council granted \$7,000 in 1966 to the University of Western Ontario in Canada to complete processing and analysis of data from a fertility survey in Ghana. In 1968 the Council provided services of a doctor and research assistant for the Demographic Unit of the University; gave \$130,000 to support a 5-year demographic study and \$19,800 to finance a postpartum family planning program; and gave a grant to a Ghanaian for advanced study of statistics in the United States. Korle Bu Hospital in Accra is a member of the Council-supported International Postpartum Family Planning Program.

The Pathfinder Fund has helped to promote interest in family planning and has assisted the Planned Parenthood Association. In 1969 a senior official of the Ministry of Health received a Pathfinder grant to study at the Margaret Sanger Research Bureau in New York. In 1970 Pathfinder continued to evaluate a study of IUD insertions in Ghana as part of its International IUD Program.

At the request of the Government, the Ford Foundation has provided a resident consultant to assist in the organization of the national family planning program. Recently, the Foundation assisted



Above, an official of the Planned Parenthood Association of Ghana (center) discusses use of educational materials with two associates. Below, nurse places an IUD into an inserter.



in the printing and circulation of the English and French editions of Ghana's population policy statement. The Foundation has also provided travel awards to several Ghanaian leaders, and several Foundation consultants have visited Ghana.

Church World Service has provided family planning literature.

The U.N. Fund for Population Activities provided support in 1969 for advisors, and the World Health Organization, for personnel, training, and clinic assistance.

Ivory Coast

Demographic information

Population according to sample survey of November 1957 - October 1958 . . .	¹ 3,100,000
Estimated population,	
January 1, 1970	¹ 4,248,000
Births per 1,000 population, 1969	51-55
Deaths per 1,000, population, 1969	27-29
Infant deaths per 1,000 live births, 1969.	160-175
Rate of natural increase, 1969 (percent) . ²	2.2-2.8
Number of years to double population at	
present rate of natural increase	28
Percent of registered births, first born	(³)
Median maternal age, 1957-58	⁴ 26
Median birth order	(³)
Percent of registered births born to	
women less than 20 years old, 1957-58 . . .	⁴ 17
Percent urban, 1970	19
Percent of labor force in agriculture, 1965 . .	86
Per capita gross national product, 1968 . .	\$312
Percent literate	20

¹African population only. ²Estimated net immigration results in a growth rate of 2.5-3.1. ³Not available. ⁴Underregistered.

Highlights of activities

The Government of the Ivory Coast does not support family planning. Dissemination of information on birth control methods is illegal. However, there is some interest in family planning among missionary groups.

The Government plans a complete census during 1970. At the Ecole de la Statistique, courses in demography are compulsory for students taking the Diploma Agent Technique or the Chefs de Travaux Statistique.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

The Pathfinder Fund in 1969 provided a travel grant for the Director of Social Medicine, Ministry of Health, to attend the Seventh International Health and Education Conference in Buenos Aires, Argentina.

The Ford Foundation in 1969 provided travel grants to several Ivoirians for participation in the summer family planning workshop at the University of Chicago.

Kenya

Demographic information

Population according to census of

August 1969 10,890,000

Estimated population,

January 1, 1970 11,026,000

Births per 1,000 population, 1969 49-51

Deaths per 1,000 population, 1969 16-17

Infant deaths per 1,000 live births, 1962 132

Rate of natural increase, 1969 (percent) .¹ 3.3-3.4

Number of years to double population at

present rate of natural increase 21

Percent of registered births, first born⁽²⁾

Median maternal age⁽²⁾

Median birth order⁽²⁾

Percent of registered births born to

women less than 20 years old, 1962 8

Percent urban, 1970 8

Percent of labor force in agriculture, 1965 88

Per capita gross national product, 1968 \$125

Percent literate 20-25

¹Estimated net emigration results in a growth rate of 3.2-3.3. ²Not available.

Highlights of activities

The Government of Kenya was the first in sub-Saharan Africa to adopt a national family planning program. In 1965 the Government invited a mission from the Population Council to study Kenya's population problem. The mission's report was incorporated into the country's 1966-70 development plan, and in 1967 the Minister of Health was made responsible for administration and coordination of a national program. Although the Government views the program as an integral part of its economic and social development efforts, it emphasizes that family planning is strictly voluntary.

Kenya's 1970-74 development plan states that "...the Government will continue to strengthen and develop maternal and child health services aimed at

reducing the hazards to life and health associated with the process of reproduction."

Voluntary family planning activities begun as early as 1952 led to establishment in 1961 of the Family Planning Association of Kenya, which became an IPPF member in 1962. The Association now has 21 branches. Although it continues to run clinics, it is concentrating increasingly on education and training as the number of clinics run by other groups expands.

The total number of clinics in Kenya is now about 200, serving an average of 10,000 patients per month. Eighty are run by the Government, 35 by the Nairobi City Council, 20 by mission hospitals, 10 by training teams from the Netherlands, six by the Family Planning Association, and 50 by mobile unit services. IPPF cooperated with the Government in establishing the mobile unit services, which now number seven. The first began operating in the Kericho area in early 1968. Others are in the areas of Nairobi, Mombasa, Kisumu, Thomson's Falls, Nyeri, and Meru.

Fieldworkers are the core of the Family Planning Association's educational program. It has trained some 35 of them, who talk to wives of village leaders, school staffs, civic organizations, and community development officials. Courses also have been given for midwives. In other educational activities, the Association holds lectures and film shows, organizes seminars throughout the country, and distributes leaflets printed in various local languages.

The University College, Nairobi, Department of Medicine is training all of its students in family planning techniques with the assistance of the Family Planning Association. Family planning is also a part of countrywide community development efforts. All district medical officers will take training courses and will supervise clinics and assist in training nurses, midwives, and medical assistants.

Much of the family planning training in Kenya takes place at the International Planned Parenthood Federation's Family Welfare Training Center in Nairobi.

A.I.D. assistance

A.I.D. allocations for assistance to Kenya in fiscal 1970 amounted to \$164,000. In addition to helping support the Government's family planning program, A.I.D. provided census advisors and statistical assistance.

In 1969, by means of a \$133,000 grant, A.I.D. funded services of two census experts, a demographer, and a computer programmer plus



An IPPF field educator explains the function of the IUD to a patient at the Kiambu clinic. Kenya now has more than 200 family planning clinics.

Family planning patients at the Kiambu clinic in Kenya wait their turns, IUD patients on the right, those desiring orals on the left.



short-term consultants—to assist with the national census. The grant also covered services of an audiovisual expert and a health educator, as well as equipment and commodities, including contraceptives, to strengthen the national family planning program. The audiovisual expert and health educator arrived in Kenya in June 1970.

In July 1966 A.I.D. supported the attendance of family planning leaders at the International Planned Parenthood Federation Conference in Copenhagen.

Other assistance

The International Planned Parenthood Federation supports the work of the Family Planning Association and of the seven mobile teams. IPPF also finances and administers the regional Family Welfare Training Center in Nairobi. This center is used by the Government, the Family Planning Association, and the Nairobi City Health Department for their training programs. Its training facilities are also used by other African governments. IPPF has a regional office in Nairobi, where an education/information officer is now assisting in the development of information and educational materials based on local cultural patterns and languages.

The Population Council in late 1965 supported the study, "Family Planning in Kenya," at the request of the Kenyan Government. The Council provided \$73,000 in 1966 and 1967 for demography, teaching, and research at the University College in Nairobi. In 1969 the Council continued support for a resident advisor to the Ministry of Health, in addition to that of a resident advisor on teaching and research in demography at the University of Nairobi, and of a nurse to advise on education and training. It is supporting demographic research in the Department of Sociology at the University College. In 1969 a seminar on interrelations between population growth and economic development was held at University College in Nairobi. A grant of \$5,000 was given for pills to initiate an oral contraceptive campaign. A fellowship in demography was also provided.

The Pathfinder Fund has financed its representatives' many visits to Kenya and has helped pay the salary and expenses of the organizing secretary of the Family Planning Association. It has supported home visitors in Nairobi and Mombasa, donated contraceptives, and sent a health educator to work with the Ministry of Health in training nurses. In 1969 Pathfinder supported a family planning center in Kaimosi, a densely populated area near Lake Victoria.

The Ford Foundation made a grant of \$48,000 to the Ministry of Health in 1967 to provide resources for informing all paramedical staff employed by the Government, rural missions, and local authorities about family planning. Through its East Africa regional office in Nairobi, the Foundation in 1970 provided \$68,000 for a number of activities in East and Central Africa, particularly but not exclusively for research and training in communications and motivation.

In 1966 and 1967 Oxfam provided assistance through IPPF for the costs of training doctors, midwives, and social workers for the Kenya Family Planning Association, and for advertising and exhibitions to publicize the need for family planning. In 1968 Oxfam provided the salaries of 39 Association fieldworkers.

World Neighbors is working closely with the Family Planning Association and the IPPF in the development and use of training facilities, audiovisual aids, and clinics. Family planning education is carried out through extension programs in the Nakuru and Lugari districts and at the Meru Kaaga Training Center. Workers in the W.N.-sponsored Rural Service Program in Kaimosi carry family planning information to western Kenya. World Neighbors also cooperates with the Kenya National Freedom From

Hunger Committee in providing salaries and transportation for fieldworkers in rural areas.

The Swedish International Development Authority has provided the services of a Swedish expert for coordinating national and international programs in the country. Contraceptive pills also have been supplied. In fiscal 1969 Sweden's contribution amounted to \$43,000.

The Norwegian Government has supplied equipment for the establishment of 50 family planning clinics in health centers. The United Kingdom is providing \$79,000 worth of equipment for evaluation and other purposes.

The Government of the Netherlands, through the Royal Dutch Institute of Tropical Hygiene, has been supporting two mobile training teams in Kenya since 1968. One team works in the Nairobi area and the other in rural districts. Each consists of a gynecologist, a nurse/midwife, and a medical analyst, with a statistician/demographer working with both teams. The teams train local physicians and other medical personnel in contraceptive use and conduct clinical research on various family planning techniques, as well as on sterility.

The U.N. Fund for Population Activities in 1969 provided funds for personnel, and the World Health Organization supplied limited funds for advisors and training.

Lesotho

Demographic information

<i>Population according to census of</i>	
<i>April 14-24, 1966</i>	<i>852,378</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>918,000</i>
<i>Births per 1,000 population, 1969</i>	<i>39</i>
<i>Deaths per 1,000 population, 1969</i>	<i>18-20</i>
<i>Infant deaths per 1,000 live births, 1969</i>	<i>137</i>
<i>Rate of natural increase, 1969 (percent)</i>	<i>1.9-2.1</i>
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	<i>35</i>
<i>Percent of registered births, first born</i>	<i>(¹)</i>
<i>Median maternal age</i>	<i>(¹)</i>
<i>Median birth order</i>	<i>(¹)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>(¹)</i>
<i>Percent urban, 1970</i>	<i>2</i>
<i>Percent of labor force in agriculture</i>	<i>(¹)</i>
<i>Per capita gross national product, 1968</i>	<i>\$90</i>
<i>Percent literate, 1966</i>	<i>40</i>

¹Not available.

Highlights of activities

The Government of Lesotho is concerned about the effects of the country's rapid increase in population on economic and social development. In 1968 the Prime Minister stated: "The increased pressure on our land, the limited employment opportunities outside the field of agriculture, and the evident desire of the people to have their children better and better educated call for a more responsible parenthood." The Government has sought guidance on the subject of family planning from the Lesotho Christian Council.

The Lesotho Family Planning Association was established in 1966-67. Some contraceptive services are available through private practitioners, and some IUDs are being inserted at Scott Memorial Hospital.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

IPPF is supporting the family planning services offered at Scott Memorial Hospital.

The Pathfinder Fund supplied some office equipment for the Lesotho Family Planning Association and has also looked into the possibility of starting an IUD research project.

World Neighbors supports family planning work.

Liberia

Demographic information

Population according to census of

April 2, 1962 1,016,443

Estimated population,

January 1, 1970 1,169,000

Births per 1,000 population, 1969 40-44

Deaths per 1,000 population, 1969 22-25

Infant deaths per 1,000 live births, 1969 140-170

Rate of natural increase, 1969 (percent) . 1.7-2.0

Number of years to double population at

present rate of natural increase 38

Percent of registered births, first born (1)

Median maternal age (1)

Median birth order (1)

Percent of registered births born to

women less than 20 years old (1)

Percent urban, 1970 18

Percent of labor force in agriculture, 1965 . 80

Per capita gross national product, 1968 . . \$225

Percent literate, 1962 9

¹Not available.

Highlights of activities

Acceptance of family planning is growing in Liberia, and it is now becoming a part of the maternal and child health program.

The Family Planning Association of Liberia was founded in 1956 and became a member of IPPF in 1967. The Association operates a clinic in Monrovia on premises made available by the Government. Attendance increased from 52 new family planning patients in 1965 to more than 700 in 1969.

The Association also assists a clinic at Boni Hills in conjunction with the Liberian Mining Company. This company has given the Association a section of its hospital for use as a contraception clinic. Physicians provide family planning services at a number of other industry and missionary hospitals and private clinics around the country.

The Association's clinic staff includes four part-time doctors, six full-time nurse/midwives, and four fieldworkers. Nurse/midwives trained in IUD insertion by the Association's medical director travel with a mobile clinic to several clinics in Monserrado County. Seminars to train physicians in IUD insertion are held periodically.

The Association has provided material for radio and television shows broadcast in 10 Liberian dialects and has sponsored lectures and film shows.

A.I.D. assistance

A.I.D. allocated \$294,000 in fiscal 1970 for assistance to two population projects in Liberia.

Under a recently approved project, A.I.D. is supporting the training of 200 nurse/midwives over a 5-year period. Training is especially for those serving in rural parts of the country. Public health nursing and maternal and child health aspects of the basic nursing curriculum are being strengthened. Services of a public health nurse and a nurse/midwife are being provided by A.I.D.

Funds have also been provided for a 5-year Demographic Household Survey to develop demographic data. Information on infant mortality rates, fertility rates, migration, household composition, and general population trends will be collected to build a statistical base for agricultural, industrial, and educational planning.

A.I.D. supported the attendance of family planning leaders at the IPPF conferences held in Santiago in 1967 and in Copenhagen in 1966.

Other assistance

IPPF assists the Family Planning Association with an annual contribution for salaries,

transportation costs, and educational activities. In the fall of 1967 IPPF sent a team to Liberia to provide training in family planning methods for medical personnel and to advise on training programs. It has also played an active role in promoting acceptance of family planning.

The Pathfinder Fund gave encouragement and supplies for the beginning of family planning work in Liberia. This led to the establishment of the Family Planning Association. In 1969 Pathfinder provided staff salaries and supplies to establish two family planning centers in conjunction with the Association. Pathfinder also sponsored a 3-month training program at the Margaret Sanger Research Bureau for a senior official of the Liberian Ministry of Health, and a color film on family planning to motivate Liberian women to use family planning services.

The Ford Foundation provided travel awards to several Liberians to allow them to participate in the summer family planning workshop of the University of Chicago in 1969.

The U.N. Fund for Population Activities provided a fellowship to a Liberian for training in population census planning and demographic research at the U.S. Bureau of the Census.

Planned families can lead to better educated children. Here, schoolchildren of Antanifotsy in the Malagasy Republic study about nutrition.



Malagasy Republic

Demographic information

Population according to sample

survey of May 9-Nov. 11, 1966. . . 6,200,000

Estimated population,

January 1, 1970 7,232,000

Births per 1,000 population, 1969 46

Deaths per 1,000 population, 1969 24

Infant deaths per 1,000 live births, 1966 . . 102

Rate of natural increase, 1969 (percent). . . 2.2

Number of years to double population

at present rate of natural increase 32

Percent of registered births, first born (1)

Median maternal age, 1966 27

Median birth order (1)

Percent of registered births born to

women less than 20 years old, 1966. . . . 15

Percent urban, 1970 11

Percent of labor force in agriculture, 1965 . 84

Per capita gross national product, 1968 . . \$111

Percent literate, 1966 39

¹ Not available.

Highlights of activities

The Government of the Malagasy Republic believes that the country is underpopulated and wishes to promote population growth. In 1967 President Tsiranana proclaimed that each Malagasy family should have 12 children.

A small family planning association was founded in 1964 and achieved official registration in 1967. The Association's program is limited to providing family planning advice and materials to people who have medical reasons or more than four children and to offering education on sex and the dangers of abortion. The association runs a clinic in Tananarive.

Anti-contraception legislation is still in force.

A.I.D. assistance

A.I.D. has given no assistance for family planning.

Other assistance

The Family Planning Association receives a grant from IPPF.

Church World Service provides assistance through IPPF.

In 1968 Oxfam provided funds through IPPF for salaries of the medical staff and other costs of the Malagasy Family Planning Association. Oxfam of

Canada in 1968-69 provided over \$5,000 to the Family Planning Association for conferences, educational and information work, and medical and clinical activities.

The U.N. Fund for Population Activities provided a fellowship for study in population census training and demographic research at the U.S. Bureau of the Census.

Malawi

Demographic information

<i>Population according to census of</i>	
August 9, 1966	4,042,000
<i>Estimated population,</i>	
January 1, 1970	4,389,000
Births per 1,000 population, 1969	43
Deaths per 1,000 population, 1969	18
Infant deaths per 1,000 live births,	
1966	120-130
Rate of natural increase, 1969 (percent)	2.5
Number of years to double population at	
present rate of natural increase	28
Percent of registered births, first born ⁽¹⁾	
Median maternal age ⁽¹⁾	
Median birth order ⁽¹⁾	
Percent of registered births born to	
women less than 20 years old ⁽¹⁾	
Percent urban, 1970	4
Percent of labor force in agriculture, 1965	81
Per capita gross national product, 1968	\$46
Percent literate	15

¹ Not available.

Highlights of activities

The Government of Malawi encourages population growth and does not believe that the current rate of growth will impede economic and social development. There are no organized family planning activities in the country, though family planning advice is available at some hospitals and from individual doctors.

A.I.D. assistance

Through the U.S. Bureau of the Census, A.I.D. provided statistical advisors for the 1966 Malawi Population Census.

Other assistance

The International Planned Parenthood Federation has supported a baby clinic at a mission hospital near Zomba. This clinic serves people who wish to limit their families.

Church World Service and World Neighbors provide limited assistance in family planning.

Mauritius

Demographic information

<i>Population according to census of</i>	
June 30, 1962	701,016
<i>Estimated population,</i>	
January 1, 1970	833,000
Births per 1,000 population, 1969	32
Deaths per 1,000 population, 1969	9
Infant deaths per 1,000 live births, 1968	69
Rate of natural increase,	
1969 (percent) ¹	2.3
Number of years to double population	
at present rate of natural increase	30
Percent of registered births, first born,	
1965	17
Median maternal age, 1968	27
Median birth order, 1965	3.7
Percent of registered births born to	
women less than 20 years old, 1968	14
Percent urban, 1970	48
Percent of labor force in agriculture, 1965	38
Per capita gross national product, 1968	\$225
Percent literate, 1962	61

¹ Estimated net emigration results in a growth rate of 1.8.

Highlights of activities

The Government of Mauritius in the past year has officially adopted a population policy, established a family planning division in the Ministry of Health, and begun implementation of a countrywide family planning program. The Government began developing the population policy in 1966, and 2 years before that it began lending financial support to the two private associations engaged in family planning.

The Government leaves the actual provision of family planning advice and services to the private organizations, which it continues to help support financially and with information services. The Mauritius Family Planning Association was founded in 1957 and is a member of IPPF. The other organization, Action Familiale, is a Catholic association whose aim is the betterment of family life in general; it advocates only the rhythm method.

The Family Planning Association runs family planning clinics, normally in social welfare centers, village halls, child welfare centers, and Government dispensaries and hospitals. It has a small branch in Rodrigues, an island dependency of Mauritius. Action

Familiale carries on most of its teaching work in people's homes although it does operate centers where couples can go for advice.

The family planning agencies, under the auspices of the Ministry of Health, give courses on contraceptive techniques and services to student nurses and midwives, practicing midwives, and social workers. Courses on population problems have been included in the Ministry of Education's adult education program.

The Association has undertaken an extensive family planning information program in accordance with Government policy. Talks and film shows are given throughout the island, and details of clinic hours are publicized. The Government has made extensive use of radio and television.

A.I.D. assistance

A.I.D. has provided no family planning assistance to the Mauritius Government.

Other assistance

IPPF provides commodity and financial support for the work of the Family Planning Association. In 1969 the clinics were run on a sessional basis by part-time doctors, but these have now been replaced by five full-time physicians, who cover the 64 clinics operating on the island. In addition to the clinics, 25 centers are maintained in Government or sugar industry Labor Welfare Fund premises, at which supplies are issued.

The Pathfinder Fund has supplied tape recorders and contraceptives. In 1970 Pathfinder sponsored a U.S. training program for a Mauritian doctor, who is in charge of the New Action Program in Family Planning under the Ministry of Health.

In 1966 and 1967 Oxfam, through IPPF, provided the salary for the director of the Mauritius Family Planning Association, and in 1967, supplied two vehicles and a calculating machine. In 1967 Oxfam also supplied two vehicles to Action Familiale and contributed toward the costs of its family planning program: in 1965, Oxfam helped support the training of this group's fieldworkers.

The Swedish International Development Authority since 1966 has supplied oral contraceptives and condoms valued at \$35,000.

The United Kingdom, through the Ministry of Overseas Development, has provided medical personnel for the family planning program. The Population Investigation Committee of the London School of Economics is evaluating the Government's family planning program, with financial assistance from the Nuffield Foundation.

The World Bank provided services of a consultant to help the Government plan its countrywide family planning program. The consultant prepared a report, which was accepted in nearly all details and has been the basis for this rapidly growing program.

In January 1969 the World Assembly of Youth sponsored a 5-day family planning seminar, organized by the Mauritius National Youth Council in conjunction with the Ministry of Health, the Family Planning Association, and Action Familiale.

Morocco

Demographic information

<i>Population according to census of</i>	
<i>May 18, 1960</i>	<i>11,626,232</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>15,592,000</i>
<i>Births per 1,000 population, 1969</i>	<i>50</i>
<i>Deaths per 1,000 population, 1969</i>	<i>16-17</i>
<i>Infant deaths per 1,000 live births,</i>	
<i>1962</i>	<i>149</i>
<i>Rate of natural increase,</i>	
<i>1969 (percent).¹</i>	<i>3.3-3.4</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>21</i>
<i>Percent of registered births, first born,</i>	
<i>1956</i>	<i>232</i>
<i>Median maternal age, 1956</i>	<i>227</i>
<i>Median birth order, 1956</i>	<i>2.1</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1956.</i>	<i>25</i>
<i>Percent urban, 1970</i>	<i>27</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>54</i>
<i>Per capita gross national product, 1968</i>	<i>\$20.4</i>
<i>Percent literate, 1960</i>	<i>14</i>

¹Estimated net emigration results in a growth rate of 3.2-3.3.

²Underregistered.

Highlights of activities

The Government of Morocco initiated a family planning program in 1965 as a means of improving maternal and child health. Implementation of family planning policy is the responsibility of the Ministry of Public Health. There is no voluntary association.

Two Royal Decrees laid the groundwork for family planning programs. In July 1967 a Decree legalized publicity on contraceptives and permitted abortion if the mother's life or health were endangered. Previously, a Decree in 1966 established the High Commission on Population and local commissions at the provincial and prefecture levels.



An exhibit at a fair in Fez, Morocco, tells visitors, "In Morocco as everywhere in the world, FAMILY PLANNING." Morocco has had an official family planning program to improve maternal and child health since 1965.

Official action was preceded by an analysis of the 1960 census and 1962 sample survey data. Circulated to all Government Ministries in late 1965, the analysis focused considerable attention on Morocco's population problem.

From the outset of the official program the Government has emphasized research and training. A survey of attitudes toward family planning was conducted in 1966-67 and showed that a large number of couples were favorable to the idea of family planning and wished to know more about it. Training was begun by sending medical and paramedical personnel abroad with assistance from IPPF. Since their return, they have been instructing colleagues in family planning and contraceptive methods. The chief methods are IUDs and orals.

The Government, in the Five-Year Plan published in 1968, set a goal of IUD insertions at 500,000 during the 5-year period 1968-72.

There are now 129 family planning centers, but only an estimated 1 to 1.5 percent of women 15-45 have been reached through these centers. A national family planning seminar was held in 1966 under Government sponsorship. In 1968, 54 Moroccans were enrolled at the United Nations-sponsored National Institute of Statistics and Applied Economics in Rabat.

A.I.D. Assistance

A.I.D. allocated \$171,000 in fiscal 1970 and \$156,000 in fiscal 1969 to assist the Government of Morocco with its national census and national family planning program, especially training personnel.

Three census technicians are being provided. A public health/family planning advisor on the Mission staff, equipment, and supplies (including contraceptives) have been provided, as well as assistance to improve maternal and child clinics.



With posters advocating family planning in the background, a family planning worker in Marrakech explains the various kinds of contraceptives to Moroccan women. Morocco has around 130 family planning centers

Other assistance

The Ford Foundation has made two grants (in 1966 and 1970) totaling \$363,000 to the Ministry of Public Health for training, fellowships, consultant services in family planning administration and communications, equipment, and supplies.

The Population Council has provided two resident physicians to administer the Ford grant and to perform technical services. During 1965, and again in 1966, at a cost of \$6,800, the Council provided the Ministry of Public Health with IUD supplies. The Council has also supported surveys of knowledge, attitudes, and practices and travel and study awards.

At the invitation of the Ministry of Development a two-man mission from the Ford Foundation and the Population Council went to Morocco in June 1967 to examine and make suggestions about the family planning program

proposed as part of the development plan for 1968-72.

The Swedish International Development Authority during 1966-68 donated \$39,000 in vehicles and equipment.

The U.N. Population Division has given support for personnel and statistical assistance, and the World Health Organization has provided support for advisors, training, and statistical assistance.

Niger

Demographic information

Population according to census of
 October 1959 2,766,000
Estimated population,
 January 1, 1970 3,980,000
 Births per 1,000 population, 1969 52
 Deaths per 1,000 population, 1969 23
 Infant deaths per 1,000 live births ¹148-159
 Rate of natural increase, 1969 (percent) . . . 2.9
 Number of years to double population at
 present rate of natural increase 24
 Percent of registered births, first born (2)
 Median maternal age 28
 Median birth order (2)
 Percent of registered births born to
 women less than 20 years old 16
 Percent urban, 1970 2
 Percent of labor force in agriculture, 1965 . 96
 Per capita gross national product, 1968 . . . \$90
 Percent literate 5

¹Estimate, based on current level of mortality.
²Not available.

Highlights of activities

Niger has no organized family planning activities. Oral contraceptives are sold through pharmacies.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

The Population Council has provided funds to the International Population Program of Cornell University to carry out a knowledge, attitudes, and practices survey and related methodological evaluation during 1970 and 1971.

Church World Service has provided some family planning support.

Nigeria

Demographic information

Population according to census of
November 4, 1963 ⁽¹⁾
Estimated population,
January 1, 1970 ²54,000,000
Births per 1,000 population, 1969 50
Deaths per 1,000 population, 1969 22-26
Infant deaths per 1,000 live births ⁽³⁾
Rate of natural increase,
1969 (percent) ⁴2.4-2.8
Number of years to double population
at present rate of natural increase 26
Percent of registered births, first born ⁽³⁾
Median maternal age ⁽³⁾
Median birth order ⁽³⁾
Percent of registered births born to
women less than 20 years old ⁽³⁾
Percent urban, 1970 15
Percent of labor force in agriculture, 1965 80
Per capita gross national product, 1967 \$120
Percent literate 25

¹Official result of 55,692,000 believed to be overstated. ²AID estimate. ³Not available. ⁴Deaths resulting from the civil war indicate negligible population growth during 1969.

Highlights of activities

Although Nigeria has no national population policy at present, the Nigerian delegate to an Economic Commission for Africa meeting in January 1970 announced that a national policy is in the process of being formulated. The Government is becoming increasingly aware of the problems of population growth, especially in urban centers.

Several of Nigeria's 12 States have taken an active interest in family planning. The Lagos State Government has made available facilities for evening family planning clinics, and a day clinic was established recently. Western State has asked hospitals to provide family planning services as part of maternal and child health care. Kwara has indicated its support, Mid-West has introduced the service, and a number of Northern States have made inquiries. Midwives have been trained to insert IUDs in Lagos, Ilesha, and Western States. In some northern States, physicians are holding family planning clinics in private and mission hospitals. Some 21 Christian Mission Hospitals also offer family planning services.

In 1958 the Marriage Guidance Council and the Marital Health Clinic began organized family planning

work as an extension of the Lagos City Council's maternal and child health services. A national organization, the Family Planning Council of Nigeria, was established in 1964 with funds from the IPPF, the Pathfinder Fund, and the Unitarian Universalist Service Committee. The Council, under the guidance of the National Council of Women's Societies, receives some municipal assistance in Lagos.

The Family Planning Council now has about 25 clinics throughout the country, including seven in Lagos and five in Ibadan. The Council distributes information and contraceptives free of charge to its clinics, which collect token fees from patients who can afford to pay. In 1969, 4,700 new patients visited the clinics, compared with 2,300 in 1968.

An important element in the Council's educational program is a film, "My Brother's Children," sponsored by the IPPF. With a soundtrack in Yoruba and starring a popular local troupe of actors, the film shows the problems brought upon an extended family in Yorubaland when one of the brothers has too many children.

The Family Planning Council receives the cooperation of the Universities of Lagos and Ibadan, which have demonstration clinics for medical and nursing students as part of their curricula. A family planning training and demonstration clinic was opened in March 1968 at the University of Lagos Medical School. The clinic is a joint project of the Department of Obstetrics and Gynecology, the Department of Community Health, and the Family Planning Council. It trains students, practicing physicians, and family planning workers from Nigeria and other countries of West Africa in family planning techniques and in treating infertility.

A.I.D. assistance

A.I.D. is not currently providing direct assistance to Nigeria for family planning activities. A.I.D. has provided training in health and vital statistics and demography for a number of Nigerian students and statisticians. This training has been done through the U.S. National Center for Health Statistics and the Regional Development Workshops conducted by the U.S. Bureau of the Census.

Other assistance

The Family Planning Council of Nigeria receives a substantial annual grant and commodities from the International Planned Parenthood Federation. IPPF also supports the training work being undertaken by the University of Ibadan and the University of Lagos Medical School.



A young Fulani girl in Nigeria watches work begin for a new railroad. Economic and social development projects urgently needed in Africa can be held back when too-large populations eat up needed resources.

The Population Council is providing major support to the University of Ife and to Ahmadu Bello University for the development of demographic research and training facilities, and it has provided resident advisors for Ife and the University of Lagos. It has assisted initiation and evaluation of family planning services at Zuma Memorial Hospital in Irrua and postpartum programs at Lagos Island Maternity Hospital and the University of Ibadan. A number of fellowships have also been given.

The Pathfinder Fund has provided funds and other assistance to the Family Planning Council and paid the salary of the Council's first organizing secretary. In 1970 Pathfinder continued to evaluate an IUD followup study in Nigeria as part of its International IUD Program and completed a comparative study of two devices. Pathfinder in 1970 also provided a travel grant for a Nigerian nurse to study at the Margaret Sanger Research Bureau.

The Ford Foundation provided a 3-year grant of \$380,000 to the University of Lagos Medical School Department of Community Health for

maternal/child health and family planning services and for research. This program was extended for 18 months by a \$50,000 grant in 1969. The Johns Hopkins School of Hygiene and Public Health also supplied some staff and other backstopping support to the program. In 1968 and 1969, through its West Africa regional office in Lagos, the Foundation provided \$524,000 for an exploratory program in population studies and family planning in West Africa. Through this assistance, for example, Nigerian and Ghanaian leaders have toured Asian family planning programs, and a number of West African countries sent participants to the 1969 and 1970 sessions of the summer population workshop at the University of Chicago. Foundation consultants have advised on Nigerian clinic operations, health education, mass communications, and staff training. The Foundation also maintains a resident West Africa advisor in its Lagos office. In addition to its advisory and grantmaking activities, that office has begun an informal population information service providing descriptive and technical literature to West Africans.

The Rockefeller Foundation has provided \$59,300 to the University of Ibadan.

Church World Service has provided limited supplies and medical staff.

The Unitarian Universalist Service Committee has recruited personnel to initiate family planning in conjunction with various other medical/health services operated within its program.

Oxfam, through IPPF, has provided equipment, salaries, and transportation costs for the Family Planning Council of Nigeria. It also has contributed to the Sudan United Mission for family planning work.

The Swedish International Development Authority has granted \$28,400 to IPPF for assistance to the Family Planning Council.

The World Health Organization has supplied funds for training and for research

wholly financed by the French Government, was established in 1966 and provides family planning services throughout the island.

Eleven family planning centers are open daily. The stated target of the association's program is to reach 25,000 to 30,000 women by 1971. During 1969, clinic attendance increased by 57 percent, largely as a result of an intensive education/publicity campaign. Lectures are given at youth organizations, and plans call for the inclusion of sex education classes in lycées, secondary schools, and teachers' colleges.

The Association Réunionnaise pour l'Éducation Populaire, a primarily Catholic organization, teaches marriage guidance and the rhythm method. Over 30 private practitioners are prescribing oral contraceptives to an estimated 2,000 women.

A.I.D. assistance

A.I.D. had given no assistance to family planning.

Other assistance

IPPF has sent personnel, at the Government's request, to provide guidance and advice on Orientation Familiale's educational and information program in family planning.

Réunion

Demographic information

Population according to census of

October 16, 1967 417,000

Estimated population,

January 1, 1970 443,000

Births per 1,000 population, 1969 37

Deaths per 1,000 population, 1969 9

Infant deaths per 1,000 live births, 1968 . . . 59

Rate of natural increase, 1969 (percent) . . . 2.8

Number of years to double population

at present rate of natural increase 25

Percent of registered births, first born 14

Median maternal age 128

Median birth order 4.1

Percent of registered births born to

women less than 20 years old 18

Percent urban, 1970 47

Percent of labor force in agriculture, 1965. . 43

Per capita gross national product,

1968 ²\$560

Percent literate 52

¹For 1964. ²Estimate for 1967 made by International Bank for Reconstruction and Development.

Highlights of activities

An Overseas Department of France, Réunion is covered by a new French law that encourages local government support for family planning. Despite some religious opposition, the Government's attitude toward family planning is favorable. A family planning association called Orientation Familiale,

Rhodesia

Demographic information

Population according to census of

March 20, 1969 5,090,000

Estimated population,

January 1, 1970 5,227,000

Births per 1,000 population, 1969 47

Deaths per 1,000 population, 1969 12

Infant deaths per 1,000 live births,

1962 83

Rate of natural increase, 1969 (percent). . . 3.5

Number of years to double population

at present rate of natural increase 20

Percent of registered births, first born ⁽¹⁾

Median maternal age ⁽¹⁾

Median birth order ⁽¹⁾

Percent of registered births born to

women less than 20 years old ⁽¹⁾

Percent urban, 1970 17

Percent of labor force in agriculture, 1965. . 73

Per capita gross national product, 1968 . . \$230

Percent literate 25-30

¹Not available.

Highlights of activities

The Government of Rhodesia has taken a positive attitude toward family planning and is providing increasing support. The Social Welfare and Health Ministries and the Municipality of Salisbury contribute financially to the country's voluntary family planning agency.

The Government also has approved the inclusion of family planning as part of routine health services in its hospitals and clinics. In Midlands, Manicaland, Matabeleland, and Mashonaland, provincial medical officers are providing family planning services.

The Family Planning Association of Rhodesia was founded in 1957. At first, it concentrated mainly on education through films, pamphlets, and talks. As interest in family planning grew, clinics were established by municipal governments, hospitals, and the Association's seven branch organizations. Bulawayo was the first city to start family planning at all its municipal clinics in the 1950's. Today, there are 250 government, private, industrial, and mission clinics where family planning service is available.

The Association still considers its main task to be education and fieldwork. It maintains three mobile education/film units for traveling talk and film shows and has 32 fieldworkers who visit people in their homes. In the first 9 months of 1969 these fieldworkers visited 15,000 families. The Association has made several films in African languages as well as in English and has produced literature in Shona, Chinyanja, and Sindebele. During 1969, it gave family planning training to medical students, nurses, midwives, and fieldworkers.

The Faculty of Medicine at the University College is actively involved in training students for family planning. Government nurses at maternal and child health centers receive family planning training, and family planning courses are given at the Domboshawa Government Training Center. The new Spillhaus Family Planning Training Center was opened in January 1970.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

The International Planned Parenthood Federation has helped support the work of the Rhodesian Family Planning Association:

The Pathfinder Fund has completed a series of long-range IUD evaluation projects which were initiated in the late 1950's.

Church World Service and World Neighbors have supported limited family planning programs.

Oxfam in 1968 and 1969 provided assistance to the Association for costs of an education film unit; for furnishing and equipping a clinic in Salisbury; for a nurse's salary; and for contraceptive materials to be distributed free to destitute mothers. Oxfam of Canada in 1968-69 provided \$5,000 to the Family Planning Association toward furnishing and equipping a clinic near Marari Hospital and for audiovisual equipment and medical supplies.

No A.I.D. support is involved in the above.

Rwanda

Demographic information

<i>Population according to a sample survey of 1952-1957</i>	¹ 2,634,000
<i>Estimated population,</i>	
<i> January 1, 1970</i>	3,866,000
<i>Births per 1,000 population, 1969</i>	50-52
<i>Deaths per 1,000 population, 1969</i>	19
<i>Infant deaths per 1,000 live births, 1969</i>	120-130
<i>Rate of natural increase,</i>	
<i> 1969 (percent)</i>	3.1-3.3
<i>Number of years to double population at present rate of natural increase</i>	22
<i>Percent of registered births, first born</i>	(²)
<i>Median maternal age</i>	(²)
<i>Median birth order</i>	(²)
<i>Percent of registered births born to women less than 20 years old</i>	(²)
<i>Percent urban, 1970</i>	0
<i>Percent of labor force in agriculture, 1965.</i>	95
<i>Per capita gross national product, 1968</i>	\$.45
<i>Percent literate</i>	10

¹For Jan. 1, 1957. ²Not available.

Highlights of activities

The pressures of a high population growth rate are creating some interest in family planning in Rwanda. At a seminar organized by the Ministry of Health in 1968 it was agreed that the concept of child spacing should be incorporated into health education, with emphasis on maternal and child health. Today, the relationship between child spacing and healthy development is being emphasized to social workers, nurses, and educators.

A number of doctors have been trained in contraceptive techniques and are prescribing oral contraceptives and inserting IUDs.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

IPPF provides some support for family planning activities. Two nurse/midwives were trained in family planning at a special French language course at IPPF's Family Welfare Training Center in Nairobi, Kenya. With funding from Oxfam, IPPF is helping to include health education/family planning in the program of the Ruhengeri Nutritional Center in northern Rwanda.

The Pathfinder Fund is supporting a project at the Medical School of Butare University to incorporate family planning in the public health program in the prefecture of Butare. Family planning services are offered as part of maternal and child health care in a postnatal clinic. Rwandan medical students are participating in the program, and midwives are receiving family planning training. In 1970 Pathfinder sponsored a training program for three Rwandans in family planning techniques at Makerere University in Uganda and at that country's National Family Planning Association.

Family planning is included in the World Neighbors rural development program.

Senegal

Demographic information

<i>Population according to sample survey of April 1960-August 1961</i>	. . . . . 3,109,840
<i>Estimated population,</i>	
<i>January 1, 1970</i>	. . . . . 3,775,000
<i>Births per 1,000 population, 1969</i>	. . . . . 45
<i>Deaths per 1,000 population, 1969</i>	. . . . . 21
<i>Infant deaths per 1,000 live births,</i>	
<i>1969</i>	. . . . . 155-185
<i>Rate of natural increase,</i>	
<i>1969 (percent)</i>	. . . . . 2.4
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	. . . . . 29
<i>Percent of registered births, first born</i> ⁽¹⁾
<i>Median maternal age, 1960-61</i>	. . . . . ² 27
<i>Median birth order</i> ⁽¹⁾
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1960-61</i>	. . . . . ² 15
<i>Percent urban, 1970</i>	. . . . . 27
<i>Percent of labor force in agriculture, 1965</i>	. . . . . 74
<i>Per capita gross national product, 1968</i>	. . . . . \$220
<i>Percent literate, 1961</i>	. . . . . 5-10

¹Not available. ²Underregistered.

Highlights of activities

The Government of Senegal has no official policy concerning population or family planning. However, at an Economic Commission for Africa meeting in January 1970, the Senegalese delegate said that the Government had requested help to discover the demographic situation on which policy can be based.

A voluntary family planning association was organized in January 1970. The association opened a clinic in Dakar and began work in July.

Family planning advice has been given by a few local doctors, who have also done IUD insertions. IUDs have also been inserted by a trained midwife at a private maternity clinic in Dakar.

A.I.D. assistance

A.I.D. has provided no assistance to the Government of Senegal for family planning.

Other assistance

IPPF is assisting the new family planning association with budgeting support and commodities. In June 1970 two association staff members attended a family planning training course, conducted in French, at the IPPF Family Welfare Training Center in Nairobi, Kenya. IPPF and Population Council representatives visited Senegal in 1969.

The Population Council has assisted with demographic studies at the Office de Recherche Scientifique et Technique Outre-Mer. The Council and the World Health Organization have agreed to assist the Institute of Public Health, which is to be included in the Faculty of Medicine at the University of Dakar.

The Pathfinder Fund in 1965 helped a Senegalese midwife to set up a family planning clinic in Dakar. Since then, five subcenters have been established outside Dakar, and roving teams of trained personnel insert IUDs, conduct post-insertion checkups, give child-spacing lectures, and distribute family planning literature. Contacts are established through local doctors, nurses, and social workers. In 1969 Pathfinder provided a travel grant to a professor of pharmacy from Senegal to attend the Seventh International Health and Health Education Conference in Buenos Aires, Argentina.

The Ford Foundation provided travel awards to several Senegalese to participate in the family planning workshop at the University of Chicago in 1969.

The Rockefeller Foundation in 1965 contributed \$15,000 toward the cost of establishing a

rural health teaching and research field station for population studies. This station is operated by the Department of Preventive Medicine at the University of Dakar.

The United Nations African Institute for Economic Development and Planning in Dakar includes some demographic material in its course on development planning. The U.N. Fund for Population Activities has provided an expert to assist with a sample survey covering the structure of the population and internal migration trends, as well as fertility trends.

Seychelles

Demographic information

<i>Population according to census of</i>	
<i>May 4, 1960</i>	<i>41,425</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>51,000</i>
<i>Births per 1,000 population, 1969</i>	<i>38</i>
<i>Deaths per 1,000 population, 1969</i>	<i>11</i>
<i>Infant deaths per 1,000 live births, 1967</i>	<i>43</i>
<i>Rate of natural increase,</i>	
<i>1969 (percent)</i>	<i>12.7</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>26</i>
<i>Percent of registered births, first born,</i>	
<i>1965</i>	<i>217</i>
<i>Median maternal age</i>	<i>228</i>
<i>Median birth order, 1965</i>	<i>23.9</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1965</i>	<i>27</i>
<i>Percent urban, 1970</i>	<i>0</i>
<i>Percent of labor force in agriculture</i>	<i>(³)</i>
<i>Per capita gross national product, 1967</i>	<i>\$60</i>
<i>Percent literate, 1960</i>	<i>46</i>

¹Estimated net emigration results in a growth rate of 1.9. ²Underregistered. ³Not available.

Highlights of activities

Seychelles, a British colony, has no official population policy. However, an English doctor, supported by a grant from the U.K. Ministry of Overseas Development, has been working since 1965 to create a family planning service. So far, three clinics have been opened, one in Mahe and two in Praslin. There are plans to open another on the island of La Digue.

All methods of contraception are offered, but orals are by far the most popular. The doctor now expects to see as many as 30 family planning patients

on a good day. She also distributes literature and promotes concern for maternal and child health.

In addition to the doctor, two fully trained nurse/midwives, a nurse, and a fieldworker are engaged in family planning services.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

The IPPF has administered the grant made by the Ministry of Overseas Development to set up family planning services and has provided literature from its African regional office in Nairobi. IPPF plans to continue to support family planning.

The Pathfinder Fund has provided contraceptives to Seychelles.

Sierra Leone

Demographic information

<i>Population according to census of</i>	
<i>April 1, 1963</i>	<i>2,289,373</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>2,620,000</i>
<i>Births per 1,000 population, 1969</i>	<i>138-43</i>
<i>Deaths per 1,000 population, 1969</i>	<i>17-20</i>
<i>Infant deaths per 1,000 live births,</i>	
<i>1967</i>	<i>147</i>
<i>Rate of natural increase,</i>	
<i>1969 (percent)</i>	<i>2.0-2.4</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>32</i>
<i>Percent of registered births, first born</i>	<i>(²)</i>
<i>Median maternal age</i>	<i>(²)</i>
<i>Median birth order</i>	<i>(²)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>(²)</i>
<i>Percent urban, 1970</i>	<i>13</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>75</i>
<i>Per capita gross national product, 1968</i>	<i>\$137</i>
<i>Percent literate, latest</i>	<i>10</i>

¹Western area only. ²Not available.

Highlights of activities

The Government of Sierra Leone has expressed a favorable attitude toward the inclusion of family planning in health services.

Family planning facilities are being set up by the voluntary Planned Parenthood Association, which was established in 1960 and became a member of the

International Planned Parenthood Federation in 1968. Initially, the Association held one weekly clinic session at Freetown's principal maternity hospital. In 1966 an office/clinic was opened in Freetown, where two weekly sessions are held; it is hoped to increase this to three. During most of 1969, a clinic also was held at Bo. A mobile team makes monthly visits to four villages near Freetown. There were over 2,000 new contraceptive acceptors in Sierra Leone in 1969.

Educational programs are a major part of the Association's work. It has conducted a massive publicity campaign using radio, television, and the press; it organized a Planned Parenthood Week with public meetings and films; it has produced and distributed leaflets and other publications; and it has accepted the Department of Health's invitation to participate in a program to introduce sex education in the schools. At the Association's request, the Government removed the duty on imported contraceptives.

A.I.D. assistance

In 1966 A.I.D. supported the attendance of selected family planning leaders at the regional conference of the International Planned Parenthood Federation in Copenhagen.

Other assistance

The International Planned Parenthood Association provides a grant to the family planning association. In 1967 an IPPF training team visited Sierra Leone to give lectures on radio and television and to contact people in rural areas, mining camps, and hospitals.

The Population Council supplies a demographer at Fourah Bay College and bursaries for master's degree students in population and geography at the same college.

The Pathfinder Fund has completed a 3-year project of IUD insertions as part of its International IUD Program.

The Ford Foundation provided travel awards to several Sierra Leoneans for participation in the family planning workshop at the University of Chicago in 1969.

Oxfam in 1966 supplied education materials through IPPF.

The U.N. Fund for Population Activities provided funds for the organizing secretary of the Planned Parenthood Association of Sierra Leone to visit and study family planning activities in other African countries.

South Africa

Demographic information

<i>Population according to census of</i>	
<i>September 6, 1960</i>	<i>16,002,797</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>19,882,000</i>
<i>Births per 1,000 population, 1969</i>	<i>41-44</i>
<i>Deaths per 1,000 population, 1969</i>	<i>17-20</i>
<i>Infant deaths per 1,000 live births</i>	<i>(¹)</i>
<i>Rate of natural increase,</i>	
<i>1969 (percent)</i>	<i>2.2-2.6</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>29</i>
<i>Percent of registered births, first born</i>	<i>(¹)</i>
<i>Median maternal age</i>	<i>(¹)</i>
<i>Median birth order</i>	<i>(¹)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>(¹)</i>
<i>Percent urban, 1970</i>	<i>36</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>29</i>
<i>Per capita gross national product, 1968 ²</i>	<i>\$646</i>
<i>Percent literate</i>	<i>35</i>

¹Not available. ²South Africa, figure includes Botswana, Lesotho, Namibia, and Swaziland.

Highlights of activities

The South African Government helps support family planning. In 1966 the Government informed local authorities that they could claim refunds for family planning services on the same basis as for other health services.

The Government, in conjunction with local authorities, supports the National Council for Maternal and Child Welfare. Founded in 1932, the Council is a member of the International Planned Parenthood Federation. The Council is the coordinating body for regional family planning associations. These associations continue to open new clinics while turning over established ones to local authorities. So far, 97 have been handed over, and 132 are still run by the associations.

The Council has initiated factory clinics to combat the high drop-out rate among working mothers and farm clinics for women in rural areas. The major expansion of its work currently lies in the field of education and involves leaflets, posters, slides, a film library, and the slogan "Planned Family--Happy Home."

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

The Pathfinder Fund is analyzing data on IUD performance as part of its International IUD Program.

World Neighbors has supported a limited family planning program.

No A.I.D. funds are utilized for the above.

Sudan

Demographic information

Population according to a sample

survey of January 17, 1956 10,262,536

Estimated population,

January 1, 1970 15,462,000

Births per 1,000 population, 1969 49

Deaths per 1,000 population, 1969 16-19

*Infant deaths per 1,000 live births,
1969 120-125*

*Rate of natural increase,
1969 (percent) 3.0-3.3*

*Number of years to double population
at present rate of natural increase 22*

Percent of registered births, first born ⁽¹⁾

Median maternal age ⁽¹⁾

Median birth order ⁽¹⁾

*Percent of registered births born to
women less than 20 years old ⁽¹⁾*

Percent urban, 1970 8

Percent of labor force in agriculture, 1965 78

Per capita gross national product, 1968 \$107

Percent literate, latest 10-15

¹Not available.

Highlights of activities

The Government of Sudan supports family planning although it as yet has no announced population policy. A report prepared for the January 1970 meeting of the Economic Commission for Africa stated: ". . . the country cannot afford the rise in fertility which might follow economic development. It is necessary to emphasize that unless measures are initiated at this stage to control the birth rate, and thereby the rate of population growth, a continuously increasing amount of effort on the part of the community will have to be used to maintain existing standards of consumption. . . . In these circumstances it is necessary to stress the need for population policy as part of economic planning."

The Sudan Family Planning Association was established in 1966 in Khartoum. Instruction of volunteer workers and patients at family planning clinics is assisted by the Sudan Medical Association,

the Khartoum Nursing College, physicians practicing in Khartoum, and the University of Khartoum.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

Representatives of the International Planned Parenthood Federation and the Pathfinder Fund have visited the Family Planning Association in Khartoum. Pathfinder has contributed family planning literature and contraceptives to the Ministry of Health and helped start a program at Omdurman.

The Population Council has provided a fellowship for graduate study in demography.

A small Rockefeller Foundation travel grant was awarded in 1967 to a University of Khartoum faculty member studying population.

Tanzania

Demographic information

Population according to census of

August 26, 1967 12,311,991

Estimated population,

January 1, 1970 13,119,000

Births per 1,000 population, 1969 47

Deaths per 1,000 population, 1969 20

*Infant deaths per 1,000 live births,
1967 160-170*

Rate of natural increase, 1969 (percent) 2.7

*Number of years to double population
at present rate of natural increase 26*

Percent of registered births, first born ⁽¹⁾

Median maternal age ⁽¹⁾

Median birth order ⁽¹⁾

*Percent of registered births born to
women less than 20 years old ⁽¹⁾*

Percent urban, 1970 5

Percent of labor force in agriculture, 1965 95

Per capita gross national product, 1968 \$75

Percent literate 15-20

¹Not available.

Highlights of activities

The Government of Tanzania is aware of the impact of population growth on the country's economic development. Several Government spokesmen have expressed support for the work being done by the private family planning organization, and the Government recently permitted family planning clinics to open in Government hospitals. The

municipality of Dar es Salaam has a considerable family planning program, and the Government of Tanzania has encouraged the voluntary family planning organization to undertake an extensive training, education, and information program in family planning throughout the country. In Zanzibar, however, a 1967 law forbids the sale or importation of contraceptives.

The Family Planning Association of Dar es Salaam was founded in 1959 with one clinic. This organization became the Family Planning Association of Tanzania in 1966 and joined IPPF in 1969. It now has six clinics in Dar es Salaam and 35 outside the capital, and it recently started using a mobile unit.

The Association has trained doctors, nurse/midwives, and medical students and pays three health educators to work through maternal and child health centers. Eight health educators have received training at the IPPF training center in Nairobi. A leaflet in Swahili, produced by the Association, has been widely distributed.

The Dar es Salaam School of Medicine is conducting population studies, and the East African Statistical Training Center offers Government employees a 1-year middle-level course in statistics, including census taking and vital statistics.

A.I.D. assistance

The Government of Tanzania recently requested A.I.D. assistance for the Family Planning Association to build a Family Planning Institute to train all categories of family planning personnel, serve as a center for family planning information and health education, and conduct research and evaluation in family planning.

Other assistance

The International Planned Parenthood Federation supports the work of the Family Planning Association and also has provided financial support for family planning work at three mission hospitals in the Masasi area.

The Pathfinder Fund supported the Family Planning Association until IPPF began assistance in 1965. Pathfinder has also provided funds for a full-time home visitor and donated contraceptives.

The Population Council is assisting in a small pilot evaluation and vital events data collection program under the auspices of the Dar es Salaam School of Medicine. The Council has also given approximately \$6,800 in support of population studies and is providing a demographer for the staff of the University College, Dar es Salaam; the

demographer also is advising the Central State Bureau of the Tanzanian Government on census analysis.

The Rockefeller Foundation has given two grants to the Department of Social and Preventive Medicine at the Dar es Salaam School of Medicine for population studies. In 1965 the grant was for \$4,200 and in 1966, \$15,000.

Church World Service has provided limited family planning assistance, and family planning education is included in the rural development program supported by World Neighbors.

Oxfam, through IPPF, provided funds for the purchase and operating costs of a vehicle for the Medical Director of the Family Planning Association in March 1968. In January 1969 Oxfam paid for refurbishing and equipping a clinic at Muhumbili Hospital.

The Swedish International Development Authority granted \$27,000 for construction and operation of a clinic in Dar es Salaam and for personnel training.

Togo

Demographic information

<i>Population according to census of</i>	
<i>November 1958-December 1960</i>	<i>1,440,000</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>1,800,000</i>
<i>Births per 1,000 population, 1969</i>	<i>49-53</i>
<i>Deaths per 1,000 population, 1969</i>	<i>24-26</i>
<i>Infant deaths per 1,000 live births,</i>	
<i>1969</i>	<i>¹161-174</i>
<i>Rate of natural increase,</i>	
<i>1969 (percent)</i>	<i>2.3-2.9</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>27</i>
<i>Percent of registered births, first born</i>	<i>(²)</i>
<i>Median maternal age</i>	<i>28</i>
<i>Median birth order</i>	<i>(²)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>9</i>
<i>Percent urban, 1970</i>	<i>10</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>79</i>
<i>Per capita gross national product, 1968</i>	<i>\$120</i>
<i>Percent literate</i>	<i>5-10</i>

¹Estimate, based on current level of mortality. ²Not available.

Highlights of activities

The Government of Togo has no official family planning policy, but recognizes in its development

A family planning aide talks to a young mother in the maternity ward at a Tunisian hospital and explains various means of family planning available.



plan that the country's rapid increase in population and the percentage of the population under the age of 20 (56 percent) could have profound effects on the country's economic development.

A family planning association was formed recently. At the request of the Togo Government, the Unitarian Universalist Service Committee will assist with a project to introduce family planning services and education and begin instruction in maternal and child health.

A.I.D. assistance

A.I.D. has provided no assistance to the Government of Togo.

Other assistance

The Population Council is supporting a knowledge, attitudes, and practices survey being carried out by the demographic unit of the University of Ghana.

The Pathfinder Fund has sent medical supplies and contraceptives to the Lome family planning clinic and medical equipment to the chief of the Medical Service of the Army.

The Unitarian Universalist Service Committee project focuses on development of a multi-purpose community health demonstration center in the village of Afaghan. The center will be staffed by a Service Committee team consisting of a physician/nutritionist as director, two locally educated nurses, two Togolese rural community development agents, local voluntary personnel, and, if possible, medical students.

Tunisia

Demographic information

<i>Population according to census of</i>	
<i>May 3, 1966</i>	<i>4,533,351</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>5,155,000</i>
<i>Births per 1,000 population, 1969</i>	<i>43</i>
<i>Deaths per 1,000 population, 1969</i>	<i>15</i>
<i>Infant deaths per 1,000 live births, 1968</i>	<i>124</i>
<i>Rate of natural increase, 1969 (percent)</i>	<i>¹2.8</i>
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	<i>26</i>
<i>Percent of registered births, first born, 1960</i>	<i>²14</i>
<i>Median maternal age, 1960</i>	<i>²28</i>
<i>Median birth order, 1960</i>	<i>²3.8</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1960</i>	<i>²6</i>
<i>Percent urban, 1970</i>	<i>26</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>60</i>
<i>Per capita gross national product, 1968</i>	<i>\$224</i>
<i>Percent literate</i>	<i>30</i>

¹Difference due to independent rounding of birth and death rates. ²Underregistered.

Highlights of activities

The Government of Tunisia has favored planned parenthood since the early 1960's and officially launched a nationwide family planning program in 1966 following a number of actions indicating its concern about the population problem.

In 1966 the Government announced its target of reducing the annual birth rate from 45 to 38 per 1,000 in 10 years. In implementing its program, the Government has supported the integration of family planning into maternal and child health services in maternity and gynecological departments of hospitals.

President Habib Bourguiba first called attention to Tunisia's population growth in 1960. Also in that year polygamy was outlawed and family allowances for industrial workers were limited to four children. In 1961 laws against contraceptives were repealed, and their importation and sale to the public was permitted.

In 1962 the Tunisian Government held discussions on family planning with the Population Council and the Ford Foundation. At the Government's request, the Population Council sent a high-level mission to study Tunisia's population problems and to make recommendations.

An experimental national program was begun in 1963 with participant training and surveys. A Family Planning Program Director and other Tunisian officials were sent to visit Japan, Pakistan, and the United States to become familiar with family planning developments. Gynecologists, demographers, sociologists, and information-communications leaders were trained during a 4-week seminar. This preliminary phase of the national program included a 1964 Population Council survey of knowledge, attitudes, and practices related to family planning.

The Council's survey showed that a high percentage of all Tunisian women favored family planning. The average woman desired fewer than five children; nearly half wanted to bear no more children; and nearly two-thirds wanted to know about birth control. Only 15 percent of the women surveyed had any knowledge of contraceptive methods.

In 1964 family planning clinics began operation in hospitals and maternal and child health centers. There were 12 clinics in urban and semi-urban areas. Half of the clinics offered the IUD, while others offered other methods, including oral contraceptives.

The program was expanded sharply in 1966 to meet a goal of providing family planning assistance to between 30 and 40 percent of Tunisian women of childbearing age. In order to achieve this objective, family planning is being integrated into the national health services, with family planning services being offered in clinics, in all hospitals, and at all maternal and child health centers. At present, there are 88 maternal and child health centers, of which 19 are maternities. Altogether, there are 280 locations at

which family planning services are available. In addition, 15 mobile clinics provide family planning services in rural areas.

A postpartum program, including house-to-house visits, is being developed. Training of doctors in government service in IUD insertions has continued since the beginning of the Government program. The Ministry of Health runs educational courses for nurses, midwives, auxiliary health workers, and social workers involved in planned parenthood activities.

The Ministry of Health has undertaken the expansion of its statistical services with the training of several demographers at the ECA-sponsored African Demographic Research Institute in Cairo. Several Tunisians have been enrolled in the United Nations-sponsored National Institute of Statistics and Applied Economics in Rabat.

A family planning association, Association Tunisienne de Planning Familial, was founded in April 1968 and became an IPPF member the following year. Branches have been established throughout the country. Because of the extensive Government program, the association plans to work principally as an educational organization in cooperation with the Government.

The Union Nationale Feminine Tunisienne works to generate interest in family planning at the village level.

A.I.D. assistance

A.I.D. allocated \$665,470 for assistance to family planning activities in fiscal 1970. (Of this, \$341,000 was allotted for the purchase of U.S.-owned local currency.) This compares with \$223,000 in 1969 and \$260,000 in 1968. A.I.D. assistance includes provision of a public health specialist for the Government's family planning service and a full-time, direct-hire health educator. It also includes financial aid for commodities, equipment, operating costs, and participant training. A physician/gynecologist and a nurse/midwife are currently being recruited.

A.I.D.'s first agreement to provide assistance was signed with the Tunisian Government in January 1968. It provided for an A.I.D.-financed health educator; contraceptives other than IUDs, which are provided by the Population Council; limited quantities of medical and surgical instruments and pharmaceuticals; audiovisual and printing equipment; and statistical machines.

A.I.D. has provided training in the United States for Tunisians to prepare them for careers in health education and family planning. A.I.D. also is

financing short-term training of public-health physicians and other professional personnel working in family planning and related fields. The U.S. Government has provided funds through the U.S. Public Health Service for national demographic studies.

Other assistance

The International Planned Parenthood Association assists the Tunisian family planning association.

With Ford Foundation assistance, the Population Council has contributed more than \$750,000 since 1963 to the Ministry of Public Health and Social Affairs to aid in establishing the national family planning program and to provide medical and demographic advisors. In 1966 the Council supplied a grant of \$26,243 for the experimental demographic program and \$39,000 for demographic advisors. A grant of \$92,138 went for support of a resident advisor, a medical advisor, and a physician trainee. In 1968 the Council provided a Council staff assistant and the services of a resident medical advisor.

The Population Council also provided \$8,560 in 1966 to the University of Tunis Centre d'Etudes et de Recherches Economiques et Sociales for demographic training and research. A seminar on Demography of the Maghreb was held at the University of Tunis in 1969.

A Ford Foundation grant of \$200,000 in 1963 supplemented \$60,000 in local currency provided by the Tunisian Government for its national family planning program. The Foundation continued to support the national program in 1966 and 1967 with a second grant of \$324,000. Resident advisor services are provided by the Foundation through the Population Council.

Under an agreement with the Swedish Government signed in 1963, a maternal/child health center in Kelibia began full-scale operation in 1967. Negotiations to extend this agreement were scheduled for 1970. A family planning clinic at the center provides medical treatment, consultations, and training. The staff includes one gynecologist/obstetrician, one pediatrician, two midwives, and two nurses. In 1968 Sweden made available an audiovisual expert so that the Tunisian family planning association could establish a special unit for production of information materials. Sweden also has provided two consultants for the planning and implementation of a cytology pilot scheme within the national family planning program. Through mid-1970 Swedish assistance totaled approximately \$900,000.



Top, a Tunisian doctor gives family planning advice to a young mother at a clinic in Tunis. Above, women wait their turns at the same clinic. The Government of Tunisia has supported planned parenthood since the early 1960's and has received broad assistance from A.I.D. and others.

The Government of the Netherlands has allocated \$235,000 for a 2-year project, begun recently, to help implement the family planning program. Under this project, the Netherlands is providing personnel and equipment for medical training and clinical research.

The U.N. Fund for Population Activities and the World Health Organization have assisted with training, advice, and statistics. The U.N. Economic Commission for Africa provides fellowships for Tunisian students at Rabat Statistical Institute.

U.S. Peace Corps volunteers are working in support of Tunisia's family planning program.

Uganda

Demographic information

Population according to census of

August 1969 ¹9,526,000

Estimated population,

January 1, 1970 9,621,000

Births per 1,000 population, 1969 44-48

Deaths per 1,000 population, 1969 17-20

Infant deaths per 1,000 live births, 1969 120-130

Rate of natural increase, 1969 (percent) 2.6-2.9

Number of years to double population at

present rate of natural increase 25

Percent of registered births, first-born ⁽²⁾

Median maternal age, 1959 ³27

Median birth order ⁽²⁾

Percent of registered births born to

women less than 20 years old, 1959 ³14

Percent urban, 1970 3

Percent of labor force in agriculture, 1965 89

Per capita gross national product, 1968 \$91

Percent literate 20

¹Provisional total. ²Not available. ³Underregistered.

Highlights of activities

The Government of Uganda maintains a cautious attitude toward family planning, recognizing it as a means of improving maternal and child health but not advocating it as a means of limiting population growth.

The Family Planning Association of Uganda dates from 1957 and is a member of the International Planned Parenthood Federation. Until 1964, services were provided at the Aga Khan Health Center and then at the Kampala City Council Health Center. That year, the Association opened its own offices and clinic in Kampala. Between 1963 and 1968, attendance in Kampala increased 14 times. In 1969

about 2,000 new patients attended the main clinic and branch clinics throughout the country.

The Association sponsors branch clinics at Mengo Hospital and in Jinja, Tororo, Fort Portal, Kilembe Mines, Mbarara, Kasangati, Lugazi, Kakira, Gulu, Soroti, Kahale, and Toro/Kahuna. Some of these clinics are incorporated in municipal health centers. The Association supports a full-time cytologist at the Medical School of Makerere University College in Kampala.

In its educational program, the Family Planning Association makes use of films and of leaflets printed in English, Luganda, and four vernacular languages.

Talks on the benefits of family planning and the maintenance of sound health are given by trained workers in the Mulago Hospital wards and outpatient clinics in Kampala, Kampala City Council clinics, and mission clinics in rural areas surrounding Kampala.

Instruction in the medical, social, and economic aspects of family planning as a part of public health is available to students of medicine, nursing, midwifery, and public health. The Department of Sociology at Makerere University offers a course in demography.

A.I.D. assistance

A.I.D. allocated \$400,000 for assistance to population projects in Uganda in fiscal 1970. Of this, \$375,000 will be for a maternal/child health and demography project. In fiscal 1969 A.I.D. allocated \$73,000 to assist with Uganda's national census; a data-processing manager/computer programmer was provided for a 2-year period.

A.I.D. provided \$4,000 to the Family Planning Association for office equipment in 1966-67, and \$16,000 during the same period to send eight Association representatives to conferences on population held in the United States, Denmark, India, and Chile.

Other assistance

The International Planned Parenthood Federation provides financial and commodity support to the Family Planning Association of Uganda. IPPF also supports the training of maternal/child health demonstrators at Makerere University. In April 1967 it provided for the participation of an Association director at the IPPF family planning conference in Santiago, Chile.

The Population Council is providing a resident advisor in demography to the Social Studies Center of Makerere University and is supporting a program of research and vital registration in differential growth in the various regions of Uganda, carried out by the same unit. The Council is also providing fellowships.

The Pathfinder Fund finances the services of a doctor who is a professor of preventive medicine and director of the Regional Family Health Education Center at Makerere University. Pathfinder has also supplied oral contraceptives and IUDs, as well as films. In 1970 it provided a travel grant for a prominent nurse/midwife to study at the Margaret Sanger Research Bureau in New York. Four members of the Family Planning Association of Uganda received a travel grant from Pathfinder to attend the International Family Planning Conference in Pakistan in 1969. As part of its International IUD Program, Pathfinder has analyzed 1,200 primary IUD insertions.

The Rockefeller Foundation provided grants during both 1967 and 1968 to the Medical School of Makerere University College for research on blood clotting mechanisms in relation to ovarian steroid hormones. In 1967 the Foundation made a \$94,000 grant for a 2-year period to the University of California toward the costs of an exchange training program in maternal health services, with emphasis on family planning, between the University's School of Public Health and the Faculty of Medicine at Makerere University. In 1969 the Foundation made a grant of \$12,500 to the Pathfinder Fund for the expenses of a visiting lecturer in the Faculty of Medicine.

In March 1967 Oxfam, through IPPF, provided about \$11,600 to the Family Planning Association for education work, salaries for doctors and midwives, and costs of maternal and child health demonstrations. In 1968 Oxfam supplied salaries and traveling expenses of nurses who give advice on family planning and maternal and child welfare in villages surrounding the Association's clinics. Oxfam of Canada in 1968-69 provided funds to the Family Planning Association for salaries and travel expenses of medical personnel.

Church World Service has a limited program.

World Neighbors works closely with the Family Planning Association to maximize the impact of rural clinics and training facilities. Workers at the Martyrs Center in Kampala have incorporated family planning in their home visits and women's groups, and those in the Christian Rural Service programs in Kigezi and other districts are emphasizing family planning in all their work.

Denmark in June 1969 agreed to finance the building and equipping of a family health training center at Makerere University College. The center will train medical students and family planning workers and will emphasize family planning in connection with maternal and child health.

Upper Volta

Demographic information

<i>Population according to sample survey of September 30, 1960-April 22, 1961..</i>	4,400,000
<i>Estimated population,</i>	
<i>January 1, 1970</i>	5,300,000
<i>Births per 1,000 population, 1969</i>	49
<i>Deaths per 1,000 population, 1969</i>	31-32
<i>Infant deaths per 1,000 live births,</i>	
<i>1969</i>	180-190
<i>Rate of natural increase,</i>	
<i>1969 (percent)</i>	1.7-1.8
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	40
<i>Percent of registered births, first born</i>	¹
<i>Median maternal age, 1961.</i>	² 27
<i>Median birth order</i>	¹
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1961</i>	² 12
<i>Percent urban, 1970</i>	5
<i>Percent of labor force in agriculture, 1965.</i>	87
<i>Per capita gross national product, 1968</i>	\$.50
<i>Percent literate, latest</i>	5-10

¹Not available ²Underregistered.

Highlights of activities

Upper Volta has no official policy on population and family planning, and no organized family planning activities. Contraceptives are not for sale. Some individual interest in family planning is reported.

The Government is conducting a 1969-70 population census to be used in formulating its Second 4-Year Plan for 1971-75 and has requested assistance in carrying out the census.

A.I.D. assistance

A.I.D. has provided no assistance.

Other assistance

The Population Council has assisted a knowledge, attitudes, and practices survey through a grant made to the International Population Program of Cornell University and provides fellowship support.

Representatives from the United Nations and the Quakers visited Upper Volta in 1966 and concluded independently that further education would be requisite to family planning efforts.

The French National Institute of Statistics and Economic Studies conducted sample surveys in 1962-63 in the city of Ouagadougou, and earlier in the entire country.

Zambia

Demographic information

<i>Population according to census of</i>	
<i>August 1969</i>	<i>4,054,000</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>4,095,000</i>
<i>Births per 1,000 population, 1969</i>	<i>49-50</i>
<i>Deaths per 1,000 population, 1969</i>	<i>21-22</i>
<i>Infant deaths per 1,000 live births,</i>	
<i>1963</i>	<i>160-170</i>
<i>Rate of natural increase,</i>	
<i>1969 (percent)</i>	<i>¹2.7-2.9</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>25</i>
<i>Percent of registered births, first born</i>	<i>²</i>
<i>Median maternal age</i>	<i>²</i>
<i>Median birth order</i>	<i>²</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>²</i>
<i>Percent urban, 1970</i>	<i>27</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>81</i>
<i>Per capita gross national product, 1968</i>	<i>\$326</i>
<i>Percent literate</i>	<i>15-20</i>

¹Estimated net emigration results in a growth rate of 2.6-2.8. ²Not available.

Highlights of activities

The Government of Zambia maintains a neutral attitude toward family planning and has no official family planning policy. Some individual Government officials have shown an active interest in family planning. The Ministry of National Development and Planning would like to integrate family planning into health programs under the Ministry of Health, and the National Nutrition Commission is interested in

including family planning in its education program. The Ministry of Health has given permission for formation of a voluntary family planning organization.

Government postnatal health clinics provide family planning information upon request in urban and rural centers, and some individual doctors give advice. A local family planning association has functioned in the past at Lusaka without Government support.

Nurses, medical students, and other medical personnel receive some family planning training. Community development and health education training centers provide some instruction in family planning for community development workers and home economists.

A.I.D. assistance

A.I.D. has provided no assistance for family planning.

Other assistance




The Pathfinder Fund has sent representatives to Zambia and has donated contraceptives.

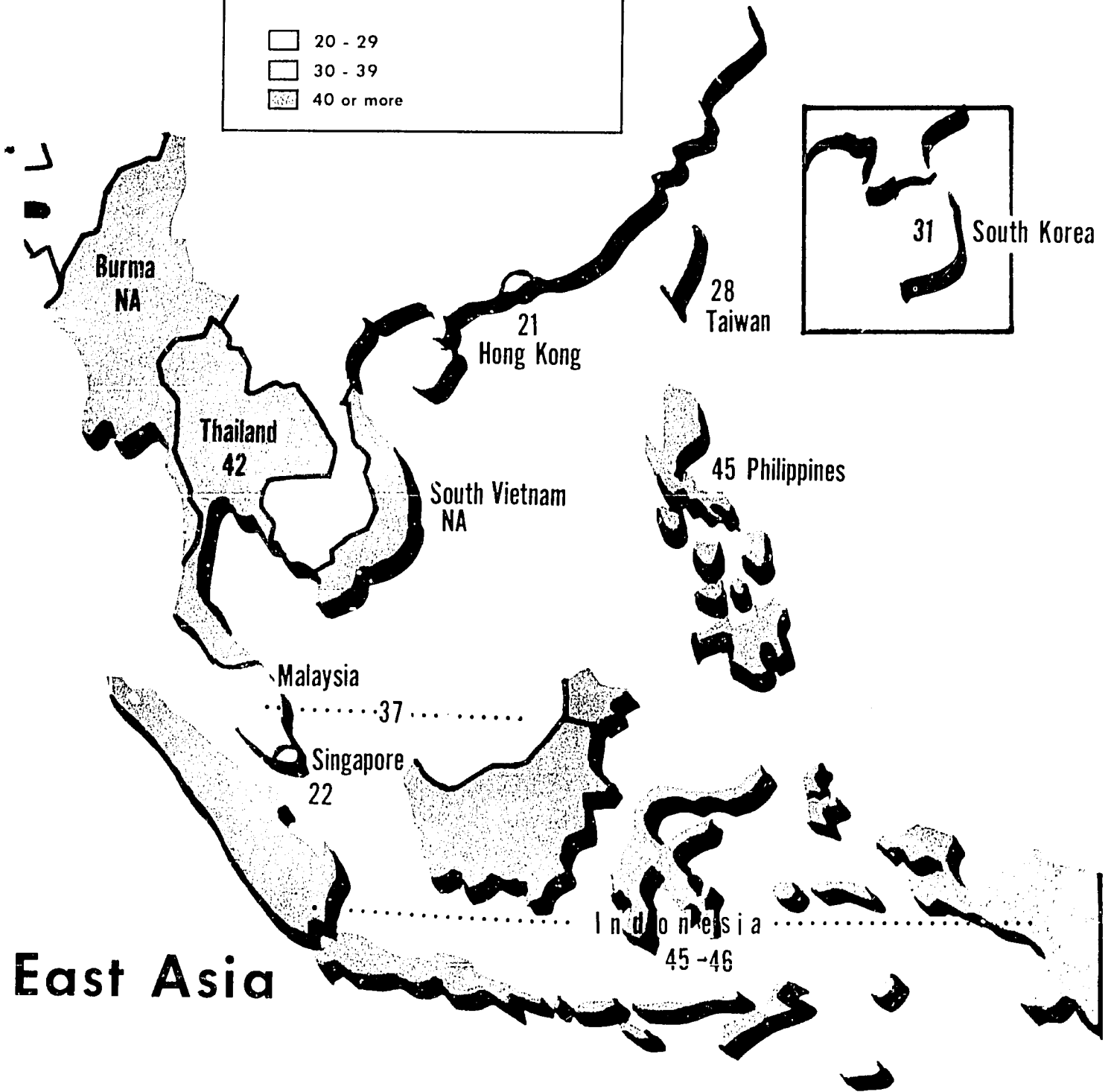
The Population Council has made two grants to the University of Zambia for support of research on rural-urban migration and for the processing and publication of a survey on population growth in selected urban and rural areas. Fellowship support is also provided.

The Unitarian Universalist Service Committee recently initiated an integrated nutrition program, which will introduce family planning education in connection with its other educational activities.

The U.N. Fund for Population Activities has provided assistance in analyzing census data and advising the Government on their use.

Estimated births per 1,000, 1970

-  20 - 29
-  30 - 39
-  40 or more



East Asia

East Asia

East Asian countries have made notable progress during the past year in initiating and expanding family planning programs designed to reduce population growth rates. Eight countries covered herein, comprising a population of approximately 256 million, have national programs or support the efforts of private groups in this field.

Official programs are operating in Taiwan, South Korea, Malaysia, Singapore, Indonesia, and the Philippines. In Thailand the Royal Thai Government recently approved family planning as a national policy, and the Ministry of Public Health is currently preparing a Five-Year Plan to expand and intensify its family planning information and service programs. In Hong Kong family planning programs are being conducted largely by private organizations, notably the Hong Kong Family Planning Association. However the Government provides about 35 percent of the Association's financial support. On the other hand, in Burma there is little activity officially in the family planning field as the Government believes that the country is underpopulated.

Family planning programs in East Asia have encountered little religious opposition. Even in the Philippines, where concern is growing, an official program to reduce the population growth rate got underway in late 1969, and the Catholic Church there is developing its own program to encourage responsible parenthood. Growing levels of literacy and urbanization have boosted these programs. Primary obstacles to promoting family planning include communications difficulties in countries with several languages and/or large rural populations, socio-cultural attitudes which promote large families, and discontinuance of contraceptive practices for various reasons.

Progress has been made in reducing population growth rates. In Taiwan, where a voluntary association has been active since 1954 and the Government has supported family planning since 1964, the birth rate in 1956 was 45 per 1,000; today, it is 28. In the same period, the birth rate in Singapore has been reduced from 48 to 22; in South Korea from 45 to 31; and in Hong Kong from 40 to 21. Malaysia, with a current birth rate of 37 per 1,000 and a population growth rate of 3 percent, hopes to reduce its growth rate to 2 percent by 1985.

Indonesia, the Philippines, and Thailand all have relatively high birth rates, ranging from 42 to 45 per 1,000. The population of the Philippines is

growing at a rate of 3.5 percent annually, the highest rate in East Asia, while the per capita gross national product is growing at 2.8 percent. However, the Government plans to reduce the growth rate to less than 3 percent by late 1973. Thailand's growth rate of 3.3 percent is second highest in the region.

Some countries are barely able to maintain their current standards of living, with little or no added income for economic and social development. Most of Asia's governments recognize this problem and seek to improve the quality of life by planning population growth so as to support economic and social progress.

Moreover, a difficult challenge confronting family planning in East Asia is still to come. Births climbed substantially after World War II, with the result that an exceptionally large number of young people will be reaching marriageable age within the next half-dozen years. This applies particularly to Singapore, Hong Kong, and Taiwan.

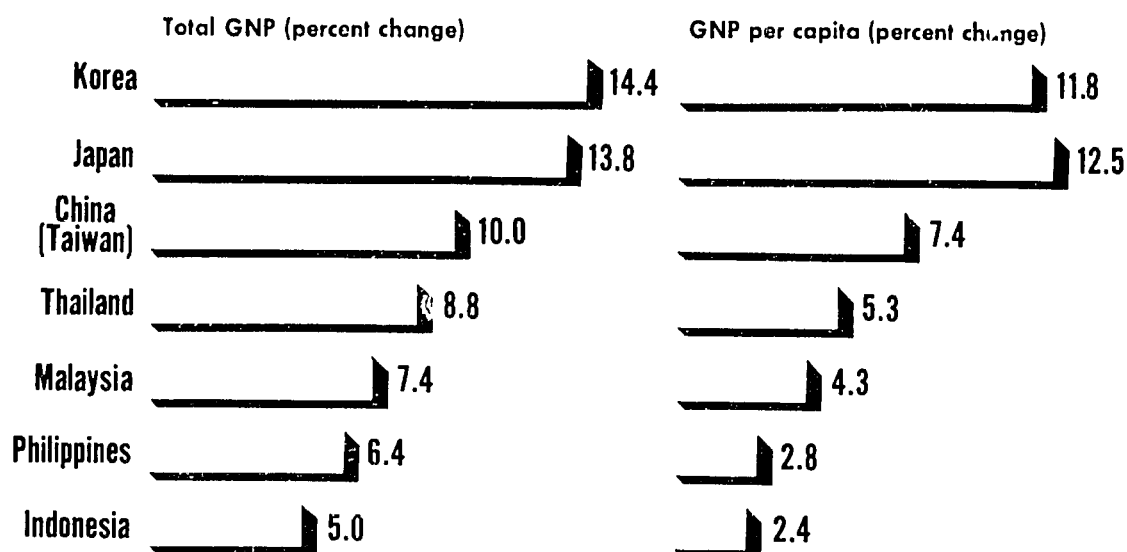
For this reason, family planning efforts are being directed more and more to younger age groups. They have become a principal focus of the national program of Malaysia, which some observers believe could achieve more rapid decreases in fertility than any Asian country—provided that the current program impetus is maintained and the program is extended to rural areas.

A.I.D. assistance

A.I.D. grants in fiscal 1970 for bilateral assistance to family planning and population programs in East Asia amounted to nearly \$9.3 million, or \$1.3 million more than in fiscal year 1969. The largest single recipient was the Philippines, which announced an official population policy in December, 1969. In fiscal 1970 aid to the Philippine population program was increased by some \$3.5 million to a total of over \$4.9 million. Thailand was the second largest recipient with nearly \$1.3 million. Others receiving A.I.D. assistance included: South Korea, \$888,000; and Indonesia, \$430,000. Regional family planning projects received assistance totaling \$623,000, including \$600,000 to the Population Council; \$17,000 for Colombo Plan population programs; and \$6,000 to support population efforts by A.I.D.'s regional development office in Bangkok.

In the Philippines A.I.D. supports the training of doctors and paramedical personnel and helps 14 institutions engaged in population and family

GNP growth rate for selected countries in East Asia^{1/}



^{1/} Average of percent changes in 1969 and 1968. For East Asia as a whole, total GNP percent change, 12.4, and GNP per capita, 10.1; for East Asia excluding Japan, comparable figures are 8.4 and 5.6. Non-Communist countries only.

Source: Office of Statistics and Reports, AID.

AID/TA/Pop-7309

planning activities, including research. In Thailand A.I.D. funds support training and the extension of family planning activities to all provinces, as well as staff and commodities for the existing program. A.I.D. assistance to South Korea helps support the new National Family Planning Research Training Center, finances research, and provides supplies and equipment for clinics and educational programs. In Indonesia A.I.D. funds are used for equipment, supplies, training, and educational programs.

A.I.D. terminated its bilateral assistance program to Taiwan in 1965 as the Taiwanese economic development program has become self-sustaining. However, Taiwan's family planning program is benefiting from a Taiwan trust fund that was originally established by Taiwan and the United States with local currencies obtained from P.L. 480 sales of agricultural commodities. The Center for International Training and several research and auxiliary activities are continuing to be assisted through private organizations and research institutions in programs benefiting other countries.

On a regional basis, A.I.D. is continuing a grant program begun in 1967 with the Population Council

to implement new projects in selected East Asian countries. A.I.D. also is supporting a population/family planning center at the East-West Center, University of Hawaii, offering studies in population dynamics for Asian students.

Total A.I.D. funding for assistance to population/family planning activities in the East Asia region from fiscal 1965 through fiscal 1970 is summarized in the following table:

Program	Fiscal year				
	1965&1966	1967	1968	1969	1970
	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>
	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>
Country projects . . .	112	334	3,475	6,388	8,673
Regional projects . . .		350	1,325	1,608	623
Total . . .	112	684	4,800	7,996	9,296

Other assistance

More than a dozen organizations in recent years have provided various kinds of assistance to family planning activities in East Asia. Foreign governments,

including those of Sweden, Japan, the United Kingdom, and the Netherlands, also have contributed to the support of individual programs, directly or through such organizations as the IPPF and the United Nations.

The International Planned Parenthood Federation has a regional office in Tokyo for its Western Pacific Region and in Kuala Lumpur for its Southeast Asia and Oceania Region. IPPF supplies substantial financial and commodity assistance on an annual basis to help the programs of its family planning association affiliates in East Asian countries. Among the larger recipients are the Philippines and Indonesia.

IPPF funds are used for the development and administration of family planning services, evaluation activities, and educational and informational services. IPPF operates a regional training institute in Singapore, where it held a regional conference in 1969. Tokyo was chosen for its 1970 regional conference. IPPF's regional offices are responsible for providing advisory services and for assisting in promoting the growth and effectiveness of local voluntary family planning associations. The office of

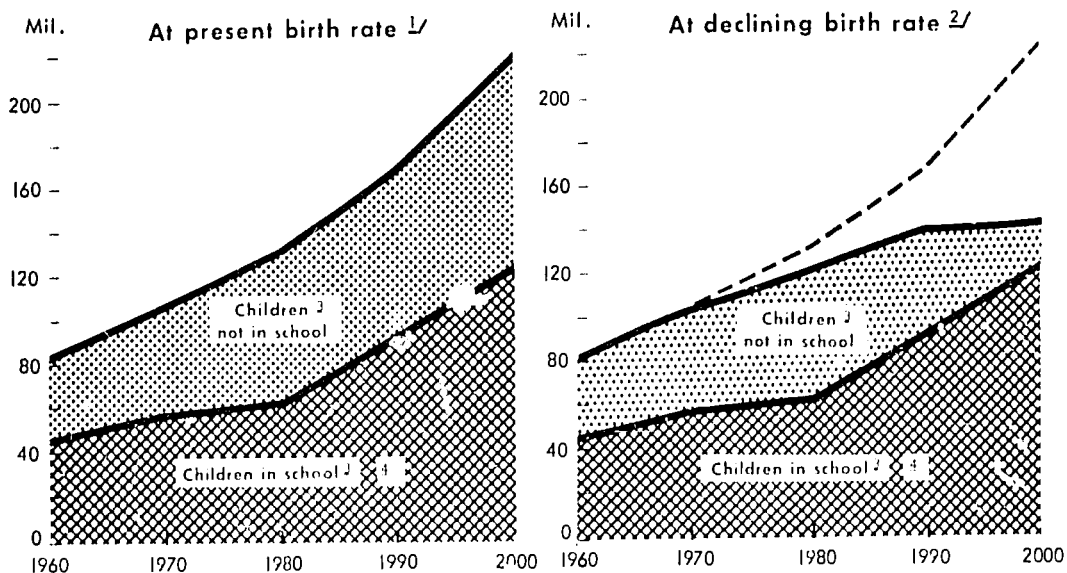
the Western Pacific region provides training and medical support to family planning associations in the region. IPPF in Japan is working to encourage greater government involvement in family planning assistance.

The Population Council has assisted a number of the East Asian countries in family planning activities. The Council maintains resident staffs in Korea, Taiwan, and Thailand, in addition to supplying other forms of help such as staff training, research and population studies, and contraceptives. Twenty-eight hospitals and maternal/child health clinics in East Asia participate in the Council's postpartum program.

The Pathfinder Fund is giving aid to several projects in public communications, motivation, population education, and rural and urban health services in East Asia. Pathfinder has also provided consultant services, training, contraceptives, medical supplies, and field testing of new contraceptive methods. Pathfinder has been active throughout the region.

The Ford Foundation through July 1970 had made grants totaling over \$2.9 million to population programs in five East Asian countries. The

Population pressure on education in East Asia (Excludes Mainland China)



Source: IDSC, Bureau of the Census. Estimates based on UN projections. 1/ Assuming constant fertility and declining mortality. 2/ Assuming declining fertility and mortality. 3/ 5-14 years of age; estimates based on UNESCO Statistical Yearbook. 4/ Derived by multiplying enrollment ratio by school age population at present high birth rate. Assuming present enrollment rates remain unchanged.

AID/TA/Pop-7311

Contraceptives of all kinds make up an important part of foreign assistance to family planning programs. Here, a doctor at a family planning clinic in the Philippines explains the use of oral contraceptives to one of her patients.



Foundation's projects have included provision of a full-time consultant to the Indonesian Planned Parenthood Association, as well as funds toward purchase of an Association headquarters location, for short-term advisors, and for vehicles. In Thailand the Foundation provided a resident advisor from 1967 to 1969 and has supplied funds for short-term experts. In Malaysia it provides help for the family planning program through a contract with the University of Michigan. In Singapore it has provided \$582,000 to a center for economic and demographic research at the University of Singapore. Foundation activities in the Philippines have included assistance to two universities. In 1969 the Foundation provided a grant of \$175,000 to the Press Foundation of Asia in Manila for the training of journalists specializing in development reporting and for establishment of a regional development economics/population news service in Asia.

The Rockefeller Foundation in 1969 entered a cooperative program of population studies between the University of North Carolina Population Center and the Center for Population and Social Research of Mahidol University, Bangkok, with a grant of \$100,000. This was in addition to its previous grant of \$133,000 to those institutions. In 1964 the Foundation made a 2-year grant of \$100,000 to the United Nations for an expanded demographic program by the Economic Commission for Asia and

the Far East. The Foundation also has assisted Hong Kong, the Philippines, and Singapore.

Church World Service assists its affiliate hospitals in East Asian countries. It also has donated materials for seminars in South Korea.

Lutheran World Relief has helped finance the operation of a mobile clinic in South Korea and gives regular support to clinics in Taiwan through the Taiwan Christian Service.

The Mennonite Central Committee has given commodities and assistance to family planning projects in South Korea and Indonesia.

World Neighbors supports clinics, training, and family planning information work in the Philippines.

Oxfam has provided a total of about \$34,000 to the Planned Parenthood Federation of Korea and to various voluntary groups active in that country. In Hong Kong Oxfam funds helped equip four new Family Planning Association clinics and to pay salaries. Oxfam of Canada in 1967-68 gave \$5,000 to the IPPF to assist clinics in Hong Kong.

U.S. Peace Corps volunteers are participating in family planning activities in Malaysia, and a couple of other countries.

The Swedish International Development Authority has supplied funds, contraceptives, and other commodities for Malaysia, South Korea, and Indonesia. Notably, it has provided \$500,000 toward the building of a family planning center in Korea.

The United Kingdom provided a technical assistance expert in support of a population project at the University of Singapore.

The Government of the Netherlands is providing assistance for establishment of a national training center in Indonesia.

The Japanese Government has held seminars for family planning workers from Southeast Asia, and the Family Planning Federation of Japan has supplied contraceptives and vehicles to Indonesia, Taiwan, and South Korea.

The United Nations Economic Commission for Asia and the Far East (ECAFE) has been active in the population field since 1963, primarily through sponsorship of family planning conferences. Its fourth working group on aspects of family planning programs was held in Bangkok in July and August 1970 and focused on training. ECAFE receives assistance for its population programs from the U.N. Fund for Population Activities.

A joint United Nations-World Health Organization-World Bank advisory mission visited Indonesia in 1969. As a result, a 5-year family planning program has been recommended to the Indonesian Government.

Burma

Demographic information

Population according to census of

March 5, 1941 16,823,798

Estimated population,

January 1, 1970 27,262,000

Births per 1,000 population, 1969 ⁽¹⁾

Deaths per 1,000 population, 1969 ⁽¹⁾

Infant deaths per 1,000 live births ⁽¹⁾

Rate of natural increase,

1969 (percent) 2.1-2.3

Number of years to double population

at present rate of natural increase 32

Percent of registered births,

first born, 1963 ²22

Median maternal age, 1963 ²28

Median birth order, 1963 ²2.9

Percent of registered births born to

women less than 20 years old, 1963 ²10

Percent urban, 1970 16

Percent of labor force in agriculture, 1965 62

Per capita gross national product, 1968 \$71

Percent literate, latest 60

¹Not available. ²Underregistered.

Highlights of activities

The Government of Burma believes the country is underpopulated. Importation and sale of contraceptives is restricted, and the penalty for sterilization is 3 years imprisonment for both patient and doctor.

A family planning association was established in 1960 with assistance from the Pathfinder Fund. However, because of Government policy, the association has discontinued its activities. Individual doctors give family planning advice, and 16 Burmese doctors have been trained in Singapore in IUD techniques.

Burma's attitude toward population is summed up in the following statement taken from a report presented at a meeting of Colombo Plan countries in Karachi, Pakistan, in November 1966:

"In Burma there is no population pressure. The area of Burma is 261,789 square miles with an estimated population number of 25.2 million for 1965-66 (27.3 million in early 1970). The density of population is 96 per square mile (104 in 1970) for the country taken as a whole. Burma must therefore be considered as a relatively underpopulated country where there is available land that can be brought under cultivation. The annual rate of population growth is estimated to be 2 percent (2.1-2.3 percent in 1969).

"The rate of growth of output is about 4.5 percent (4.9 percent for the year ending September 30, 1969), which exceeds the rate of population growth by an average of 2.5 percent. The number of pupils in schools increased from 2,198,783 in 1964-65, to 2,757,362 in 1965-66. Students in institutions of higher education increased from 18,554 in 1964-65 to 24,482 in 1965-66. This shows the effort which is being put forth to prepare the population for the task of economic development. The population question in Burma should be seen in the light, not of control of the birth rate, but of equipping and mobilizing the people for economic growth."

A.I.D. assistance

A.I.D. does not provide assistance for family planning to Burma.

Other assistance

The Pathfinder Fund helped set up the Family Planning Association of Burma. In 1963 Pathfinder found that the new Government of Burma had adopted a clearly negative attitude toward family planning activities. As a result, Pathfinder discontinued its assistance.

Hong Kong

Demographic information

<i>Population according to census of</i>	
<i>August 2, 1966</i>	<i>3,716,400</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>4,002,000</i>
<i>Births per 1,000 population, 1969</i>	<i>21</i>
<i>Deaths per 1,000 population, 1969.</i>	<i>5</i>
<i>Infant deaths per 1,000 live births, 1969.</i>	<i>22</i>
<i>Rate of natural increase, 1969 (percent)</i>	<i>1.6</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>43</i>
<i>Percent of registered births,</i>	
<i>first born, 1967</i>	<i>21</i>
<i>Median maternal age, 1967</i>	<i>30</i>
<i>Median birth order, 1967</i>	<i>3.3</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967.</i>	<i>4</i>
<i>Percent urban, 1970</i>	<i>80</i>
<i>Percent of labor force in agriculture, 1966.</i>	<i>5</i>
<i>Per capita gross national product, 1968.</i>	<i>\$693</i>
<i>Percent literate, 1961.</i>	<i>71</i>

¹Estimated net immigration results in a growth rate of 1.9.

Highlights of activities

Birth rates in Hong Kong have fallen sharply in recent years, from 36 per 1,000 persons in 1960 to 21 per 1,000 in 1969.

Net immigration has been a significant factor in population growth. Of the total 1.9-percent increase in 1969, 0.3 percent was attributable to immigration. Refugees make up roughly one-fourth of the total population; if Hong Kong-born children of refugees are included, the proportion rises to one-half.

Family planning activities are carried on by the Hong Kong Family Planning Association, established in 1936 and reorganized in 1950. It is affiliated with the International Planned Parenthood Federation. Though the Government does not have an official program or policy on family planning, it subsidizes around 35 percent of the Association's expenses and permits the operation of family planning clinics at maternal and child health centers and hospitals. The Government's Resettlement Department—responsible for the accommodation of over 1 million people—also provides clinics, and the Social Welfare Department gives assistance to family planning activities.

Some 54 clinics have been established and operate over 150 sessions weekly. Attendance has grown from less than 3,000 in 1951 to over 273,700

in 1969, when an estimated 35,000 women were using IUDs.

Oral contraceptives have become the most popular method among those patronizing the clinics for the first time. Of 27,700 new patients in 1969, nearly 60 percent preferred orals, and 13 percent, IUDs. The low cost of orals (10 U.S. cents per monthly cycle) is one reason for their wide use; another is that no medical prescription is required, and orals are widely available through commercial outlets. Nearly 80,000 women were using orals regularly in 1969-70.

In addition to family planning clinics, the Association conducts subfertility and married life information clinics. It employs 45 welfare workers who promote family planning through consultations at maternal and child health centers. It also sponsors training courses for welfare workers and other personnel.

The Association publicizes family planning over radio and television and through film shorts in theaters, exhibitions for organizations and factories, pamphlets, and poster-design competitions. Its latest educational effort is a campaign to broaden knowledge about family planning on the resettlement estates through films, lectures, pamphlets, and posters.

A.I.D. assistance

A.I.D. does not provide direct assistance to the family planning program.

Other assistance

The International Planned Parenthood Federation provides financial and commodity assistance on an annual program basis to the Family Planning Association.

The Population Council has provided approximately \$95,000 for postpartum family planning programs in six hospitals and three maternal and child health centers. The Council also provides fellowship support.

The Pathfinder Fund supports a floating clinic which brings family planning information and services to fishing communities and neighboring rural areas. As part of its International IUD Program, Pathfinder evaluates IUD insertions made in several clinics of the Family Planning Association. A report on four studies was presented by the Pathfinder Medical Director at the World Congress of Obstetrics and Gynecology in New York in April 1970. In addition to providing contraceptives, Pathfinder has helped support the services of two doctors and a nurse. In 1960 Pathfinder made a 2-year grant to the Family

Planning Association to enable employment of a home visitor and distribution of simple contraceptives.

The Rockefeller Foundation in 1966 and 1967 made two \$15,000 grants for population studies at the Chinese University.

Oxfam has helped to equip four new Family Planning Association clinics and to pay salaries. Oxfam funds allocated to the Association for equipment, salaries, and running costs totaled about \$44,000 between 1965 and 1967. In 1967-68 Oxfam of Canada gave \$5,000 to the IPPF to help with running costs of extra family planning clinics in Hong Kong.

CARE has supplied clinics with instruments and equipment.

world's highest concentrations of population engaged in agriculture.

During the Sukarno regime, pronatalist leanings by the Government limited family planning activities. Nevertheless, the Indonesian Planned Parenthood Association was formed in 1957 and is affiliated with the International Planned Parenthood Federation. By 1963 the Association was operating 11 clinics and had six branches. With the change of government in 1965, the family planning policy was reversed, and the Association was able to expand its activities. By 1967, it had 16 branches and was operating some 100 clinics in Government health centers. By 1969 there were 225 clinics in Java, Madura, and Bali alone, and the Association had 85 branches.

In 1967 Acting President Suharto told Parliament: "Looking to the future, we should be aware that the growth of our population is too high in relation to our economic growth; therefore, we have to consider seriously the matter of birth control through methods of family planning which are not contradictory to religious principles. . . ."

The Indonesian Government initiated a program to slow down population growth in 1968 with establishment of the National Institute of Family Planning (commonly called Lembaga), with representatives from voluntary organizations and Government agencies. Lembaga was assigned to draw up a family planning program, coordinate and supervise all family planning activities, and promote international cooperation in family planning. Lembaga has since been dissolved and replaced by a National Family Planning Coordinating Board.

The national family planning program is incorporated into Indonesia's Five-Year Development Plan, 1969-74. The program has a target of 3 million acceptors over the 5-year period. The Government is concentrating initially on the densely populated areas of Java, Madura, and Bali, and will gradually extend services to the outer islands. In July 1969 the Indonesian Planned Parenthood Federation announced intentions to turn over its clinics in these three islands to the Government, with the exception of "model clinics," which continue to be operated by the Association.

With the Government's assumption of responsibility for the clinics, the Association will concentrate primarily on training and education. The Association operates a national training center and six provincial training centers, which are being expanded to handle more trainees. The curriculum and staff are also being strengthened. During 1969-74, the Association plans to train 2,000 family planning workers to help carry out the Government's program.

Indonesia

Demographic information

<i>Population according to census of</i>	
<i>October 31, 1961</i>	¹ 97,019,000
<i>Estimated population,</i>	
<i>January 1, 1970</i>	² 118,056,000
<i>Births per 1,000 population, 1969</i>	45-46
<i>Deaths per 1,000 population, 1969</i>	20
<i>Infant deaths per 1,000 live births, 1969</i>	150
<i>Rate of natural increase,</i>	
<i>1969 (percent)</i>	2.5-2.6
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	⁴ 27
<i>Percent of registered births, first born</i>	(³)
<i>Median maternal age, 1964</i>	27
<i>Median birth order</i>	(³)
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1964</i>	⁴ 13
<i>Percent urban, 1970</i>	18
<i>Percent of labor force in agriculture, 1965</i>	66
<i>Per capita gross national product, 1968</i>	\$96
<i>Percent literate, 1961</i>	43

¹Including estimate of 700,000 for W. Irian. ²Including estimate of 930,000 for W. Irian. ³Not available. ⁴Underregistered.

Highlights of activities

Indonesia, sixth most populous country in the world, has a population of over 118 million, which is expanding at a rate of 2.5-2.6 percent annually. At this rate, its population would double in 27 years. Although the nationwide population density is well under those of countries like Japan and South Korea, the Indonesian islands of Java and Bali have the

The Association hopes to promote family planning education as much as possible, but is hampered by language differences and geographical problems. Three mobile units are used both for family planning services and educational purposes. The Association also distributes literature, sets up exhibits at trade fairs, holds film shows and plays, and has produced a film entitled "The Twelfth Child." Radio and television have been used for interviews and plays.

Indonesia has no legislation against birth control. The once-high duty on imported contraceptives has been abolished provided they are imported through the Ministry of Health. The Government's budgeting support for family planning increased from \$79,000 in 1968 to \$1.3 million in 1970.

A.I.D. assistance

A.I.D. has provided both financial assistance and technical aid to Indonesia's family planning program. Most A.I.D. funds are used to buy commodities, such as clinic equipment and contraceptives, and to finance participant training, short-term advisory services, and an information and education program. A.I.D. provided assistance totaling \$270,000 in fiscal 1968, \$1.5 million in 1969, and \$430,000 in 1970.

Other assistance

The International Planned Parenthood Federation gives financial assistance to IPPA. Support in the past years has included the training of 40 Indonesians at the IPPF Family Planning Training Institute in Singapore, a grant used for a training center, and a family planning conference in Bandung in June 1969.

The Population Council supports postpartum family planning programs in three hospitals in Jakarta and two in Bandung and is providing fellowships for the study of the physiology of reproduction. The Council has also made a grant to the Institute of Demography, Faculty of Economics, University of Indonesia.

The Pathfinder Fund in 1970 continued to evaluate three studies of IUD insertions in Indonesia as part of its International IUD Program. Pathfinder has made substantial donations of funds, contraceptives, medical supplies, equipment, and educational materials for clinics and related motivation programs. These include those of the Indonesian Council of Churches, one in the slum area of Jakarta, and one at the Taman Puring Maternity Hospital. At the University of Indonesia School of

Public Health, the Fund supports a research program in motivational techniques, which is testing such methods as daily radio programs, home visits, use of voluntary social organizations, and neighborhood gatherings for husbands. Pathfinder has also provided vehicles to assist in evaluation of the Jakarta Family Planning Project, and a travel grant to an American physician to direct a 2-week workshop on population dynamics and family planning welfare at the University of Indonesia Medical School. One of the purposes of the workshop was to discuss the curriculum revisions needed to include these subjects in Indonesian medical schools.

The Ford Foundation made two grants, in 1967 and 1969, totaling \$350,000 to the Indonesian Planned Parenthood Association to support pilot programs in family planning. The Foundation provides technical assistance through a full-time representative and consultant services, and assists in participant training. In 1969 the Foundation provided a \$75,000 grant to the Special District of Jakarta for the establishment of an integrated population information program. In 1970 the Foundation made a grant of \$437,000 to the Indonesian Government for the training of demographers by the Demographic Institute at the University of Indonesia.

Church World Service has budgeted about \$12,000 for the Indonesian program, mainly to support family planning training and operational clinics for medical personnel in North Sumatra and Sulawesi, in conjunction with the National Training Institute.

The Mennonite Central Committee since 1967 has supported the Taju Christian Hospital in Central Java.

The Swedish International Development Authority has made a grant of condoms, oral contraceptives, and vaginal tablets.

The Government of the Netherlands has begun a joint program with the Indonesian Government to establish a national training center that will include family planning.

The Family Planning Federation of Japan in 1968 provided contraceptives, vehicles, and equipment valued at \$15,031 and similar aid in 1969 valued at \$9,236; the Federation plans to provide \$40,278 for this purpose in 1970. In October 1969 the Japanese Government sent a family planning mission to Indonesia, and subsequently began receiving Indonesian trainees and sending advisors and materials to that country.

A joint United Nations-World Health Organization-World Bank advisory mission visited

Indonesia in 1969 and has made recommendations for a 5-year family planning program to the Indonesian Government.

The U.N. Fund for Population Activities has supported fellowships in family planning training, participation of an Indonesian family planning official in the International Obstetrics and Gynecological Conference in New York in April 1970, the U.N./World Bank/WHO mission to Indonesia, and a study tour for Indonesian officials to observe family planning activities in other countries.

In April 1969 the World Assembly of Youth in Indonesia held a seminar on "Youth and Family Planning," attended by representatives of the Central Board of WAY-Indonesia member organizations, youth and student leaders, Government officials, and members of women's groups.

Korea (South)

Demographic information

Population according to census of

October 1, 1966 29,159,640
Estimated population,

January 1, 1970 31,431,000

Births per 1,000 population, 1969 31

Deaths per 1,000 population, 1969 9

Infant deaths per 1,000 live births, 1966 53

Rate of natural increase, 1969 (percent) 2.2

Number of years to double population at
present rate of natural increase 32

Percent of registered births,
first born, 1964 20

Median maternal age, 1964 29

Median birth order, 1964 3.0

Percent of registered births born to
women less than 20 years old, 1964 1

Percent urban, 1970 39

Percent of labor force in agriculture, 1968 50

Per capita gross national product, 1968 \$188

Percent literate, 1960 71

Highlights of activities

The Government of South Korea adopted a national family planning program in 1962, a year after the formation of a voluntary group, the Planned Parenthood Federation of Korea (PPFK). Implementation of the national program began with the repeal of a longstanding law prohibiting the importation of contraceptives, allocation of funds for the program, and incorporation of family planning into the First Five-Year Economic Development Plan

(1962-1966). Today, the Government and the PPFK cooperate in administering an extensive family planning program that covers the entire country and reaches all the way down to the village level.

The goal of the Korean program for 1972-76, as incorporated in the Third Five-Year Plan, is to reduce the population growth rate from the current 2.2 percent to 1.5 percent by the end of 1976. In order to do this, the Government has set a target of 48 percent of eligible couples practicing contraception. It hopes that its own clinics, by providing free contraceptives, will reach 33 percent of the couples, and that the other 15 percent will purchase traditional and oral contraceptives commercially.

In 1963 a special unit for family planning was established in the maternal and child health section of the Ministry of Health and Social Affairs. Similar units were formed in the provincial health departments and in Seoul and Pusan. From these bases, the program has spread throughout the country. Starting in 1966, mobile units were introduced into the program to train rural doctors in IUD insertion and vasectomy techniques and to take family planning services to remote areas. There are currently 38 mobile units, eight equipped for IUD insertions and vasectomies and 30 that provide



information and educational materials. There are now about 1,800 doctors certified for IUD insertions and/or vasectomies; 90 percent are in private practice and are reimbursed by the Government.

The 139 county health centers throughout the country now have two nurses apiece; and a family planning worker and a tuberculosis-control worker are assigned to each of the 1,473 townships of Korea. It is expected that each of these townships will have a health subcenter—so far, about half have them; plans call for an additional 300 to be opened in 1970. A total of 182 health aides, 193 nurse/midwives, 58 midwives, and 72 nurses are assigned to selected township subcenters for family planning and maternal/child health work. There are also 52 health centers in urban areas.

To make family planning efforts more effective at the village level, a new technique, called "mothers' classes," was introduced in 1968. The classes, each consisting of a leader and 10-15 members, meet monthly in the villages and act as spokesmen for family planning in their areas. There are now some 1,700 of these groups throughout the country.

A National Family Planning Training Center is being set up in Seoul as a central facility to direct and coordinate all training for family planning workers in

Korea. Administratively, it will be part of the Ministry of Health and Social Affairs, but its board of directors will have wide representation from agencies involved in family planning. It will house the PPFK's training and information offices, the Population Council's Korea office, and the family planning evaluation unit of the Ministry of Health and Social Affairs. This evaluation unit is staffed by 41 Korean technicians with the assistance of and supervised by an American demographer/statistician on the staff of the Population Council. The unit publishes monthly reports on statistic and developments in family planning.

Training has been primarily the responsibility of the Planned Parenthood Federation, which maintains a central staff as well as contracts with five universities to train doctors and family planning workers. Courses also have been held in classrooms of medical and nursing schools and in local government meeting halls. Fieldworkers are now receiving paramedical training so that they may work in the broader area of maternal and child health care.

The Planned Parenthood Federation also produces all educational and publicity material and has made wide use of all media, including press, radio, television, films, and exhibitions. Its family planning

Left, women from a rural community in South Korea register at a mobile family planning clinic. Below, at a clinic in Seoul a family planning worker maneuvers an intrauterine device into an inserter, to the amazement of onlookers. Right, rural women await their turn outside a mobile family planning clinic.



magazine, "Happy Home," has a circulation of 30,000 and is distributed free to the "mothers' classes." The Federation operates the mobile units, which it took over from the Government in 1967, and runs about 10 demonstration clinics, which provide family planning services while carrying out research and training.

In the future, a wider range of persons will be trained in family planning, from pharmacists and midwives to provincial administrators. Information programs will take on new emphasis toward social groups and institutions such as the army reserve, libraries, high schools, and colleges.

Results of the family planning program by 1969 were not so favorable as had been expected. Specific obstacles included a high IUD dropout rate (about 40 percent), the traditional desire for large families with one or more male children, and budgetary problems.

Some recent developments presage an improvement in this situation during 1970 and beyond. In July 1969 the Ministry of Health declared all women eligible for oral contraceptives who could pass medical screening. Previously, the Korean program had been based primarily on the IUD, with orals available only to women who had discontinued IUD use. This action increased the number of prospective users from the 600,000 who were IUD dropouts to about 3.8 million married women of reproductive age. Imports of orals during 1969 totaled about 3 million cycles, compared to 1.3 million in 1968.

Also, traditional desires for large families and male children are waning with later marriage and urbanization. The immediate budgetary needs appear to have been met as the National Assembly approved the entire budget requested by the Ministry of Health and Social Affairs for family planning in 1970.

A.I.D. assistance

A.I.D. has been assisting the Koreans in their family planning program since its inception in 1962. Commitments from fiscal 1962 through 1969 totaled approximately \$2.8 million, and in fiscal 1970, \$888,000. One form of assistance has been the purchase of commodities, such as jeeps, ambulances, mobile health units, and film equipment and other teaching aids. In the last few years 50 jeeps and 50 large vehicles used for administering IUD insertions and vasectomies, as well as for educational programs, were provided; and equipment and training aids for collection of statistics were also purchased.

Another important form of assistance has been the support of institutions and research projects.

Recently, \$75,000 was allocated for the new Korean institution, the National Family Planning Training Center. These funds will provide supplies; grants for study inside Korea to teachers, students, and government personnel; and short-term technical consultants to assist in the organization and operation of the Center. In June 1969 a contract was signed with the American Public Health Association to assist with the planning of the Center and with possible areas of research.

In June 1970 A.I.D. agreed to finance research in the attitudinal and behavioral aspects of family planning, to be undertaken by the University of Hawaii. A.I.D. has also provided financial support to the Planned Parenthood Federation of Korea and Seoul National University through a contract with the Population Council, and has given assistance to the research efforts and the action family planning programs of Yonsei University.

Other assistance

The International Planned Parenthood Federation gives financial aid to its affiliate, the Planned Parenthood Federation of Korea. IPPF funds are used for expansion of training programs, maintenance and expansion of clinics and mobile unit operations, presentation of seminars, and provision of commodities, including audiovisual and office equipment and vehicles.

The Population Council, which has been active in the Korean program since its inception in 1962, provided more than \$582,000 in assistance in 1969. Funds are used for training in demography; resident technical advisors; development of a population research and training center; support of biomedical and family planning studies; evaluation of a survey of vital statistics; travel grants for health workers; and fellowships for observation and study abroad. Major recipient institutions include the Ministry of Health and Social Affairs, Seoul National University, the Planned Parenthood Federation of Korea, and the Yonsei University Center for Population and Family Planning.

The Pathfinder Fund, since the early days of the Korean program, has made grants for educational materials and contraceptives. In 1969 Pathfinder financed the translation of a family planning booklet.

Church World Service provides materials for family planning seminars presented by the Korean Council of Churches, and also provides contraceptives for CWS-supported hospitals.

Lutheran World Relief, Inc., has helped finance the operation of a mobile clinic and family planning seminars for local leaders in this field.

The Mennonite Central Committee promotes family planning as part of its overall assistance program to 200 Korean families.

Oxfam since 1965 has provided a total of some \$34,000 to the Planned Parenthood Federation of Korea for the establishment of family planning clinics; to the Korean Church World Service for family planning teams and vehicles; and to the Christian Reformed Korean Mission for 10 family planning clinics.

The Swedish International Development Authority, through June 1969, had given approximately \$1,150,000 in assistance, mainly oral contraceptives and vehicles. In addition, SIDA is providing 90 percent (\$500,000) of the building costs of the National Family Planning Training Center in Seoul and is contributing to its first 5 years' operating costs.

The Family Planning Federation of Japan provided vehicles and equipment valued at \$16,000 in 1969 and planned to supply \$51,389 worth in 1970.

prevent any increase in income from being nullified by rapid population growth, a large program of family planning will be implemented." The program's goal is to reduce the population growth rate to 2 percent by 1985, as compared with the current rate of about 3 percent.

The Government's program is administered by the National Family Planning Board, which has wide-ranging representation from the Government, voluntary family planning groups, trade unions, chambers of commerce, and religious and medical associations.

The Federal Government is concentrating its efforts and resources on the 11 States of West Malaysia, which contain 85 percent of the country's total population. Family planning programs in the other two States, Sarawak and Sabah, are being carried out by voluntary associations assisted by the International Planned Parenthood Federation.

In West Malaysia, the Government operates some 60 clinics; an additional 155 are served by mobile units. In addition, the Federation of Family Planning Associations (FFPA)—formed in 1958 by several independent groups—operates about 180 clinics, including some in health centers of estates and mines. Today, the Federation is made up of 11 autonomous associations, one in each State, and is a member of IPPF. The Government helps to support the Federation with an annual grant.

All principal contraceptive methods have been available since 1968, but some 90 percent of the patients at Government clinics choose contraceptive pills. The standard price of orals is equivalent to 33 U.S. cents per month. Orals are given free to women who are unable to pay—about a fourth of all users. IUD insertions are free.

The Government program had 103,000 acceptors through February 1969, and the Federation reported seeing 135,518 women from July 1962 through December 1968. It is estimated that private doctors provide pills to about 100,000 women per month.

The Government has held nearly 40 courses to train some 650 program workers since 1967. In January 1969, with UNICEF support, a program was started to train village midwives in family planning. Twenty of these courses were scheduled for 1970, to train 500 midwives. The Federation also gives courses for doctors from throughout the country, utilizing films, lectures, and demonstrations on the use of IUDs and oral contraceptives, family planning, and public health. Some 100 doctors, paramedical personnel, and laymen have received training at the IPPF Regional Training Institute in Singapore. The

Malaysia

Demographic information

<i>Population according to census of</i>	
1957-1960	7,477,708
<i>Estimated population,</i>	
January 1, 1970	10,899,000
Births per 1,000 population, 1969	37
Deaths per 1,000 population, 1969	8
Infant deaths per 1,000 live births, 1969	170
Rate of natural increase, 1969 (percent)	3.0
<i>Number of years to double population at</i>	
present rate of natural increase	23
Percent of registered births, first born, 1966	118
Median maternal age, 1967	129
Median birth order, 1966	13.6
<i>Percent of registered births born to</i>	
women less than 20 years old, 1967	113
Percent urban, 1970	141
Percent of labor force in agriculture, 1965	155
Per capita gross national product, 1968	\$326
Percent literate, 1957	143

¹West Malaysia only.

Highlights of activities

Malaysia has had an official population program since 1966, when its Parliament passed the Family Planning Act. The program was incorporated into the First Malaysian Plan, 1966-70, which states: "To

University of Malaya offers demographic analysis as part of its Bachelor of Arts and Bachelor of Economics degrees.

Both the FFPA and the Government conduct education programs. The Federation has a full-time information office to build up its information services and to produce materials for distribution via radio, television, the press, leaflets, films, home visits, and group meetings. The Government's program is directed primarily at postpartum women.

In Sarawak the Family Planning Association established in 1962 operates family planning centers in eight main towns and 27 branch clinics. One mobile clinic is also in operation. The Association has 10 full-time and four part-time doctors and paramedicals, as well as 45 voluntary assistants. Its educational program utilizes all media, but emphasizes radio broadcasts in four languages as the most efficient way to reach large numbers of people. The Sarawak Government provides funds and facilities for clinics, but the Association raises three-quarters of its finances from patient dues and sales of contraceptives. It also receives financial and commodity support from IPPF.

In Sabah the Government expresses a negative attitude toward family planning mainly due to a feeling that the State is underpopulated. However, the Government is concerned about illegal abortions and allows its facilities to be used for family planning clinics. The clinics 10 in all are run by the Sabah Family Planning Association, which was formed in 1967 and is an affiliate of IPPF. Attendance doubled between 1967 and 1968. Educational activities focus on maternal and child health centers and hospital maternity wards.

A.I.D. assistance

A.I.D. does not provide direct assistance.

Other assistance

The International Planned Parenthood Federation helps support its Malaysian members: the Federation of Family Planning Associations in West Malaysia and the family planning associations in Sabah and Sarawak with a wide range of commodities as well as financial assistance on an annual program basis. In 1970, IPPF moved its Southeast Asia and Oceania regional office to Kuala Lumpur from Singapore.

The Population Council supported the second East Asian Population Conference held in Malaysia in March 1970 and is providing fellowships.

The Pathfinder Fund has given assistance to privately sponsored family planning activities in the

form of advisory services, participant training, and provision of contraceptives.

The University of Michigan, with Ford Foundation support, has given short- and long-term advisory assistance to the family planning program. Grants in 1966, 1967, and 1970 totaled \$681,000.

U.S. Peace Corps volunteers are participating in family planning activities in a village health program.

The Swedish International Development Authority has assisted the Malaysian program since 1967, mainly by providing contraceptives and other supplies. These have included vehicles and materials for educational projects. Through mid-1969, SIDA gave \$330,000 in family planning assistance.

Philippines

Demographic information

<i>Population according to census of</i>	
<i>February 15, 1960</i>	27,087,685
<i>Estimated population,</i>	
<i>January 1, 1970</i>	37,766,000
<i>Births per 1,000 population, 1969</i>	45
<i>Deaths per 1,000 population, 1969</i>	10
<i>Infant deaths per 1,000 live births, 1969</i>	83
<i>Rate of natural increase, 1969 (percent)</i>	3.5
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	20
<i>Percent of registered births, first born, 1965</i>	¹ 21
<i>Median maternal age, 1966</i>	¹ 28
<i>Median birth order, 1965</i>	¹ 3.5
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1966</i>	17
<i>Percent urban, 1970</i>	23
<i>Percent of labor force in agriculture, 1965</i>	53
<i>Per capita gross national product, 1968</i>	\$203
<i>Percent literate, 1960</i>	72

¹Underregistered.

Highlights of activities

The Republic of the Philippines has the highest rate of population increase—3.5 percent per annum of any country in Asia. Population is growing at a higher rate than per capita gross national product, which is increasing at a rate of 2.6 percent. The population density is currently 310 persons per square mile.

Public concern with the population problem is widespread and increasing. A family planning movement came into being in 1965 with the founding of the Family Planning Association of the Philippines.

This was followed by formation of the Planned Parenthood Movement of the Philippines and other voluntary groups. In May 1969 the two principal organizations merged, to coordinate and broaden their operations, into the new Family Planning Organization of the Philippines (FPOP).

The Government of the Philippines is adopting an official program of family planning. President Marcos in early 1969 appointed a special Population Commission to investigate all aspects of the population problem and to formulate recommendations in this field. In April of that year the Government rescinded a law that banned the importation and sale of contraceptive materials, and in December President Marcos publicly endorsed the liberal recommendation of the Population Commission for a national policy.

As of June 1970 private and local government agencies operated most of the country's family planning clinics. Those operating the largest number were the Institute for Maternal and Child Health (IMCH), the FPOP, the Manila City Health Department, and the province of Laguna.

In fiscal 1971 the National Government will make its first large commitment by instituting family planning services in 200 rural health units. Two large private programs also will be initiated, one through the Philippine Medical Association and the other through the Responsible Parenthood Council. The program of the latter organization will focus on rural areas and emphasize the rhythm method.

Plans call for a total of more than 800 clinics by June 1971 and 2,000 by 1974. Services offered include orals, the IUD, rhythm, and conventional contraceptives, depending upon the desires of the users. As of the first quarter of 1970, new acceptors totaled about 125,000 per year. It is hoped to double this rate by mid-1971.

Family planning personnel receive training through the FPOP, the IMCH, and the Department of Health. With Government approval of family planning, mass-oriented information and education programs are getting underway. Arrangements have been made for over 100 radio stations to carry daily skits on the problems of parenthood and large families. National periodicals carry articles about planned parenthood, and booklets are being distributed on a massive scale in rural areas.

Research and evaluation is primarily the responsibility of the University of the Philippines Population Institute (UPPI) and the Institute of Philippine Culture (IPC) at the Ateneo de Manila. The UPPI is working to determine the demographic impact of clinical efforts, as well as what factors can



A family planning worker in the Philippines explains the reproductive process to a new contraceptive patient at a rural clinic.

contribute to improved clinical performance. The IPC has concentrated on evaluating and suggesting improvements in the information and education program.

A.I.D. assistance

A.I.D. in fiscal 1970 obligated \$4.9 million (up from \$1.4 million in fiscal 1969 and \$1 million in 1968) to support population activities by various public and private organizations. These funds are used for clinic operations, medical and other equipment, training, vehicles, and research. By early 1970 A.I.D. had supported the training of approximately 2,000 medical and paramedical personnel and had given assistance to 14 organizations and institutions.

Other assistance

The International Planned Parenthood Federation provides comprehensive financial and commodity assistance on an annual basis to the Family Planning Organization of the Philippines, which is a member of IPPF.

The Population Council supports postpartum family planning programs at Fabella Memorial Hospital and the Philippines General Hospital and is supporting an investigation of effects on progestin at microdose levels. It has also provided fellowships for graduate study in demography.

The Philippine Press Institute, in cooperation with population specialists, supported a series of

population seminars for 200 Philippine journalists. The seminars provided background information about population problems and have resulted in more favorable news coverage of local and national family planning programs. Pathfinder has helped to establish clinics, including seven in health centers in Quezon City, and supports clinics by providing oral contraceptives and medical supplies, as well as IUD insertion kits for training programs. It also provides family planning films and funds for the salaries of selected family planning nurses and social workers. To furnish health and birth control services in remote areas, Pathfinder supports a traveling medical team that works out of a clinic in Midsayap. Pathfinder has provided educational/travel grants for several physicians and nurses. In 1969 it published the results of seven studies of IUD insertions, as part of its International IUD Program; two studies continue to be evaluated.

The Ford Foundation in 1966 made a \$14,500 grant to the Philippines Society of Endocrinology and Metabolism for publications and participation in the Third Asia and Oceania Congress of Endocrinology held in Manila in 1967. In 1964 the Foundation made a 3-year grant of \$208,500 to establish the Population Institute for demographic research at the University of the Philippines. The Foundation made two additional grants, in 1967 and 1970, totaling \$465,700, to expand the Institute's research program. In 1968, the Foundation made a 2-year grant of \$113,000 to the Royal and Pontifical University of Santo Tomas of Manila for development of the Institute for the Study of Human Reproduction.

The Rockefeller Foundation in 1966 made a \$5,500 grant to a Philippine physician to study cytogenetics at the University of Wisconsin. Other recent grants to the University of the Philippines have been made for ancillary research.

Church World Service offers informational materials and supplies through 18 church-supported hospitals.

World Neighbors is active on both a national and local basis in the Philippines. In the past year, nationwide projects included courses for village educator/motivators by World Neighbors workers trained at the IPPF Training Institute in Singapore, and production of a series of flipcharts and posters for use by village workers. Workers were trained in the production of flipcharts and posters at the World Neighbors Information Center in Quezon City. World Neighbors supports two clinics, in Quezon City and Zamboanga City, staffed by the Family Planning Organization of the Philippines, and a mobile clinic for rural areas of northern Luzon. The clinic in

Quezon City also serves as a training center for doctors, nurses, and social workers. In cooperation with the Southwestern University Medical School, it supports a clinic in Cebu City and a mobile clinic for rural areas of Cebu.

The Brush Foundation has contributed \$1,000 through IPPF.

The U.N. Fund for Population Activities has provided funds for census processing and analysis and for a consultant on population and family planning assigned for 6 months to the Asian Institute for Teachers and Educators. The Institute provides courses and teacher training at the post-graduate level and does research related to teacher training and teaching methods.

Women enter a family planning clinic in the Philippines. This country hopes to have 2,000 clinics by 1974, offering a variety of contraceptive services.





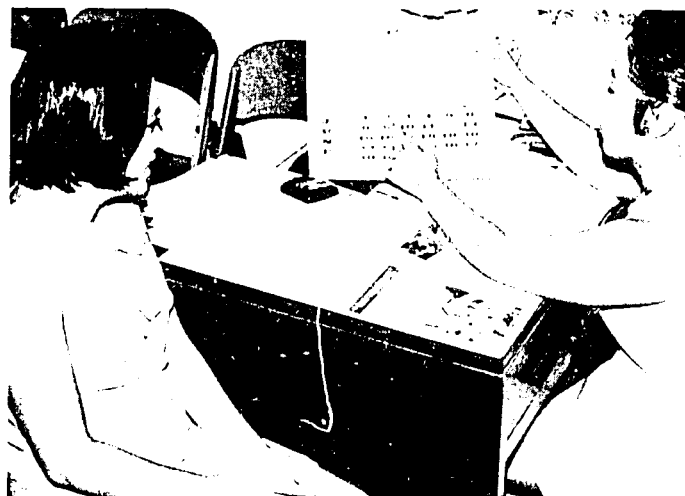
Above, a family planning worker chats with a potential acceptor following a village meeting. Right, children play in the streets of Tondo, one of the most crowded areas in the Philippine capital, Manila.



Women wait in line at the family planning clinic in the Philippine General Hospital, an increasingly busy Government facility.



Most methods of family planning are available to Philippine couples. Below left, a couple ponders orals; right, a doctor explains rhythm method.



Singapore

Demographic information

Population according to census of

June 17, 1967	1,445,929
<i>Estimated population</i>	
January 1, 1970	2,032,000
Births per 1,000 population, 1969	22
Deaths per 1,000 population, 1969	5
Infant deaths per 1,000 live births, 1969	21
Rate of natural increase, 1969 (percent)	11.7
<i>Number of years to double population at</i>	
present rate of natural increase	41
Percent of registered births, first born	(²)
Median maternal age, 1967	28
Median birth order	(²)
<i>Percent of registered births born to</i>	
women less than 20 years old, 1967	8
Percent urban, 1970	86
Percent of labor force in agriculture, 1965	7
Per capita gross national product, 1968	\$700
Percent literate, latest	75

¹Estimated net emigration results in a growth rate of 1.5. ²Not available.

Highlights of activities

A National Five-Year Family Planning Program is included in Singapore's Five-Year Development Plan, 1966-71. By 1971 the Government hopes to achieve a birth rate of 20 per 1,000 per year, compared with a 1965 rate of 30. As of 1969 the goal was nearly reached, with a birth rate of 22. In each of the next 4 or 5 years, however, as many as 45,000 persons will be reaching marriageable age, compared with 22,000 when the program began making it increasingly difficult to meet program objectives.

When the Government assumed responsibility for family planning in early 1966, it found the groundwork for its program already well laid by the Singapore Family Planning Association, started in 1949 and a founder member of IPPF. With strong Government support, the Association had established some 27 clinics and had developed a training and education program. The IPPF reports that in 1965 an estimated 10 percent of eligible women were practicing contraception under the Association's program, and the birth rate had already fallen substantially. The Association suspended its activities in November 1968.

The Government's family planning program is administered by the Singapore Family Planning and Population Board. The Board now operates 35 clinics as part of maternal and child health services.

Under the Five-Year Plan, the Government budgeted \$1 million for the national family planning program. According to the Minister of Health, some 150,000 women, 42 percent of those eligible, are now practicing family planning.

Approximately 60 percent of family planning patients choose oral contraceptives. IUD insertions reportedly have been suspended due to lack of demand for this method.

An extensive postpartum program is operated at Kandang Kerbau Maternity Hospital, where over 90 percent of Singapore's births take place. More than half the new acceptors have adopted family planning through this program. Continuing publicity also has been important, with extensive use of posters, slogans, 10 different types of publications, exhibitions, and advertising. In 1968 emphasis was changed from family planning to the small family, and the program's slogan now is "Keep Your Family Small."

Personnel training is provided by the regional Family Planning Training Institute of the International Planned Parenthood Federation. From 1964 until October 1969, 232 doctors, laymen, and paramedical personnel from Singapore had been trained at the Institute. Instruction in family planning also has been given to students at the University of Singapore.

In December 1969 Singapore's Parliament passed a bill legalizing abortion and sterilization. A 1968 law restricts maternity benefits beyond the third child and makes public housing readily available to childless couples.

A.I.D. assistance

A.I.D. support to family planning is provided via international associations. There is no program of direct assistance.

Other assistance

The IPPF's Family Planning Training Institute in Singapore gave training courses to 795 participants from a number of East Asian countries between 1964 and mid-1969. IPPF also gave support to the Singapore Family Planning Association in the early years of its work.

The Pathfinder Fund has sent contraceptives.

The Ford Foundation in 1964 made a 3-year grant of \$583,000 to the University of Singapore for the establishment of a center for economic and demographic research. That year the Foundation also made a 3-year grant of \$180,000 to the Family Planning Association of Singapore for the expansion of training activities, research, communications, and

clinical services. In 1969 the Foundation provided \$51,000 to the University for a program of national and regional analysis by the Organization of Demographic Associates.

The Rockefeller Foundation in 1967 gave \$10,000 to the London School of Hygiene and Tropical Medicine for a research and action program in population control at the Department of Social Medicine and Public Health of the University of Singapore. The United Kingdom provided a technical assistance expert in support of the same program.

Taiwan (Rep. of China)

Demographic information

<i>Population according to census of</i>	
<i>December 16, 1966</i>	<i>13,512,143</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>14,553,000</i>
<i>Births per 1,000 population, 1969</i>	<i>28</i>
<i>Deaths per 1,000 population, 1969</i>	<i>5</i>
<i>Infant deaths per 1,000 live births, 1969.</i>	<i>28</i>
<i>Rate of natural increase, 1969 (percent).</i>	<i>2.3</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>30</i>
<i>Percent of registered births, first-born</i>	<i>(¹)</i>
<i>Median maternal age, 1968.</i>	<i>26</i>
<i>Median birth order</i>	<i>(¹)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1968</i>	<i>8</i>
<i>Percent urban, 1970</i>	<i>64</i>
<i>Percent of labor force in agriculture, 1967.</i>	<i>43</i>
<i>Per capita gross national product, 1968.</i>	<i>\$300</i>
<i>Percent literate, 1968</i>	<i>84</i>

¹Not available.

Highlights of activities

Taiwan's family planning program was instrumental in lowering the 1963 rate of population increase of around 3 percent to 2.3 percent by 1969. The goal of the current program is a reduction of the growth rate to less than 2 percent per year by 1973.

An unofficial family planning program got under way in 1964. In May 1968 the Government assumed responsibility for the program, and declared family planning a national policy. A year later, an official national population policy was promulgated. All Government agencies were asked to provide help. The Provincial Government agreed to pay more than 50 percent of the local budget, compared with 30 percent in 1968.

During 1969, the Institute of Family Planning was established under the Provincial Health Department to administer and evaluate the program. Incorporated into the Institute were the Taiwan Population Studies Center and the Committee on Family Planning; the latter had been set up to help form policy and promote education on family planning.

The Maternal and Child Health Association, set up by the Government in 1963, now functions under the title of the Planned Parenthood Association of China and shares responsibility for the family planning program. A smaller, voluntary association, the Family Planning Association, was formed in 1954. It provides advice on family planning, subfertility, adoption, and marriage and operates a few clinics.

Family planning services are provided by private and public institutions and individuals. About 450 family planning fieldworkers refer potential acceptors to some 700 private doctors (contracted by the Government), 380 health stations, and about 30 public hospitals. By the end of 1969, IUD insertions totaled more than 635,000, and acceptors of oral contraceptives, about 96,000. Although program targets have been met, the rate of retention of IUDs has been less than anticipated, with only half of the IUDs remaining in place 2 years after insertion. However, it is estimated that only 10 percent of the original acceptors are no longer protected against unwanted pregnancies, since most of the women discontinuing the loop have shifted to other contraceptive methods.

The Chinese Center for International Training in Family Planning, established in October 1968, provides short orientation courses on Taiwan's family planning program, as well as more detailed courses in administration, planning, education, training, and evaluation. In 1969 a total of 512 trainees and visitors attended training sessions at the Center. These persons came most frequently from high level administrative and policy-making positions in family planning programs in many countries. Fieldworkers and other interested people, including nurses, midwives, and health personnel, have participated.

Other training programs, initiated earlier, provide classroom and field practice courses for doctors and healthworkers. Fieldworkers in the Taiwan family planning program are brought back for a 2-day training session twice a year.

Mass communications media are used extensively to promote family planning including: Radio spots, television, slides at movie theaters,



Family planning means better health care for the individual child. Here, children are tested during a search for malaria fever.

posters in buses and trains, advertisements on matchboxes, and releases to newspapers, which have been running some 30 features per month with family planning themes. In addition, new mothers are sent letters inviting them to receive free IUD insertions. Since 1966, over 300,000 military recruits have been given orientation courses in family planning.

Under the new policy concerning distribution of orals, introduced in May 1970, pills are now made available to all women and are virtually free. Since then, the monthly demand has doubled and without any adverse effect on loop acceptors.

Further declines in Taiwan's birth rate will depend heavily on the adoption of family planning by younger women, large numbers of which will be reaching childbearing age in the next few years.

A.I.D. assistance

A.I.D.'s bilateral assistance to Taiwan was terminated in 1965, although some funds for the family planning program are available in the form of

local currencies derived from P.L. 480 sales in previous years. For the 1965-70 period, the equivalent of \$1.5 million in such funds has been reserved for the program.

In May 1968 A.I.D. worked with the Population Council and Taiwan officials in arranging a Far East regional conference on family planning in Taiwan, attended by representatives from the Philippines, Thailand, Indonesia, and Korea. It was at this time that the Chinese Government signed the World Leaders' Declaration.

Other assistance

The Population Council provided a total of \$1,182,800 to support family planning in Taiwan during 1968 and 1969, including costs to maintain the Council's East Asian representative stationed in Taichung at the Center for International Training in Family Planning. In addition, Council assistance has included: support for the preparation and publication of an annual *Demographic Fact Book*; evaluation and training by the Population Studies Center; support for a study of pathologic pregnancies at the National University; costs of a health education advisor at the Department of Health, support of the family planning program operation, including provision of contraceptives; continuation of medical follow-up studies of IUD cases; travel grants for a staff member of the Population Studies Center to visit another program; grants to the University of Michigan's Center for Population Studies for research on fertility and family planning in Taiwan; support for a Workshop Conference on Population Programs in East Asia in 1968; and assistance to the China Center for International Training in Family Planning.

The Pathfinder Fund helped in the formation of the Family Planning Association in the early 1950's and has continued to provide contraceptives. Pathfinder is providing oral contraceptives to the Training and Research Center and is working with a Catholic hospital in Chiayi County to improve implementation of the rhythm method of family planning.

Church World Service promotes family planning and supplies contraceptives through 11 church-supported hospitals. CWS also works closely with the Taiwan Provincial Ministry of Health in providing for IUD insertions in mountain regions.

Lutheran World Relief supports the Taiwan Christian Service in its family planning work, carried on primarily through five community development centers—one in the eastern mountain area, one in Putai in the southern coastal area, and three in slum areas of Taipei—and a mobile team that serves 30

mountain communities. The mobile team, consisting of a public health nurse, a social worker, and a driver, counsels women, holds group meetings, distributes descriptive literature, and gives introductory letters for loop insertions at nearby hospitals

The Family Planning Federation of Japan supplied materials and equipment valued at \$39,940 in 1968 and \$24,619 in 1969, and planned to provide \$75,000 for supplies in 1970.

Other groups that have provided assistance to family planning programs in Taiwan are the Brush Foundation and the Asia Foundation.

Thailand

Demographic information

<i>Population according to census of</i>	
<i>April 25, 1960</i>	¹ 27,000,000
<i>Estimated population,</i>	
<i>January 1, 1970</i>	36,898,000
<i>Births per 1,000 population, 1969</i>	42
<i>Deaths per 1,000 population, 1969</i>	9
<i>Infant deaths per 1,000 live births, 1969</i>	67
<i>Rate of natural increase, 1969 (percent)</i>	3.3
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	21
<i>Percent of registered births, first born, 1965</i>	20
<i>Median maternal age, 1966</i>	28
<i>Median birth order, 1965</i>	3.2
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1966</i>	7
<i>Percent urban, 1970</i>	13
<i>Percent of labor force in agriculture, 1965</i>	78
<i>Per capita gross national product, 1968</i>	\$157
<i>Percent literate, 1960</i>	68

¹Adjusted for estimated 3-percent underenumeration.

Highlights of activities

Thailand's population, third largest in Southeast Asia, is expanding at the rate of 3.3 percent annually. If this rate continues, its population would double to over 70 million in 21 years.

In March 1970 the Royal Thai Government approved voluntary family planning as a national policy. While this policy does not encompass the broader objectives of population control programs, it does mark a significant step in the development of Thailand's population planning policy. Government agencies can now place priority emphasis on family planning and can submit plans for regular budget and manpower support for population/family planning

programs beginning in fiscal 1972 (October 1971). The Government has also approved the use of the mass media to promote family planning concepts, a practice that had been forbidden by law.

In September 1970 the Ministry of Public Health completed the extension of family planning service to all 71 provinces. Three hundred doctors, 630 nurses, 3,000 midwives, and 1,200 sanitarians have been trained in family planning. There are now 325 family planning service units reporting to the Ministry monthly. These include 230 districts (with a total of 3,000 clinics) in the Department of Health, 70 hospitals in the Department of Medical Services, and 25 clinics (Government and private) outside the Ministry.

In the past year, Thailand's postpartum program was expanded to include institutions of the Ministry of Public Health—eight provincial hospitals and three maternal and child health centers. The maternal and child health center in Khon Kaen is now Thailand's largest family planning clinic outside Bangkok, and the one in Yala has the highest percentage of obstetrical patients (80 percent) accepting family planning of any postpartum program in the world. Forty percent of the obstetrical patients at the new maternal and child health center in Ratchaburi, opened in October 1969, have chosen sterilization as their family planning method.

The total number of initial acceptors in 1969 was 120,000: 55,000, oral contraceptives; 52,000, IUD; and 13,000, sterilization. The target number of acceptors for 1970 is 180,000. Oral contraceptives are currently sold commercially at the rate of 250,000 cycles per month.

The family planning activities of the Ministry of Public Health are supplemented by those of various other Government and non-Government institutions in the fields of medical services and education, clinical research, demographic studies, research in reproductive biology, and applied social research. These institutions include the country's four medical schools, and related hospitals; the School of Public Health; the Population and Social Research Center; the National Research Council; the National Economic Development Board; the National Statistical Office; the Ministry of Education; the Municipalities of Bangkok, Thonburi, and Chiang Mai; McCormick Hospital; the Chulalongkorn Red Cross Hospital; and the Institute of Population Studies.

The Institute of Population Studies, located at Chulalongkorn University, was established in 1966 and was, until recently, called the Population Research and Training Center. It trains demographers



A young Thai mother who has just received an IUD is instructed to return in a month for check-up. Scene is at a mobile family planning clinic in Prachinburi.

Women of Prachinburi, in eastern Thailand, are introduced to the form and function of the IUD by a doctor traveling with the mobile clinic.



The visit of the mobile clinic from Chulalongkorn Hospital in Bangkok attracted 200 women, many of whom registered for family planning aid.

the Ministry of Public Health. In fiscal 1970, A.I.D. allocated \$1.3 million for contraceptives; vehicles; and medical, laboratory, and audiovisual equipment. A.I.D. also entered into a contract with the University of North Carolina for the purpose of helping Thailand to improve teaching and field experience in family planning.

A.I.D. assistance in fiscal 1969 totaled \$1.3 million for contraceptives, vehicles, and other equipment. In fiscal 1968 A.I.D. obligated \$650,000 for supplies, commodities, equipment, contraceptives, and training. In 1967 A.I.D. support included \$25,000 for equipment for 40 family planning clinics and training of 15 doctors.

Other assistance

The International Planned Parenthood Federation provides financial and commodity support to the Chulalongkorn Hospital, the Bangkok Municipality, Siriraj Hospital, the Medical Women's Association, and the McCormick Hospital. The Federation also supported Vajira Hospital in 1967, 1968, and 1969.

The Population Council provided assistance to the family planning demonstration project at Phothram. It granted \$50,000 to Chulalongkorn University for development of the Population Research and Training Center, now the Institute of Population Studies; \$121,500 during 1966-69 for a resident consultant; and \$221,634 in support of family planning services, research, and training. Participating in the Council's International Postpartum Program are 14 hospitals and maternal and child health centers. The Council has also provided an advisor to assist the National Research

Council in studying the effects of population growth on economic planning.

Pathfinder Fund representatives have visited Thailand since 1953 and helped in organizing the Family Planning Association. Pathfinder has also supported field tests of simple contraceptive methods. In 1969, Pathfinder published the results of a study of IUD insertions in Thailand as part of its International IUD Program. Three studies continue to be evaluated.

The Ford Foundation in August 1967 assigned a regional population advisor to Bangkok for a 2-year period. In 1969 the Foundation made available \$100,000 for short-term technical consultants.

A Rockefeller Foundation grant of \$133,000 to the University of North Carolina was used to maintain a demographer at the Population Center of the University of Medical Services, Bangkok. In 1969 a cooperative program of population studies between the University of North Carolina Population Center and the Center for Population and Social Research of Mahidol University, Bangkok, was granted \$100,000 through September 1971. Thai scholars have been awarded small grants for travel and research related to population studies.

Church World Service supports family planning through church-related hospitals and provides contraceptives.

UNICEF and the World Health Organization are supporting family planning as part of their maternal and child health clinic services. UNICEF also has provided equipment and supplies, including vehicles, and gave \$15,000 for 1969-71 for training midwives. The U.N. Fund for Population Activities has supported consultant services.



People of a Thai village await the arrival of a mobile medical team. Many of these teams of doctors and nurses are in operation, carrying health and medical services, including family planning, to the rural areas.

and studies the effects of population growth on development.

The Ministry of Education has designed a pilot project to disseminate information on family life, health, and family planning through a functional adult literacy program.

The Bureau of Public Health of Bangkok Municipality has named two of its health centers to offer family planning training to health personnel from its 23 municipal clinics. The municipality will conduct 1-week courses for 30 doctors, 200 nurses, 30 social workers, and 30 family planning workers by 1972.

The Chulalongkorn Hospital family planning clinic has had more than 50,000 IUD acceptors since it was opened in 1965. It has extended its mobile unit operations recently to include other provinces near Bangkok. McCormick Hospital, in addition to providing IUDs and orals, has attracted worldwide attention to its program of long-term contraceptive injections. The continuation rate for this program is a high 78 percent. Active family planning programs are also carried out at Vajira, Chantaburi, and Siriraj Hospitals.

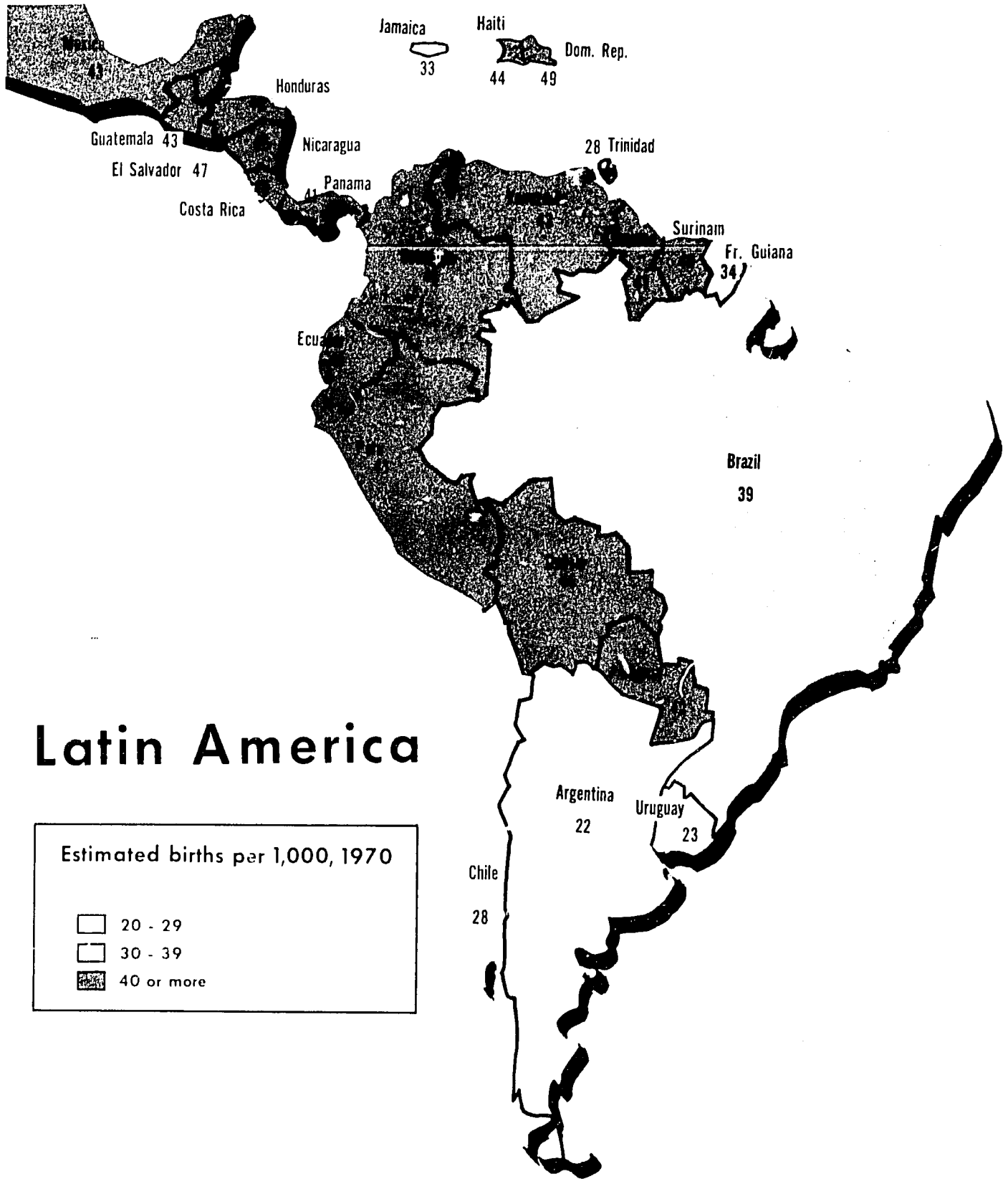
Two voluntary organizations, the 15-year-old Family Planning Association and the newly formed Planned Parenthood Association, are active in family planning work.

Population/family planning has been the subject of a number of seminars in Thailand. A Medical Education Seminar was held in April 1970 to discuss and plan the integration of population/family planning into medical school curricula. In December 1968 a regional workshop in Bangkok- sponsored by the University of Medical Sciences- covered the role of communications in family planning. Earlier, three National Population Seminars were held to discuss Thailand's population problem and how to solve it. Out of the first such seminar, in 1963, evolved a demonstration family planning project that produced telling evidence of strong public interest in family planning.

In the Phoatham district with 70,000 people, 70 percent of females responding to a preliminary baseline survey under the demonstration project said they wanted help with family planning, and 91 percent approved of the Government providing such assistance. Contraceptives were then made available. Within 8 months, 20 percent of the eligible women had become acceptors, and another 40 percent gave indications of becoming acceptors in the not-too-distant future.

A.I.D. assistance

A.I.D. is supporting many of Thailand's family planning projects and supplies contraceptives through



Latin America

Population in the Latin American region (including the Caribbean) is experiencing the most rapid growth in the world. And here, as in other areas, there is a rising concern over the consequences of such growth and an emerging determination to do something about it. This is seen in the development of private family planning organizations and in the extension of family planning through public health services.

At about 3 percent a year, the population growth rate is moving Latin America toward a population of 756 million by the year 2000 (U.N. estimate based on constant fertility), compared with the current population of 280 million. The problem of population is most severe in the cities of Latin America, where the growth rate is in the neighborhood of 7 percent per year. If continued, this would result in the doubling of urban population in only 10 years. Already the accelerated rate of growth largely due to the migration of rural population to the cities has led to overcrowding, slum conditions, inadequate social services, and increased unemployment.

Latin American economies are growing at respectable rates, but the gains are offset significantly by the population growth rates.

For example, the rate of increase in per capita income in Latin America has slowed substantially in recent years. In 1968 and 1969, Latin America's Gross National Product (GNP) grew at an average annual rate of 6.2 percent. However, because of the high rate of population growth, the increase in GNP per capita amounted to only about half—it was 3.2 percent.

Another dimension of the population problem, which also hinders economic growth, is the large proportion of young people. Over 40 percent of the Latin Americans are under 15 years of age, whereas in developed countries the figure is only 25-30 percent.

Attitudes toward the population problem vary widely, but acceptance of family planning is growing. This is in part due to the high incidence of induced abortions, which is viewed as a serious health problem. Working through maternal and child health programs, government public health services are able to offer family planning as a substitute for this hazardous means of limiting family size.

Such comprehensive government programs, utilizing public health services, have been developed in several countries. In addition, some governments

have extended their family planning services through their social security institutions, their armed forces, and other national organizations. Private family planning organizations, usually affiliated with the International Planned Parenthood Federation, exist in nearly all countries.

Despite this progress, family planning continues to be a sensitive political issue. A few governments remain openly opposed.

Conferences and workshops on population problems have been held regularly in Latin America. In 1967, the International Planned Parenthood Federation chose Santiago, Chile, for its Eighth International Conference—the first to be located in Latin America. A regional conference on the impact of population on economic development was later held in Venezuela under the sponsorship of the Pan American Health Organization, the Organization of American States, the Population Council, and the Aspen Institute.

In 1970, Chile was the site for a conference of the International Confederation of Midwives, which addressed the subject of population growth and family planning. Other conferences scheduled for 1970 include a Latin American regional conference of the International Union for the Scientific Study of Population (IUSSP) in Mexico City and a United Nations-sponsored Seminar on Evaluation of Family Planning Programs in Latin America.

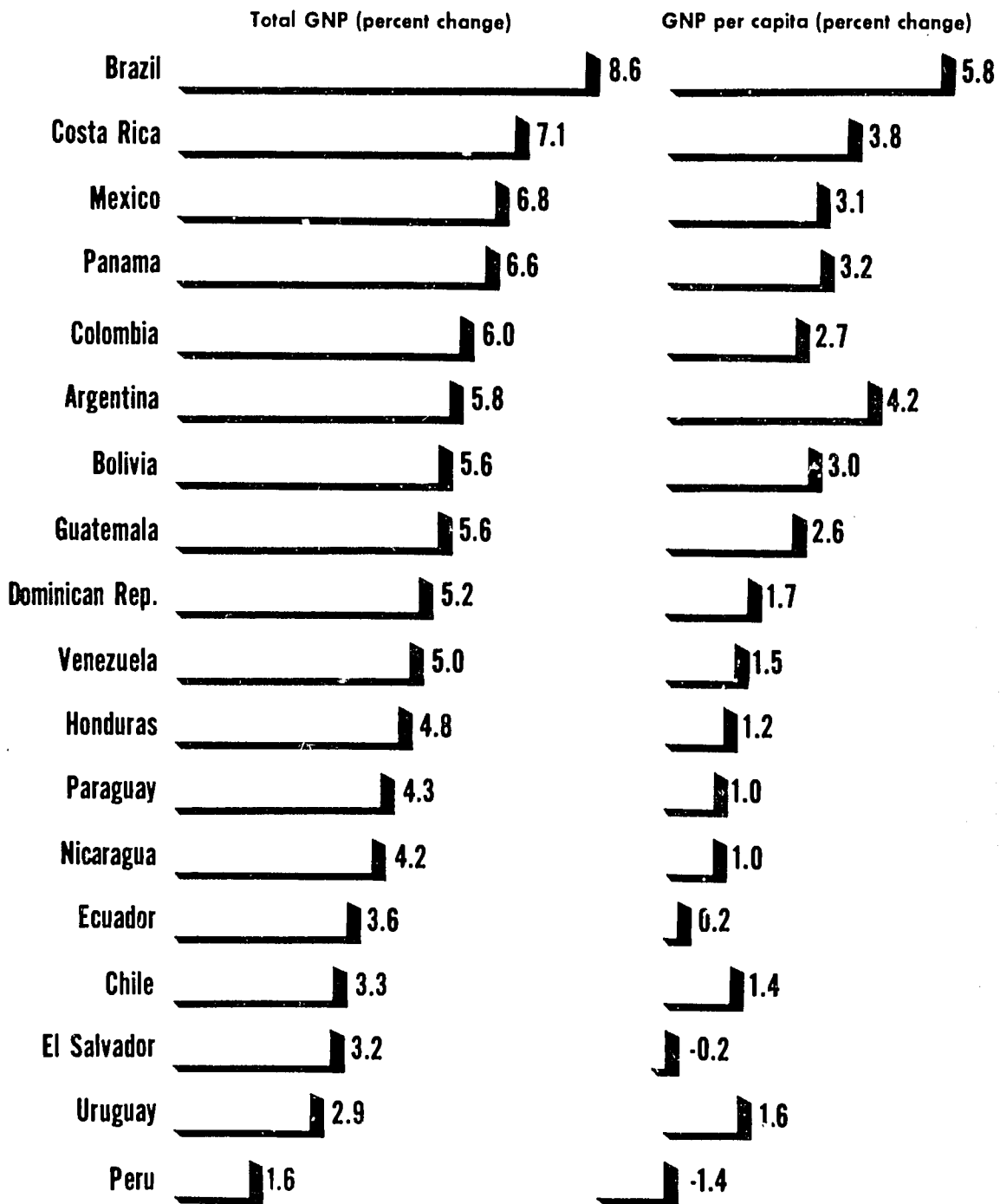
Training in family planning and demography is carried on in many Latin American countries. Among the training centers is the Hospital Barros-Luco in Santiago, Chile. During 1969, 254 participants—about half from Chile and half from other Latin American countries—received training at the center. This was the largest number trained since the courses began in 1965; further expansion of this program is occurring in 1970.

The need for accurate data on which to base realistic planning for health, housing, education, employment, and nutrition, has resulted in an increase in training for accurate methods in census taking. This training is given periodically in Spanish through the cooperation of the U.S. Census Bureau and the Latin American Center for Demography (CELADE) located in Chile.

A.I.D. assistance

A.I.D. has provided assistance in Latin America through international and regional organizations such as the International Planned Parenthood Federation

GNP growth rate for selected Latin American countries ^{1/}



^{1/} Average of percent changes in 1969 and 1968. For the 18 Latin American countries shown, total GNP percent change, 6.2; GNP per capita, 3.2.

Source: Office of Statistics and Reports, AID.

AID/TA/Pop-7306

(IPPF), the Population Council, the Pathfinder Fund, the Latin American Demographic Center (CELADE), the Latin American Center for Studies of Population and the Family (CELAP), the Pan American Health Organization (PAHO), and the Pan American Federation of Associations of Medical Schools (PAFAMS).

A.I.D.'s Regional Office for Central America and Panama (ROCAP) in Guatemala supports programs of the Organization of Central American States (ODECA), such as a regional information center, a regional mass-educational program, and a regional program to coordinate vital health statistics. Support was also given to training programs of the Salvadoran Demographic Association and the cytology training program in Guatemala. During fiscal 1970, ROCAP gave priority to development of an ODECA health department for regional maternal/child health programs, including family planning and responsible parenthood.

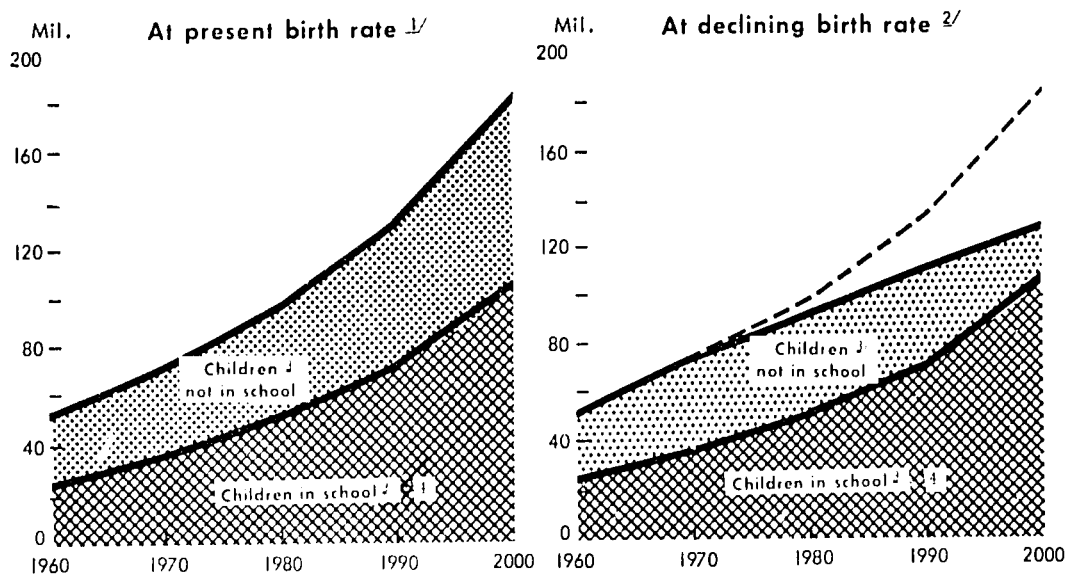
A.I.D. funding support for population and family planning activities in the Latin American region since 1965 has been:

Program	Fiscal year				
	1965&1966	1967	1968	1969	1970
	1,000 dol.	1,000 dol.	1,000 dol.	1,000 dol.	1,000 dol.
Country projects . . .	361	1,178	5,457	3,072	5,437
Regional projects . . .	1,670	1,191	2,468	7,255	5,518
Total . . .	2,031	2,369	7,925	10,327	10,955

United Nations and regional assistance

The U.N. Economic Commission for Latin America (ECLA) is responsible to the U.N. Economic and Social Council and receives some assistance from the U.N. Fund for Population Activities. ECLA, under an agreement with the Chilean Government, organized the Latin American Demographic Center (CELADE) in Santiago, Chile, in 1957. The Center offers courses in demography and statistics, conducts demographic research, and makes technical and demographic assistance available to national governments.

Population pressure on education in Latin America



Source: UNCTAD, *Compendium of Statistics* (1971). 1. Assuming constant fertility and declining mortality. 2. Assuming declining fertility and mortality. 3. 5-14 years of age, estimates based on UNESCO Statistical Yearbook. 4. Derived by multiplying enrollment ratio by school age population at present high birth rate. Assuming present enrollment rates remain unchanged.

AID/TA/Pop-7314

A subregional center of CELADE was established in 1967 in San José, Costa Rica, to assist in demographic training and research in the Central American region. The subcenter also makes assistance available to other countries.

The Pan American Health Organization, the regional arm of the World Health Organization and a specialized agency of the Organization of American States, provides technical assistance related to population and family planning in Latin America.

The Latin American Center for Studies of Population and Family (CELAP) in Santiago, Chile, conducts studies of economic, religious, cultural, and social factors related to population growth. CELAP has assisted similar studies of other organizations, such as the Ecuadoran Institute for Planning and Social Development and the Central American Institute for Population and Family in Guatemala.

The Institute for Population and Family in Guatemala was established in 1967 by the Central American Institute for Economic and Social Development to carry out studies of attitudes toward family responsibility and family planning.

The Pan American Federation of Associations of Medical Schools is working to have population and family planning included in medical school curricula. Its Population Studies Unit conducts demography seminars and workshops that include family planning; introduces family planning techniques in obstetrics/gynecology courses; and develops audiovisual materials for teaching family planning in medical schools.

The Organization of Central American States established the Office for Coordination of Health Programs in 1966 as the focal point for all regional health and population activities. The Office has compiled and published information on the effects of population growth on economic and social development.

The United Nations Fund for Population Activities (UNFPA) has provided funding for a Seminar on Evaluation of Family Planning Programs in Latin America; for travel grants to and preparation assistance for the Latin American Regional Population Conference in Mexico City, August 1970; and for a mission to Central America and the Caribbean to study training requirements of high- and medium-level staffs of family planning programs and organizations in the area and to assess the need for external assistance in development and support of such programs.

UNESCO has provided two consultants to study ways of strengthening mass communications in

national family planning programs of Colombia, Costa Rica, and El Salvador. It has also sent a consultant to survey the situation regarding family planning curricula in schools and teachers' colleges in Latin America. Following the survey, a meeting of consultants is proposed to advise on future activities in curriculum development, teacher training, and development of materials.

Other assistance

The International Planned Parenthood Federation has been active in assisting the formation of demographic family planning associations in Latin America and the Caribbean area. It has also sponsored numerous national, regional, and international training courses, conferences, and seminars. In 1970 IPPF supplied assistance to 25 family planning associations in Latin America and the Caribbean. An important factor in encouraging Latin American acceptance of family planning programs was the IPPF conference held in Chile in 1967. IPPF grant assistance to family planning associations in these countries in 1970 totaled \$4.2 million.

The Population Council makes grants; supplies IUDs, books, and other commodities; provides fellowships; and offers technical advisory services to institutions and individuals throughout Latin America and the Caribbean. Such regional organizations as the Organization of American States (OAS), the Pan American Federation of Associations of Medical Schools, and the Latin American Demographic Center (CELADE) have received Council assistance for multinational activities, in addition to the local-institution support described in detail in the country sections following. Council support for activities in Latin America exceeded \$1.8 million in calendar year 1969.

Activities receiving grant support from the Council include demographic research by Peru's Center for Social Investigation by Sampling, the Colombian Association of Medical Schools, the Central American Institute for Population and Family of Guatemala, CELADE, and by numerous universities and government agencies; institution building at the University of the Andes (Colombia), schools of public health in Argentina and Colombia, the University of Córdoba (Argentina), and at related research institutions; family planning services in the Dominican Republic, Colombia, and Venezuela; training at the Salvadoran Demographic Association, the Colombian Association of Medical Schools, the Pan American Federation, CELADE, and elsewhere; and biomedical research and contraceptive

development and testing in collaboration with a number of countries.

The Council seeks to encourage population awareness and technical knowledge by supporting translation and distribution of pertinent literature; by assisting leadership seminars organized by the OAS, the Pan American Federation, the Population Reference Bureau, and others; and through provision of resident advisors and visiting consultants. Most Council publications are translated for broad distribution in Latin America, and basic books and research studies are made available to libraries of government agencies, universities, research centers, and other institutions. Two Council advisors assist the Colombian Association of Medical Schools, and a consultant is based in Mexico. Seventeen graduate-level fellowships were provided in 1969.

Pathfinder Fund has furnished technical and financial assistance, contraceptive supplies, and literature to pioneering family planning groups in almost all Latin American countries. In fiscal 1970, Pathfinder sponsored projects in population education, clinical service in urban and rural areas, research, seminars in population and labor problems, and family planning workshops. To demonstrate the relationship between population issues and labor problems, Pathfinder cosponsored the Central American Seminar on Population and Labor in 1970 with the Interamerican Regional Workers Organization and the Population Reference Bureau. Pathfinder plans to implement programs in mass communication and research.

In 1965 the Population Reference Bureau created a Latin American Department to carry out its program of developing public awareness concerning population trends and their implications. Bureau publications in Spanish and Portuguese are distributed from the regional office in Bogotá, Colombia. In addition to encouraging dissemination of population information through the press and radio, the Bureau produces audiovisual materials in Spanish.

The Bureau sponsors and participates in many conferences and symposia on population and related subjects. Among these are its own seminars, "Population Dialogues," for Latin American leaders in labor, medicine, journalism, and other fields.

Ford Foundation assistance in Latin America has focused on population studies and research in reproductive biology. Ford grants to Latin American universities and institutions totaled \$7 million between 1962 and July 1970. Recipients of Ford assistance include institutions in Argentina, Brazil,

Chile, Costa Rica, Colombia, Ecuador, Jamaica, Mexico, Peru, Uruguay, and Venezuela.

The Rockefeller Foundation has actively supported several family planning programs in Latin America, particularly in Colombia and Chile. Mass education is the aim of a program launched in 1969, with Rockefeller Foundation support, by the International Planned Parenthood Federation--Western Hemisphere Region. A grant was also made for the Population Reference Bureau's continuing reports on population developments, with special emphasis on the education program. A grant for population studies having a direct bearing on policy formulation in the Caribbean area went this year to the Pan American Health Organization for the establishment of a Population Nutrition Unit within the Caribbean Food and Nutrition Institute, which is concerned with the interdependence of efforts to maintain an adequate diet and attempts to limit population growth.

Oxfam and Oxfam of Canada have provided financial assistance to several Caribbean countries through local family planning associations. In 1969-70, Oxfam started to help a maternal child health and family planning program in Bolivia through the United Methodist Committee for Overseas Relief.

World Neighbors is emphasizing family planning as strongly as local attitudes and its budget will permit. Working in eight Latin American countries--Bolivia, Brazil, Colombia, Ecuador, Guatemala, Haiti, Paraguay, and Peru--it provides leadership training for doctors, nurses, and paramedical workers; supplies contraceptives, audiovisual films, and equipment; and cooperates with national Family Planning Associations, international organizations, and local clinics and doctors.

Church World Service is contributing to family planning programs in a number of Latin American countries and in the Caribbean area, where a family consultancy service has been started for the Leeward Islands. Church World Service assists the family planning programs in Costa Rica and Peru.

The Mennonite Central Committee includes family planning in its medical program. The Committee is currently funding programs in Haiti and Paraguay.

The Peace Corps has small groups of volunteers presently working in the family planning programs of the Dominican Republic and El Salvador.

The Swedish International Development Authority (SIDA) has initiated assistance to family

planning programs in Colombia, Costa Rica, the Dominican Republic, Guatemala, El Salvador, and Trinidad and Tobago. Responding to the need for sexual education in Latin America, SIDA arranged (in April 1970) a course in sexual education for experts from Central America, Colombia, Chile, Uruguay, Peru, and the Caribbean Islands.

The United Kingdom provided some family planning training assistance for Nicaragua in 1969, an expert to assist the family planning program in Trinidad and Tobago in 1969-70, and mobile IUD clinics for the Dominican Republic in 1970.

Argentina

Demographic information

<i>Population according to census of</i>	
<i>September 30, 1960</i>	<i>20,941,000</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>24,150,000</i>
<i>Births per 1,000 population, 1969</i>	<i>22</i>
<i>Deaths per 1,000 population, 1969</i>	<i>8</i>
<i>Infant deaths per 1,000 live births, 1967</i>	<i>58</i>
<i>Rate of natural increase, 1969 (percent)</i>	<i>¹1.4</i>
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	<i>50</i>
<i>Percent of registered births, first-born</i>	<i>(²)</i>
<i>Median maternal age, 1965</i>	<i>28</i>
<i>Median birth order</i>	<i>(²)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1965</i>	<i>11</i>
<i>Percent urban, 1970</i>	<i>71</i>
<i>Percent of labor force in agriculture, 1960</i>	<i>18</i>
<i>Per capita gross national product, 1968</i>	<i>\$724</i>
<i>Percent literate, 1960</i>	<i>91</i>

¹Estimated net immigration results in a growth rate of 1.5

²Not available.

Highlights of activities

In Argentina the population problem lies not in the growth rate, at only 1.5 percent per annum, but rather in the problem of unwanted pregnancies and the high rate of abortion as well as in the overcrowding of cities as a result of the migration from rural areas. Thus, the emphasis here is on provision of contraceptive and clinical services for prevention of abortions, detection of cancer, and insurance of physical and mental health of the family.

The family planning pioneer in Argentina was Dr. Nydia Gomez Ferrarottiwias, who in 1962 began a program of family planning and sex education at

Rawson Hospital. This was followed by the organization of a number of independent family planning activities and the organization in November 1965 of the Federación Argentina de Centros de Planificación Familiar to coordinate the emerging activities in Buenos Aires hospitals. Then, in 1966, the first National Family Planning Meeting was held at the University of Córdoba with representatives from the provinces attending. At this meeting, the Argentine Family Protection Association was organized to coordinate and expand the family planning movement throughout the country. The Association became affiliated with IPPF in 1969.

The Association today operates 39 family planning clinics. Eight of these are in the Federal Capital, 10 in the Buenos Aires Province, and the remainder scattered throughout the country. The Association has conducted roundtable discussions at the various family planning centers and has sponsored provincial and regional family planning seminars. It also conducts a series of 1-month concentrated courses on demography, physiology of reproduction, the prevention of abortion, sex education, sterility, cancer detection, genetics, and contraception. The courses are conducted in collaboration with the teachers of the University of Buenos Aires and the School of Public Health of the Faculty of Medicine, and practical family planning work is given in various centers in Buenos Aires. Four courses were given in 1969, with about nine doctors and three social workers or midwives attending each course.

In 1970, increased emphasis was placed upon information and education. In order to inform and activate community leaders and groups, the Association planned 18 national courses on such topics as demography, sex education, human fertility, mental health, and family planning. In addition, there were three regional sex-education courses for educators and community leaders, held in conjunction with the Ministry of Education.

The first Argentine Congress on Family Planning, Demography and the Prevention of Abortion was held in Buenos Aires in August 1968.

There are no legal regulations pertaining to the import, manufacture, distribution, advertisement, or use of contraceptives in Argentina.

External assistance

The international Planned Parenthood Federation during 1970 assisted various activities of the Family Protection Association.

The Population Council is supporting the development of demographic teaching and research at

the School of Public Health of the University of Buenos Aires and at the Instituto Torcuato de Tella and has assisted a demographic training program at the National University of Córdoba. It continues to support research on the physiology of reproduction at several laboratories and universities and to provide fellowships in demography and biomedical subjects.

Pathfinder Fund has assisted three doctors in their family planning work.

During 1965-69 the Ford Foundation made grants totaling \$863,000 to the University of El Salvador in Buenos Aires to carry out studies of the effects of anovulatory drugs, and for training and research in reproductive biology and demography.

For 7 years, the National Institutes of Health have provided grants for biomedical research related to reproduction at the Institute of Medical Research in Córdoba. The NIH grant for fiscal 1969 totaled \$10,000.

Bolivia

Demographic information

Population according to census of

September 5, 1950 3,019,031

Estimated population,

January 1, 1970 4,625,000

Births per 1,000 population, 1969 44

Deaths per 1,000 population, 1969 19

Infant deaths per 1,000 live births, 1966 . . . 108

Rate of natural increase, 1969 (percent) . . . 2.5

Number of years to double population at

present rate of natural increase 28

Percent of registered births, first-born (2)

Median maternal age (2)

Median birth order (2)

Percent of registered births born to

women less than 20 years old (2)

Percent urban, 1970 25

Percent of labor force in agriculture, 1967 . . 48

Per capita gross national product, 1968 . . . \$177

Percent literate, 1950 32

¹Adjusted for estimated 8.4 percent underenumeration.

²Not available.

Highlights of activities

Family planning efforts in Bolivia are coordinated through the National Family Center (CENAFSA). CENAFSA was established in late 1968 and became operational in November 1969 with the formation of its Division of Demographic Research. The Division's first undertaking was a "Study on Induced Abortion and the Use of Contraception in

Bolivia." During fiscal 1970, the abortion-study questionnaire was pretested, based on an established sample design; plans are to complete the study in 1971.

In addition, a laboring class day-care center in the suburb of La Paz is being remodeled and converted into a maternal and child health unit as a result of an agreement between CENAFSA, CONAME (The National Council for Minors), and the Ministry of Health and Social Welfare, with financial support from A.I.D. The objective is to provide integrated "responsible parenthood" orientation, information, and eventually related services to approximately 70,000 people.

Other CENAFSA activities have included publication of a monthly bulletin on worldwide, as well as Bolivian, demographic problems and the related socioeconomic impact and the distribution of 352 copies of the Center for Population Studies' publication entitled "Socio-cultural Parameters Affecting Fertility in Bolivia." The latter was sent to administration offices, Bolivian university leaders, and institutions as well as to many Latin American and European countries, Canada, and the United States.

CENAFSA is run by a Governing Council consisting of representatives from Government, medical, and private organizations. It is supported by an Advisory Council.

In addition to CENAFSA, there is a Department of Family Protection within the Ministry of Health, which includes family planning among its responsibilities.

Training courses in family planning are offered at the Department of Preventive Medicine at the University of San Andrés. A field station is used as a laboratory for carrying out demographic, statistical, epidemiological, and environmental sanitation studies.

External assistance

A.I.D. has given assistance to CENAFSA, the Center for Population Studies, and the university programs. In fiscal 1970 it obligated \$10,000 for the establishment of CENAFSA's first clinic. It also has aided in the creation of a medical department at the University of San Francisco Javier in Sucre.

The Population Council has maintained correspondence with several institutions in Bolivia but has not directly supported any population activities.

The Pathfinder Fund has provided salaries for clinic personnel, supplies, a vehicle, and contraceptives to a family planning clinic in La Paz.

In 1970, a medical team from the clinic began traveling to remote areas to make family planning more widely available.

World Neighbors, Church World Service, and Oxfam are supporting limited family planning activities.

Oxfam has contributed to the United Methodist Committee for Overseas Relief for a Bolivian program of maternal and child health and family planning.

UNICEF has provided funds over a 5-year period for extension and rehabilitation of the health services and of the environmental sanitation activities of the Ministry of Health.

Brazil

Demographic information

<i>Population according to census of</i>	
<i>Sept. 1, 1960</i>	<i>70,270,000</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>92,226,000</i>
<i>Births per 1,000 population, 1969</i>	<i>39</i>
<i>Deaths per 1,000 population, 1969</i>	<i>9</i>
<i>Infant deaths per 1,000 live births, 1968</i>	<i>92</i>
<i>Rate of natural increase, 1969 (percent)</i>	<i>3.0</i>
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	<i>23</i>
<i>Percent of registered births, first born</i>	<i>(1)</i>
<i>Median maternal age</i>	<i>(1)</i>
<i>Median birth order</i>	<i>(1)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>(1)</i>
<i>Percent urban, 1970</i>	<i>54</i>
<i>Percent of labor force in agriculture, 1960</i>	<i>42</i>
<i>Per capita gross national product, 1968.</i>	<i>\$322</i>
<i>Percent literate, 1960</i>	<i>61</i>

¹Not available.

Highlights of activities

In Brazil, a private organization, the Sociedade de Bemestar Familiar (BEMFAM), has been carrying out family planning activities since 1965. The organization was reshaped in 1968 so that the previously autonomous local clinics came under the administration of a central office in Rio de Janeiro.

As of the first of 1969, BEMFAM had established 44 clinics in key cities and planned soon to establish 12 more. During that time BEMFAM gave contraceptive advice to 31,000 women and had a total of 122,827 consultations. Oral contraceptives, the major type of birth control used, accounted for

64 percent of contraceptives prescribed in 1968; IUDs accounted for 33 percent that year.

BEMFAM, in cooperation with university medical schools, conducts clinical research and experimental programs, and it offers monthly training courses for medical and paramedical personnel and other interested people. In September 1966, it sponsored the first family planning congress in Brazil; the congress was held at Recife capital of the northeastern State of Pernambuco and drew participants from both Brazil and other countries. BEMFAM also has signed agreements with mayors of two important industrial cities for the development of cooperative projects on family planning.

In June of 1969, BEMFAM sponsored the Third Brazilian Seminar of Family Planning, with 96 participants, including an Archbishop, and eight Government health representatives.

The University of São Paulo offers training in demography and conducts population research programs. The Universities of Rio de Janeiro and Bahia conduct research in reproductive biology.

External assistance

The International Planned Parenthood Federation primarily assists BEMFAM's clinical, training, and information and education programs.

The Population Council has made grants totaling approximately \$100,000 to various Brazilian institutions for biomedical and demographic research. The Council has assisted the Laboratory of Physiology of Reproduction at the National Faculty of the University of Rio de Janeiro, where oral contraceptive tests are being conducted, and has also supported a study of male attitudes toward fertility and family size at the School of Politics and Sociology in São Paulo. Fellowship support is also provided.

The Pathfinder Fund in 1970 continued to evaluate a study of IUD insertions in Brazil as part of its International IUD Program.

The Ford Foundation in 1966 made a 5-year grant of \$476,500 to the Federal University of Bahia for basic and clinical research in reproductive physiology, research on the incidence of abortion, and demonstration family planning clinics.

The Foundation made a 2-year grant of \$122,000 in 1967 to the Federal University of Rio de Janeiro to conduct a research program on the effects of contraception at the BEMFAM family planning clinic at the University. In 1967, a 2-year grant of \$212,440 was given to BEMFAM to establish an experimental program of "satellite" clinics. In 1970, a \$300,000 2-year Foundation-administered project

was set up to encourage the development of population studies in graduate-level social science institutions.

World Neighbors shares with BEMFAM the support of an integrated family planning program on the outskirts of Natal. Another project is in Campinas in cooperation with the Medical School of the University of Campinas; this program involves fourth- and fifth-year medical students in family planning clinics in several of the city's major hospitals. In São Paulo, World Neighbors assists the Serviço de Orientação de Família with family planning programs in three needy areas of the city.

Church World Service helps to finance the São Paulo Family Guidance Service which provides marriage and family planning counseling by a well-trained group of social workers and doctors.

Oxfam of Canada in 1969-70 made a grant totaling \$10,000 to BEMFAM to conduct two seminars on family planning.

Chile

Demographic information

Population according to

November 29, 1960 7,860,000

Estimated population,

January 1, 1970 9,505,000

Births per 1,000 population, 1969 28

Deaths per 1,000 population, 1969 9

Infant deaths per 1,000 live births, 1967 . . 100

Rate of natural increase, 1969 (percent) . . . 1.9

Number of years to double population at

present rate of natural increase 37

Percent of registered births, first-born, 1967 . 27

Median maternal age, 1967 27

Median birth order, 1967 2.7

Percent of registered births born to

women less than 20 years old, 1967 13

Percent urban, 1970 74

Percent of labor force in agriculture, 1967 . 27

Per capita gross national product, 1968 . . \$606

Percent literate, 1960 84

Highlights of activities

Chile's family planning program, involving both the Government and a Family Planning Association, is the most advanced in Latin America. Some 200 clinics dispense family planning information and contraceptives throughout the country, and world-renowned training courses have been developed at the U.N.-sponsored Latin American Demographic Center (CELADE) and the Barros Luco Hospital.

Family planning activities in Chile date back to 1938 when contraceptive services were first offered in Santiago. Interest in family planning, however, did not expand notably until 1959 when Dr. Jaime Zipper began a research project at the Barros Luco Hospital on the "Zipper ring."

Three years later prominent medical specialists from the University of Chile and Catholic University organized themselves as the Chilean Association for the Protection of the Family in an effort to reduce the high rate of induced abortion.

In 1965, the Ministry of Health established a Family Planning Committee, and in 1966 the National Health Service included family planning in its maternal and child health program.

The Association for the Protection of the Family now serves as an advisory council for the Government program and runs the family planning clinics, most of which are located in Government hospitals or clinics.

Each year, the Association for the Protection of the Family, in cooperation with the National University, conducts several training courses on the theory and practice of family planning for medical and paramedical personnel from Chile and various other Latin American countries. It also has sponsored annual training grants to recent medical school graduates who will work throughout the country, a special training course for top personnel in the Ecuadoran Army and Government Health Service, and a public-education course using mass media, conferences, and seminars.

The Association also has contracted with the Ministry of Education to teach sex education in primary and secondary schools and has formed a corps of family planning volunteers.

Growing at an annual rate of 1.9 percent, Chile's population is estimated to have passed 9.5 million in 1970. At this rate, it will double in 37 years and exceed 19 million inhabitants by the year 2000.

The growth rate is not as high as in most of the rest of Latin America and has been declining steadily over the past 5 years. This has been principally due to a decline in the birth rate from 35.4 per 1,000 inhabitants (uncorrected for an estimated 10 percent underreporting) to 28 in 1969.

Despite this improvement, there are important reasons for placing increased emphasis on family planning in Chile. First, the present lowered birth rate is more the result of the large number of induced abortions than of effective contraception. Studies indicate that in the Santiago area, especially, the abortion rate reaches an abnormally high level.

Secondly, the high abortion rate is a strong indication that the general public is interested in limiting the number of births in their families.

Approximately 2.1 million women are in the child-bearing age group (15-44), and about 13 percent deliver a live-born child each year. An estimated 10 percent of these women practice some form of birth control, using mainly oral contraceptives and IUDs. The infant mortality rate in Chile is 100 per 1,000 live births, compared with 15-25 in the most advanced countries of the world.

External assistance

With the broadly defined goal of promoting the formation of population and family policies in Latin America, the Latin American Center for Population and Family, (CELAP) a specialized department of the Center for the Economic and Social Development of Latin America (DESAL), has been involved in sociological research and education activities in the area of population and family planning. Current research in Chile is concerned with the study of the sociological aspects of family planning in the marginal populations of Santiago. In addition, the Center is involved in a number of promotional and educational activities outside of Chile.

The United Nations assists the Chilean and other Latin American programs through the Demographic Center for Latin America (CELADE), which was founded in August 1957 and that year officially established its headquarters in Santiago. The objectives of CELADE are to organize courses in demographic analysis for the purpose of training Latin American students in this discipline and promoting the establishment of similar courses of study in universities throughout Latin America; to begin the study of demographic problems in Latin America, utilizing the sources of existing data and carrying out new research; and to provide demographic consulting services for all Latin American governments.

The International Planned Parenthood Federation has assisted the Association for the Protection of the Family.

The Population Council continues to support biomedical research at the Universidad Catolica in Santiago, the Universidad de Chile, Catedra "E" de Obstetricia, and the Instituto de Fisiología and also supports a family planning statistical unit at the Universidad de Chile. Fellowships in demography, public health, and biomedical subjects have also been awarded. In addition, the Council supports CELADE's comparative regional research programs in

fertility and abortion as well as methodological studies on abortion measurement.

A.I.D. has provided assistance for the programs of the Ministries of Health and Education.

The Pathfinder Fund in 1970 provided funds to expand family planning facilities in a rural clinic near Santiago, where young doctors and nurses receive training. Pathfinder has furnished audiovisual equipment to several clinics and institutions that have been working in the field of sex education. Also, Pathfinder has provided one travel grant and has sent contraceptives and literature to private clinics serving low-income patients. As part of its International IUD Program, Pathfinder continued to evaluate a study of IUD insertions in Chile in 1970. Another IUD study in Chile was completed in 1969.

The Ford Foundation in 1962 and 1968 made two grants totaling \$427,100 to CELADE for demographic teaching and research activities in Latin America. The Foundation granted \$170,000 to the University of Chile in 1964 for research and training in reproductive biology and \$158,000 in 1969 for support of the University's Center of Biology of Reproduction. In 1970 a \$40,000 Foundation grant was made to the Latin American Association for Research in Human Reproduction.

The Rockefeller Foundation, through Harvard University, provided a grant of \$42,000 in 1964 toward the costs of a family planning study in Santiago. The study was carried out by Harvard's School of Public Health and the Department of Preventive Medicine at the University of Chile. In 1965 the Foundation provided a grant of \$34,000 to the same department at the University of Chile for population research and family planning programs; an additional \$200,000 was granted the University in 1969 to expand its family planning work. In 1966 a total of \$450,000 was provided to study the feasibility and effectiveness of an expanded family planning program outside Santiago and for a postpartum family planning program. An additional \$25,000 was provided for this purpose through Harvard in 1968 and 1969.

The Population Reference Bureau and the Ministry of Education are working out plans for a series of seminars to be given secondary school teachers on the problems attendant to population growth. The bureau has been active for some years in distribution of educational material.

The United Nations through the U.N. Fund for Population Activities paid the travel costs for participants in a mission to Central America and the Caribbean.

Colombia

Demographic information

<i>Population according to census of</i>	
<i>July 15, 1964</i>	<i>17,484,508</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>20,790,000</i>
<i>Births per 1,000 population, 1969</i>	<i>43</i>
<i>Deaths per 1,000 population, 1969</i>	<i>11</i>
<i>Infant deaths per 1,000 live births, 1966</i>	<i>80</i>
<i>Rate of natural increase, 1969 (percent)</i>	<i>3.2</i>
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	<i>22</i>
<i>Percent of registered births, first-born, 1967</i>	<i>19</i>
<i>Median maternal age, 1967</i>	<i>27</i>
<i>Median birth order, 1967</i>	<i>3.6</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	<i>11</i>
<i>Percent urban, 1970</i>	<i>55</i>
<i>Percent of labor force in agriculture, 1964</i>	<i>47</i>
<i>Per capita gross national product, 1968</i>	<i>\$292</i>
<i>Percent literate, 1964</i>	<i>73</i>

¹Underregistered.

Highlights of activities

The Government of Colombia signed an agreement with the Pan American Health Organization in July 1969 to provide family planning services through 340 Government health centers. These clinics provide comprehensive maternal child-health care, including family planning services.

The Division of Population Studies of the Colombian Association of Medical Schools (ASCOFAME), the pioneer in training both medical and paramedical personnel since 1964, began in 1969 a postpartum family planning program, which is being implemented in 24 major hospitals throughout the country. It coordinates population studies conducted at most of the 26 member universities and has established Population Committees at several. These committees offer clinical service and research into fertility, family planning, abortion, and sociodemographic problems. ASCOFAME also undertakes demographic studies: knowledge, attitudes, and practices (KAP) surveys; and research on fertility.

The University of Valle, has received large Rockefeller grants for research in reproductive physiology. Family planning is an element of a universitywide program in the Population Studies Center. The Center, in addition to its research, is responsible for training doctors involved in the

national family planning program. It is experimenting with ways of providing family planning services to rural populations through comprehensive community health services in outlying clinics.

A private organization, the Colombian Family Welfare Association (PROFAMILIA), offers family planning services to patients in 27 clinics in 17 principal cities throughout the country. Six of the clinics are in Bogotá.

Between 1965 and 1969 PROFAMILIA had 48,000 new patients and had given a total of 168,000 consultations. IUDs have been the major type of contraception used. The Association operates an education and information program, including a pilot project of radio spot announcements begun in 1969.

PROFAMILIA's Central Clinic in Bogotá offers several training courses, including 2-week international courses for doctors in March and September of each year.

External assistance

A.I.D. has contracted with the University of North Carolina to provide technical assistance to the National Statistical Department in developing more accurate registration of vital events in two pilot areas. It also has provided assistance to short and long-term training programs for 42 participants in demography, family planning, and allied disciplines.

The International Planned Parenthood Federation assists PROFAMILIA. Supporting grants were made in 1970.

The Population Council has provided financial and technical assistance to ASCOFAME since the formation of its Division of Population in 1964, and currently has two advisors in residence. The Council supports ASCOFAME'S nationwide postpartum program, a broad training and assistance program involving seven universities, extensive KAP and other population-related research, a special program for evaluation, and a joint Spanish translation and publication program. The Association's activities have been studied by other Latin American countries. Efforts to institutionalize the population activities and to shift to local financing have been meeting with some success.

The Council has continued its support of the Pan American Federation of Associations of Medical Schools in its efforts to improve the population activities of member associations and schools throughout the region. The Council also supports the institutionalization of demographic research and training at the University of the Andes and at the School of Public Health of the University of Antioquia, Medellín, and biomedical research at the

University of Valle in Cali. Numerous fellowships have also been provided.

The Pathfinder Fund in 1970 sponsored a population education project to develop and field-test population awareness materials. Pathfinder is working with the Colombian Association for the Scientific Study of Population to train leaders of Colombian women's organizations, who will in turn educate other women in their rights and responsibilities, with an emphasis on their role as family planners. As part of its International IUD Program, Pathfinder continued to evaluate a study of IUD insertions in Colombia in 1970. Pathfinder provides assistance to various other family planning projects in Colombia.

In 1964, the Ford Foundation made a \$25,000 grant to the University of Valle for the tabulation of the 1964 census returns for Cali and its vicinity. The Foundation has made three grants totaling \$747,000 in 1965, 1967, and 1970 to the Colombian Association of Medical Faculties for a division of population studies, fellowships, seminars, and for research in social demography and family planning.

During 1969, the Rockefeller Foundation gave \$64,161 to Colombian family planning programs. Among recipients have been the University of the Andes--for organizational and administrative costs of the Colombian Association for the Scientific Study of Population--and the University of Valle - for research in reproductive physiology and support of population studies and action programs.

Church World Service is supporting a number of planned parenthood programs.

World Neighbors, in a joint project with PROFAMILIA provides the funding of the San José clinic and the basic budget for a new family planning program at Sinelejo, Sucre--a needy semirural area. The latter project provides the services of a doctor, nurse, "motivator" and assistant, plus rents, utilities, transportation, and equipment.

All of the Population Reference Bureau's Spanish and Portuguese publications are printed at and distributed from its regional office in Bogotá.

Various U.S. universities, such as Cornell and the University of Chicago, are aiding the Associations of Medical Faculties in its research program.

The Swedish International Development Association (SIDA) beginning in 1969 has supported the Government program, and PROFAMILIA with contraceptives and audiovisual and clinic equipment.

Two consultants have been provided by UNESCO to help Colombia--and Costa Rica and El Salvador--to strengthen use of mass communications in family planning programs.

Costa Rica

Demographic information

Population according to census of

April 1, 1963 1,379,000

Estimated population,

January 1, 1970 1,732,000

Births per 1,000 population, 1969 40

Deaths per 1,000 population, 1969 8

Infant deaths per 1,000 live births, 1967 . . . 87

Rate of natural increase, 1969 (percent) . . . 3.2

Number of years to double population at:

present rate of natural increase 22

Percent of registered births, first-born, 1967 . 18

Median maternal age, 1967 27

Median birth order, 1967 3.9

Percent of registered births born to

women less than 20 years old, 1967 14

Percent urban, 1970 27

Percent of labor force in agriculture, 1963 . 49

Per capita gross national product, 1968 . . \$454

Percent literate, 1963 84

Highlights of activities

Costa Rica since 1967 has given steadily increasing attention to family planning activities.

In April of that year, the Population Office was established within the Ministry of Health and charged with preparing a comprehensive study and work plan outlining the objectives and targets of a national population program. Beginning in January 1968, family planning was included as a integral part of the national health service network. Finally, in early 1970, the Population Office was placed in the Maternal and Child Care Division of the Ministry, and a combined Maternal and Child Care, Nutrition and Family Planning educational program was designed.

An immediate operational target of the program is to set up 100 clinics; 80 have already been established and are offering family planning services.

The Costa Rica Demographic Association (CRDA), which was established in 1966, became an affiliate of the International Planned Parenthood Federation (IPPF) in 1967. The Association conducts informational, motivational, and educational programs by means of radio, TV, and the press and produces the bulk of the printed material for all family planning/population programs. It also publishes a monthly bulletin *PLANIFAMILIA*.

The Association supports 11 private clinics offering family planning and administers the oral contraceptive distribution system for the national

program through a 100-drugstore network. It also provides technical and material support to other institutions.

During 1969 the Association expanded its active information and education program to include over 3,000 radio spots, literature to be distributed throughout Latin America, as well as a course for evangelical ministers and four 2-week courses for community leaders.

A number of other organizations are also active in the field.

The Center for Social and Population Studies (CESPO) of the University of Costa Rica coordinates studies, analyses, and research on social and population problems and provides training for all personnel concerned with family planning program.

CESPO, with assistance from the Center for Family Guidance and the Ministry of Education, has developed a training program in sex education for teachers to serve as basis for sex education in high schools throughout the country. Courses for parents will also be emphasized. CESPO works closely with the U.N.-sponsored Latin American Demographic Center, CELADE.

The Center for Family Guidance (COF) provides sex-education, marriage, and family planning courses for student groups, other youths, and engaged and married couples; it also offers individual counseling services.

The Social Security Institute (CCSS) offers family planning medical services in five peripheral clinics in the San José metropolitan area and will later extend services to all its clinics throughout the country.

Outside the family planning/population program, the Catholic Church-sponsored Christian Family Movement (MFC) offers courses in courtship, marriage, and responsible parenthood to engaged and married couples.

External assistance

A.I.D. provides assistance to the population program. CELADE headquarters in Chile, an A.I.D. grantee, supports the CELADE subcenter in Costa Rica.

IPPF rendered grant support to the Demographic Association in 1970 and previously on an annual basis. The Population Council has supported a study of knowledge, attitudes, and practices by the Dirección General de Estadística y Censo.

The Pathfinder Fund provides educational literature and contraceptives.

The Ford Foundation made a 2-year grant of

\$136,000 in 1968 to the University of Costa Rica for family planning training and demography.

Church World Service assists in the support of the San José Family Orientation Center, which was set up in 1968. The Center supports the local family planning effort and serves as a communications model for other parts of Latin America. It gives premarital courses, radio and television counseling, and sex-education training programs for high-school and grade-school teachers. The teacher-training programs are held in conjunction with the University of Costa Rica. The annual budget for the Center is \$96,000.

Church World Service is also assisting a family planning program which is being integrated into the Good Will Caravans mobile medical program. Family planning education and contraceptives are provided in this program, which reaches approximately 20,000 people annually.

The Swedish International Development Authority has supported the program with contraceptive supplies and with paper for printing. Ten family planning clinics have been equipped for IUD insertion.

Dominican Republic

Demographic information

Population according to census of

August 7, 1960 3,047,070

Estimated population

January 1, 1970 4,169,000

Births per 1,000 population, 1969 49

Deaths per 1,000 population, 1969 15

Infant deaths per 1,000 live births, 1967 . . . 80

Rate of natural increase, 1969 (percent) . . . 3.4

Number of years to double population at

present rate of natural increase 20

Percent of registered births, first-born, 1967 .¹ 19

Median maternal age, 1967¹ 27

Median birth order, 1967¹ 3.4

Percent of registered births born to

women less than 20 years old, 1967¹ 13

Percent urban, 1970 37

Percent of labor force in agriculture, 1960 . . 61

Per capita gross national product, 1968 . . \$295

Percent literate, 1960 65

¹Underregistered.

Highlights of activities

The Dominican Government's involvement in family planning began in 1967, when it incorporated

family planning services into the maternal and infant care program. In the following year, it established a National Council on Population and Family Planning (NPFC) to determine national population and family planning policies.

Since inauguration of the first government clinic in 1969, the Dominican Republic has seen a rapid increase in the availability of family planning services. By June 30, 1970, the number of family planning clinics had grown to 25, these being in the more highly populated centers.

All services of the government clinics are provided free, including Pap smear tests, IUDs and oral contraceptives are offered by the clinics, with about two-thirds of the patients accepting the IUDs and a third the orals.

Immediate goal of the program was to reach 13 percent of all Dominican women by the end of 1969 and to reach an additional 5 percent of the target group each year thereafter.

The Dominican Republic also has a private Association for Family Welfare, which was created in 1966 and in 1969 became the only private organization to be represented on the National Council. That same year, the Association's application for IPPF affiliation was accepted. The Association works closely with the Government program, primarily on information and education activities. It also operates two clinics as pilot projects in Santo Domingo.

Other approaches include use of the press and TV; lectures and film shows; seminars; and distribution of bulletins, pamphlets, and other literature. In 1970, plans were made to continue the Association-sponsored weekly educational radio programs and to hold three intensive medical training courses.

The NPFC and the EPA run a joint training program for all personnel employed at the family planning clinics, as well as for personnel of other institutions. A number of short courses are also given for nursing assistants, social workers, and administrative staff.

External Assistance

The International Planned Parenthood Federation has provided financial and commodity assistance annually to the Association.

A \$7.1-million A.I.D. loan, signed April 15, 1969, is assisting the Secretariat of Health to expand its maternal and infant-care program. The loan includes funds for the remodeling and construction of health facilities, procurement of equipment, education and training of personnel, studies, mass-media

materials, and technical assistance. Implementation of the program started in 1970 with training courses for medical personnel.

A.I.D. has also provided advisory data processing services for the 1970 census.

The Population Council is supporting the central office of the National Council on Population and Family and its supervision and evaluation of the Government's family planning program and research on the effectiveness of communications materials and programs. Population Council also provides support for fellowships.

Pathfinder Fund supplies family planning literature and contraceptives to selected recipients.

Church World service assists Servicio Social to operate over 40 contraceptive distribution stations.

Peace Corps volunteers are also assisting in family planning activities.

The United Kingdom is supplying three mobile clinics at a cost of \$36,000 to enable family planning services to be extended to the rural population.

The United Nations through the United Nations Fund for Population Activities has sent an expert to outline a specific population policy that is compatible with the aims of the National Development Plan, 1970-74, and with the general objectives of long-term development planning.

Ecuador

Demographic information

<i>Population according to census of</i>	
<i>November 25, 1962</i>	¹ 4,649,648
<i>Estimated population,</i>	
<i>January 1, 1970</i>	5,990,000
<i>Births per 1,000 population, 1969</i>	45
<i>Deaths per 1,000 population, 1969</i>	11
<i>Infant deaths per 1,000 live births, 1967</i>	87
<i>Rate of natural increase, 1969 (percent)</i>	3.4
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	20
<i>Percent of registered births,</i>	
<i>first-born, 1966</i>	25
<i>Median maternal age, 1966</i>	27
<i>Median birth order, 1966</i>	3.3
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1966</i>	9
<i>Percent urban, 1970</i>	38
<i>Percent of labor force in agriculture, 1965</i>	53
<i>Per capita gross national product, 1968</i>	\$259
<i>Percent illiterate, 1962</i>	68

¹Adjusted for areas omitted from census.

Highlights of activities

In Ecuador, a number of Government and private organizations are carrying out family planning programs.

A Department of Population in the Ministry of Health has trained, mainly through seminars, personnel in 34 of the 52 existing health centers; 29 of these centers have received equipment and supplies for family planning and are providing this service as part of an integrated health program. Twenty-seven doctors and midwife nurses have been sent to Chile for special training in family planning. Within 5 years, a total of 115 clinics are to be opened, staffed, and equipped for family planning within the framework of the Ministry of Health.

The Ecuadoran Association of Medical Faculties has assisted the three Government schools of medicine (Quito, Guayaquil, and Cuenca) in developing Population Study Centers to carry out studies in demography and family planning and incorporate these subjects into the medical schools' curricula.

The Ecuadoran Family Planning Association was formed in 1965 and became an International Planned Parenthood Federation (IPPF) member in 1967. The Association operates over 20 clinics and has provided family planning training to physicians as well as to Ministry of Health personnel in six subcenters.

The "Women's Medical Society," through a clinical and education program, has provided education and motivational programs for members of the Armed Forces and their wives in the Province of Pichincha. The Society is now beginning a nationwide program of education, motivation, and family planning services within the National Civil Police Force.

The Armed Forces have established seven family planning clinics in military hospitals and two mobile clinics, to extend motivation, education, and services to enlisted men and officers in all branches of the Armed Forces.

The Ministry of Social Welfare has initiated a nationwide 5-year program of "Integral Promotion of the Family." Among its basic elements will be education and motivation in responsible parenthood and family planning.

The Y.M.C.A., in cooperation with the Ecuadoran Family Planning Association and the Ministry of Education, is carrying out a pilot project of sex education and family planning motivation for responsible parenthood in a total of six social security clinics and hospitals in the mountain region.

The Ecuadoran Institute of Planning for Social Development (INEDES) studies and analyzes the effects of population growth on socioeconomic development.

External assistance

A.I.D. has supported the Ministry of Health and the universities' population study programs. Currently, A.I.D. is providing assistance for the training of 100 auxiliary nurses who will work in the new rural medicine program of the Ministry of Health. They will receive training in motivation and education of rural families in family planning, in an integrated health program for work at the rural level.

IPPF has provided financial and commodity assistance to the Ecuadoran Family Planning Association during 1970 as in previous years.

The Population Council provided IUDs during 1969 to the Ministry of Health. Support for fellowships is also provided.

The Pathfinder Fund financed the work of an

Better health care goes hand in hand with family planning in most developing countries, where both programs are often under one agency. Here, an Indian baby in Quito is getting a polio shot.



auxiliary nurse in a family planning clinic and donated contraceptives and literature to a number of clinics. As part of its International IUD Program, Pathfinder continued to evaluate two studies of IUD insertions in Ecuador.

The Latin American Center for Studies of Population and Family assisted in establishing INEDES.

The Ford Foundation is paying the salaries of a professor of the University of Quito who is teaching demography in the medical school of Quito, and of a coordinator in the Ecuadoran Association of Medical Faculties for research and the teaching of demography and family planning in the three medical schools. In 1970, the Ford Foundation made a 2-year \$34,000 grant to the Association of Ecuadoran Medical Schools for support of their Division of Population Studies. The Pan American Health Organization has conducted two conferences in Ecuador on health and family planning.

World Neighbors is supporting a new "family welfare" program related to the Y.M.C.A. and involving the public schools of the city of Quito. The program includes sex education and family planning.

El Salvador

Demographic information

Population according to census of

May 2, 1961 2,510,984

Estimated population:

January 1, 1970 3,318,000

Births per 1,000 population, 1969. 47

Deaths per 1,000 population, 1969 13

Infant deaths per 1,000 live births, 1967. 63

Rate of natural increase, 1969 (percent) 3.4

Number of years to double population

at present rate of natural increase 20

Percent of registered births,

first-born, 1967 22

Median maternal age, 1967. 26

Median birth order, 1967 3.2

Percent of registered births born to

women less than 20 years old, 1967 16

Percent urban, 1970 40

Percent of labor force in agriculture, 1964. 60

Per capita gross national product, 1968. \$285

Percent literate, 1961 49

Highlights of activities

Three agencies are offering family planning services throughout El Salvador: The Ministry of

Health; the Salvadoran Demographic Association (SDA), a private entity founded in 1962; and the Salvadoran Institute of Social Security (ISSS). As of May 1, 1970, these three organizations had a total of 111 clinics.

Plans are currently underway to have the SDA gradually transfer all of its clinics outside the capital city of San Salvador to the Ministry of Health. This is to be accomplished by the end of 1971. The SDA will continue thereafter to provide theoretical and practical training in family planning to health personnel, leaders, and organized groups from the Central American countries. The Association will also strengthen and maintain a broad educational program and will conduct research activities and special studies.

The Ministry of Health will be responsible for the medical direction of the program and for its administration. It maintains a laboratory for the early diagnosis of uterine cancer. Both the SDA and the Ministry clinics use the laboratory.

A Family Planning Evaluation Unit was established in the Ministry of Health and started services in July 1970. Its role is to engage in demographic and operations research and evaluation and to play a major part in broadening knowledge of population programs, problems, and solutions.

Future role of the ISSS is to supervise and manage its own program through a qualified staff of doctors, nurses, social workers, laboratory technicians, and adequate administrative personnel. It will also maintain and operate a cytology laboratory.

Work of the three agencies will be channeled through a National Coordinating Committee. The fundamental aim of this committee is to better coordinate the activities of the agencies with the intent of establishing unified objectives, principles, concepts, and technical procedures so as to provide more efficient services and better utilization of available resources.

External assistance

A.I.D. assists the programs of all three agencies.

The International Planned Parenthood Federation supports work of the SDA; 1970 funding assistance has been primarily for clinical services.

The Population Council has supported the regional training program of the Salvadoran Demographic Association in population/family planning. It has also assisted the Salvadoran Institute of Social Security in the expansion of family planning services.

The Pathfinder Fund has sent contraceptives

and family planning literature to a number of clinics and in 1969 gave a grant to a prominent doctor to attend a family planning workshop at the University of Chicago.

Church World Service has a limited family planning information program.

Peace Corps volunteers are assisting the family planning program by referring mothers to maternal and child health clinics.

The Swedish International Development Association has supported the family planning program with contraceptive supplies and has equipped six clinics for IUD insertion.



Guatemala

Demographic information

Population according to census of

April 18, 1964 4,443,000

Estimated population,

January 1, 1970 5,281,000

Births per 1,000 population, 1969 43

Deaths per 1,000 population, 1969 15-16

Infant deaths per 1,000 live births, 1966. 92

Rate of natural increase,

1969 (percent) 2.8-2.9

Number of years to double population

at present rate of natural increase 25

Percent of registered births,

first-born, 1965 ¹22

Median maternal age, 1965. ¹26

Median birth order, 1965 ¹3.2

Percent of registered births born to

women less than 20 years old, 1965 ¹17

Percent urban, 1970 37

Percent of labor force in agriculture, 1964 65

Per capita gross national product, 1968. \$305

Percent literate, 1964 38

¹Underregistered.

Below, artist in the Unified Population Office, information arm of the Guatemala Demographic Association and the Ministry of Public Health, designs a poster "you decide." It will promote family planning among women such as one above who lives in the most crowded of Guatemala City slums, where the average family has six children.



Highlights of activities

Under Guatemalan law, the Ministry of Health is responsible for all family planning services offered in the country. The focus of the country program is to integrate family planning into the national health services. Begun in July 1969, the Ministry program now offers family planning services in 60 of its health centers and in five hospitals.

In addition there is a private Family Planning Association (Asociación Pro-Bienestar de la Familia de Guatemala), which was founded in 1962 and is an affiliate of the International Planned Parenthood Federation (IPPF). The Association supervises family planning services in 18 family planning centers, 11 of which are run jointly with the Government. The Government also supervises operations in 36 clinics.

Recently, the Association and the Ministry of Health combined efforts in an integrated Education

and Training Office. The office is responsible for the development of promotional materials, including radio jingles (in Spanish and 10 Indian languages), TV spots, posters, and teaching materials. Also, training is provided for medical and paramedical personnel, social workers, and health promoters. Seminars are offered for Government and other leaders.

The Ministry of Health, with assistance from the Communicable Disease Center in Atlanta, Georgia, is developing a data-processing system for program evaluation and patient control.

External assistance

A.I.D. provides assistance to the family planning program.

IPPF has made grants to the Association.

The Population Council has made grants to the Central American Institute for Population and Family

Shanties in Guatemala City tell the story of overcrowding of Latin American cities, as does the slum water pump that must be shared by 2,500 people; a contrast is the key punch operator's modern equipment - part of a computerized system for keeping family planning records.



for population studies and to the Guatemala School of Medical Sciences for biomedical studies.

The Pathfinder Fund supports a clinical study of 2,100 Indian women to determine their attitude toward family planning and birth control. In 1969, Pathfinder assisted the family planning section of the Guatemala Rural Reconstruction Movement; it has also donated contraceptives to several clinics.

World Neighbors supports the work of a doctor engaged in providing family planning services to patients referred to him by 55 paramedical workers who serve more than 60 communities and who themselves distribute "the pill" under the doctor's supervision. World Neighbors also supports a staff of four village extension nurses who promote family planning through classes and home visitations. The World Neighbors area representative and his wife present family planning programs in municipal-level training sessions and function as resource personnel for family planning classes at the community level.

The Swedish International Development Association has equipped 10 family planning clinics for IUD insertion.

The United Nations has sent an expert to work with the Human Resources Section of the National Planning Council on population-related activities.

Haiti

Demographic information

<i>Population according to census of</i>	
<i>August 7, 1950</i>	<i>1 3,354,000</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>5,200,000</i>
<i>Births per 1,000 population, 1969</i>	<i>44</i>
<i>Deaths per 1,000 population, 1969</i>	<i>20</i>
<i>Infant deaths per 1,000 live births.</i>	<i>130</i>
<i>Rate of natural increase, 1969 (percent)</i>	<i>2.4</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>29</i>
<i>Percent of registered births, first-born</i>	<i>(²)</i>
<i>Median maternal age</i>	<i>(²)</i>
<i>Median birth order</i>	<i>(²)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>(²)</i>
<i>Percent urban, 1970</i>	<i>18</i>
<i>Percent of labor force in agriculture, 1950</i>	<i>83</i>
<i>Per capita gross national product, 1968.</i>	<i>\$65</i>
<i>Percent literate, 1950</i>	<i>10</i>

¹ Enumerated population adjusted for estimated 8.3 percent underenumeration. ² Not available.

Highlights of activities

The Government of Haiti in 1964 set up a department for family planning in the Social Affairs Ministry. The President of Haiti requested technical assistance in family planning as well as for other health problems from the Pan American Health Organization in 1968.

A small Family Planning Association was formed in 1962 but ceased activities in 1964 when the Government program was announced. A new association was formed in 1968 and is receiving help from the International Planned Parenthood Federation's Western Hemisphere office. Some religious institutions and private physicians also offer family planning services.

In addition, the Institut des Hautes Etudes Commerciales et Economiques offers a training course in demography.

External assistance

The Population Council has provided IUDs to the hospital of the national university.

The Pathfinder Fund has conducted a nationwide survey of privately supported medical facilities now offering limited family planning services. It has also financed a study of contraceptive methods used by a Port-au-Prince clinic and sent the clinic audiovisual equipment, financed a family planning workshop conducted by the University of Chicago, and supplied contraceptives for all medical clinics operated by the Family Planning Committee under Service Chretien (Church World Service).

Church World Service in 1965 helped form a family planning committee through which contraceptive supplies and printed materials are distributed to hospitals and clinics. CWS supports a twice-weekly IUD clinic in Port-au-Prince and an educational program.

The Unitarian Universalist Service Committee supports a Family Planning Field Laboratory, which operates in both the urban setting of Port-au-Prince and the rural setting of Ganthier and several other small villages nearby. Its primary objectives are the pretesting of family planning methods and services and the development of culturally appropriate and acceptable French-language educational materials. It has recently been accepted as the model for the development of a national family planning program in that country.

The Mennonite Central Committee and World Neighbors are providing limited educational programs at Grande Riviere du Nord and at Port-au-Prince.

Family planning is presented as part of a larger program of family welfare.

Oxfam of Canada in 1969-70 granted \$5,700 to the Christian Service of Haiti for family planning seminars in a training course.

Honduras

Demographic information

<i>Population according to census of April 17, 1961</i>	¹ 1,985,000
<i>Estimated population, January 1, 1970</i>	2,540,000
<i>Births per 1,000 population, 1969</i>	49
<i>Deaths per 1,000 population, 1969</i>	17
<i>Infant deaths per 1,000 live births</i>	135
<i>Rate of natural increase, 1969 (percent)</i>	3.2
<i>Number of years to double population at present rate of natural increase</i>	22
<i>Percent of registered births, first-born</i>	(²)
<i>Median maternal age, 1966</i>	27
<i>Median birth order</i>	(²)
<i>Percent of registered births born to women less than 20 years old, 1966</i>	16
<i>Percent urban, 1970</i>	26
<i>Percent of labor force in agriculture, 1961</i>	67
<i>Per capita gross national product, 1968</i>	\$245
<i>Percent literate, 1961</i>	45

¹ Enumerated population adjusted for estimated 5.3 percent underenumeration. ² Not available.

Highlights of activities

The Government of Honduras has supported a national family planning program since 1966. That year, family planning services were included in the Ministry of Public Health's maternal and child health program. Then, in 1969, a reorganization resulted in establishment of a special section, under the Director of Health, to promote family planning, maternal and child health, and nutrition activities. The new program was bilaterally financed by the Government of Honduras and by the Agency for International Development.

During 1969, 22 Ministry of Health family planning clinics were put into operation throughout the country and staffed with trained physicians, nurses, social workers, auxiliary nurses, auxiliary pharmacists, and health educators. The supervisory staff, headquartered in the capital, consists of two physicians, a nurse, a social worker, a health educator, and an administrator. By the end of the

year, 91 national personnel had been assigned to the program.

Visits to family planning clinics totaled 15,819 in 1969.

Government activities have included sponsorship in May 1968 of the first Regional Seminar on Population and Labor in cooperation with the International Labor Regional Organization and the Population Reference Bureau. Seventeen labor leaders attended.

Working in cooperation with the Government program is the Honduran Association of Family Planning, which was organized in April 1963 and is a member of the International Planned Parenthood Federation (IPPF). From the first, the Government allowed the Association tax-free importation of materials needed for its clinics as well as the use of the facilities of the San Felipe Hospital. The Association now has a central pilot clinic in Tegucigalpa, which served 14,340 new patients in 1969.

In 1969 the Association sponsored a Seminar of Population, Reproduction, and Maternal Health Care for 45 physicians in conjunction with the Minister of Public Health and Social Assistance and the University. At the end of the year, a Committee on Coordination with the Maternal Health Program was established and activities were thus more closely coordinated with the Government program.

External assistance

The International Planned Parenthood Federation provides financial and commodity assistance to the Family Planning Association on an annual basis.

A.I.D. provides supplementary support to the Government program.

The Population Council is assisting the Honduran Family Planning Association in the initiation and implementation of postpartum family planning programs in the cities of Tegucigalpa and San Pedro Sula.

The Pathfinder Fund has given medical supplies, contraceptives, and family planning literature.

Through CARE, a traveling Family Planning Education Unit was given to the Honduras Family Planning Association to assist its program in nationwide family planning education.

Oxfam of Canada in 1968-69 granted \$6,480 to the Honduran Association of Family Planning to finance the seminar for doctors.

Jamaica

Demographic information

Population according to census of

April 7, 1960 ¹1,624,000

Estimated population,

January 1, 1970 1,954,000

Births per 1,000 population, 1969 33

Deaths per 1,000 population, 1969 7

Infant deaths per 1,000 live births, 1969. 33

Rate of natural increase, 1969 (percent). ²2.6

Number of years to double population

at present rate of natural increase 27

Percent of registered births, first-born, 1964. 20

Median maternal age, 1964. 25

Median birth order, 1964 3.3

Percent of registered births born to

women less than 20 years old, 1964 18

Percent urban, 1970 36

Percent of labor force in agriculture, 1960 36

Per capita gross national product, 1968. \$497

Percent literate, 1960 82

¹Adjusted for estimated 1.0 percent underenumeration.

²Estimated net emigration results in a growth rate of 1.6 percent.

Highlights of activities

Jamaica incorporated a strong national population-family planning policy statement in its first 5-year plan in 1962 when it became an independent nation within the British Commonwealth. A Family Planning Unit was established in the Ministry of Health in 1966, followed by creation of a semiautonomous National Family Planning Board in 1967.

The Government's objective is to lower the Island's birth rate from 40 per 1,000 in 1966 to 25 by 1976. This is to be accomplished by intensive education combined with wide distribution of clinical services.

By mid-1970 there were 146 family planning clinics serving urban, rural, and remote areas in all 14 parishes of Jamaica. Most of these clinics are located in health centers or hospitals staffed by parish health nurses, midwives, and both government and private physicians. Special emphasis is being placed on postpartum services and patient followup.

The Jamaica Family Planning Association, a member of the International Planned Parenthood Federation, works in cooperation with the Government's National Family Planning Board. Both organizations have educational offices at the parish

level, working with various religious and community leaders, groups, and health committees. The JFPA has family planning clinics in four locations, including the largest family planning clinic in Jamaica, the East Street Clinic in Kingston.

Jamaica's target is to reach 20,000 new acceptors per year and by the end of 1971 to have at least 75,000 active contraceptors. Between November 1968 when a computerized system of data collection was introduced and June 1970, the family planning program had reached 42,600 new acceptors and had recorded nearly 100,000 revisits to family planning clinics.

Special efforts are being made to reach males, with education to achieve positive attitudes toward family planning and with distribution of condoms to bring them into the program as contraceptors.

External assistance

A.I.D. assists the official family planning program, including a cancer-detection campaign. Its assistance has included technical consultation in population and family planning administration, education, communications, statistics, and cytology; procurement of contraceptives, clinic equipment and supplies, and education equipment and teaching materials; participant training; and local funding with Government approval for several private organizations providing family planning services in areas of special need. A.I.D. is also assisting in the development of training, research, and evaluation capability at the University of the West Indies.



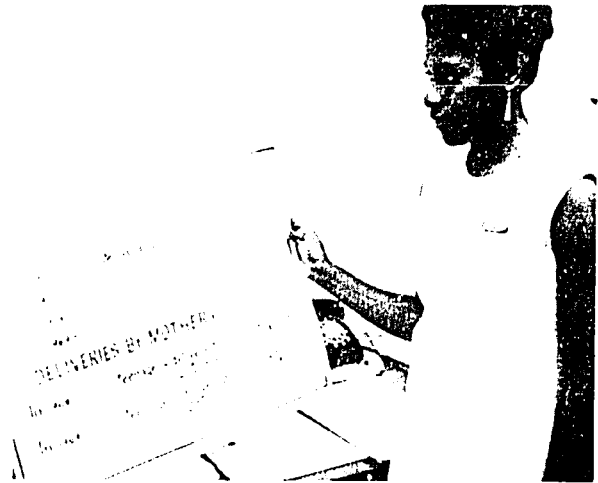
In 1970, the International Planned Parenthood Federation provided both financial and commodity assistance to the Family Planning Association.

The Population Council has assisted the Government with a postpartum patients' study and the University College of West Indies with a census research program.

The Pathfinder Fund has donated contraceptives and literature on a limited scale.

In 1964, the Ford Foundation made a \$138,000 grant to the University of the West Indies for demographic research for educational and economic planning and for the Barbados fertility survey. In 1969, the Foundation provided \$200,000 to the University for support of their Institute of Social and Economic Research and the population census program.

In 1965, the Rockefeller Foundation provided IPPF with a grant to produce a documentary film on birth control for the Family Planning Association. In 1969, a grant for population studies having a direct bearing on policy formulation in the Caribbean area went to the Pan American Health Organization for the establishment of a Population Nutrition Unit within the Caribbean Food and Nutrition Institute. This newly formed unit is undertaking analyses of population growth, family structure, migration patterns, food habits, food availability, and other factors in an attempt to provide the information needed for sound policymaking and for implementation of family planning programs in countries seeking aid.



From left: Billboard publicizes family planning in Jamaica. New mothers receive family planning counseling; Mrs. June Battray, head educator of Victoria Jubilee Hospital's postpartum family planning program, displays birth statistics; family planning extension worker interviews a new mother.

The Unitarian Universalist Service Committee is developing a family planning component in conjunction with its early childhood education/family development program.

Church World Service is seeking to develop plans for a Family Guidance Program with the cooperation of several denominations.

A World Bank team in 1969 made an extensive study of the Jamaican Family Planning Program and has made a loan, its first in this field to the Government of Jamaica for \$2 million for construction of rural maternity centers and a 150-bed wing at the Victoria Jubilee Hospital in Kingston. The Government is required to conduct studies for determining arrangements for the optimum use of health clinics in the Kingston area for family planning purposes and for the most economical utilization of medical, paramedical, and nonmedical personnel in clinics. The Government has agreed to provide adequate financing for recurring program costs.

The United Nations Fund for Population Activities has funded two fellowships for courses at the U.S. National Center for Health Statistics, Washington, D.C.

Mexico

Demographic information

<i>Population according to census of</i>	
<i>January 28, 1970</i>	¹ 48,313,438
<i>Estimated population,</i>	
<i>January 1, 1970</i>	48,188,000
<i>Births per 1,000 population, 1969</i>	43
<i>Deaths per 1,000 population, 1969</i>	9
<i>Infant deaths per 1,000 live births, 1967</i>	63
<i>Rate of natural increase, 1969 (percent)</i>	3.4
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	20
<i>Percent of registered births, first-born, 1963</i>	20
<i>Median maternal age, 1967</i>	27
<i>Median birth order, 1963</i>	3.4
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	11
<i>Percent urban, 1970</i>	58
<i>Percent of labor force in agriculture, 1969</i>	46
<i>Per capita gross national product, 1968</i>	\$557
<i>Percent literate, 1967</i>	78

¹Provisional data as of February 21, 1970.

Highlights of activities

Family planning activities in Mexico are carried on by the Foundation for Population Studies, an

affiliate of the International Planned Parenthood Federation (IPPF). The Foundation operates 40 family planning clinics and conducts several training courses. One of these courses is a program of seminars for national opinion-makers, including journalists, industrialists, and bankers. Another is a training program for physicians; this was expanded in 1968 to include more personnel.

Also in 1968, the Foundation signed an agreement with 20 medical schools to provide technical assistance to the universities so that demography and contraception could be included in their curricula. These schools are establishing pilot family planning clinics where students and personnel can learn modern family planning methods.

The Mexican Government has allowed the Foundation to use some public health facilities for family planning.

During 1969 the Association sponsored a number of special informational training courses for selected groups, including a 15-day course in Mexico City on medical aspects of family planning, and an 8-day course in Tepozotlan, Morelos, for Directors and professors of Mexican nursing schools.

Also operating in this field is the Association for Maternal Health. A private nonprofit organization, the Association concentrates mainly on clinical research and training in population and family planning. It provides some family planning services.

External assistance

IPPF in 1970 provided assistance to the Foundation for Population Studies.

The Population Council is supporting a rural KAP study carried out jointly by the College of Mexico and the National University as well as a postpartum program, research on clinic dropouts, and a publication series of the Foundation for Population Studies. Fellowship support is also provided.

The Pathfinder Fund has sponsored a training program for five doctors and contributed toward the salaries of two social workers. In 1970, it continued to evaluate three studies of IUD insertions as part of its International IUD Program.

The Ford Foundation provided three grants amounting to \$324,125 to the College of Mexico in 1963, 1966 and 1967, for the establishment of a center for economic and demographic studies. An additional grant for \$13,500 was made to the College of Mexico in 1969 for a Latin American seminar on demography. The Hospital of Nutritional Diseases of the Mexican National Institute of Nutrition received two Foundation grants for clinical research and

testing of contraceptives and support for a clinic.

In 1966, the Foundation made a 3-year grant of \$200,000 to the Hospital de la Mujer in Mexico City for teaching and research in reproductive biology and for a family planning demonstration program. In 1969, the Foundation made an additional grant of \$100,000 to the Hospital for a training program in culdoscopy. Three grants totaling \$259,937 were made to the Mexican Institute for Social Studies for a study of Catholic attitudes toward family planning. In 1970, an additional grant of \$100,000 was made to the Institute to support research and training in population studies and other applied social sciences. In 1966 and 1969, the Foundation provided grants totaling \$230,000 to the Mexican Institute of Social Security for research in postabortion fertility control.

The Rockefeller Foundation has provided grants of \$210,000 to the Center for Economic and Demographic Studies at the College of Mexico for a demographic research program. Colorado University received a Foundation grant \$9,000 for 1966-68, for research on the relationship between population growth and economic development.

Church World Service supports limited family planning activity in Mexico.

Oxfam of Canada in 1968-69 granted \$11,800 to the Foundation for the Study of Population.

Nicaragua

Demographic information

<i>Population according to census of</i>	
<i>April 25, 1963</i>	<i>1,535,588</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>1,888,000</i>
<i>Births per 1,000 population, 1969</i>	<i>46</i>
<i>Deaths per 1,000 population, 1969</i>	<i>14-15</i>
<i>Infant deaths per 1,000 live births</i>	<i>121</i>
<i>Rate of natural increase,</i>	
<i>1969 (percent)</i>	<i>3.1-3.2</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>22</i>
<i>Percent of registered births, first-born</i>	<i>(1)</i>
<i>Median maternal age, 1965</i>	<i>2 26</i>
<i>Median birth order</i>	<i>(1)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1965</i>	<i>215</i>
<i>Percent urban, 1970</i>	<i>44</i>
<i>Percent of labor force in agriculture, 1963</i>	<i>60</i>
<i>Per capita gross national product, 1968</i>	<i>\$388</i>
<i>Percent literate, 1963</i>	<i>50</i>

¹Not available. ²Underregistered.

Highlights of activities

Nicaragua has had a national family planning program since 1967, when the Ministry of Public Health established an Office of Family Welfare within the Maternal and Child Health Program. The agency is charged with coordinating the Ministry's and all other family planning activities.

In addition, two other groups are involved in family planning activities. One, the National Social Security Institute (INSS), established family planning services in its clinics following a study on induced abortions. The other, the Moravian Missionary Group, has a small program in the Atlantic Coast area.

During 1970, the Ministry of Health program was expanded to 60 health centers, plus one mobile unit to cover the peripheral areas of the capital city of Managua. The INSS program was also expanded to include the establishment of a new center, which will offer family planning services 12 hours per day, 5 days a week. The Moravian Mission is enlarging its program so as to reach most of the Miskito Indians along the Coco River and the Atlantic Coast.

There has also been increased interest in the establishment of a private demographic association; this will probably take place within the year.

In the educational field, a National Council has been established to evaluate the present situation regarding sex education and to prepare a national educational program. Adult sex education will be the responsibility of the Health Ministry's Family Planning Office. Members of the Council come from the Ministry of Education, the colleges, the Ministry of Health, the National Social Security Institute, and the business community.

Training and information services are provided to professional and lay groups through the Family Planning Orientation and Training Center. The Center instructed 51 of the 239 persons trained in family planning between 1967 and 1969. The rest of the training was in El Salvador. Of the 239 persons, 94 were doctors, 74 nurses, 22 educators, 28 auxiliary nurses, 4 social workers, and 17 other personnel.

External assistance

A.I.D. supports the programs of the Ministry of Health, the INSS, and the Moravian Mission.

The Population Council provides IUDs.

The Pathfinder Fund has supported clinic programs and conducted a study of IUD insertions.

The United Kingdom provided family planning training for three Nicaraguan doctors in 1969-70.

CARE has provided assistance to five of the INSS family planning clinics.

Panama

Demographic information

<i>Population according to census of</i>	
<i>May 10, 1970</i>	¹ 1,414,737
<i>Estimated population,</i>	
<i>January 1, 1970</i>	1,398,000
<i>Births per 1,000 population, 1969</i>	41
<i>Deaths per 1,000 population, 1969</i>	8
<i>Infant deaths per 1,000 live births, 1969</i>	56
<i>Rate of natural increase, 1969 (percent)</i>	3.3
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	21
<i>Percent of registered births,</i>	
<i>first-born, 1967</i>	21
<i>Median maternal age, 1967</i>	25
<i>Median birth order, 1967</i>	3.3
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	18
<i>Percent urban, 1970</i>	47
<i>Percent of labor force in agriculture, 1969</i>	39
<i>Per capita gross national product, 1968</i>	\$602
<i>Percent literate, 1960</i>	78

¹Provisional data.

Highlights of activities

In late 1966, the Panamanian Family Planning Association (APLAFPA) opened the first clinic for family planning services in Panamá City. Between 1967 and 1969, the Association opened an additional five clinics, and the Ministry of Health became interested in developing a family planning program on a nationwide basis. During 1969 the Ministry of Health appointed a full-time director of the family planning program, and four Association clinics were turned over to the Ministry of Health in late 1969.

The Ministry of Health is now actively supporting a Family Planning Program, with services available in over 20 clinics. Plans are well underway for the phased integration of family planning services into all maternal and child health clinics within the next 3 years.

The Panamanian Family Planning Association operates three clinics in Panamá City and three in rural areas. It also conducts a family planning educational program that includes use of printed materials, conferences, and civic group meetings.

Other than a monthly bulletin and various pamphlets on family planning and population problems prepared and distributed by the Family Planning Association, little has been done yet in the public information field. However, the Ministry of

Health has distributed films and informational materials provided by A.I.D., and 1970 plans call for a step up of health education for family planning.

In August 1969, the First National Symposium on Population and Family Planning was held in Panama.

There are no legal barriers impeding the population program in Panama. A National Committee for Demographic Policy has been authorized by decree within the Ministry of Health.

External assistance

The International Planned Parenthood Federation provided financial and commodity assistance to the Family Planning Association in 1970 and previously.

A.I.D. has assisted the programs of the Ministry of Health and the Family Planning Association.

The Population Council has assisted the University of Panama and the private association with an abortion survey and a related methodological study and has also provided IUDs to the Ministry of Health for the national program.

The Pathfinder Fund in 1970 continued to evaluate a study of postpartum IUD insertions in Panama as part of its International IUD Program.

Paraguay

Demographic information

<i>Population according to census of</i>	
<i>October 14, 1962</i>	1,819,000
<i>Estimated population,</i>	
<i>January 1, 1970</i>	2,342,000
<i>Births per 1,000 population, 1969</i>	42
<i>Deaths per 1,000 population, 1969</i>	11
<i>Infant deaths per 1,000 live births, 1969</i>	84
<i>Rate of natural increase, 1969 (percent)</i>	3.1
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	22
<i>Percent of registered births,</i>	
<i>first-born, 1960</i>	¹ 27
<i>Median maternal age, 1960</i>	¹ 27
<i>Median birth order, 1960</i>	¹ 3.0
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1960</i>	¹ 12
<i>Percent urban, 1970</i>	36
<i>Percent of labor force in agriculture, 1965</i>	54
<i>Per capita gross national product, 1968</i>	\$229
<i>Percent literate, 1962</i>	74

¹Underregistered.

Highlights of activities

The Paraguayan Center for Population Studies (PCPS) is Paraguay's most active private institution in the population/family planning field. It was established in March 1966 with assistance from the International Planned Parenthood Federation (IPPF). In July 1969, it became a member of the IPPF.

The PCPS has direct involvement in 12 family planning clinics, including the first such clinic to be formed in Paraguay, which is located in the Faculty of Medicine of the National University in Asunción. Nine other family planning clinics affiliated with the PCPS are located in Asunción, and three are in the interior of the Republic. A total of 16 clinics are operating in Paraguay: 12 of them in Asunción.

Since 1968, family planning training has been emphasized for medical officers, nurses, and social welfare and other personnel, with intensive short courses, lectures, and seminars offered. The PCPS has conducted two National Family Planning Seminars, and a third one is planned. It has also initiated a program of sex-education lectures for parents.

External assistance

A significant development has been the participation of A.I.D. in fiscal 1970 agreements with the Ministry of Public Health and Social Welfare to train Ministry personnel in the family planning area and to help form family planning clinics in Ministry health centers. A.I.D. has also executed agreements with the Paraguayan agencies for special population and demographic studies including an abortion and use-of-contraceptive study, with technical assistance from CELADE for this and the demographic projects.

With A.I.D. assistance, an Institution for the Study of Human Reproduction is being formed in the Faculty of Medicine of the National University. A.I.D. continues to provide training grants.

The IPPF provides financial and commodity aid to the Paraguayan Center for Population Studies.

The Population Council is assisting the Paraguayan Center for Population Studies in carrying out a general-purpose sociodemographic survey in Asunción and another city.

The Pathfinder Fund has helped to expand clinic facilities and has supplied educational and audiovisual materials, study grants, contraceptives, and equipment to family planning clinics.

The Mennonites, in one of their East Paraguay colonies, have offered IUDs since 1966 in conjunction with their maternal/child-health clinics. In the Chaco area of West Paraguay, they are providing financial, administrative, and health-services

assistance to four Indian settlements with a total population of 7,000. An additional 2,000 Indians also receive medical assistance from nine clinics operated by the Mennonites. Family planning services, including the distribution of IUDs, are part of the Indian medical program.

Church World Service supports limited family planning activities.

World Neighbors continues its support of the Clínica de la Protección de la Familia in Asunción—a project it started as a joint effort with the Mision de Amistad. The Clínica provides birth control information and services. Its courses on family planning and contraception are open to accredited teachers, nurses, social workers, or religious leaders. World Neighbors has also joined with the PCPS to set up a family planning center at Coronel Oviedo.

Peru

Demographic information

Population according to census of

*July 2, 1961*¹ 10,319,527

Estimated population,

January 1, 1970 13,301,000

Births per 1,000 population, 1969 43

Deaths per 1,000 population, 1969 13

Infant deaths per 1,000 live births, 1967. . . 62

*Rate of natural increase, 1969 (percent). . .*² 3.0

Number of years to double population

at present rate of natural increase 23

Percent of registered births,

*first-born, 1963*³ 14

*Median maternal age, 1965.*³ 27

*Median birth order, 1963*³ 3.2

Percent of registered births born to

*women less than 20 years old, 1965 . . .*³ 11

Percent urban, 1970 46

Percent of labor force in agriculture, 1969. . 45

Per capita gross national product, 1968. . . \$376

Percent literate, 1961 61

¹Population adjusted for estimated 5.2% underenumeration, but excluding estimated 100,830 jungle Indians. ²Difference due to independent rounding of estimates. ³Underregistered.

Highlights of activities

Peru in 1964 established by presidential decree the Center for the Study of Population and Development (CEPD) to investigate population growth and demographic matters. In addition to serving as advisor to the Government, the Center

coordinates studies on the Peruvian population, offers scholarships for training of persons working in demography and family planning, disseminates information, and promotes research.

Worthy of special mention are two programs sponsored by CEPD. The first, the Christian Family Movement (CFM), is a Catholic-Church affiliated program operating in Lima. Besides offering an extensive educational program on marriage and responsible parenthood, CFM provides limited family planning assistance. In mid-1970 another program patterned after CFM, the Lay Apostle Responsible Parenthood Program, was begun; its activities are concentrated in the provinces.

The Peruvian Association for Family Protection (APPF), a private organization founded in 1967, was reorganized in mid-1969. The Association has a central office and eight clinics, four of which are in Lima and the balance in the provinces. In 1970, the publication of a family planning journal was begun.

In June 1970, a committee was established by Government decree to develop guidelines for use in formulation of a national population policy. The policy will serve as a basis for determining intermediate national development plans.

External assistance

The International Planned Parenthood Federation (IPPF) annually provides technical, financial, and commodity assistance to the Peruvian Association for Family Planning.

The Population Council since 1966 has assisted Cayetano Heredia University in carrying out biomedical and social research in the high-altitude community of Cerro de Pasco. It has also helped support the development of national and urban probability sampling frames, rural KAP studies, and demographic analyses by the Center for Social Investigation by Sampling (CISM), and an urban abortion study by CEPD.

The Pathfinder Fund assists the Peru Christian Family Movement program, which provides responsible parenthood education in conjunction with a family planning clinic. Pathfinder also has provided funds for establishment of a hospital clinic in a slum area of Lima, subsidized the salaries of doctors and social workers engaged in a human-fertility study at another Lima hospital, assisted the family planning clinic in Chimbote, and awarded travel grants to two Peruvian labor leaders attending the Jahuel Labor Seminar in Chile in 1969. In 1969, it also completed three studies of IUD insertions in Peru.

In 1965, the Ford Foundation made a 3½-year grant of \$282,000 to the CEPD for partial support of staff, research, and fellowships.

The Rockefeller Foundation made a \$30,000 grant to the University of Medicine and Biological Sciences in 1965-66. Foundation support is also being given to a mass-education program launched by the IPPF's Western Hemisphere Region. The program uses educational materials for specific regions of Latin America and the Caribbean, adapted to their diverse needs and problems.

World Neighbors carries out a Y.M.C.A.-related program at Huancayo and a jungle rural-development project carried on in cooperation with the Summer Institute of Linguistics. In both situations family planning makes up an important part of the total family welfare program.

Church World Service is supplying help for family planning activities through church-related clinics.

The World Health Organization has authorized the addition of \$8,000 to its original grant of \$68,333 for the School of Public Health. This research project, co-sponsored by CEPD, is a 3-year study of population dynamics and human reproduction in two Peruvian towns.

Surinam

Demographic information

<i>Population according to census of</i>	
<i>March 31, 1964</i>	<i>324,000</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>396,000</i>
<i>Births per 1,000 population, 1965</i>	<i>48</i>
<i>Deaths per 1,000 population, 1965</i>	<i>8</i>
<i>Infant deaths per 1,000 live births, 1966</i>	<i>30</i>
<i>Rate of natural increase, 1969 (percent)</i>	<i>14.0</i>
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	<i>17</i>
<i>Percent of registered births, first-born</i>	<i>(²)</i>
<i>Median maternal age</i>	<i>(²)</i>
<i>Median birth order</i>	<i>(²)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>(²)</i>
<i>Percent urban, 1970</i>	<i>38</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>25</i>
<i>Per capita gross national product, 1968</i>	<i>\$580</i>
<i>Percent literate</i>	<i>80</i>

¹Estimated net emigration results in a growth rate of 3.5 percent. ²Not available.

Highlights of activities

The LOBI Foundation of Surinam was formed in 1968 to promote family planning and sex education in the country. Members of the Foundation represent nearly all of Surinam's many racial groups.

The LOBI Foundation has recruited field workers from various Government agencies and trained them in sex education and family planning. One clinic is maintained in a hospital in Paramaribo.

During 1970 major activities included monthly sex-education courses, discussions for women's organizations, lectures on family planning, two television programs on medical aspects of family planning, and the distribution of printed literature.

External assistance

The International Planned Parenthood Federation has given visual aids to the Foundation.

The Pathfinder Fund in 1969 completed a study of IUD insertions in Surinam as part of its International IUD Program.

Trinidad and Tobago

Demographic information

Population according to census of

April 7, 1960 834,350

Estimated population,

January 1, 1970 1,046,000

Births per 1,000 population, 1969 28

Deaths per 1,000 population, 1969 7

Infant deaths per 1,000 live births, 1967 36

Rate of natural increase, 1969 (percent) 12.1

Number of years to double population at present rate of natural increase 33

Percent of registered births, first-born, 1967 23

Median maternal age, 1967 25

Median birth order, 1967 3.1

Percent of registered births born to women less than 20 years old, 1967 16

Percent urban, 1970 53

Percent of labor force in agriculture, 1968 21

Per capita gross national product, 1968 \$726

Percent literate, 1960 89

¹Estimated net emigration results in a growth rate of 1.2 percent.

Highlights of activities

The Government of Trinidad and Tobago in 1965 established a Population Council, headed by the

Minister of Health, to work out a national family planning program. With help from medical consultants of the International Planned Parenthood Federation (IPPF) and the Pan American Health Organization, a program was developed and put into operation in May 1967. It provides for training of medical and paramedical staff; distribution of IUDs and oral contraceptives free of charge; use of mass media for motivating and educating the population; preparation of manuals on sex education and family planning; and evaluation of past activities and prospects for receiving foreign aid.

Government family planning services are being offered through the Maternal and Child Health Services as part of the public health system. Existing facilities are to be expanded and family planning services offered at all hospitals; antenatal, postnatal, and child-welfare clinics; and health centers. The Government is contributing \$1 million annually toward the program.

Trinidad and Tobago also has a private Family Planning Association, which has been functioning since 1956 and a member of IPPF since 1961. It supports the Government program. As of October 1969, it was operating 11 clinics. The Association also offers training programs for nurses and field workers in Government hospitals and clinics and in 1969 began a widespread program promoting family planning.

Family Planning services are also offered by the Catholic Marriage Advisory Council.

External Assistance

IPPF has given financial and commodity aid to the Association.

The Pathfinder Fund has provided contraceptives.

Oxfam of Canada provided a grant of \$5,900 in 1969-70 for a 10-day training course for paramedical personnel and social workers.

The Pan American Health Organization is providing assistance in obtaining equipment and supplies for the official family planning program. In addition, advisory services were made available to the Ministry of Health for developing training courses. The Swedish International Development Authority (SIDA) has supplied the Government's program with oral contraceptives and has equipped eight family planning clinics for IUD insertion.

The United Kingdom is providing a doctor to assist in building up the official family planning program.

Uruguay

Demographic information

<i>Population according to census of</i>	
<i>October 16, 1953</i>	¹ 2,659,000
<i>Estimated population,</i>	
<i>January 1, 1970</i>	2,874,000
<i>Births per 1,000 population, 1969</i>	23
<i>Deaths per 1,000 population, 1969</i>	9
<i>Infant deaths per 1,000 live births, 1967</i>	² 46
<i>Rate of natural increase, 1969 (percent)</i>	³ 1.4
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	50
<i>Percent of registered births, first-born,</i>	(⁴)
<i>Median maternal age</i>	(⁴)
<i>Median birth order</i>	(⁴)
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	(⁴)
<i>Percent urban, 1970</i>	84
<i>Percent of labor force in agriculture, 1963</i>	18
<i>Per capita gross national product, 1968</i>	\$574
<i>Percent literate, 1963</i>	91

¹Enumerated population adjusted for estimated 2 percent underenumeration. ²Underregistered. ³Estimated net emigration results in a growth rate of 1.3 percent. ⁴Not available.

Highlights of activities

Uruguay since 1962 has had a voluntary family planning organization the Association for Family Planning and Research on Reproduction (AUPFIRH).

AUPFIRH is an affiliate of the International Planned Parenthood Federation and offers family planning services, sex education, and treatment of genital diseases and sterility at its main clinic in the Hospital Pereira Rossell, Montevideo. The clinic conducts four sessions per week with approximately 80 patients attending each session. AUPFIRH is also associated with 24 part-time physicians in the interior.

Among the Association's activities was a massive education and informational campaign in 1968 through which Promotion Posts were set up in the poorer suburbs of Montevideo to provide family planning information, register patients, and book patients' visits to various clinics.

Montevideo in October 1969 was the site of the first Latin American course on sex education and family planning. The course focused on sex instruction and what form it should take; 41 delegates from all Latin American countries except Peru and Cuba attended. Subsequently there were six

sex-education courses in the Departments of San Jose, Flores, Tacuarembó, Rivera, Melo, and Canelones and a complete televised course. In 1970, the Association continued its sex-education program and held intensive courses throughout the country.

University Hospital also has a family planning clinic.

External assistance

IPPF provides commodity and financial assistance to its affiliate, AUPFIRH, on an annual basis. In 1969, the IPPF, along with the Swedish International Development Authority, sponsored a course on sex education and family planning.

The Population Council assists biomedical research at several Uruguayan institutions.

The Pathfinder Fund gives contraceptives.

The Ford Foundation in 1969 made a 5-year \$460,000 grant to the Pan American Health Organization for the establishment of an international center of training and research in reproductive physiology in Uruguay.

The National Institutes of Health of the U.S. Department of Health, Education, and Welfare has granted \$127,300 for biomedical research in reproductive physiology at the University of the Republic.

Venezuela

Demographic information

<i>Population according to census of</i>	
<i>February 26, 1960</i>	¹ 7,977,000
<i>Estimated population,</i>	
<i>January 1, 1970</i>	10,208,000
<i>Births per 1,000 population, 1969</i>	43
<i>Deaths per 1,000 population, 1969</i>	8
<i>Infant deaths per 1,000 live births, 1967</i>	46
<i>Rate of natural increase, 1969 (percent)</i>	3.5
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	20
<i>Percent of registered births, first-born, 1966</i>	² 20
<i>Median maternal age, 1966</i>	² 26
<i>Median birth order, 1966</i>	² 3.4
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1966</i>	² 15
<i>Percent urban, 1970</i>	76
<i>Percent of labor force in agriculture, 1961</i>	32
<i>Per capita gross national product, 1968</i>	\$944
<i>Percent literate, 1967</i>	76

¹Enumerated population adjusted for estimated 5.8 percent underenumeration and also includes approximately 32,000 jungle Indians. ²Underregistered.

Highlights of activities

The Government of Venezuela in 1965 established a Population Division within the Ministry of Public Health and Welfare. Then, in 1968 at the First National Family Planning Conference, it announced that family planning services would be integrated into the National Health Service. The Government supports a research project including training in research methods, study of family planning attitudes, and evaluation of these studies.

The Venezuela Family Planning Association, established in 1966, operates 44 clinics throughout the country in Government and social-security hospitals and in public health and welfare centers.

In November 1969 the Association held the First Conference for Family Planning Doctors, with 80 participants.

Family planning services in Venezuela were actually begun in 1963 at the Concepcion Palacios Maternity Hospital in Caracas one of the world's largest maternity hospitals. The hospital now offers family planning training to all medical and paramedical personnel in the country and conducts a large patient education program for mothers. The case load for its clinic is around 1,965 new patients per week, with IUDs and orals the only two methods of contraception provided.

The Venezuelan Center for Studies of Population and Family (CEVEPOF), established in 1965, conducts research and stimulates action programs. Training in population studies and demography is offered at the School of Statistics and Actuarial Sciences and at the Department of Sociology and Anthropology, Central University, Venezuela.

External assistance

The International Planned Parenthood Federation helps support 17 clinics of the Family Planning Association as well as the Concepcion Palacios Maternity Hospital. During 1970, IPPF grants were made to both.

The Population Council is assisting the postpartum family planning program in the Concepcion Palacios Maternity Hospital and other hospitals through the Venezuelan Family Planning Association. The Council is also supporting cytological studies at the MCP Hospital. Fellowship support is provided.

The Pathfinder Fund supplied contraceptives, family planning literature, and a nurse's salary. In 1969, Pathfinder completed a study of IUD insertions as part of its International IUD Program.

A.I.D. has given assistance in the formation of CEVEPOF and training grants in population subjects. In cooperation with the National Planning Agency, A.I.D. has agreed to provide support for a 2-year research project to be conducted by CEVEPOF in the fields of demography, population growth, and attitudes of marginal families.

The Ford Foundation in 1967 and 1969 made grants totaling \$98,000 to the Concepcion Palacios Maternity Hospital for training in family planning for medical and paramedical personnel.

Eastern Caribbean

Demographic information

(See table, page 173)

Highlights of activities

While the mainland countries of Latin America generally have low population densities, the Caribbean islands are generally land-poor, and some like Barbados already rank among the most heavily populated areas in the world. This pressure on land, plus continuing high population-growth and induced-abortion rates, has prompted active family planning programs in the islands.

Barbados, the most easterly of the Lesser Antilles, has had a Government-supported Family Planning Association since 1955. A central clinic at the Association's headquarters offers full-time family planning services, while 11 rural clinics offer once-a-week services.

Among the West Indies Associated States, Grenada, St. Vincent, St. Lucia, Anguilla, and St. Kitts-Nevis have family planning programs.

On Grenada a Planned Parenthood Association, formed February 1964, carries out family planning activities through a part-time urban clinic at St. George's and a rural clinic at Grenville. The bulk of the Association's family planning work is carried out by doctors in their private surgeries or government offices.

St. Vincent offers family planning services through a voluntary association and Government health centers. The Planned Parenthood Association was founded in 1966 but did not begin large-scale activities until 1967; since then, family planning services have expanded rapidly. The Association runs a clinic at Kingston and has a full-scale educational program. Family planning services are also offered to postnatal patients at the Government hospital and to rural dwellers through a mobile health unit and district nurses.

A Planned Parenthood Association was founded on St. Lucia in 1967. The Association has a mobile unit to reach rural areas; other activities of the Association include sex-education and premarital, and marriage guidance courses. Government doctors undertake family planning work in addition to their normal duties.

The Family Planning Association of St. Kitts, founded in 1962, operates three clinics on the island and also carries out education and information programs.

The Netherlands Antilles provides family planning services through Government health centers in Aruba and the Foundation for Promotion of Responsible Parenthood of Curacao. The Foundation, while offering clinical services, devotes most of its attention to an education program utilizing television, radio, and lectures.

The Bahamas have a Family Planning Association. In addition private doctors give contraceptive advice.

External assistance

The International Planned Parenthood Federation has given grant support to the island programs.

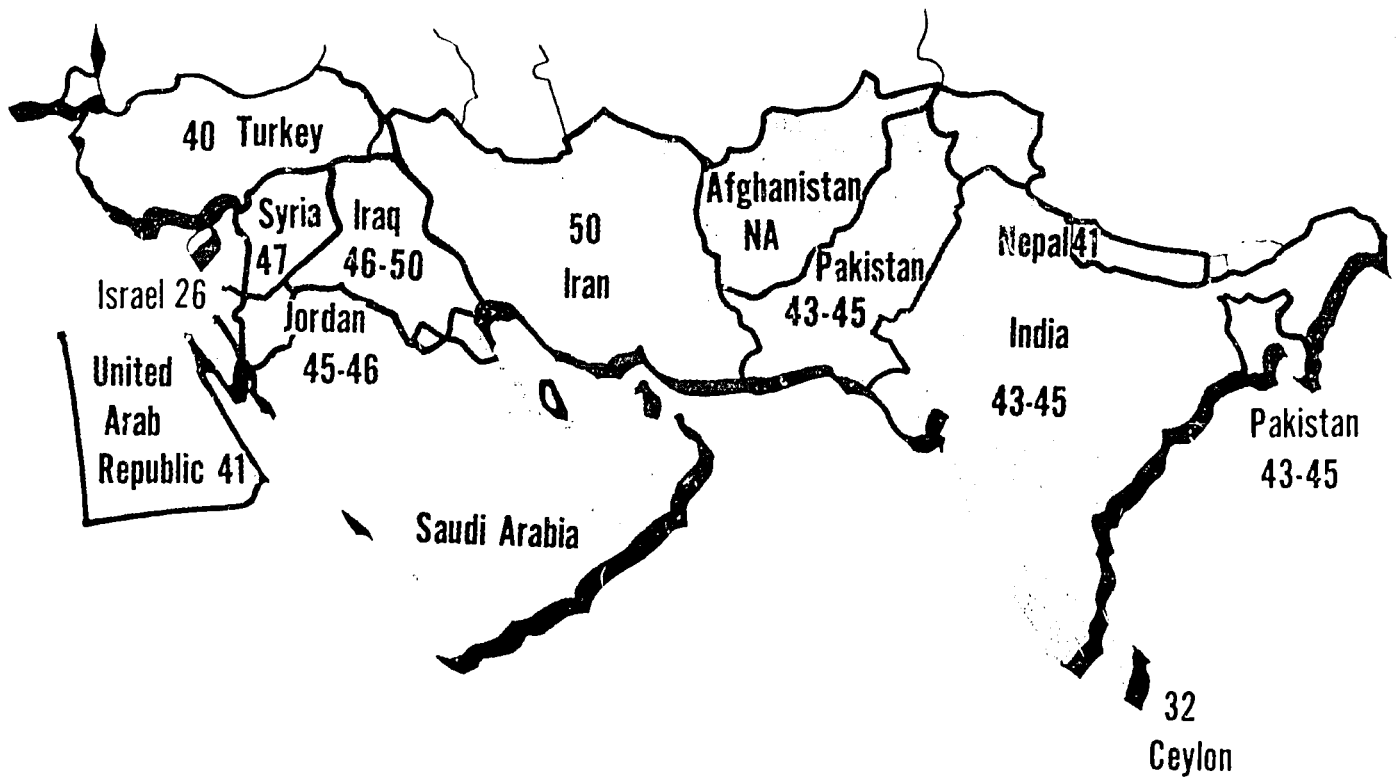
The Population Council has assisted with research projects in Barbados. Sunen Foundation provides financial assistance to the Barbados program.

The Pathfinder Fund, as part of its International IUD Program, completed a study of IUD insertions in St. Lucia in 1969.

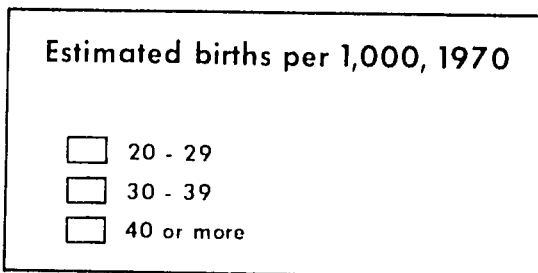
Oxfam has given grants totaling some \$19,000 to the St. Vincent Planned Parenthood Federation since 1967 for the salary of a health educator and since 1968 for the salary of field workers. It also gave a grant of \$2,400 (through IPPF) in 1966 toward operation costs of the Grenada program.

Shell Oil has given grants to the Foundation for the Promotion of Responsible Parenthood, Curacao.

The United Nations has given assistance to the Government of Barbados to help strengthen the Government's publicity program in family planning.



Near East and South Asia



Near East and South Asia

Nowhere in the world today is curbing population growth more vital than in the Near East and South Asia (NESA) region, one of the most densely populated on earth. Most of the countries here have some form of family planning program, and virtually all have recognized their importance.

Within the 10 NESA countries covered in this section are 25 percent of the world's people on 6 percent of the land area. So far real economic progress has been slow, and the region produces only 6 percent of the world's gross national product. Next to Africa it has the lowest per capita income. Agricultural and industrial advances are being made, but continuing population growth cancels out much of the gain in a vicious circle that perpetuates poverty, food shortages, and economic deficiencies.

The difficulties of containing population growth are most evident in India, in recent years a focal point of world concern. India's population growth rate of over 2.5 percent is not the highest in the world, but absolute numbers of new people--up to 15 million per year--are more than in any country except perhaps Mainland China. This, of course, is because of the immensity of the Indian population, estimated to be around 544 million, or 15 percent of the world total.

In other NESA countries there are problems, too. East Pakistan has the world's most densely populated agricultural area, and Pakistan as a whole faces the prospect of its population doubling before this century's end. Nepal, one of the world's least developed countries, is attempting to improve its economy, but in recent years gains have been negated by population growth. Former U.A.R. President Nasser expressed concern over that country's expanding population, which at the present rate will tax available food supplies despite the High Aswan Dam's addition of a million acres of land to agricultural production.

Of the 10 NESA countries seven (India, Pakistan, Ceylon, Turkey, the U.A.R., Iran, and Nepal) have government programs, and in Afghanistan the Government is preparing to take a more direct part in the program. In the remaining countries, voluntary family planning organizations have modest programs.

Expansion in family planning activities in the region has been especially marked since 1965, which proved to be a pivotal year for several countries. That year both the Indian and Pakistani family planning

organizations began making rapid strides after infusion into their programs of additional funds and personnel. Turkey, in 1965, overturned legislation restricting birth control and launched a family planning program, and the Government of Ceylon incorporated family planning into its maternal and child health program.

In the following year, the governments of three other NESA countries--Iran, the U.A.R., and Nepal--began family planning activities.

So far, limited but significant progress has been made.

Pakistan's family planning program has received increasing allocations of Government funds and has reached some 30 percent of women in the reproductive age groups.

India is working toward a 40-percent reduction in its birth rate by 1980, but a U.N. study team has concluded that this goal will not be reached without acceleration of India's already huge family planning program. Money is being raised to help bring this about, with India pledged to provide an increase of \$20 million from its own resources for the 5-year period ending in 1974 and members of the Aid-to-India Consortium undertaking to increase their assistance in this field. A U.S. grant of \$20 million for this purpose was made in June 1970.

Some encouraging beginnings are being made in Afghanistan, which has had a voluntary family planning organization only since 1968 and is now preparing to increase the Government's role. The country is ahead of schedule in the building of clinics, and family planning acceptance has been better than expected, especially in the rural areas where strong resistance had been anticipated.

A.I.D. assistance

A.I.D. assistance to NESA countries takes on a variety of forms, depending on the particular needs of the country involved and its stage of economic development. Means of support have included advisory assistance, participant training, grant commodities, local currency support, grants to voluntary agencies, Cooley loans, development grants and loans, research, investment, and investment guarantees.

In countries having major national family planning programs, A.I.D. assistance concentrates on improvement of existing activities, initiation of new approaches, and the solution of operational problems.

Most extensive help has been to India and Pakistan, with emphasis on technical assistance supplemented by the provision of commodities and the training of program personnel. In fiscal 1970, A.I.D. extended \$22.32 million in dollar assistance to these two countries. Of the dollar assistance total, \$20 million represents a grant to India to help meet local costs of expanding its family planning activities.

A.I.D. support to Turkey has principally taken the form of a development loan for the purchase of audiovisual equipment and jeeps to carry family planning services to rural areas.

In Nepal, A.I.D. is giving major assistance to the Government family planning program, providing nearly 80 percent of the budget, most of the family planning commodities used, and all participant training funds. This large advisory effort is made necessary by the lack of expertise or experience in family planning technology and program administration.

A.I.D.'s support of the Afghanistan program is small but growing, in line with the country's overall

expansion in family planning activities. A.I.D. is providing contraceptives for the program as well as training in the United States and Iran and is financing sample population surveys and advisory demographic and statistical services.

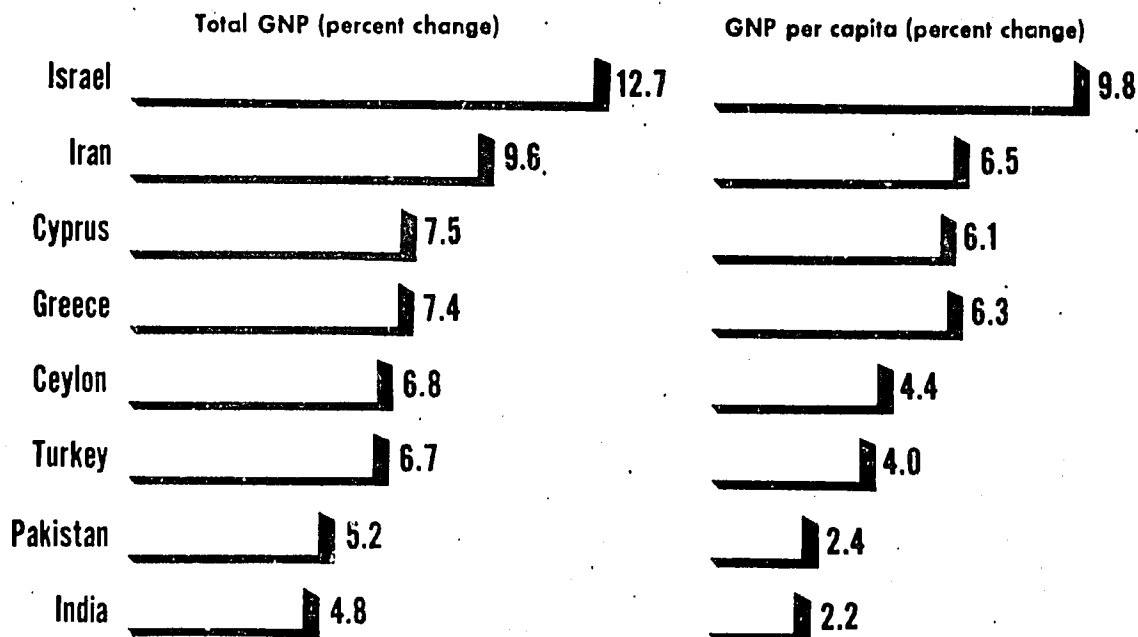
A.I.D. funding support for population and family planning activities in the region since 1965 is summarized in the table below:

Program	Fiscal years				
	1965&1966	1967	1968	1969	1970
	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>	<i>1,000</i>
	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>	<i>dol.</i>
Country projects . . .	¹ 2,100	337	² 9,061	3,336	22,861
Regional projects . . .	--	--	655	976	324
Total	¹ 2,100	337	² 9,716	4,312	23,185

¹Development loan (originally for \$3.6 million) to Turkey.

²Includes \$2.7-million loan to India for vehicle parts.

GNP growth rate for selected countries in the Near East and South Asia ^{1/}



^{1/} Average of percent changes in 1969 and 1968. For NESAs as a whole, total GNP percent change, 6.0; GNP per capita, 3.5.

Source: Office of Statistics and Reports, AID.

AID/TA/Pop-7307

A.I.D. does not provide direct assistance to the programs of Ceylon, Jordan, the United Arab Republic, Israel, or Iran, although it extends financial help to some of the voluntary organizations active in these countries.

Other assistance

Population and family planning programs in NESAs countries have received extensive assistance from voluntary, national, and international organizations. Over the past 5 years, more than 25 such groups have made contributions to family planning, ranging from limited commodity, advisory, or training assistance to grants running into the millions of dollars.

The International Planned Parenthood Federation (IPPF) is helping strengthen family planning work in most NESAs countries through its direct assistance to local family planning associations. Activities for IPPF's Indian Ocean Region are coordinated by an office in Bombay, India. During 1970, an IPPF office was established in Beirut for the Middle East and North African countries. IPPF's budget for the Indian Ocean Region--Pakistan, India, Nepal, Ceylon, Afghanistan, plus the regional office--totaled \$650,000 in 1970.

The Population Council has given support for research and special projects, technical assistance, participant training, and commodities. The Council was instrumental in setting up family planning programs in several NESAs countries, and many hospitals of the region are members of the Council's postpartum family planning program. NESAs countries receiving Council aid include Ceylon, India, Iran, Israel, Nepal, Pakistan, Turkey, and U.A.R.

The Pathfinder Fund has been an important supplier of contraceptives to NESAs countries, including India, Iran, Israel, Nepal, Turkey, and the U.A.R. In India, Pathfinder sponsors several innovative projects in population education, research, community development, and health services. Through Pathfinder's International IUD Program, three statistical reports of IUD insertions in the NESAs area have been generated.

The Ford Foundation through July 1970 had made grants totaling some \$18 million for general support to population and family planning programs in the region and for research, training, and dissemination of information. A principal recipient was India, receiving \$10.3 million. Other NESAs countries which have in the past received Ford Foundation assistance include Pakistan, Ceylon, the U.A.R., Turkey, and Israel.

The Rockefeller Foundation has provided grants to institutions in India and Turkey for demographic research and training and other projects associated with family planning programs. The Foundation also has furnished these countries with materials and equipment.

Oxfam has supported programs in Ceylon, India, and Pakistan with funds for technical assistance, education materials, and administrative operations. Oxfam of Canada has contributed to programs in India and Pakistan.

Church World Service has donated some commodities and has promoted family planning at CWS-related hospitals and clinics. World Neighbors has given assistance to a wide variety of family planning programs in India. Other organizations lending assistance to NESAs countries have included: Lutheran World Relief, CARE, the Mennonite Central Committee, the World Assembly of Youth, and the Peace Corps.

The Swedish International Development Corporation (SIDA) has made bilateral agreements with the Governments of Ceylon, India, Pakistan, and



Turkey through which these countries have been supplied with contraceptives and other commodities.

Denmark has financed a pilot study into use of the IUD and has given grant and commodity assistance to programs in the U.A.R. Japan has provided equipment to the Nepal program.

The United Kingdom has provided assistance to three NESAs countries. India has received U.K. assistance since 1966, including loan funds for contraceptives, and in May 1970, the United Kingdom pledged \$2.4 million, subject to certain conditions. Pakistan in 1967 received contraceptives for experimental purposes, and Nepal in 1968 received advisory help in preparation of a family planning film.

United Nations assistance to NESAs programs has come mainly through the U.N. Fund for Population Activities, which has granted supplies and advisory assistance to the U.A.R.; advisory aid to Iran, Jordan, and Ceylon; and training fellowships to Jordan and Afghanistan. The Fund has also given assistance to the Demographic Training and Research Centers at Bombay and Cairo.

Afghanistan

Demographic information

<i>Population according to census</i>	(¹)
<i>Estimated population,</i>	
<i>January 1, 1970</i>	16,700,000
<i>Births per 1,000 population, 1969</i>	(²)
<i>Deaths per 1,000 population, 1969</i>	(²)
<i>Infant deaths per 1,000 live births</i>	(²)
<i>Rate of natural increase, 1969 (percent)</i>	³ 2.3
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	30
<i>Percent of registered births, first-born</i>	(²)
<i>Median maternal age</i>	(²)
<i>Median birth order</i>	(²)
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	(²)
<i>Percent urban, 1970</i>	7
<i>Percent of labor force in agriculture, 1965</i>	87
<i>Per capita gross national product, 1968.</i>	\$85
<i>Percent literate.</i>	³ 8

¹No census has been taken in Afghanistan. ²Not available. ³A.I.D. estimate.

Highlights of activities

Family planning efforts in Afghanistan have shown considerable progress, and the Afghanistan Government is now preparing to incorporate family planning into its health services, especially maternity, maternal and child health, and rural clinics. The Minister of Public Health has pledged funds for the Government program and will include a statement on family planning in the Fourth Five-Year Plan. These developments are encouraging.

Afghanistan's support to family planning began in 1968, when the Afghanistan Family Guidance Association (AFGA) was created. The AFGA is a semiofficial body with board members nominated by the Ministry of Health; its president is the head of the Shararah Maternity Hospital and a member of the Royal Family.

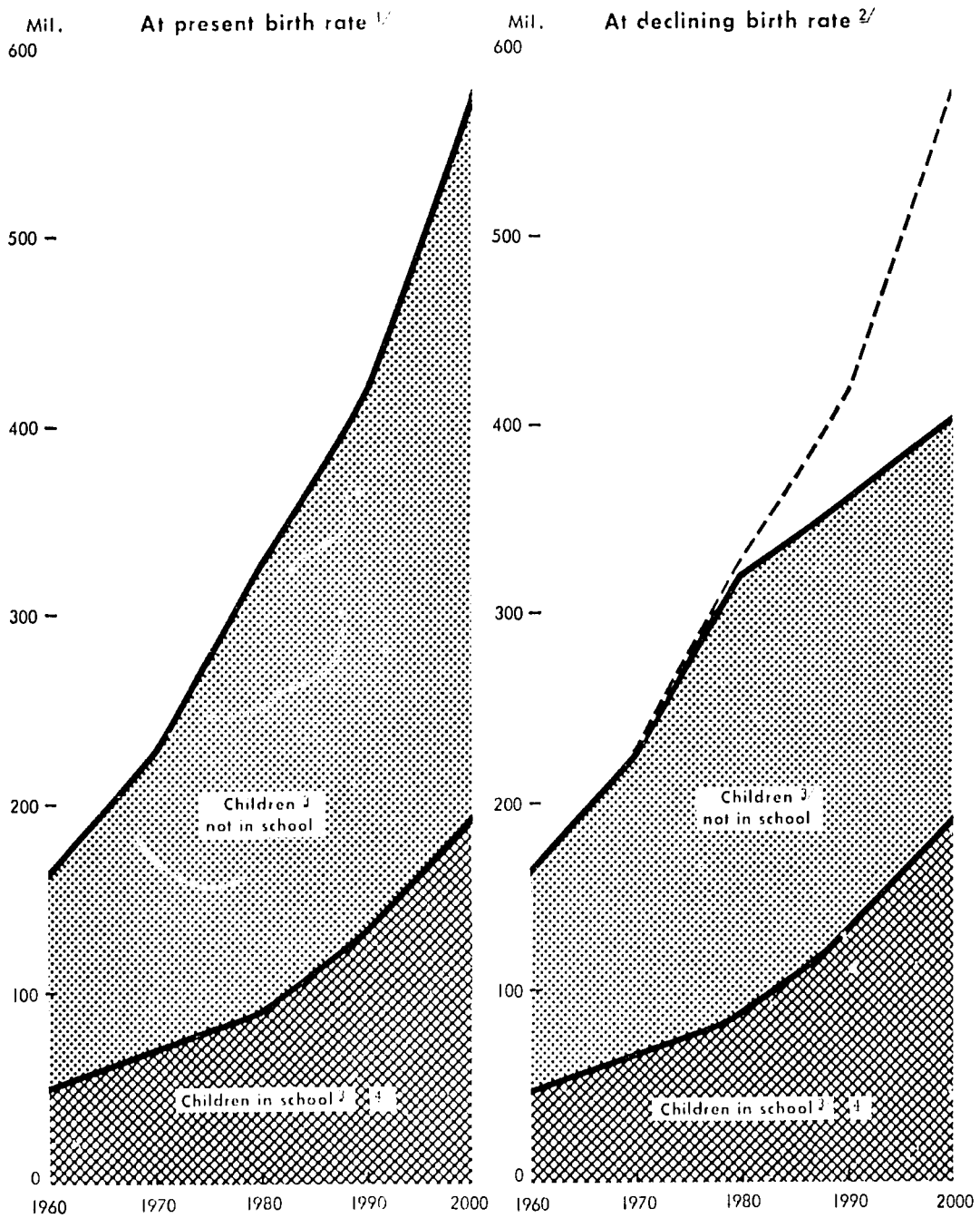
The AFGA opened its first clinic in November 1968 and by mid-1970 had exceeded its goal of setting up eight clinics. The 10 clinics now operating in Afghanistan include five part-time clinics in Kabul and five experimental clinics in the provinces. U.S. gynecologists have assisted in the development and guidance of clinic operations.

The AFGA is establishing a training center at Shararah Maternity Hospital. It will offer 1-week family planning courses for doctors, nurses, and



Left, Afghan women wait at the Maternity Hospital to receive family planning services. Above, Princess Khairol cuts ribbon during ceremony inaugurating AFGA headquarters. The Royal Family has lent strong support to family planning activities in Afghanistan.

Population pressure on education in the Near East and South Asia



Sources: IDSC, Census. Estimate based on UN projections. ^{1/} Assuming constant fertility and declining mortality. ^{2/} Assuming declining fertility and mortality. ^{3/} 5-14 years of age; estimate based on UNESCO Statistical Yearbook. ^{4/} Derived by multiplying enrollment ratio by school age population at present high birth rate. Assuming present enrollment rates remain unchanged.

AID/TA/Pcp-7312

midwives. Other projects include a guidebook for mothers and a film library; a family planning film is scheduled to be ready by 1971. Film and other audiovisual aids are seen as key ways to overcome the obstacle posed by illiteracy, which was estimated in 1963 at about 90 percent.

The Afghanistan Government has steadily expanded its interest and participation in the family guidance program. In early 1970, the Cabinet decided that the program should enjoy a more open expression of Government acceptance. The Cabinet took special action to approve the undertaking of surveys to obtain needed population data and instructed various ministries to support this effort.

The Ministry of Health is taking the leadership in plans for incorporating family planning training and services into the whole network of Government health services, especially maternity, maternal and child health, and rural clinics. The Ministry of Education is revising adult literacy materials to include information on family planning and population.

Helping to speed progress has been the acceptance of the program by religious leaders and members of the Royal Family. The Government has sponsored visits by religious leaders with their counterparts in Cairo, Tehran, and Ankara to discuss formulation of an international Muslim policy in support of family planning; such conferences are scheduled to continue. Currently, mullahs who visited these cities are traveling within Afghanistan advocating support of family planning.

A.I.D. assistance

In fiscal 1970, A.I.D. obligated \$130,000 toward the AFGA's family planning program, and \$265,000 is being programmed for fiscal 1971. Funds are being used for activities which will help the Government of Afghanistan develop a population strategy and determine priorities to be assigned to various elements of a comprehensive program. They will include demographic studies and contribute to strengthening Afghan planning and statistical capabilities. A.I.D. is also providing contraceptives and other commodities, training for program personnel in the United States and Iran, short-term medical specialists, and a full-time advisor to the Director of Population and Family Planning, Ministry of Health.

Other assistance

The International Planned Parenthood Federation gives financial and commodity support to

the AFGA. Early in 1970 the medical secretary of IPPF visited the AFGA to advise on program development activities.

The Population Council also lends assistance to the program.

In 1969, World Education, Inc., proposed a program to incorporate family planning information in ongoing adult literacy programs.

The United Nations Fund for Population Activities (UNFPA) has made available five fellowships (\$15,000) for training in the United States Bureau of the Census in population census planning and demographic research. Such training is expected to be particularly helpful in view of the forthcoming sample census in Afghanistan.

Ceylon

Demographic information

<i>Population according to census of</i>	
<i>July 8, 1963</i>	<i>10,582,064</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>12,404,000</i>
<i>Births per 1,000 population, 1969</i>	<i>32</i>
<i>Deaths per 1,000 population, 1969</i>	<i>8</i>
<i>Infant deaths per 1,000 live births, 1965.</i>	<i>53</i>
<i>Rate of natural increase,</i>	
<i>1969 (percent)</i>	<i>¹2.4</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>29</i>
<i>Percent of registered births, first-born</i>	<i>(²)</i>
<i>Median maternal age, 1964.</i>	<i>³28</i>
<i>Median birth order</i>	<i>(²)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1964</i>	<i>³7</i>
<i>Percent urban, 1970</i>	<i>17</i>
<i>Percent of labor force in agriculture, 1963.</i>	<i>49</i>
<i>Per capita gross national product, 1968.</i>	<i>\$149</i>
<i>Percent literate, 1953</i>	<i>82</i>

¹Estimated net emigration results in a growth rate of 2.3 percent. ²Not available. ³Underregistered.

Highlights of activities

Seventeen years of family planning experience have helped to reduce Ceylon's rate of population growth, but the country desires further reductions. Its stated goal is to reduce the crude birth rate to 25 per 1,000 and the rate of natural increase to 1.7 percent by 1975. As the date draws closer, however, the chances of reaching that goal appear increasingly slim. In 1969, there were still an estimated 32 births

per 1,000 people giving Ceylon a population growth rate of 2.4 percent.

As of September 1969, Ceylon had 435 health clinics dispensing family planning information and services. Another 50 clinics were to have been added by September 1970. Cumulative IUD insertions through early 1969 totaled about 40,000, and about 25,000 women were using oral contraceptives. In addition, the Ministry of Health has been considering a proposal for a 2-year islandwide postpartum family planning program involving the participation of 22 large hospitals (11 in first year) and covering 100,000 deliveries, or 27 percent of the yearly total.

The Government operates most of the clinics in Ceylon. About 25 are run by the Family Planning Association of Ceylon—one of the first such organizations to be established in Asia and initiator of family planning activities in Ceylon.

The Association, whose roots go back to pre-World War II efforts by some of its founding members, was established in 1953 and received its first Government grant the following year. A decade later it had 155 clinics operating throughout the country and had stirred widespread interest in family planning. In 1965 the Government added family planning to the Health Ministry's Maternal and Child Health Services and began assuming operation of these clinics, many of which were located in Government institutions.

During the first 15 years of the family planning program, the birth rate fell about 20 percent, with about three-fourths of the decline attributed to other factors. Two of these factors are the tradition of late marriages, especially among the Sinhalese, and the relatively low number of women in the reproductive age group. Now, however, the situation is changing as children born in the late 1940's—when death rates fell sharply—come of age. As in other countries, family planning has been accepted more quickly in urban areas among more highly educated people and more slowly in rural, conservative areas. This is reflected in the acceptance rates, which varies from about 11 percent in Puttalam to nearly 37 percent in Anuradhapura.

Ceylon has been the scene of numerous family planning studies centering around fertility trends, knowledge, attitudes toward and practice of contraception, and population growth trends. An example of such studies is one conducted by the University of Ceylon, with Population Council support, to determine the kinds of people affected by current publicity. Researchers found that clinics were most used by people in the 25-30 and 30-34 age

groups and by families with an average of 3.3 children. They were found to be middle-class, success-oriented, and of Protestant, Roman Catholic and Moslem faiths rather than of the prevailing Buddhist and Hindu faiths.

Another section of this research program involves the resurvey of villages studied in "Fertility Trends in Ceylon," to determine effects of the Government's program.

Publicity for family planning has been extensive and varied. It includes lectures and film shows carried out in part by Government film vans work of information/promotion officers at tea estates, other estates, and the docks and industrial areas around Colombo; radio playlets and spots in Sinhala, Tamil, and English; and newspaper advertising and family planning articles. An information office has been organized by the Family Planning Association to coordinate these activities.

A.I.D. assistance

A.I.D. does not provide direct assistance to the Ceylon Government's program.

Other assistance

The International Planned Parenthood Federation has provided annually both financial and commodity assistance to its affiliate, the Family Planning Association.

The Population Council has assisted the Ministry of Health in the development and implementation of its family planning program and provided a resident medical advisor between 1967 and early 1970. It has provided a consultant to the Ministry of Planning and Economic Affairs to help develop studies on the economic implications of demographic trends. Fellowship support also has been provided.

Pathfinder in 1953-54 sent a representative to help organize and expand the Family Planning Association. Pathfinder has also sent contraceptives and provided funds for the printing and distribution of family planning literature. As part of its International IUD Program, Pathfinder published the results of a 3-year study of IUD insertions in Ceylon.

Oxfam granted \$16,800 in 1965 for a 3-year project. The grant covered salaries for medical personnel and visual aids and publicity materials for mobile IUD programs in the Colombo harbor area and on tea estates. In January 1969 a further \$4,800 was allocated for information program materials and salaries for a new FPA program in the three major maternity hospitals in Colombo.

Ford Foundation, through the Population Council, in 1968 made a grant of \$271,000 for the family planning program.

The Swedish International Development Authority signed a 2-year agreement with the Ceylon Government in 1968 providing for an education advisor and assistance for the planning of a broad informational campaign. The agreement includes assistance for provision of consultants and for purchase of contraceptives and audiovisual materials. Discussions on a new agreement will be started before the end of 1970.

The U.N. Fund for Population Activities (UNFPA) has granted \$36,000 for a consultant to assist in the preparation, implementation, and evaluation of a survey into attitudes toward and practice of family planning among Ceylonese of child-bearing age. It also granted \$50,600 for a mission by a UN/UNESCO/WHO team in mid-1970 to review the national family planning program, particularly its overall organization, implementation, evaluation, and research programs. The International Labor Organization through the Fund gave \$9,000 for a mission to Ceylon, Indonesia, and Malaysia to look into contributions of industrial, medical, and welfare services to family planning.

India

Demographic information

<i>Population according to census of</i>	
<i>March 1, 1961</i>	<i>¹460,000,000</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>.544,000,000</i>
<i>Births per 1,000 population, 1969</i>	<i>43-45</i>
<i>Deaths per 1,000 population, 1969</i>	<i>16-17</i>
<i>Infant deaths per 1,000 live births, 1968</i>	<i>110-120</i>
<i>Rate of natural increase, 1969 (percent)</i>	<i>2.6-2.9</i>
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	<i>25</i>
<i>Percent of registered births, first-born, 1964</i>	<i>²27</i>
<i>Median maternal age, 1964</i>	<i>²26</i>
<i>Median birth order, 1964</i>	<i>²2.8</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1964</i>	<i>²12</i>
<i>Percent urban, 1970</i>	<i>19</i>
<i>Percent of labor force in agriculture, 1961</i>	<i>73</i>
<i>Per capita gross national product, 1968</i>	<i>\$84</i>
<i>Percent literate, 1961</i>	<i>28</i>

¹Enumerated population adjusted for estimated 5 percent underenumeration. ²Underregistered.

Highlights of activities

India, the most populous country on earth next to Mainland China, boasts the world's largest as well as its oldest family planning program.

However, efforts have not been sufficient to bring a major reduction in the population growth rate, and it has been generally recognized that a further step up in family planning efforts is necessary.

During the past year the Indian Government increased its expenditures on family planning by 25 percent over the previous year. The Fourth Five-Year Plan calls for a further expansion, and the Government has sought the assistance of the United States and other donors to help reach the proposed budgetary increase on a noninflationary basis.

The Aid-to-India Consortium, meeting in Stockholm last November, discussed the Indian family planning program including a U.N. evaluation report, which had concluded that much greater expansion would be needed if India was to meet its goal of reducing the birth rate 40 percent by the end of this decade. The report indicated that the program was being handicapped by administrative and organizational problems, as well as by resource limitations, and recommended a major increase in funding coupled with operational changes.

The consortium response included a \$20 million grant from the United States for India's family planning program, as well as pledges of assistance from Sweden, the United Kingdom, and the World Bank.

In expanding its program, India will emphasize improvement of family planning delivery services; increased training, research, and evaluation; better staffing and equipping of existing facilities; and expanded maternal and child health care.

Nongovernmental organizations, too, have accelerated their activities, and some new ones have emerged. Among the new organizations is the Family Planning Foundation—a fund raising and granting institution which will channel private and Government funds to the family planning programs of private organizations. The Foundation was capitalized by a group of Indian industrialists. After raising additional funds from Indian sources, it plans to seek foreign donor support.

Also new to the field of family planning is the Indian Population Council, which was created to focus the attention of the business and intellectual community on family planning and to draw moral and financial support from these areas. Some of this support is expected to come from the Family Planning Foundation.

Government involvement in family planning dates back 19 years to 1951, when a Family Planning Policy was adopted. But it was 14 years before the Government program was to begin making significant headway. The turning point came in 1966, when the Indian Government greatly increased its own commitments and the United States and other foreign countries began putting aid into family planning.

Budget allocations for family planning shot from less than \$2 million equivalent in 1963-64 to \$56 million in 1969-70.

As part of its stepped up effort, the Indian Government in 1967 changed the name of the Health Ministry to Ministry of Health and Family Planning, Works, Housing, and Urban Development. Its minister has cabinet rank. Within the ministry is the Family Planning Department with an authorized strength of 125,000 positions, of which about 70,000 have been filled.

Aim of the program has been to reduce the birth rate from an estimated 43 births per 1,000 couples to 32 by 1974 and to 25 by 1980. Achieving this goal hinges on success in reaching the 97 million couples estimated to be in the reproductive age group, on establishing programs in the rural areas, where 80 percent of the population lives, and on overcoming the traditional bias in favor of large families. Of the 97 million couples in the

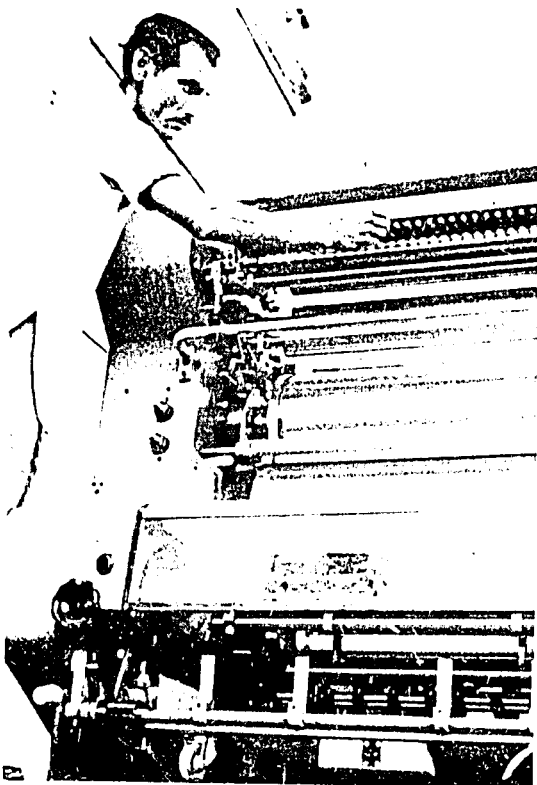
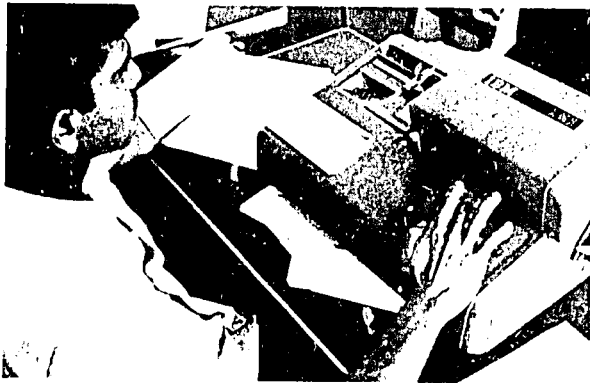
reproductive age group, 11 percent have been reached by one or another of the contraceptive services offered to date. The immediate goal is to reach 56 percent of the total group.

All of the Indian family planning funds come from the Central Government; however, the programs are carried out by the individual States. So far, the Indian program has established some 34,000 family planning centers and subcenters and has 800 mobile units.

These clinics provide a number of pregnancy prevention methods, mainly sterilization, IUDs, and condoms. India, which accounts for half the world's sterilizations, is the only country to rely on sterilization as its major contraceptive method; 87 percent of the Government-supplied contraception to date has been through sterilization, and the number of people accepting this method in the past few years totals over 7 million. Intensive promotional drives, the provision of mobile clinic services, and the organization of vasectomy and tubectomy camps account for much of this method's success.

The IUD was introduced in 1965; and despite some decline in use, it remains a major method of contraception. Around 3 million eligible couples have used IUDs. There has been a steady increase in the use of condoms and in April of last year a factory capable of producing 144 million condoms a year was





Opposite page, family planning literature is prepared for mailing. This page, clockwise from lower left: worker readies press for large run; technician uses IBM card verifier at Bombay Demographic Training and Research Center; coders discuss family planning mailing lists; men line up for free condoms; and a woman learns about the IUD.

opened. Condoms are distributed free through Government clinics, and extensive use is also being made of subsidized commercial channels, with distribution through free and commercial channels rising from 3 million per month to 9 million since the start of a subsidized commercial distribution scheme in 1968. About 800,000 couples use this method.

Oral contraceptives are available to the general public through commercial channels, and the Government has set up about 300 experimental projects to determine the feasibility of using them in the Government program. India is the only country with a major family planning program that does not yet use orals in the program.

The impact of the Government program is hard to measure at this point. However, official estimates indicate that the program is preventing about 1.2 million births annually. Drops in birth rates have been reported in several areas. In Ghandigram, Tamil Nadu, for example, the rate is estimated to have fallen from 40 births per 1,000 to 36.3 between 1962 and 1966; in Calcutta, there was a drop from 26 to 22; and in Mehrauli (Delhi State), from 52 to 49.

Policymakers feel that there is no substitute for public education, information, and efficient services, including followup, because of the voluntary nature of the program, publicity and education are of prime importance. Mass media publicity includes regular newspaper and magazine articles and broadcasts by all the leading radio stations of family planning information and speeches by noted personalities. Of the Government's mobile publicity units, 30 are devoted exclusively to family planning, and the rest feature it as a major activity. Feature films, newsreels, regional films, and film shorts have been made, and family planning fortnights have been organized at State and national levels.

Compensatory payments are made to patients for IUD insertions and sterilization, varying from 10 rupees to 250. Legislation being considered in the family planning field includes liberalization of abortion laws and raising the marriage age to 18 for girls and 21 for men. Some States have also passed legislation affecting family size. Madhya Pradesh and Maharashtra, for instance, limit free Government medical help to families with three children or less.

Predating entry of the Government into family planning were activities of private groups. These began in the 1920's and included opening of the first clinic in 1923 and founding of the Family Planning Association, India (FPAI) in 1949. The FPAI today has 35 branches and runs 175 of the 500 voluntary family planning clinics. Its main emphasis is on clinic

services, education, training personnel, and research. Financial support comes mainly from the Government of India.

A.I.D. assistance

A.I.D. made a \$20-million grant to India in fiscal 1970 to help finance local currency costs of an expanded family planning program. Highest priority will be given to training, research and evaluation, extension of family planning facilities to new areas, and improvement in the effectiveness of existing services. The \$20 million grant is in addition to other U.S. assistance, which through fiscal 1970 has included \$5.8 million in grants for support of the Government's experimental program to test oral contraceptives; a direct mailing system for family planning materials; provision of 150 million condoms to initiate the subsidized commercial condom distribution program; advisory and commodity assistance in the training field; an "intensive district" program and biomedical research; work at the Demographic Training and Research Center at Chembur, Bombay; a 1968 loan of \$2.7 million; and an \$8-million local currency grant to help finance the manufacture of 6,000 family planning vehicles.

Other assistance

The International Planned Parenthood Federation assists the Family Planning Association of India through grants for "Victor projects" in Bombay, New Delhi, Hyderabad, South Kanara, Indore, and Jabalpur. These projects, offering family planning education and other services, are underway in low-income and industrial areas. IPPF has also donated mobile units for educational services.

The Population Council has been instrumental in the establishment of a small factory for producing IUDs and has contributed equipment in the form of loops and inserters. The Council has provided both technical assistance and commodity support for the All-India Postpartum Program, which presently operates in 50 Indian hospitals and will shortly expand to 150. It has also assisted in the establishment and operation of a demographic research center at Benares Hindu University and at Jadavpur University. Fellowships for graduate study abroad are also provided.

The Pathfinder Fund, through several Indian organizations, provides contraceptives to hospitals and clinics. Pathfinder has begun the development of a curriculum and teaching aids on population problems for all students from nursery through secondary schools in India; to test curriculum

materials, Pathfinder will conduct an experimental population-education program in Bangalore. In addition, Pathfinder assists family planning clinics and projects carried on by various community development agencies. As part of its International IUD Program, Pathfinder has published the results of six studies of IUD insertions in India.

The Ford Foundation has provided \$10.3 million since 1959 in assistance grants for family planning in India. The grants have been mainly for technical assistance and support of research training in population, social science, and reproductive biology. One large grant, in 1964, was used to help establish the National Institute of Health Administration and Education and the Central Family Planning Institute. Early in the developmental stage of India's program, the Foundation financed Indian research in biology of reproduction, communication research, evaluation of IUDs, and pilot projects that led to the incorporation of family planning into health services.

The Rockefeller Foundation in the past 5 years has provided assistance to a Rural Health Service project near Delhi that includes demographic and family planning studies and services. The Foundation has made grants to Harvard University for population and family planning studies in India, as well as to Indian scholars for population research. The Foundation is providing research equipment for the Indian Council of Medical Research.

The Church World Service Planned Parenthood Program promotes family planning in India through 450 Christian hospitals and clinics. Its program furnishes IUDs, encourages leadership training, develops motivational materials, and sponsors seminars and conferences. CWS budgeted \$40,000 for family planning activities in fiscal 1970.

World Neighbors places strong emphasis on family planning in its projects in India--in the States of Madras, Maharashtra, Gujarat, Rajasthan, and Kerala. Among these projects are 22 working centers in Kerala and over 22 other centers in neighboring Tamil Nadu, which World Neighbors supports in cooperation with the National Council of the YMCA of India. These centers emphasize food production and family planning; a rural-life program carried out by Ahmednagar College in nearby villages; and a family planning program in connection with the Rural Life Center at Deenabandupuram.

Oxfam since 1966 has allocated approximately \$330,000 to family planning programs in India, the major part of which has been channeled to expand the program of the Protestant Mission hospitals of the

Christian Medical Association. Of this total, \$215,000 was agreed for allocation from 1969 to 1972.

Lutheran World Relief in 1967 began authorizing funds for family planning projects in India. Currently, this work is based at Bethesda Hospital in Ambur and aims to expand family planning services by focusing on all mothers, plus fathers, with three or more living children reached by the hospital, including its out-patient department.

The World Assembly of Youth is presenting a youth seminar program; its objective is to create a network of youth workers to promote family planning in villages.

CARE provides food for needy patients after voluntary tubectomy/vasectomy operations through the Indian Chamber of Commerce's mobile-unit teams and the Rishra Seva Sadan Hospital in West Bengal. It has also distributed condoms.

The Swedish International Development Authority signed an agreement with the Indian Government in 1968 to provide supplies and equipment such as condoms, vehicles, offset equipment, and printing paper. In fiscal 1969, the value of these commodities totaled approximately \$900,000. A grant of \$200,000 has been given to the Christian Medical Association of India for its integrated family planning project. Additional assistance is being considered.

The Government of Denmark in December 1966 made a grant to India for a pilot study into the feasibility of using a Danish intrauterine device, the Antigon, in the Indian family planning program; 10,000 women participated in the project, which also included the training of Indian medical personnel in the use of the device. Currently, Denmark is considering participation in the establishment of training facilities for Auxiliary Nurse Midwives and is studying a proposal for further assistance to the Indian Family Planning Program.

The United Kingdom provided some assistance to India's family planning program at various times from 1966 to 1969, including interest-free loan funds (about \$11,000) for contraceptives in 1967. In the Aid India Consortium in May 1970, the United Kingdom pledged a sum equivalent to \$2.4 million for disbursement, as untied aid, to help meet local costs of India's family planning program, provided satisfactory arrangements for its expenditure could be agreed with the Indian authorities. Other donors were prepared also to make available untied aid for the same purpose. It is impossible to say when the money (which would be an interest-free loan for 25 years with a 7-year grace period), will be disbursed.

The Peace Corps in 1966 sent a group of 57 family planning volunteers to India at the request of that Government. Currently, the State of Punjab is using generalist volunteers as special assistants to district family planning officers.

The United Nations Fund for Population Activities has given assistance to the Demographic Training and Research Center at Bombay.

A number of other organizations also provide assistance to family planning in India.

Iran

Demographic information

<i>Population according to census of</i>	
<i>November 1-20, 1966</i>	<i>25,785,210</i>
<i>Estimated population</i>	
<i>January 1, 1970</i>	<i>28,375,000</i>
<i>Births per 1,000 population, 1969</i>	<i>50</i>
<i>Deaths per 1,000 population, 1969</i>	<i>19</i>
<i>Infant deaths per 1,000 live births</i>	<i>(¹)</i>
<i>Rate of natural increase, 1969 (percent)</i>	<i>3.1</i>
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	<i>??</i>
<i>Percent of registered births, first-born</i>	<i>(¹)</i>
<i>Median maternal age</i>	<i>(¹)</i>
<i>Median birth order</i>	<i>(¹)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>(¹)</i>
<i>Percent urban, 1970</i>	<i>39</i>
<i>Percent of labor force in agriculture, 1966</i>	<i>42</i>
<i>Per capita gross national product, 1968</i>	<i>\$297</i>
<i>Percent literate</i>	<i>29</i>

¹Not available.

Highlights of activities

In an effort to reduce its present population growth rate of 3 percent, Iran has laid increasing stress on family planning. In 1966, the Government began a national family planning program, and the Iranian Society of Obstetrics and Gynecology sponsored a conference on family planning at Shiraz the first ever held in the Mid-East. In the following year, the Shah signed the United Nations Declaration of Population; and in 1968, the Government was host to the United Nations Conference on Human Rights, which adopted a resolution declaring family planning a basic right.

The fourth Five-Year Plan, which began in March 1968, allocates \$6.7 million to family planning. There are 750 family planning clinics in the cities and 480 in rural areas, of which 330 are Health

Corps mobile teams. The clinics distribute free contraceptives and give instructions on their use. A unique service in Iran is the training and employment of large cadres of army conscripts in family planning—the Health Corps, the Literacy Corps, and the Development Corps. The Womens Corps, begun in 1961, has 500 members working in the family planning clinics. A Family Planning Board, formed in 1967 by the Under Secretary of State for Health and Family Planning, assists in setting up family planning services throughout the country.

To motivate persons engaged in family planning activities, intensive 1-month and short-term training is given to public health officers, physicians, nurse-midwives, and various Corps personnel. Family planning is also taught in several professional institutes, chiefly in the Mother and Child Institute, Queen Farah Hospital, Tehran School of Social Work, and Tehran University's School of Public Health.

Research in family planning is carried on by the School of Public Health at Tehran University. A study of 2,000 married women to determine correlations between type of birth control used and age, parity, income, and acceptability factors will help determine the direction of the country's family planning program.

Iran's Family Planning Association, which has the patronage of Queen Farah, operates five clinics, two of which are in Tehran. Others are in the process of being organized.

A.I.D. assistance

Bilateral A.I.D. assistance ended in 1967 as an indication of Iran's progress in economic development.

Other assistance

The International Planned Parenthood Federation gives financial support to the Family Planning Association of Iran.

The Population Council sent an advisory mission to Iran in 1966 to help the Ministry of Health develop the family planning program. Since 1967, it has had a resident advisor in Iran. The Council has also provided consultant services to several universities, awarded fellowships and travel grants, provided funds for the purchase of contraceptives, and aided the Institute for Social Studies and Research in preparing and publishing a demographic dictionary in Persian. The Farah Pahlavi Hospital, the largest maternity hospital in Iran, participates in the Council's International Postpartum Family Planning Program. Fellowship support is also provided.

The Pathfinder Fund has sent field workers and representatives to Iran and helped establish the Family Planning Association.

Church World Service provides contraceptive supplies and family planning services through seven hospitals.

The United Nations through its Fund for Population Activities has provided \$72,000 for two demographic advisors to assist the Family Planning Unit of the Ministry of Health.

Israel

Demographic information

Population according to census of

May 22, 1961 2,183,332

Estimated population,

January 1, 1970 2,907,000

Births per 1,000 population, 1969 26

Deaths per 1,000 population, 1969 7

Infant deaths per 1,000 live births, 1969 24

Rate of natural increase, 1969 (percent) ¹1.9

Number of years to double population at

present rate of natural increase 37

Percent of registered births, first-born, 1967 26

Median maternal age, 1967 27

Median birth order, 1967 2.0

Percent of registered births born to

women less than 20 years old, 1967 7

Percent urban, 1970 81

Percent of labor force in agriculture, 1968 11

Per capita gross national product, 1968 \$1,472

Percent literate, 1961 84

¹Estimated net immigration results in a growth rate of 2.3 percent.

Highlights of activities

There are two organizations in Israel carrying out family planning activities--the Israel Planned Parenthood Federation, founded in 1951, and the Association for Marital and Sexual Advice, founded in 1957. These organizations operate 11 clinics providing all types of family planning services. Financing comes from the Government, the IPPF, and patient fees. Contraceptives, including IUDs, are also available at three Government hospitals and a clinic.

The Government of Israel has no official family planning policy.

The Hebrew University of Jerusalem and the International Training Center offer training in family planning, demography, and population geography.

Lectures and demonstrations are given at the clinics and at kibbutzem and other rural settlements.

A.I.D. assistance

A.I.D. does not provide population program assistance in Israel.

Other assistance

The International Planned Parenthood Federation provides assistance to the Israel Planned Parenthood Federation.

The Population Council has supported demographic studies, fellowship training, and medical research; expenditures in 1969 totaled approximately \$15,000. The Council and Ford Foundation in 1963 granted \$3 million to found the Institute of Biodynamics within the Weizmann Institute of Science.

The Pathfinder Fund in 1969 published the results of a cooperative statistical program as part of its International IUD Program. Pathfinder has also given contraceptives.

In 1962 and 1966, the Ford Foundation made grants totaling \$1,305,000 to the Weizmann Institute (via the Population Council) for research in implantation. In 1967, the Foundation extended a 5-year grant for \$325,000 to the Tel-Hashomer Government Hospital for research and training in human reproduction.

Jordan

Demographic Information

Population according to census of

November 18, 1961 1,706,226

Estimated population,

January 1, 1970 2,315,000

Births per 1,000 population, 1969 45-46

Deaths per 1,000 population, 1969 14-15

Infant deaths per 1,000 live births, 1961 120

Rate of natural increase, 1969 (percent) 3.0-3.2

Number of years to double population at

present rate of natural increase 22

Percent of registered births, first-born ⁽¹⁾

Median maternal age ⁽¹⁾

Median birth order ⁽¹⁾

Percent of registered births born to

women less than 20 years old ⁽¹⁾

Percent urban, 1970 44

Percent of labor force in agriculture, 1961 35

Per capita gross national product, 1967 \$286

Percent literate, 1961 32

¹Not available.

Highlights of activities

Jordan has rebuilt and expanded its family planning program since the June War of 1967 when six of its nine clinics closed. Clinics were operating on both the East and West Banks of the Jordan River when this publication was written, in August 1970.

Programs are carried out by the Family Planning and Protection Association, which was founded in 1963 and became a full member of the International Planned Parenthood Federation (IPPF) in 1965. Goal of the Association is to improve maternal and child health and family welfare and to combat abortion. One of the founders of the organization, the Women's Federation of Jordan, is in direct contact with women throughout the country and has its own child welfare and antenatal centers in all major cities; planned parenthood clinics have been started in these centers.

There is no official Government policy on planned parenthood. However, it is supported by the Government, and an annual grant was made by the Ministry of Social Affairs until the June War. King Hussein is a signatory of the United Nation's 1967 Declaration of Population.

A.I.D. assistance

A.I.D. makes no direct assistance to the family planning program, but it has supported selected activities. Among these was the sponsorship in 1966 of two Jordanians to attend a family planning conference in New Delhi, India, and of one official in 1967 to attend the IPPF conference in Santiago, Chile. In 1968, it provided family planning training to three Jordanians, began preparing a series of demographic studies for processing in Jordan, and distributed a study on implications of current population growth. It also makes available to officials education materials on family planning.

Other assistance

IPPF assistance to the Association has included financing a clinic in Amman and sponsorship of training for doctors in IUD insertions.

The Pathfinder Fund has supplied contraceptives, as have the Swedish International Development Authority and the World Council of Churches.

CARE has given donations and equipment to the clinics.

The United Nations has provided a demographic expert to assist in collection and processing of demographic data and later to advise on a fertility survey and organize a national population

seminar. The United Nations also has awarded a fellowship for statistical and demographic training in the United States.

Nepal

Demographic information

<i>Population according to census of</i>	
<i>June 22, 1961</i>	<i>9,412,996</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>11,141,000</i>
<i>Births per 1,000 population, 1969</i>	<i>41</i>
<i>Deaths per 1,000 population, 1969</i>	<i>21</i>
<i>Infant deaths per 1,000 live births, 1969 160-180</i>	
<i>Rate of natural increase, 1969 (percent)</i>	<i>2.0</i>
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	<i>35</i>
<i>Percent of registered births, first-born⁽¹⁾</i>	
<i>Median maternal age⁽¹⁾</i>	
<i>Median birth order⁽¹⁾</i>	
<i>Percent of registered births born to</i>	
<i>women less than 20 years old⁽¹⁾</i>	
<i>Percent urban, 1970</i>	<i>5</i>
<i>Percent of labor force in agriculture, 1961</i>	<i>94</i>
<i>Per capita gross national product, 1968</i>	<i>\$75</i>
<i>Percent literate, 1953</i>	<i>5-10</i>

¹Not available.

Highlights of activities

The Government of Nepal has had a family planning program since 1966 as part of maternal and child health activities of the Directorate of Health Services. The policy-making body since 1969, the Family Planning and Maternal and Child Health Development Board, is semiautonomous and is made up of the heads of various ministries.

Aim of Nepal's family planning program is to reduce the population growth rate from the current level of about 2 percent per year to 1 percent by 1985 and eventually to zero. The Government hopes to stabilize the size of the population at between 16 million and 22 million people.

While there has been progress since its beginning, especially in the last year and a half, the program operates under a number of handicaps. Important among these is the lack of economic development in Nepal. Another is the ruggedness of the terrain, which has greatly retarded the building of roads and other needed infrastructure. Other inhibiting factors are the high rate of illiteracy—90 percent; the scarcity of doctors—only one per 50,000 people nationwide and less than one per 200,000 in



This Nepalese couple has three children. Their choice, at least for the present, is to have no more. Nepal's family planning program will give them that choice.

the hill areas; and a general feeling that overpopulation in Nepal is a minor problem when compared to that of India.

Nonetheless, the Government has been able to expand the number of family planning clinics to 57, or nearly double the December 1968 level. During 1966-69, these clinics performed 5,577 vasectomies and 5,993 IUD insertions and distributed 365,605 condoms and 24,500 cycles of oral contraceptives. This covers about 1 percent of eligible fertile couples.

In addition to clinic services, vasectomy mobile camps reach many areas where family planning services are not otherwise available. The camps enable men who want vasectomies to obtain them without going long distances to reach medical facilities.

The Family Planning Association of Nepal began clinical activity in 1963 at the Katmandu Maternity Hospital in cooperation with the Women's Voluntary Society. The Association was reorganized in 1965 and was instrumental in bringing the Government into the family planning effort. After the Government's move, it was decided that the Association would give increasing attention to education and motivation. Today, it has one full-time and three part-time clinics as well as a program of family planning camps under which teams of doctors and nurses use mobile units to visit outlying districts. The FPA ran several such camps in 1968 and 1969 in areas of the Bagmatic zone not covered by permanent

clinics. To reach the villages in the hill area, the teams used helicopters where no roads existed.

A.I.D. assistance

A.I.D. has given major support to the Nepal Government's family planning program since its inception. It has provided funding for nearly 80 percent of the budget from excess U.S.-owned local currencies, practically all of the contraceptives and other commodities required, and all participant training funds. A.I.D. technical assistance in the next years will focus on building institutions capable of achieving Nepal's very optimistic goals. A.I.D. dollar grants in fiscal 1970 totaled \$413,000.

Other assistance

The International Planned Parenthood Federation provides financial assistance and commodities to the Family Planning Association of Nepal to expand its clinical and educational activities.

The Population Council has provided a fellowship for graduate study in demography.

Pathfinder has provided contraceptives.

The Swedish International Development Authority has supplied \$4,000 in contraceptives.

The U.K. has provided an adviser on film-making.

The Japanese Organization for International Cooperation in Family Planning in 1968 supplied contraceptives and other equipment valued at \$5,405.

Pakistan

Demographic information

<i>Population according to census of February 1, 1961</i>	.....¹ 101,500,000
<i>Estimated population, January 1, 1970</i>	..... 128,500,000
<i>Births per 1,000 population, 1969</i>	..... 43-45
<i>Deaths per 1,000 population, 1969</i>	..... 14-16
<i>Infant deaths per 1,000 live births, 1969</i>	..... 142
<i>Rate of natural increase, 1969 (percent)</i>	..... 2.7-3.1
<i>Number of years to double population at present rate of natural increase</i>	..... 26
<i>Percent of registered births, first-born, 1965</i>	.....² 16
<i>Median maternal age, 1965</i>	.....² 27
<i>Median birth order, 1965</i>	.....² 3.2
<i>Percent of registered births born to women less than 20 years old, 1965</i>	.....² 16
<i>Percent urban, 1970</i>	..... 16
<i>Percent of labor force in agriculture, 1965</i>	..... 68
<i>Per capita gross national product, 1968</i>	..... \$121
<i>Percent literate, 1961</i>	..... 20

¹Enumerated population adjusted for estimated 7.6% underregistration. ²Underregistered.

Highlights of activities

Pakistan ended its Third Five-Year Plan this past June having made some progress in its ambitious program to slow population growth but not having achieved the reduction hoped for. A working group

on population established by the Pakistani Planning Commission has decided that 45 per thousand is the most accurate estimate of the country's birth rate for fiscal 1970, compared with the Third Plan goal of 40 and the rate of 50 at the Plan's beginning.

Difficulty in reaching the target, common to family planning efforts the world over, can be attributed to several factors. Of these, one is the political uncertainty that surrounded the resignation in early 1969 of President Ayub Khan and led to a slackening of family planning efforts. Another is the momentum given to population growth by the soaring birth rates of the past and the falling death rates.

Pakistan's Government-run family planning program, nonetheless, continues to stand as an outstanding example of what is being done to curb population growth in the developing world. It has benefited from generally strong Government support and an infusion of financial and technical assistance from the developed countries.

The Government of Pakistan became involved in family planning as early as 1952 when it began endorsing and supporting the programs of volunteer organizations. Later, in 1959, the Government undertook pilot programs of its own, and for the Second Five-Year Plan, it authorized \$6.4 million for family planning. During that period some 3,000 Government clinics were created to dispense family planning services. It was not until 1966 that the program began making notable headway.

Left to right, women at Rawalpindi listen as family planning visitor explains the function of an IUD; a group of men listen as another family planning worker describes contraceptive methods; and worker greets prospective client near sign reading: "Family Planning leads to health and happiness. Advice and care are free."



The allocation of \$59.7 million in the Third Plan (1965-70) to family planning and the introduction of the IUD provided the basis for rapid expansion. Coupled with this were changes wrought by a dynamic new Family Planning Commissioner, who reshaped the service to include administrative units at all major government levels from the Central Family Planning Council at cabinet level to the Union Councils at village level and attracted outstanding personnel to the program.

The enlarged program included some 3,000 full-time officers, 50,000 part-time workers, and 100,000 commercial distributors. The village dais, or midwives, became key persons in the program, making up the corps of part-time workers. They were paid small salaries plus fees for IUD insertions and sterilizations and also dispensed conventional contraceptives.

During the Third Plan, actual spending on family planning rose well above allocations, reaching \$75 million, as the United States and other developed countries provided substantial assistance. By the Plan's end, some 30 percent of the women in the reproductive age group (about 20 million) had practiced contraception at one time or another. Estimates further showed that 3.1 million IUDs had been inserted, 1.2 million sterilizations performed, and over a half billion conventional contraceptives distributed.

The popularity of sterilization was one of the program's surprises: a 90,000-acceptor goal had been originally set because of the objections expected from the male-oriented Muslim society, which places much

emphasis on virility. Sterilization proved to be especially well accepted in East Pakistan. Acceptance of IUDs, on the other hand, has not entirely fulfilled expectations, owing to real and rumored complications involving their use, the lack of adequately trained personnel and of adequate sterilization facilities and equipment, and inadequate followup to maintain high continuation rates.

Oral contraceptives were not distributed by the Government during the Third Plan period, owing to their high cost and, subsequently, to the judgment of the program director that they were not essential for program success. At the beginning of 1970, however, some 70,000-80,000 monthly cycles were being sold commercially each month, and the Government recently decided that orals will be provided during the Fourth Plan. It is now planned that about 3 million cycles of pills will be distributed by family planning clinics during that period.

Since the change in government in 1969 family planning has not received the emphasis that it had in the past. In fact, there were strong attacks on the program during the civil unrest that led to the former President's resignation, presumably because he had lent such strong personal support to the program. These attacks have ceased, but the present Government remains rather aloof from family planning, and this appears to have had an adverse effect.

For the Fourth Plan, which began in July 1970, allocations to family planning represent a 100-percent increase over the Third Plan Budget, although this increase is less than for several other programs.



The Plan aims at a cut in birth rates to 33. More conservative estimates see 40 per 1,000 as a realistic goal. It is hoped that 67 percent of the women of child-bearing age can be reached before the Plan's end and that another 3.6 million IUDs will be inserted, 4.5 million sterilizations performed, and 1,000 million units of conventional contraceptives distributed. The rise in sterilizations reflects a planned shift in emphasis to this means of contraception away from the IUD and conventionals. Of total protection offered under the Plan, 46 percent is to be through sterilization, compared with only 16 percent during the Third Plan.

Another change will be a shift away from dependence on the dais as the primary motivators and counselors to better-trained and better-paid personnel, who will be engaged on a full-time basis. Both men and women will be included in the new force, which is to number 17,000.

As in most countries, Pakistan's Government family planning program was preceded by the pilot activities of the Family Planning Association of Pakistan, a member of the International Planned Parenthood Federation. The Association was created in 1953, with separate branches serving the west and east wings of the country, and developed an extensive network of clinics, especially in densely populated East Pakistan. The organization helped to popularize family planning and to pave the way for the Government program.

The Association runs four clinics in Lahore, Karachi, Dacca, and Gandaria, and concentrates mainly on research, publicity, and motivation. Recent FPA projects have included a KAP survey to test the effect of a mass media campaign on family planning in the Lahore area and a postpartum project to promote family planning acceptance in three leading West Pakistan hospitals. The Association also has carried out clinical trials and researched the acceptability of various contraceptives in clinic programs.

Family planning is promoted in Pakistan through publicity and educational campaigns using all major media: press, radio, and television; puppet and minstrel shows; films; leaflets; pamphlets; posters; frequent conferences, seminars and meetings; and involvement of officials and private citizens at all levels of the program. Remote areas are reached by jeep-mounted audiovisual units. Incentive payments are used to encourage motivators, doctors, and other personnel as well as patients. For IUDs, these range between 42 cents to patients and motivators and \$1.26 to doctors; for sterilization, the range of

incentive payments is between \$1.05 to referer and \$4.22 to patients.

A.I.D. assistance

In fiscal 1970, A.I.D. allocated \$2.0 million for population programs in Pakistan. The fiscal 1970 budget included \$1.5 million for commodities, \$289,000 for advisory services, and \$226,000 for training 50 participants in the United States and third countries.

A.I.D. advisory service to the program began in 1964 and reached its highest level in fiscal 1969 with six full-time and two part-time technical advisors; there are four advisors at present. Principal projects have included a \$250,000 loan for vehicles for use in rural areas and local currency loans under the Cooley amendment to P.L. 480 for establishing a factory in Karachi to produce oral contraceptives; the so-called Cooley loans were \$168,000 in 1967 and \$1.07 million in 1968.

Other assistance

The International Planned Parenthood Federation gives financial and informational assistance to the East and West sections of the Pakistan Family Planning Associations.

The Population Council provides assistance to the Population Growth Estimate Study carried out by the Pakistan Institute of Development Economics and the Pakistan Academy for Rural Development in Comilla. It also extends help for demographic research at universities and finances fellowships for overseas training. In late 1968, the Council gave support to help plan a Center for Advanced Training in Population. Other Council activities have included provision of a demographic advisor to the Pakistan Institute of Development Economics; aid for pilot projects to the Ministry of Health, Labor, and Social Welfare; and, with Ford Foundation funding, assistance in developing a National Research Institute for Family Planning. Two members of the Population Council staff are serving as advisors to this Institute.

The Pathfinder Fund continues to evaluate two small pilot projects of IUD insertions in Pakistan as part of its International IUD program. In 1970, a grant was awarded by Pathfinder to enable a sociologist from Pakistan to study at Johns Hopkins University for a doctorate degree in demography. In 1969, Pathfinder provided a travel grant for a Pakistani nurse to visit U.S. family planning clinics.

The Ford Foundation's assistance to family planning in Pakistan began in 1961 with a \$549,000 grant to the Ministry of Health. The grant included

support for advisory services, foreign training, pilot research, and the National Research Institute of Family Planning. Subsequent grants have been made to Johns Hopkins University for a family training and research center in Lahore and to the University of California for a similar center at Dacca. The Foundation's grants to date for the Pakistan program total \$3,793,000.

Oxfam provided \$8,400 for a campaign in 1965 to publicize the family planning program. Oxfam of Canada in 1968-69 granted \$15,000 to the Family Welfare Cooperative Society to build a maternity, child welfare, family planning, and public health clinic in Lahore and help finance the first year's operating costs. It also granted \$17,350 to the Family Planning Association to assist research, motivation, and publicity activities.

The Swedish International Development Authority since 1961 has helped develop and operate clinics, organize research, assist in education programs—concentrating on the training of paramedical personnel—and provide equipment. Two mass-communication centers have been created to assist the family planning program by producing material for information, education, and promotion. The Sweden/Pakistan Family Welfare Project was transferred to Pakistan authorities on July 1, 1970. Sweden will, however, continue to assist the national family planning program through two advisors on mass communication and an advisor on paramedical training. Equipment and financial assistance will also be given to the mass-communication program. Under an agreement signed in 1966 Sweden has been supplying all condoms needed in the national program. Swedish expenditures in Pakistan from 1961 through fiscal 1970 have been approximately \$8.5 million.

The Government of the Netherlands has provided five experts to assist with family planning research and four fellowships to train Pakistanis in family sociology and evaluation methods under a 3-year \$360,000 project.

The United Kingdom in 1967 gave contraceptives to Pakistan for experimental purposes.

UNICEF has assisted family planning both directly and indirectly by virtue of its traditional interest in maternal and child health; through fiscal 1969, it had expended a total of \$1.6 million for family planning. In addition, UNICEF was given a grant by SIDA for the purchase of vehicles for the program. The United Nations sent an evaluation team to study the program in 1968, and WHO has sent a consultant to devise a system of vital registration.

Turkey

Demographic information

<i>Population according to census of</i>	
<i>October 24, 1965</i>	<i>31,391,421</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>34,855,000</i>
<i>Births per 1,000 population, 1969</i>	<i>40</i>
<i>Deaths per 1,000 population, 1969</i>	<i>15</i>
<i>Infant deaths per 1,000 live births</i>	<i>153</i>
<i>Rate of natural increase, 1969 (percent)</i>	<i>2.5</i>
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	<i>28</i>
<i>Percent of registered births, first-born</i>	<i>(¹)</i>
<i>Median maternal age</i>	<i>(¹)</i>
<i>Median birth order</i>	<i>(¹)</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old</i>	<i>(¹)</i>
<i>Percent urban, 1970</i>	<i>31</i>
<i>Percent of labor force in agriculture, 1965</i>	<i>72</i>
<i>Per capita gross national product, 1968</i>	<i>\$346</i>
<i>Percent literate</i>	<i>²47</i>

¹Not available. ²A.I.D. estimate.

Highlights of activities

Up until the mid-1960's, Turkey's policy toward family planning encouraged large families, and the distribution of information about and devices for birth control was prohibited by law. By then, however, the threat of population growth to economic and social well-being and the widespread problem of illegal abortion had prompted creation of a Government program of family planning. Thus, in 1965 the Government repealed the law, created a General Directorate of Population Planning within the Ministry of Health and Social Assistance, and set up family planning clinics on a trial basis.

The family planning program has grown slowly, and opportunities for expansion have been limited by social and political factors. Government leadership has not given strong public support to the program. Nevertheless, by the end of 1969 family planning clinics had been established in 491 maternal and child health care centers, maternity hospitals, and health centers. In addition, mobile units were taking family planning teams to the towns and villages of 16 provincial districts. The number of doctors trained for the program had reached 863, and other personnel, 5,650.

A study by the Hacettepe University's Institute of Population Studies shows that between 1963 and 1968, the percent of couples using at least one

In Turkish village of Kuzucular, candidates for IUD insertions await the doctor. In another village (next page) children play in the street; hopes for a brighter future could hinge on their mothers' accepting the visiting team's advice to limit family size.



contraceptive method grew from 28.8 percent to 40.9 percent. However, most of these depended on conventional methods. Use of the IUD and orals is still small. Over 200,000 IUDs have been inserted so far, and the number of acceptors in 1969 alone totaled 57,452, or more than 10 times the figure recorded in the first year of the program. More than 100,000 women use oral contraceptives regularly.

Research at both the Population Planning Directorate and Hacettepe is expanding to provide an improved basis for program planning.

Despite this progress, the program is falling far short of its goal of reaching 275,000 couples yearly in order to have about 2 million couples practicing effective contraception by 1972. This number of acceptors would reduce the population growth rate from 2.5 percent to around 2 percent.

Turkey also has a Family Planning Association, which was founded in 1963 and became an associate member of the International Planned Parenthood Federation (IPPF) in 1965. At the end of 1969, it had in operation 14 branches and 10 clinics, seven of which had been opened in 1968.

Publicity for the programs includes films, such as one 12-minute film on the dangers of abortion; lectures; radio spots and programs; posters; leaflets; and symbols like the picture of a father, with seven children in a basket on his back, warning, "Do not have more children than you can look after."

Training for program personnel in Turkey is carried out at the Ministry of Health training center and Hacettepe University. A number of doctors,

midwives, and social workers have received training in the United States and have also participated in IPPF's Europe and Near East Regional training courses.

A.I.D. assistance

A.I.D. assistance to Turkey's family planning efforts was initiated in mid-1965 with the visit of a survey team to that country. The following February, A.I.D. made its first grant—\$277,777 in Turkish lira derived from P.L. 480 sales of agricultural products—for the purchase of 50 jeeps to be used by rural health centers. A loan of \$3.6 million (later reduced to \$2.7 million) was made in October 1966 to cover the purchase of 650 more jeeps, with the option to increase the number by 25 percent. Also included were technical advisory services, jeep maintenance, and audiovisual and educational equipment and services. A further grant of \$500,000 of U.S.-owned Turkish lira in April 1967 was provided for training and for program costs.

A.I.D. has helped Turkish efforts to develop a modern statistical system to provide reliable family planning data, provided training in family planning administration, supported the Turkish Demographic Survey to produce basic data on population growth, and financed the services of a population/family planning advisor whose objective it is to broaden and accelerate the population program in Turkey.

Other assistance

The International Planned Parenthood Federation began in 1966 to assist the Turkish



Family Planning Association, financing development expenses for opening new clinics, providing training manuals, and conducting seminars. This assistance has continued on an annual basis. IPPF has also financed the travel of Turkish officials to regional IPPF conferences.

The Population Council has had a leading role in assisting Turkey's national family planning program. In 1963 the Council conducted a feasibility study and recommended guidelines for a national program. Council funds are used for demographic training, research, distribution of IUDs and oral contraceptives, and for general support to the family planning program. The Council also carries on a postpartum program, in which the Ankara Maternity Hospital participates, and maintains a resident medical advisor. In 1968 a Council grant was made to Ataturk University for a pilot family planning program in the eastern region, which provides training in IUD insertion and family planning methods. The Council also provides fellowships for graduate-level study in demography and family planning. The Council's support in Turkey since 1963 amounts to nearly \$2 million.

The Pathfinder Fund provided specialists in 1963 and 1964 to help form the Family Planning Association of Turkey. In 1966, Pathfinder officials visited Turkey and subsequently made a small grant to the Association.

The Ford Foundation in 1967 made a 3-year grant of \$375,000 to the Hacettepe Institute of Population Studies, Ankara, for training and research in population and demography.

The Rockefeller Foundation in 1967 made a 4-year grant of \$250,000 to the Hacettepe Institute for the development of family planning clinics for research, teaching, and demonstration projects.

CARE has provided 10 CJ-6 jeeps to the General Directorate of Population Planning. These jeeps provide transportation for the five mobile-unit teams that serve the rural population in the eastern high plateau with educational and medical services.

The Swedish International Development Authority has made a grant of \$97,000 to the Turkish Government for the purchase of contraceptives. A new grant consisting of equipment for a printing unit, vehicles for the mobile teams, and condoms is under negotiation.

The United Arab Republic

Demographic information

<i>Population according to census of</i>	
<i>May 30, 1966</i>	30,075,858
<i>Estimated population,</i>	
<i>January 1, 1970</i>	32,769,000
<i>Births per 1,000 population, 1969</i>	41
<i>Deaths per 1,000 population, 1969</i>	16-17
<i>Infant deaths per 1,000 live births, 1967</i>	108
<i>Rate of natural increase, 1969 (percent)</i>	2.4-2.5
<i>Number of years to double population at</i>	
<i>present rate of natural increase</i>	28
<i>Percentage of registered births, first-born, 1961¹</i>	10
<i>Median maternal age, 1961</i>	¹ 30
<i>Median birth order, 1961</i>	¹ 4.2
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1961</i>	13
<i>Percent urban, 1970</i>	41
<i>Percent of labor force in agriculture, 1960</i>	57
<i>Per capita gross national product, 1968</i>	\$153
<i>Percent literate</i>	² 30

¹Underregistered. ²A.I.D. estimate.

Highlights of activities

Spurred by the knowledge that its population, if left unchecked, would double in 28 years, the

United Arab Republic (U.A.R.) in 1962 adopted a family planning policy. Four years later it created a Supreme Council for Family Planning, chaired by the Prime Minister, and gave the Council the responsibility of implementing a nationwide family planning program.

By using existing maternal and child health units, the Government incorporated family planning services into some 2,400 clinics. Oral contraceptives were chosen as the main means of birth control, along with the IUD and conventional devices.

The Egyptian Family Planning Association (EFPA) was also established in 1962 and took over direction of 360 private family planning centers; the IUD was chosen as the major type of contraceptive for these centers. The Association utilized part-time help from the medical staff of the Ministry of Public Health and receives contraceptives free from the Government.

According to Government figures, 310,781 women were getting pills from Government centers by December 1969 and 126,000 IUDs had been inserted by October 1969. Some 2,500 additional women were adopting IUDs each month.

Work of both groups is coordinated by the Supreme Council through its Executive Secretariat; the Family Planning Association is otherwise independent in its activities.

In the educational field, the Ministry of Social Affairs has family planning education committees working at all levels of government. Although not directly tied to the family planning program, these committees have helped to improve understanding and practice of family planning.

Publicity for the program includes a monthly newsletter and booklets of the Family Planning Association, distribution of films and posters, television and radio programs and spots, and newspaper advertising and articles. National Family Planning Weeks with intensive coverage by press, radio, and television have also been used to publicize the program.

Training courses are conducted by the EFPA branches. These courses include lectures, panel discussions, film strips, and field visits. Research is carried out at medical schools of the Universities of Cairo and Alexandria. Graduates of these schools must serve 2 years working in the villages and must devote 9 hours per week to family planning services.

A.I.D. assistance

A.I.D. does not provide assistance to the U.A.R. program.

Other assistance

The International Planned Parenthood Federation assists the Egyptian Family Planning Association, using funds supplied by the Danish Secretariat for Technical Cooperation. The Danish grant, made in 1968, amounts to \$72,000. In the same year, Denmark granted approximately \$133,500 for raw materials from Denmark for production of contraceptive pills. In October 1969, it made an agreement with the U.A.R. for deliveries of wheat under the Food Aid Convention; the counterpart funds (\$667,500) are to be used for financing the U.A.R. Family Planning Program in accordance with further discussions between Denmark and the U.A.R. A Danish mission has been sent to the U.A.R. to investigate the possibilities of extending further family planning assistance.

The Population Council since 1963 has given financial assistance to the North African Regional Demographic Center in Cairo and the Egyptian Association for Population Studies, as well as help for various additional demographic and medical studies. The Shatby Maternity Hospital and the Cairo University Hospital have participated in the Council's International Postpartum Family Planning Program. The Council has supplied IUDs, other materials, and a consultant on the manufacture of IUDs. In 1965 and 1968, the Council helped carry out a study on the use of mobile teams to provide IUD services in rural areas. Fellowship support is also provided.

The Pathfinder Fund has been involved in family planning in the U.A.R. since the early 1950s, when Pathfinder representatives assisted in organizing a voluntary society for family planning. Since development of the national program, Pathfinder has provided equipment, contraceptives, and vehicles for clinics. Pathfinder helped introduce IUD research and has completed a study of three devices as part of its International IUD Program.

The Ford Foundation has provided participant training, advisory services, and equipment to help support the U.A.R.'s national family planning program. In the 1965-70 period, a total of \$1,528,500 went for projects associated with reproductive biology and family planning.

The United Nations, through the U.N. Fund for Population Activities, has given a total of \$417,200 in assistance to the family planning program of the U.A.R. Contraceptive supplies account for \$300,000 of the total, and advisory services for expanding and improving the program account for the remainder. The Fund also has given assistance to the Demographic Training and Research Center at Cairo.

South Vietnam

Demographic information

<i>Population according to census</i>	<i>(1)</i>
<i>Estimated population,</i>	
<i>January 1, 1970</i>	<i>18,158,000</i>
<i>Births per 1,000 population, 1969</i>	<i>(2)</i>
<i>Deaths per 1,000 population, 1969</i>	<i>(2)</i>
<i>Infant deaths per 1,000 live births</i>	<i>(2)</i>
<i>Rate of natural increase,</i>	
<i>1969 (percent)</i>	<i>2.6</i>
<i>Number of years to double population</i>	
<i>at present rate of natural increase</i>	<i>27</i>
<i>Percent of registered births, first born,</i>	
<i>1967</i>	<i>³31</i>
<i>Median maternal age, 1967</i>	<i>³33</i>
<i>Median birth order, 1967</i>	<i>³2.5</i>
<i>Percent of registered births born to</i>	
<i>women less than 20 years old, 1967</i>	<i>³2</i>
<i>Percent urban, 1970</i>	<i>26</i>
<i>Percent of labor force in agriculture, latest</i>	<i>65</i>
<i>Per capita gross national product, 1968</i>	<i>\$175</i>
<i>Percent literate,</i>	<i>60</i>

¹No census has been conducted in South Vietnam. ²Not available. ³Underregistered.

Highlights of activities

In 1967 the Ministry of Health of South Vietnam established the Committee for Research in Family Planning and the position of Special Assistant to the Minister on Population Matters. The Committee has been responsible for implementing family planning services in Maternal and Child Health Centers of major cities throughout the country.

Through this research program, the Ministry of Health has sought to determine Vietnamese women's acceptance of birth control and to provide contraceptive services to any women 30 years or older or to any women who has five or more children.

Factors such as high infant mortality, the desire for at least one son, and security for old age have continued to influence Vietnamese women's attitudes toward family size. Recent statistics, however, have indicated the beginnings of a fertility decline in major cities, especially in the Saigon metropolitan area. Concurrent with this decline is an increase in oral contraceptives being sold through private pharmacies. In 1967 there were only two brands of pills being imported into Vietnam; today there are 14, and one is being manufactured locally.

Expansion of the Ministry of Health project to a national program has been impeded by two

factors--a 1933 law prohibiting the use of contraceptives and, outside of the Ministry of Health, a general lack of Government awareness of population problems. The 1933 law, or the "French Law" as it is called, resulted from the application of the French Penal Code to Vietnam when it was still a French colony. The law was repealed in France in 1967. Support for the abolishment of the law has been growing among members of the legislature and the news media, and the Ministry of Health has submitted draft legislation to rescind it, with a target date of the 1970 legislative session.

Publicizing of family planning in rural areas has been assisted by the Community Health and Population Studies Program carried out by district-level health personnel. This program promotes family planning as a step toward the "better life."

A private organization called the Family Happiness Protective Association has been formed to provide publicity support to the program.

A.I.D. assistance

A.I.D. provides technical advisory assistance to the Ministry of Health--through a Physician/Population Officer and a Population Specialist/Advisor of the A.I.D. Public Health Division and other assistance.

Other assistance

The Population Council has supported travel to Taiwan and Korea by legislators, Ministry of Health officials, and other opinion leaders to observe family planning programs in those countries. It has also provided IUDs and fellowship support.

The Vietnam Christian Service, administered by the Church World Service, supplies and staffs hospital clinics promoting family planning. International Planned Parenthood Federation has given technical assistance and monetary support to training programs as well as commodity assistance. CARE provided for the printing of booklets explaining contraceptive devices to enable the Family Happiness Association to further its educational objectives.

The Pathfinder Fund has supplied a variety of audiovisual materials and other key commodities to a family planning clinic and has assisted the Family Happiness Protective Association in its information program. In 1970, Pathfinder provided a travel grant for two Vietnamese doctors to attend the World Congress on Obstetrics and Gynecology and to observe family planning clinics in the United States.

The Mennonite Central Committee has also provided assistance.

Demographic and Project Data

- **A.I.D. Projects in Population and Family Planning**

- **World Population Facts**

PREVIOUS PAGE BLANK

WORLD POPULATION DATA

Country or region	Estimated population January 1, 1970 (thousands)	Births per 1,000 population, 1969	Deaths per 1,000 population, 1969	Infant deaths per 1,000 live births		Rate of natural increase, 1969, percent	Years to double population at present rate of natural increase	Percent of registered births, firstborn		Median age of women registering births	Percent of registered births born to women under 20 years of age	Median birth order of registered births	Urban population as percent of total population	Labor force in agriculture, percent of total labor force	Per capita GNP, around 1968 (U.S. dollars)	Literacy rate, percent
				Year	No.			Year	Percent							
World	3,663,781	36	15	-	101	2.1	32	-	-	-	-	-	37	52	156	52
United States	207,107	18	9	-	21	.9	83	-	-	-	-	-	75	9	4,260	98
The 50 States and the District of Columbia	204,071	18	10	1969	20.7	.82	85	1967	35	26	17	1.6	75	8	4,303	98
American Samoa	32	32	4	-	NA	2.8	25	1964	18	27	9	3.6	6	NA	490	94
Canal Zone	58	12	3	-	NA	.9	77	1964	25	27	7	2.7	38	NA	1,720	NA
Guam	103	25	4	1968	23	2.1	33	1964	19	27	10	2.8	20	2	1,620	NA
Pacific Islands	99	35	5	1968	31	3.0	23	1964	15	27	15	4.0	0	NA	260	NA
Puerto Rico	2,683	24	6	1968	28	1.8	39	1964	30	25	18	2.3	48	23	1,380	81
Virgin Islands	61	40	8	1968	33	3.2	22	1964	22	24	18	3.1	62	5	2,380	93
Latin America	269,177	39	10	-	77	2.9	24	-	-	-	-	-	55	42	436	68
Argentina	24,150	22	8	1967	58	1.4	50	1965	NA	28	11	NA	71	18	724	91
Bahamas	154	30	8	1967	54	2.2	32	-	NA	NA	NA	NA	54	16	1,570	85
Bermuda	53	20	6	1967	28	1.4	50	1965	NA	NA	16	NA	100	NA	2,140	98
Bolivia	4,625	44	19	1966	108	2.5	28	-	NA	NA	NA	NA	25	48	177	32
Brazil	92,226	39	9	1968	92	3.0	23	-	NA	NA	NA	NA	54	42	322	61
British Honduras	122	42	7	1967	60	3.5	20	1967	NA	NA	17	NA	37	39	400	89
Chile	9,505	28	9	1967	100	1.9	37	1967	27	27	13	2.7	74	27	606	84
Colombia	20,790	43	11	1966	80	3.2	22	1967	19	27	11	3.6	55	47	292	73
Costa Rica	1,732	40	8	1967	87	1.2	22	1967	18	27	14	3.9	27	49	454	84
Cuba	7,715	31	10	1969	60	2.1	33	1965	NA	25	19	NA	58	42	525	78
Dominican Republic	4,169	49	15	1967	80	3.4	20	1967	19	27	13	3.4	37	61	295	65
Ecuador	5,990	45	11	1967	87	3.4	20	1966	25	27	9	3.3	38	53	259	68
El Salvador	3,318	47	13	1967	63	3.4	20	1967	22	26	16	3.2	40	60	285	49
Falkland Islands	3	17	10	1967	27	.7	99	-	NA	NA	NA	NA	0	NA	NA	NA
French Guiana	48	34	11	1966	40	2.3	30	1962	13	30	2	3.8	56	25	790	72
Guatemala	5,281	43	15-16	1966	92	2.8-2.9	25	1965	22	26	17	3.2	37	65	305	38
Guyana	743	41	8	1966	42	3.3	21	1966	NA	26	16	NA	30	33	303	80
Haiti	5,200	44	20	1968	130	2.4	29	-	NA	NA	NA	NA	18	83	65	10
Honduras	2,540	49	17	1969	135	3.2	22	-	NA	27	16	NA	26	67	245	45
Mexico	48,188	43	9	1967	63	3.4	20	1963	20	27	11	3.4	58	46	557	78
Netherlands Antilles	218	23	5	1968	22	1.8	39	1966	NA	28	8	NA	58	2	1,140	NA
Nicaragua	1,888	46	14-15	1969	121	3.1-3.2	22	-	NA	26	15	NA	44	60	388	50
Panama	1,398	41	8	1969	56	3.3	21	1967	21	25	18	3.3	47	39	602	78
Paraguay	2,342	42	11	1969	84	3.1	22	1960	27	27	12	3.0	36	54	229	74
Peru	13,301	43	13	1967	62	3.0	23	1963	14	27	11	3.2	46	45	376	61
Surinam	396	48	8	1966	30	4.0	17	-	NA	NA	NA	NA	38	25	580	80
Uruguay	2,874	23	9	1967	46	1.4	50	-	NA	NA	NA	NA	84	18	574	91
Venezuela	10,208	43	8	1967	46	3.5	20	1966	20	26	15	3.4	76	32	944	76

WORLD POPULATION DATA—Continued.

Country or region	Estimated population, January 1, 1970 (Thousands)	Births per 1,000 population, 1969	Deaths per 1,000 population, 1969	Infant deaths per 1,000 live births		Rate of natural increase, 1969, percent	Years to double population at present rate of natural increase	Percent of registered births, firstborn		Median age of women registering births	Percent of registered births born to women under 20 years of age	Median birth order of registered births	Urban population as percent of total population	Labor force in agriculture, percent of total labor force	Per capita GNP, around 1968 (U.S. dollars)	Literacy rate, percent
				Year	No.			Year	Percent							
Caribbean Islands	4,525	32	7	-	38	2.5	29	-	-	-	-	-	41	31	523	82
Antigua	63	30	8	1965	45	2.2	32	-	NA	NA	NA	NA	NA	42	310	89
Barbados	258	29-32	9	1965	54	2.2	32	1964	22	25	23	3.2	45	25	470	91
British Virgin Is.	9	26	9	1964	67	1.7	41	-	NA	NA	NA	NA	NA	NA	NA	NA
Cayman Islands	10	30	7	-	NA	2.3	30	-	NA	NA	NA	NA	NA	NA	NA	NA
Dominica	78	40	8	1966	45	3.2	22	1966	NA	29	18	NA	0	NA	NA	93
Grenada	109	31	8	1967	50	2.3	30	-	NA	29	18	NA	NA	50	250	59
Guadeloupe	326	32	8	1967	37	2.4	29	1962	15	26	17	3.9	NA	40	210	NA
Jamaica	1,954	33	7	1969	33	2.6	27	1962	11	28	10	4.2	23	NA	470	88
Martinique	335	30	7	1967	37	2.3	30	1964	20	25	18	3.3	36	36	497	82
Montserrat	15	21	8	-	NA	1.3	53	1962	13	29	8	4.3	49	39	540	85
St. Kitts	-	-	-	-	-	-	-	-	NA	NA	NA	NA	NA	57	NA	80
Nevis and Anguilla	57	26	8	1967	53	1.8	39	1961	16	26	20	4.1	NA	46	270	88
St. Lucia	113	41	7	1966	42	3.4	20	1961	17	26	15	3.6	NA	48	210	52
St. Vincent	97	42	9	1966	74	3.3	21	1964	16	25	20	4.0	NA	40	200	76
Trinidad and Tobago	1,046	28	7	1967	36	2.1	33	1967	23	25	16	3.1	53	21	726	89
Turks and Caicos Islands	7	25	5	-	NA	2.0	35	-	NA	NA	NA	NA	0	50	NA	91
Europe	693,650	17	10	-	28	.7	95	-	-	-	-	-	61	26	1,795	95
Albania	2,098	34	8	1965	86.8	2.6	27	1967	21	28	6	3.1	35	60	445	72
Andorra	19	NA	NA	-	NA	-	-	-	NA	NA	NA	NA	0	NA	NA	NA
Austria	7,385	16	13	1968	25.5	.3	224	1964	34	27	7	2.1	51	23	1,544	98
Belgium	9,653	15	12	1968	22.0	.3	315	1963	35	28	5	2.1	69	6	2,154	97
Bulgaria	8,468	16	8	1968	28.3	.8	87	1968	44	24	14	1.7	47	41	1,065	85
Channel Islands	117	16	13	1968	18.6	.3	231	-	NA	NA	NA	NA	44	NA	980	NA
Czechoslovakia	14,445	16	11	1969	23.0	.43	173	1967	45	24	13	1.7	52	19	1,910	NA
Denmark	4,892	17	10	1968	16.4	.7	98	1963	36	26	12	2.0	80	18	2,502	99
Faeroe Islands	38	25	8	1967	14.6	1.7	39	1962	30	27	7	2.4	25	35	1,710	99
Finland	4,706	15	10	1968	14.0	.47	147	1964	39	27	9	1.9	68	36	1,709	99
France	50,565	17	11	1968	20.4	.54	128	1963	34	28	4	2.1	68	20	2,536	96
Germany, East including East Berlin	17,083	14	14	1969	20.1	-.03	-	1967	38	26	7	1.9	84	15	1,925	NA
Germany, Federal Republic of	59,046	15	12	1968	22.8	.3	224	1964	40	27	4	1.8	82	10	2,206	99
West Berlin	2,126	10	20	1968	24.6	-.99	-	1963	55	26	8	1.4	-	-	-	-
Gibraltar	27	22	9	1967	18.7	1.3	53	-	NA	NA	NA	NA	100	NA	610	66
Greenland	48	43	8	1966	70.0	3.5	20	1965	NA	26	13	NA	12	34	760	NA
Hungary	10,316	15	11	1969	36.0	.37	173	1968	48	24	14	1.5	45	29	1,335	97
Iceland	205	21	7	1968	14.1	1.4	50	1962	25	27	13	2.7	72	23	2,383	99
Ireland	2,936	22	12	1968	21.0	1.0	69	1964	22	31	3	3.1	51	31	1,025	99

WORLD POPULATION DATA—Continued.

Country or region	Estimated population, January 1, 1970 (Thousands)	Births per 1,000 population, 1969	Deaths per 1,000 population, 1969	Infant deaths per 1,000 live births		Rate of natural increase, 1969, percent	Years to double population at present rate of natural increase	Percent of registered births, firstborn		Median age of women registering births	Percent of registered births born to women under 20 years of age	Median birth order of registered births	Urban population as percent of total population	Labor force in agriculture, percent of total labor force	Per capita GNP, around 1968 (U.S. dollars)	Literacy rate, percent
				Year	No.			Year	Percent							
Europe—Continued.																
Isle of Man	50	14	17	1968	32.1	.3	—	1961	34	19	6	2.8	58	9	1,250	NA
Italy	54,348	18	10	1968	32.2	.75	92	1963	37	28	9	1.9	52	22	1,411	92
Liechtenstein	21	21	7	1966	8.1	1.4	50	—	NA	NA	NA	NA	23	9	NA	98
Luxembourg	337	13	12	1968	17.0	.1	693	1964	39	27	5	1.8	66	11	2,277	98
Malta	329	16	9	1968	27.4	.68	102	—	NA	NA	NA	NA	68	6	575	58
Monaco	23	21	18	1967	14.8	.3	231	—	NA	NA	NA	NA	100	NA	NA	NA
Netherlands	12,956	19	8	1968	13.6	1.09	64	1964	33	28	4	2.1	72	11	1,980	98
Norway	3,866	18	10	1968	13.7	.78	89	1966	36	26	8	2.0	55	20	2,362	99
Poland	32,671	16	8	1969	34.4	.82	87	1968	40	26	9	1.9	52	37	1,215	95
Portugal	9,622	20	10	1968	61.1	1.00	69	1964	31	28	6	2.4	37	42	529	62
Romania	20,140	23	10	1969	54.9	1.32	53	1968	32	26	14	2.1	39	54	1,005	89
San Marino	19	17	9	1968	9.7	.72	87	—	NA	NA	NA	NA	21	NA	NA	NA
Spain	33,134	20	9	1958	32.0	1.12	62	1967	NA	30	2	NA	59	33	773	87
Sweden	8,001	14	10	1967	12.9	.31	224	1967	NA	25	11	NA	66	12	3,316	99
Switzerland	6,195	16	9	1968	16.1	.72	96	1963	40	28	3	1.8	60	11	2,801	98
Union of Soviet Socialist Republics	241,650	17	8	1968	26.0	.90	69	1966	35	28	6	2.1	56	32	1,665	98
United Kingdom	55,665	17	12	1968	18.8	.47	147	1964	40	27	9	1.9	79	3	1,862	98-99
Yugoslavia	20,450	19	9	1968	57.9	.95	69	1967	38	26	13	1.9	39	48	860	77
Africa																
Algeria	13,626	50	18	1965	86	3.2	22	1963	14	27	11	3.5	31	60	260	25-30
Angola	5,492	47-50	32-36	1960	230	1.2-1.7	50	—	NA	NA	NA	NA	10	82	190	10-15
Botswana	644	NA	NA	—	NA	3.0	23	—	NA	NA	NA	NA	25	91	95	20
Burundi	3,538	46	24	1969	150-180	2.2	32	—	NA	NA	NA	NA	2	95	53	10
Cameroon	5,749	39	18-19	1969	110-115	2.0-2.1	34	—	NA	NA	NA	NA	7	84	143	10-15
Cape Verde Islands	253	43	11	1967	100	3.2	22	—	NA	NA	NA	NA	0	40	110	27
Central African Republic	1,469	48	26	1969	160-170	2.2	32	1960	NA	28	7	NA	17	90	136	18
Chad	3,565	45-47	28-30	1969	160-170	1.5-1.9	41	1961	NA	27	14	NA	8	92	78	5-10
Comoro Islands	276	21	7	1952	52	1.4	50	—	NA	NA	NA	NA	5	NA	110	NA
Congo, Democratic Republic of the	17,447	45	21	1969	115-125	2.4	28	1958	NA	27	14	NA	13	69	78	55-60
Congo (Brazzaville)	934	41-44	22-24	1969	150-160	1.7-2.2	36	1961	NA	28	9	NA	30	64	200	20
Dahomey	2,476	50	29	1969	160-180	2.1	33	1961	NA	26	14	NA	12	84	75	10
Equatorial Guinea	289	NA	NA	—	NA	—	41	—	NA	NA	NA	NA	38	NA	100	5
Ethiopia	24,987	NA	NA	—	NA	2.3	30	—	NA	NA	NA	NA	5	88	63	5
French Territory of the Afars & the Issas	87	28	11	—	NA	1.7	42	—	NA	NA	NA	NA	63	NA	580	5
Gabon	478	35	26	1969	180-190	.9	77	—	NA	27	21	2.3	11	84	417	12

WORLD POPULATION DATA—Continued.

Country or region	Estimated population, January 1, 1970 (Thousands)	Births per 1,000 population, 1969	Deaths per 1,000 population, 1969	Infant deaths per 1,000 live births		Rate of natural increase, 1969, percent	Years to double population at present rate of natural increase	Percent of registered births, firstborn		Median age of women registering births	Percent of registered births born to women under 20 years of age	Median birth order of registered births	Urban population as percent of total population	Labor force in agriculture, percent of total labor force	Per capita GNP, around 1968 (U.S. dollars)	Literacy rate, percent
				Year	No.			Year	Percent							
Africa—Continued.																
Gambia	359	38-42	18-22	1969	135-150	1.8-2.2	35	—	NA	NA	NA	NA	10	87	95	10
Ghana	8,973	50	20	1969	125-135	3.0	23	1965	NA	27	11	NA	18	56	238	25
Guinea	4,000	NA	NA	—	NA	3.0	23	1955	NA	28	19	NA	11	85	174	5-10
Ivory Coast	4,248	51-55	27-29	1969	160-175	2.2-2.8	28	1958	NA	26	17	NA	19	86	312	20
Kenya	11,026	49-51	16-17	1962	132	3.3-3.4	21	1962	NA	NA	8	NA	8	88	125	20-25
Lesotho	918	39	18-20	1969	137	1.9-2.1	35	—	NA	NA	NA	NA	2	NA	90	40
Liberia	1,169	40-44	22-25	1969	140-170	1.7-2.0	38	—	NA	NA	NA	NA	18	80	225	9
Libya	1,880	46-47	18-19	—	NA	2.7-2.9	25	—	NA	NA	NA	NA	24	36	1,644	27
Malagasy Republic	7,232	46	24	1966	102	2.2	32	—	NA	27	15	NA	11	84	111	39
Malawi	4,389	43	18	1966	120-130	2.5	28	—	NA	NA	NA	NA	4	81	46	15
Mali	5,030	55	30	1969	190	2.5	28	1966	NA	28	15	NA	7	90	55	5
Mauritania	1,157	46	24	1969	150-160	2.2	32	1957	NA	27	12	NA	2	59	155	1-5
Mauritius	833	32	9	1968	69	2.3	30	1965	NA	27	14	3.7	48	38	225	61
Morocco	15,592	50	16-17	1962	149	3.3-3.4	21	1956	NA	32	5	2.1	27	54	204	14
Mozambique	7,418	42-46	26-30	—	NA	1.4-1.8	43	—	NA	NA	NA	NA	6	69	180	7
Namibia	621	NA	NA	—	NA	1.8	39	1963	NA	27	8	NA	12	55	NA	27
Niger	3,980	52	23	1969	148-159	2.9	24	1960	NA	28	16	NA	2	96	90	5
Nigeria	54,000	50	22-26	—	NA	2.4-2.8	26	—	NA	NA	NA	NA	15	80	120	25
Portuguese Guinea	531	NA	NA	—	NA	—	347	—	NA	NA	NA	NA	6	NA	210	3-5
Reunion	443	37	9	1968	59	2.8	25	1962	NA	14	28	8	47	43	560	52
Rwanda	3,866	50-52	19	1969	120-130	3.1-3.3	22	—	NA	NA	NA	NA	0	95	45	10
St. Helena	5	35	11	1967	50	2.4	30	—	NA	NA	NA	NA	0	NA	NA	95
Sao Tome & Principe	67	51	13	1967	83	3.8	19	1958	NA	19	27	8	4.1	0	NA	280
Senegal	3,775	45	21	1969	155-185	2.4	29	1961	NA	27	15	NA	27	74	220	5-10
Seychelles	51	38	11	1967	43	2.7	26	1965	NA	17	28	7	3.9	0	NA	60
Sierra Leone	2,620	38-43	17-20	1967	147	2.0-2.4	32	—	NA	NA	NA	NA	13	75	137	10
(Spanish North Africa):																
Cueta	88	16	6	1968	49	1.0	68	—	NA	NA	NA	NA	100	NA	280	NA
Melilla	77	13	6	1968	21	.7	139	—	NA	NA	NA	NA	100	NA	280	NA
Spanish Sahara	50	17	4	—	NA	1.3	53	—	NA	NA	NA	NA	0	NA	210	NA
Somali Republic	2,876	NA	NA	—	NA	3.1	23	—	NA	NA	NA	NA	11	89	62	5
South Africa																
Republic of	19,882	41-44	17-20	—	NA	2.2-2.6	29	—	NA	NA	NA	NA	36	29	646	35
Southern Rhodesia	5,227	47	12	1962	83	3.5	20	—	NA	NA	NA	NA	17	73	230	25-30
Sudan	15,462	49	16-19	1969	120-125	3.0-3.3	22	—	NA	NA	NA	NA	8	78	107	10-15
Swaziland	415	48	19	1966	168	2.9	24	—	NA	28	13	NA	5	31	175	36
Tanzania, United Republic of	13,119	47	20	1967	160-170	2.7	26	—	NA	NA	NA	NA	5	95	75	15-20
Togo	1,800	49-53	24-26	1969	161-174	2.3-2.9	27	—	NA	28	9	NA	10	79	120	5-10

WORLD POPULATION DATA—Continued.

Country or region	Estimated population, January 1, 1970 (Thousands)	Births per 1,000 population, 1969	Deaths per 1,000 population, 1969	Infant deaths per 1,000 live births		Rate of natural increase, 1969, percent	Years to double population at present rate of natural increase	Percent of registered births, firstborn		Median age of women registering births	Percent of registered births born to women under 20 years of age	Median birth order of registered births	Urban population as percent of total population	Labor force in agriculture, percent of total labor force	Per capita GNP, around 1968 (U.S. dollars)	Literacy rate, percent
				Year	No.			Year	Percent							
Africa - Continued.																
Tunisia	5,155	43	15	1969	124	2.8	26	1960	14	28	6	3.8	26	60	224	30
Uganda	621	44-48	17-20	1969	120-130	2.6-2.9	25	1959	NA	27	14	NA	3	89	91	20
Upper Volta	5,300	49	31-32	1969	180-190	1.7-1.8	40	1961	NA	27	12	NA	5	87	50	5-10
Zambia	4,995	49-50	21-22	1963	160-170	2.7-2.9	25	-	NA	NA	NA	NA	27	81	326	15-20
Near East	142,619	42	16	-	116	2.6	27	-	-	-	-	-	39	56	335	38
Aden & South Arabia (S. Yeman)																
Arabia (S. Yeman)	1,250	NA	NA	-	NA	2.5	28	-	NA	NA	NA	NA	33	0	155	10
Bahrain	211	42	18	1965	146	2.1	29	-	NA	NA	NA	NA	75	9	NA	25
Cyprus	634	25	7	1968	28	1.8	39	1967	37	27	5	1.5	48	40	704	76
Greece	8,905	17	8	1969	34.4	.92	109	-	NA	NA	NA	NA	63	54	853	80
Iran	28,375	50	19	-	NA	3.1	22	-	NA	NA	NA	NA	39	42	297	29
Iraq	9,408	46-50	15-17	1969	120	3.0-3.4	22	-	NA	NA	NA	NA	44	48	278	20
Israel	2,907	26	7	1969	24	1.9	37	1967	26	27	7	2.0	81	11	1,472	84
Gaza Strip	507	44	8	-	NA	3.6	19	-	NA	NA	NA	NA	NA	27	NA	NA
Jordan	2,315	45-46	14-15	1961	120	3.0-3.2	22	-	NA	NA	NA	NA	44	35	286	32
Kuwait	723	48-52	10	1968	31	3.8-4.2	17	-	NA	NA	NA	NA	80	1	3,338	47
Lebanon	2,845	NA	NA	-	NA	2.4	-	-	NA	NA	NA	NA	40	55	496	86
Muscat & Oman	647	NA	NA	-	NA	3.0	23	-	NA	NA	NA	NA	5	NA	150	1-10
Qatar	78	NA	NA	-	NA	2.3	23	-	NA	NA	NA	NA	68	NA	3,250	1-10
Saudi Arabia	5,000	NA	NA	-	NA	NA	NA	-	NA	NA	NA	NA	25	72	478	15
Syrian Arab Republic	6,000	47	17	-	NA	3.0	23	-	NA	NA	NA	NA	39	58	248	35
Trucial Oman	190	NA	NA	-	NA	3.0	23	-	NA	NA	NA	NA	55	NA	1,050	1-10
Turkey	34,855	40	15	1967	153	2.5	28	-	NA	NA	NA	NA	31	72	346	47
United Arab Republic	32,769	41	16-17	1967	108	2.4-2.5	28	1961	10	30	3	4.2	41	57	183	30
Yemen	5,000	NA	NA	-	NA	2.0	35	-	NA	NA	NA	NA	6	89	110	10
South Asia																
Afghanistan	713,905	44	16	-	120	2.8	25	-	-	-	-	-	18	72	92	27
Bhutan	16,700	NA	NA	-	NA	2.3	30	-	NA	NA	NA	NA	7	87	85	8
Bhutan	858	NA	NA	-	NA	2.5	28	-	NA	NA	NA	NA	0	99	60	NA
Ceylon	12,404	32	8	1965	53	2.4	29	1964	NA	28	7	NA	17	49	149	82
India	544,000	43-45	16-17	1968	110-120	2.6-2.9	25	1964	27	26	12	2.8	19	73	84	28
Maldiv Islands	110	46	23	-	NA	2.3	30	-	NA	NA	NA	NA	12	NA	80	NA
Nepal	11,141	41	21	1969	160-180	2.0	35	-	NA	NA	NA	NA	5	94	75	5-10
Pakistan	128,500	43-45	16	1969	142	2.7	26	1965	16	27	16	3.2	16	68	121	20
Sikkim	192	48	29	1961	200-225	1.9	36	-	NA	NA	NA	NA	9	NA	60	16
East Asia																
Brunei	1,266,119	41	18	-	140	2.3	31	-	-	-	-	-	29	60	227	40
Brunei	118	38	6	1968	42	3.2	22	-	NA	NA	NA	NA	44	34	800	43

WORLD POPULATION DATA—Continued.

Country or region	Estimated population, January 1, 1970 (Thousands)	Births per 1,000 population, 1969	Deaths per 1,000 population, 1969	Infant deaths per 1,000 live births		Rate of natural increase, 1969, percent	Years to double population at present rate of natural increase	Percent of registered births, firstborn		Median age of women registering births	Percent of registered births born to women under 20 years of age	Median birth order of registered births	Urban population as percent of total population	Labor force in agriculture, percent of total labor force	Per capita GNP, around 1968 (U.S. dollars)	Literacy rate, percent
				Year	No.			Year	Percent							
East Asia—Continued.																
Burma	27,262	NA	NA	-	NA	2.1-2.3	32	1963	22	28	10	2.9	16	62	71	60
Cambodia	6,777	42	20	1969	155-165	2.2	32	1959	NA	28	11	NA	13	80	150	41
China (Mainland)	833,330	43	21	1969	167	2.2	32	-	NA	NA	NA	NA	24	63	110	25
China, Republic of (Taiwan)	14,553	28	5	1969	28	2.3	30	-	NA	26	8	NA	64	43	300	84
Hong Kong	4,002	21	5	1969	22	1.6	43	1967	21	30	4	3.3	80	5	693	71
Indonesia (including West New Guinea)	118,056	45-46	20	1969	150	2.5-2.6	27	-	NA	27	13	NA	18	66	96	43
Japan	103,000	19	7	1967	12	1.17	59	1963	47	27	1	1.1	83	24	1,404	98
Korea, North	13,954	46	18	1969	136	2.8	24	-	NA	NA	NA	NA	22	53	200	90
Korea, Republic of	31,431	31	9	1966	53	2.2	32	1964	20	29	1	3.0	39	50	188	71
Laos	2,928	45-46	21	1969	160	2.4-2.5	28	-	NA	NA	NA	NA	13	81	72	15
Macao	244	NA	NA	-	NA	-	-	1963	17	32	2	3.8	100	5	240	70
Malaysia, including West Malaysia, Sabah, and Sarawak	10,899	37	8	1969	70	2.9	23	1966	18	29	13	3.6	41	55	326	43
Mongolia	1,228	43	13	1969	87	3.0	23	-	NA	NA	NA	NA	52	NA	200	95
Philippines	37,766	45	10	1969	83	3.5	20	1965	21	28	7	3.5	23	53	203	72
Portuguese Timor	598	NA	NA	-	NA	1.6	43	-	NA	31	6	NA	10	90	80	NA
Ryukyu Islands	980	22	5	1969	15	1.7	41	1964	26	29	3	2.6	40	29	540	75
Singapore	2,032	22	5	1969	21	1.7	41	1967	NA	28	8	NA	86	7	700	75
Thailand	36,898	42	9	1969	67	3.3	21	1965	20	28	7	3.2	13	78	157	68
Western Samoa	143	34-36	7-9	-	NA	2.6-2.8	26	1965	NA	28	6	NA	23	74	130	86
Vietnam, North	19,920	38	17	1969	145	2.1	33	-	NA	NA	NA	NA	24	80	100	64
Vietnam:																
Vietnam, Republic	18,158	NA	NA	-	NA	2.6	27	1967	31	33	2	2.5	26	65	175	60
Other	39,909	19	8	-	20	1.1	-	-	-	-	-	-	73	10	2,831	97
Canada	21,201	18	7	1967	22	1.1	67	1964	28	27	9	1.9	75	8	3,182	NA
St. Pierre Miquelon	5	26	10	-	NA	1.6	43	1959	NA	23	6	NA	0	11	NA	99
Australia	12,384	20	9	1968	17.8	1.1	64	1964	32	27	8	1.7	89	9	2,457	98
British Solomon Is.	151	NA	NA	-	NA	2.0	35	-	NA	NA	NA	NA	4	NA	180	NA
Cook Islands	21	41	8	1967	56	3.3	21	-	NA	NA	NA	NA	0	72	NA	92
Niue	6	39	9	1968	36	3.0	23	-	NA	NA	NA	NA	0	-	-	94
Fiji	525	29	5	1969	25	2.4	29	1967	18	26	8	3.0	-	-	-	94
French Polynesia	105	NA	NA	-	NA	3.0	23	-	NA	NA	NA	NA	20	54	290	64
Gilbert and Ellice Is.	60	24	7	1965	124	1.7	41	-	NA	NA	NA	NA	25	41	1,340	94
Nauru	7	39	8	1966	55	3.1	22	1966	NA	NA	NA	NA	21	NA	380	90
New Caledonia	99	29	7	1965	33	2.2	32	1965	NA	27	11	NA	55	38	1,620	84

WORLD POPULATION DATA—Continued.

Country or region	Estimated population, January 1, 1970 (Thousands)	Births per 1,000 population, 1969	Deaths per 1,000 population, 1969	Infant deaths per 1,000 live births		Rate of natural increase, 1969, percent	Years to double population at present rate of natural increase	Percent of registered births, firstborn		Median age of women registering births	Percent of registered births born to women under 20 years of age	Median birth order of registered births	Urban population as percent of total population	Labor force in agriculture, percent of total labor force	Per capita GNP, around 1968 (U.S. dollars)	Literacy rate, percent
				Year	No.			Year	Percent							
Other—Continued.						2.2	32		NA	NA	NA	NA	0	10	NA	NA
New Guinea	1,736	NA	NA	-	NA	2.5	28	-	NA	NA	NA	NA	0	NA	380	NA
New Hebrides	82	45	20	-	NA	1.4	50	1964	29	26	7	1.8	66	13	1,767	98
New Zealand	2,796	23	9	1969	16.9	2.7	26	-	NA	NA	NA	NA	4	NA	NA	NA
Papua	646	NA	NA	-	NA	1.9	36	-	NA	NA	NA	NA	16	20	310	90-95
Tonga	85	21	2	1967	9											

A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR OBLIGATIONS

Description and purpose	1965-66	1967	1968	1969	1970
Nonregional:	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Population Dynamics Unit. Grant to Johns Hopkins University to establish an academic unit within the Division of International Health, develop needed manpower in population and related disciplines; design improved procedures for program implementation; and provide consultants. Original grant extended in FY 1969 to carry out population research in selected overseas areas. Office of Population. Project 931-11-570-813; esd-841.	475				Terminated June 1970
Center for Population Studies. Grant to University of North Carolina to establish the Carolina Population Center to provide both short- and long-term training facilities and consultative services to A.I.D. for development and implementation of population programs. Office of Population. Project 031-11-570-814; esd-1059.	268		Completed June 1968		
Training Program for Vital Statistics and Measurement of Population Change. PASA ¹ with National Center for Health Statistics, U.S. Health Service, HEW, to develop and administer a training program in vital statistics registration, and analysis and estimation of current population change, including training. Office of International Training. Project 915-11-570-038; IT-1-68.	91	41	38	40	42
Support to Regional Conference. Grant to International Planned Parenthood Federation to assist in supporting the Western Pacific Regional Conference held in Korea, May 1965. Project 946-11-590-735; esd-825.	2 Completed June 1965				
Training Resources for Nurses and Midwives. PASA ¹ with Children's Bureau, Welfare Administration, HEW, to develop and administer a training program for foreign nurses, nurse-midwives, and professional midwives. Office of International Training. Project 915-11-990-039; TCR-12-65.	40 Completed June 1966				
Study of the Effect of Population Growth on A.I.D. Goals. Contract with the University of Pittsburgh to prepare a report on the impact of alternative foreseeable population 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				
Conference on Population Dynamics. Contract with Johns Hopkins University to conduct a conference to orient selected A.I.D. personnel in population dynamics, including planning and implementation. Project 946-11-590-735; esd-833.	13 Completed June 1965				
Demographic Studies. PASA ¹ with U.S. Bureau of the Census to prepare a report on the population of Pakistan including population projections, demographic data, and analysis. Project 946-11-590-735; TCR-3-65	27 Completed Jan. 1965				
Family Planning Studies Unit. Grant to University of Hawaii to establish a family planning studies unit with the School of Public Health to provide training facilities for foreign participants; develop and conduct short- and long-term courses; and develop and maintain institutional capacity to provide consultant and advisory services. Office of Population. Project 931-11-570-822; esd-1439.	325				Terminated June 1970
Development of Methodology for Estimating Birth and Death Rates, and Population Changes from Interview Data. Research PASA ¹ with National Center for Health Statistics, U. S. Public Health, to develop techniques and methodology by which birth and death rates, and population changes can be estimated from interview data where no detailed census information is available or no registration, or incomplete registration, is in effect. Office of Population. Project 931-17-570-450; RA-1-66.	64	Completed Aug. 1967			

¹Participating Agency Service Agreement.

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS—Continued.**

Description and purpose	1965-65	1967	1968	1969	1970
Nonregional—Continued.	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Evaluation of Family Planning Programs. Contract with Population Council to produce a series of manuals to facilitate use of service statistics, knowledge-attitude-and-practice statistics, and vital statistics for evaluation of family planning programs. Office of Population, Project 931-11-580-815; esd-1185.	329				
Demographic Methods Handbook, PASA ¹ with the U. S. Bureau of the Census to prepare a book on statistical methods which will fill demand by demographers and statisticians and serve as a basic text for training foreign demographers. Office of Population, Project 931-11-570-802; WOII(CA)-7-67.		28	58		8
Prototype Pamphlets on Family Planning Programs. Contract with Jay Richter and Associates to provide an informational pamphlet on A.I.D.'s population program assistance, and a program data bulletin prototype. Office of Population, Project 946-11-590-735; esd-1948.		3 Completed April 1967			
Research on Family Planning - Pathfinder Fund. Research contract with the Pathfinder Fund to establish a Family Planning Evaluation Center to study data collected by 60 cooperating investigators in 40 countries on women with IUDs. Study of the effectiveness of devices and methods is a basic part of this research. Office of Population, Project 931-17-580-478; esd-1573.		194		1,289	
Evaluation Studies of an International Postpartum Family Planning Program. Research contract with the Population Council to test, through a large-scale experimental project, the effectiveness of the Council's international postpartum family planning program of providing family planning education and techniques to mothers following childbirth in large hospitals. Office of Population, Project 931-17-580-479; esd-1565.		300		300	
International Planned Parenthood Federation. Worldwide grant to strengthen IPPF's support of family planning associations and affiliates in less developed countries and provide contraceptives, medical supplies, vehicles, and audiovisual and office equipment. Office of Population, Project 931-11-580-838; esd-1837.			3,500	4,000	5,550
Family Planning Services - Pathfinder Fund. Grant to augment Pathfinder's capacity to make small grants in selected countries to initiate and support family planning activities including contraceptives and related equipment. Office of Population, Project 931-13-580-807; esd-1870.			700	2,500	
Multivariate Factors Influencing Fertility. Contract with Harvard University to develop and pretest a questionnaire schedule designed to evaluate the interrelationships of the level of living, fertility behavior, and mortality for use in the research project "Determinants of Family Planning Attitudes and Practices." Office of Population, Project 931-13-570-818; esd-2153.			61		Completed March 1970
Rationale for Population Policies. Contract with National Academy of Sciences to conduct symposia to explore and define interactions between population change and economic and social development as a basis for developing a comprehensive rationale for appropriate population policies applicable to individual country situations. Office of Population, Project 931-11-570-817; esd-1925.			72	40	
Demographic Services, PASA ¹ with Bureau of the Census, International Demographic Statistical Center, to store, retrieve, tabulate, analyze, and project data, so that analyses of the			17	393	557

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS—Continued.**

Description and purpose	1965-66	1967	1968	1969	1970
Nonregional—Continued.		<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
socioeconomic implications of alternative demographic policies will be based on more accurate projections of available data. Office of Population. Project 931-11-570-810; WOH(CA)-10-68.					
Cost-Benefit Analysis of Pilot Family Planning Programs. Contract with Pennsylvania State University to undertake an empirical study of actual costs and benefits of family planning in terms of service statistics and demographic implications to learn how the effectiveness and efficiency of various technical and administrative approaches vary in different cultural, economic, and demographic contexts. Office of Population. Project 931-11-570-806; esd-1884.			92	6	111
Expansion of Postpartum Family Planning Program. Grant to Population Council to support the rapid expansion of postpartum family planning to more large maternity hospitals in less-developed countries. Office of Population. Project 931-13-580-812; esd-2155.			500	750	
Proceedings of Population Symposium. Contract to edit proceedings of population symposium of the Pacific Science Congress, held in Tokyo in 1966. Office of Population. Project 931-11-570-003.			2 Completed Nov. 1967		
Development Center Population Project. Grant to the Organization for Economic Cooperation and Development (OECD) to help support establishment of a Population Center at the OECD Development Center. Office of Population. Project 931-11-570-827; esd-2166; esd-2732.			109		100
New Florencia Workshop. PASA ¹ with Bureau of the Census to improve censuses and surveys in LDCs for the 1970's. Procedural models have been devised for developing countries. These models are used in a worldwide workshop training program to facilitate their incorporation in national programs. Office of Population. Project 931-11-570-808; WOH(CA)-9-68.			15	158	129
International Training Seminar in Communication Aspects in Family Planning Programs. Contract with University of North Carolina for a 2-week seminar in 1968 for family planning information leaders from the NESEA, East Asia, and Vietnam areas with intensive training in structuring and carrying out communication support for family planning. Office of Population. Project 931-11-580-809; esd-1914.			76 Completed Dec. 1968		
FSI Course on Population Matters. Agreement with Foreign Service Institute to organize and conduct 1-week courses on population matters for selected State, A.I.D., USIA, and Peace Corps personnel. Project 931-11-580-833.			6	(2)	(2)
Population Information. Support for purchases of technical films and publications; for consultant and other backstopping costs; and for establishment of technical library and publication of annual "Population Program Assistance." Office of Population. Project 931-11-570-002.			42	13	130
Population/Economic Growth Analysis. Contract with General Electric Co. to formulate suitable analytical models to assist A.I.D. Missions and host country organizations to analyze consequences of birthrates and other demographic rates. Office of Population. Project 901-11-570-016; esd-1936; esd-2611. To provide revision and extension of the basic models and analytical materials. Task Order No. 1. To assist Mission in Chile in the application of analytical materials. Task Order No. 2.			110	24	147 60

²Now handled by office of Personnel and Manpower, A.I.D.

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS—Continued.**

Description and purpose	1965-66	1967	1968	1969	1970
Nonregional—Continued.	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Human Fertility Patterns - Determinants and Consequences. Research contract with Rand Corporation to analyze determinants and consequences of human fertility patterns, for use in formation of A.I.D. policy. Office of Population, Project 931-17-570-824; esd-2151.			143		
Institutional Grant to the University of North Carolina. Grant ³ to develop within the University of North Carolina specialized competency in the population and family planning field. Office of Population, Project 931-11-570-102; esd-1940.			2,400		
Institutional Grant to Johns Hopkins University. Grant ³ to develop within Johns Hopkins University specialized competency in the population and family planning field and in international health. Total amount of grant \$1.8 million of which \$1.3 million is for development in population and family planning. Office of Population, Project 931-11-570-101; esd-1939.			1,300		
Institutional Grant to the University of Michigan. Grant ³ to develop within the University of Michigan specialized competency in population, planning in developing nations. Office of Population, Project 931-11-570-110; esd-2171.			1,250		
Research for Development of Once-a-Month Birth Control Pill. A research contract with the Worcester Foundation for Experimental Biology to develop a method which when administered on a single occasion would ensure the nonpregnant state at end of monthly cycle. Office of Population, Project 931-17-580-493; esd-2169.			109		
Laboratories for Population Studies - Phase I. Contract with University of North Carolina to prepare detailed proposals for establishing two or more population studies laboratories overseas to test population measurement instruments and obtain information under controlled population conditions. Office of Population, Project 931-11-570-825; esd-2161.		61 Phase I completed			
Laboratories for Population Studies - Phase II. Task order with the University of North Carolina, to establish laboratories for population studies in collaboration with academic and research institutions overseas to be administered by local nationals. The laboratories will collect population data and experiment with data collection techniques. Office of Population, Project 931-11-570-861; esd-2495.				353	208
To establish the Moroccan Demographic Research Center (CERED) in Rabat. PROAG. 608-70-10.					200
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. Office of Population, Project 931-11-580-862; esd-2483.				160	
Programmatic Grant to the Population Council. Project to make use of the experience and competence of the Population Council in population/family planning to assist A.I.D. to develop and implement approved programs; public information and communication activities; knowledge and insight to socioeconomic factors in determining population policies; effects of population growth on economic planning and educational goals; and need for additional and better trained specialists in population/family planning programs. Office of Population, Project 931-11-570-863; esd-2508.				1,000	

³Authorized under Section 211(d), Foreign Assistance Act of 1966.

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS—Continued.**

Description and purpose	1965-66	1967	1968	1969	
Nonregional—Continued.	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,0</i>
Improvement of Population Program and Policy Design. Contract with the University of North Carolina to analyze and evaluate current systems of delivering family planning services, and to test alternative approaches in order to more effectively reach rural populations not yet receiving conventional services. Office of Population. Project 931-11-570-856; esd-2507.				435	1
Situation Reports on Population Problems, Policies, and Programs. Contract with the California Institute of Technology to establish regional observers and compare the economic and social context of population policies and family planning programs as a sequel to the rationale for population policies under contract with the National Academy of Sciences. Office of Population. Project 931-11-570-858; esd-2515.				405	
Methodology for Evaluating Family Planning Programs. Contract with Columbia University to develop a framework for family planning program evaluation, methods, and indices for components of family planning programs, for application by evaluation units to be established within host country programs upon their request. Office of Population. Project 931-11-580-855; esd-2479.				88	
Accelerated Feedback for Family Planning Programs. PASA ¹ with the National Communicable Disease Center, U.S. Public Health Service, to generate an experimental system to accelerate the feedback of service statistics to guide programmed responses by the field staff of family planning programs. Office of Population. Project 931-11-570-853; WOH(HA)-7-69.				(⁴) 10 Completed June 1969	
Training in a System of Evaluation - "Rapid Feedback for Family Planning Improvement." Contract with the Community and Family Study Center, University of Chicago, to design, and conduct short-term training courses abroad on evaluation-improvement systems for family planning programs. Office of Population. Project 931-11-580-842; esd-2251.				175	
International Union for Scientific Study of Population. Grant in support of the general conference of the International Union for Scientific Study of Population held at the School of Economics, London, in September 1969. Office of Population. Project 931-11-570-839; esd-2258.				10	Con May
Family Planning Education Through Adult Literacy Programs. Contract with World Education, Inc., of New York City to encourage and implement use of population/family planning information in functional literacy programs throughout the developing world. Office of Population. Project 931-11-580-820; esd-2456.				53	2
World Assembly of Youth (WAY) Family Planning Conferences. Grant to the World Assembly of Youth in Brussels to support national and local conferences of youth organizations in developing countries to promote family planning. Office of Population. Project 931-11-570-850; esd-2271; esd-2610.				55	2
The Epidemiology of Outcome of Pregnancy in Diverse Cultures in Selected Countries. Research contract with Johns Hopkins University to conduct epidemiological studies in several countries to ascertain the epidemiology of induced abortions and its relationship to health, fertility levels, fertility control measures, demographic and socioeconomic variables. Office of Population. Project 931-11-570-496; esd-2246.				194	

⁴Includes \$4,000 deobligated in FY 1970.

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS—Continued.**

Description and purpose	1965-66	1967	1968	1969	1970
Nonregional—Continued:	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Determinants of Family Planning Attitudes and Practices. Research contract with Harvard University to conduct studies of the determinants of fertility patterns and family planning practices as a basis for the formulation and evaluation of policy and program planning. Office of Population. Project 931-17-570-497; esd-2478.				106	
Contraceptive Development: A Method to Prevent Pregnancy by Direct or Indirect Antiprogestational Activity. Research contract with the Population Council for research in order to develop "a nontoxic and completely effective substance or method that when self-administered on a single occasion would ensure the nonpregnant state at completion of one monthly cycle." Office of Population. Project 931-17-580-512; esd-2491.				3,000	
Research into the Corpus Luteum Function. Research PASA ¹ with the Center for Population Research, NICHD/HEW, to study ways of controlling the function of the corpus luteum leading towards the development of an effective and safe once-a-month contraceptive. Five major areas of study are being covered in 28 separate activities. These areas include such factors as 1) development of methods, 2) the role of female sex hormones in the initiation and maintenance of early pregnancy, 3) specific areas of control of corpus luteum function, 4) target effects of products of the corpus luteum, and 5) the quantitative description of the menstrual cycle. Office of Population. Project 931-17-580-509; RA (HA) 8-69.				(⁵) 1,540	53
Utilization of Family Planning Services. Research contract with the Bowman Gray School of Medicine, Wake Forest University, to ascertain and evaluate factors contributing significantly towards participation in fertility limitation, and those contributing to indifference and to strong resistance to family planning; and to experiment with nonclinical health-oriented models for family planning programs. Office of Population. Project 931-17-580-510; esd-2512.				262	
Research on Reversible Sterilization. Research contract with the University of North Carolina to explore simpler and more reversible sterilization procedures by (1) undertaking studies on the biologic effects of vasectomy, (2) by developing vasocclusion devices and evaluating them preclinically, and (3) conducting preclinical studies in female tube occlusion. Research will be conducted on animals. Office of Population. Project 931-17-580-498; esd-2504.				79	
6th World Congress of Gynecology and Obstetrics. Grant in partial support of the 6th World Congress of Gynecology and Obstetrics held in New York City in April 1970. Office of Population. Project 931-11-570-870; esd-2577.					94
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. Office of Population. Project 931-11-570-877; esd-2604.					522
Correspondence Training in Household Sample Surveys. PASA ¹ with the Bureau of the Census to develop and implement correspondence training courses in specialized fields of statistical operations. Office of Population. Project 931-11-570-881; PASA TA(CA)-6-70.					21

⁵Includes \$30,000 deobligated in FY 1970.

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS--Continued.**

Description and purpose	1965-66	1967	1968	1969	1970
Nonregional--Continued.	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Expansion of Margaret Sanger Research Bureau. Grant to the Margaret Sanger Research Bureau of New York City to enable it to make qualitative improvements in its research and training programs in the clinical, demographic, and administrative aspects of family planning operations. Office of Population. Project 931-11-570-875; esd-2790.					1,035
University Overseas Population Fellowships. Contract with University of North Carolina to establish a fellowship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Office of Population. Project 931-11-570-882; esd-2830.					939
University Overseas Population Fellowships. Contract with the University of Michigan to establish a fellowship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Office of Population. Project 931-11-570-893; esd-2831.					933
University Overseas Population Fellowships. Contract with Johns Hopkins University to establish a fellowship program for 40 graduates and post-graduates to undertake assignments in public and private host institutions engaged in population activities overseas. Office of Population. Project 931-11-570-894; esd-2832.					990
Law and Population Program. Contract with the Fletcher School, Tufts University, to establish a reporting network on legal data, for subsequent publication and distribution, and to undertake studies and seminars that will provide a better understanding of the living law and legal changes as related to several countries. Office of Population. Project 931-11-570-880; esd-2810.					640
Determinants of Fertility. Research contract with the 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. Office of Population. Project 931-17-570-517; esd-2533.					326
Development of Releasing Factor Inhibitors as Contraceptive Agents. Research contract with the Salk Institute of San Diego, Calif., to develop a new contraceptive based on the determination of the structure of luteinizing-hormone releasing factor. Office of Population. Project 931-17-570-518; esd-2785.					2,255
Development of a Combined Agent for Disease Prophylaxis and Contraception. Research contract with the University of Pittsburgh to develop an intravaginal agent, or combination of agents, which will be effective as a contraceptive as well as a prophylactic against many infectious diseases. Office of Population. Project 931-17-570-526; esd-2822.					581
Prostaglandin and Other Contraceptive Development Research. Research contract with the Worcester Foundation for Experimental Biology, Inc. Shrewsbury, Mass., to develop prostaglandins as contraceptives; to investigate contraception by antibodies to steroid hormones; to study the effects of progestins and antiestrogens on fertility, and the development of agents which inhibit the corpus luteum function. Office of Population. Project 931-17-580-520; esd-2837.					2,980
Research on the Safety of Contraceptive Steroids. Research contract with Southwest Foundation for Research and Education, San Antonio, Texas, to test the safety in long-term use of contraceptive steroid hormones in a variety of population. Office of Population. Project 931-17-570-521; esd-2821.					913

**A.I.D.. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS—Continued.**

Description and purpose	1965-66	1967	1968	1969	1970
Nonregional—Continued.	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Development of IUD and Controlled-Release Contraceptives. Research contract with the Pacific Northwest Laboratories, Battelle Memorial Institute, Richland, Washington, to develop an improved intrauterine device which will not cause bleeding, pain or other trauma. Office of Population. Project 931-17-570-527; esd-2819.					150
Family Planning Seminars and Facilities. Project provides specially tailored training programs in population/family planning field. In FY 1970 it included 1-week seminar at Columbia University for 35 participants from the 6th World Congress of Gynecology and Obstetrics; and long- and short-term training courses for 100 family planning professionals, provided through Planned Parenthood Association of Chicago. Office of International Training. Project 915-11-580-045.					40
Planning and Management of Population Programs. Contract with Governmental Affairs Institute, Washington, D. C., to provide 7 weeks' training seminars in U.S. on development and management of population programs to 50 participants in decision-making levels in developing countries. Office of International Training. Project 915-11-580-048; esd-2573.					121
Population Impact on Technical Training Programs. Contracts with Governmental Affairs Institute, Washington, D. C., and with the University of Pittsburgh to provide brief training courses for participants from a variety of fields on the relationship of population growth to other aspects of development such as education, agriculture, industry, health, and public administration. Office of International Training. Project 915-11-570-050; esd-2789 and esd-2802.					101
U.N. Fund for Population Activities			500	2,500	4,000
A.I.D./W other	119	405	435	1,431	1,908
Nonregional total	1,764	971	11,596	21,369	28,225
Near East and South Asia:					
Country projects:					
Afghanistan:					
Population-Family Planning. To assist in building a stronger base for strategy planning, decision-making, and program implementation in population-family planning activities. A university team under a long-term contract will initiate this process by conducting, with Afghan assistance, a sample census survey of the population. (306-11-570-110)			10	87	130
India:					
Population-Family Planning. To assist the Indian Government to accelerate its population-family planning program by providing a 19-man U.S. advisory staff; a training program in the U.S. and in other countries; local currency for key research and demonstration activities; and, in FY 1970, granting \$20 million for U.S. imports in order for the Indian Government to spend an equivalent amount for rupee local currency. (386-51-580-332; 386-1642)		127	(⁶) 7,721	730	20,318
Nepal:					
Population-Family Planning. To assist 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 U.S. and in other countries, and selected equipment and supplies. (367-11-580-096)			299	222	413

⁶Includes \$2.7 million loan to India for program vehicle parts.

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS—Continued.**

Description and purpose	1965-66	1967	1968	1969	1970
Near East and South Asia—Continued.	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Pakistan:					
Population-Family Planning. To assist the population-family planning project through commodity support and by strengthening the government's program in training, evaluation and planning, and improvement of demographic statistics. (391-11-580-256)		210	1,031	2,297	2,000
Turkey:					
Family Planning. A development loan to purchase U.S. vehicles for use by the Turkish family planning program in rural areas; and for vehicle maintenance and audio-visual equipment. (Loan 227-II-068)	(⁷)2,100				
Regional projects:					
Family Planning Expansion. Grant to Pathfinder Fund to assist private organizations in India to expand family planning operations. (298-15-580-019)			350	270	
Postpartum Program in India. Grant to Population Council to support a postpartum family planning program in 150 hospitals. (298-15-580-019)			100		
Family Planning Training. Grant to Planned Parenthood Association, Chicago, training program to provide training in Chicago to family planning professionals at varying levels of education and competence. (298-13-995-015)			200		
Middle East Population Center Study. Grant to American University in Beirut to study possibility of a population center in Middle East. (298-13-995-015)			5		
Colombo Plan Advisor. To support a Population Advisor to the Colombo Plan countries. (298-15-580-019)				30	
Family Planning and Health Services. The first 2 years of a 5-year study by Johns Hopkins University on integration of family planning with rural health services in India. (298-15-995-017)				575	
Middle East Survey. To survey demographic patterns, socioeconomic factors and family planning policies in Middle East countries. (298-15-995-017)				86	
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
Regional Family Planning. Consultants.				2	
CENTO. To finance training of leaders of family planning programs from Iran, Pakistan, and Turkey; also preparations for CENTO workshops and seminars. (298-15-580-019)				13	47
Country projects total	(⁷) 2,100	337	(⁶) 9,060	3,336	22,861
Regional projects total			655	976	324
Near East-South Asia total	(⁷) 2,100	337	(⁶) 9,716	4,312	23,185
Latin America:					
Regional projects:					
Latin America Demographic Center. Grant to the Latin American Demographic Center (CELADE), Santiago, Chile, to strengthen demographic research in L.A. institutions, support field studies and research projects and teach demography to Latin American trainees. (598-15-570-459; AID/1a-200 and AID/1a-603)	100	140	294	361	316

⁷A development loan to Turkey, originally for \$3.6 million, signed October 1966.

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS—Continued.**

Description and purpose	1965-66	1967	1968	1969	1970
Latin America—Continued.	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Regional Projects—Continued.					
Demographic Research and Training. Grant to the University of California to provide consultation, technical advice, and assistance by performing research in demography and improving the quality and increasing quantity of demographic expertise. (598-15-990-438; AID/1a-247)	164	Completed			
Sociological Study of Family Structure. Grant to the University of Notre Dame to provide assistance to selected institutions in developing and conducting studies in population dynamics and family structures. (598-15-570-455; AID/1a-309)	178	239	96	Completed	
Assistance to Latin American Family Planning. Grant to the International Planned Parenthood Federation (IPPF) Western Hemisphere to support family planning organizations and programs in Latin America. (598-15-580-457; AID/1a-308 and AID/1a-523)	271	75	500	1,964	1,750
IPPF Conference. Grant to International Planned Parenthood Federation for partial costs of International Conference in Family Planning held in Chile April 1967. (598-15-990-457; AID/1a-468)		100	Completed		
Research and Analysis of Population Growth in Latin America. Grant to the Population Council to expand analytical activities relating to population growth problems and to sponsor research studies, pilot projects, consultation on problems of research design, and data collection and analysis. (598-15-570-456; AID/1a-286, AID/1a-549 and AID/1a-604)	200	200	300	993	1,115
Assistance to Country and Regional Postpartum Projects. Grant to the Population Council to expand its support to hospitals providing postpartum family planning information and services. (598-15-570-456; AID/1a-550)			525	619	720
Research Training in Population Dynamics with Relation to Public Health and Medical Care. Grant to the Pan American Health Organization (PAHO) to develop and carry out a program in population dynamics and its relationship to public health and medical care and support development. (598-15-570-470; AID/1a-430, AID/1a-547, AID/1a-551, and AID/1a-552)	175			2,346	553
Study of Family Size and Family Growth. Grant to the Latin American Center for Studies of Population and Family (CELAP) to conduct research in sociology, psychology, and anthropology focused on family size and population growth. (598-15-570-460; AID/1a-266)	400	160	200	230	350
Research, Training and Production of Educational Audiovisual Materials. Grant to the Colombian Institute for Social Development (ICODES), a private, nonprofit organization, for production of movie film and two film strips on the role of family planning in social development. (598-15-990-438; AID/1a-298)	40		Completed		
Communications Techniques in Population Programs. Contract with Design Center Washington, D. C., to furnish a report on communications channels and techniques as related to population program support. (598-15-990-425; AID/1a-232)	2				
Sociological Research in Rural Areas. Grant to the Federation of Institutes for Sociological Research of Latin America (FERES), a private, nonprofit organization to carry on research in the rural areas among the clergy, community leaders, and women of various social levels. (598-15-990-438; AID/1a-417)	140			Completed	
Translation and Distribution of Population/Family Planning Informational Materials. Allotment of funds to Regional Technical Aids Center (RTAC) to translate and distribute informational materials region-wide. (598-15-580-477)			100	56	61

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS--Continued.**

Description and purpose	1965-66	1967	1968	1969	1970
Latin American--Continued.	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Regional Projects--Continued.					
Advisory Services. Project provides consultant services for the development and evaluation of family planning programs, including a PASA ¹ with HEW/OIH. (598-15-570-438)		34	29	50	152
Assistance for ROCAP (Regional Organization for Central America.) Program for Health and Demographic Studies (596-15-570-023)		243	424	186	260
Assistance to Latin American Family Planning Services. Grant to the Pathfinder Fund to increase support to interested nonaffiliated institutions and individuals by making available small amounts of financial assistance and contraceptive supplies. (598-15-570-471; AID/1a-599)				300	
Demographic and Family Planning Training and Development of Audiovisual Materials. Grant to the Pan American Federation of Associations of Medical Schools to conduct seminars in the teaching of demography in medical schools (inclusive of family planning) throughout the region, to conduct workshops in teaching of family planning in obstetrics and gynecology courses, and to develop audiovisual materials for teaching population dynamics and family planning in medical schools curricula. (598-15-570-456; AID/1a-605)				150	241
Country projects total	361	1,178	5,457	3,072	5,437
Regional projects total	1,670	1,191	2,468	7,255	5,518
Latin America total	2,031	2,369	7,925	10,327	10,955
East Asia:					
Country projects:					
Indonesia:					
Family Planning Program. To support a national family planning program by integrating family planning services into existing health facilities. Major organizations receiving support include the National Family Planning Institute, Armed Forces Medical Division, Indonesian Planned Parenthood Association, Muhammadiyah Council of Churches, and the Ministry of Health. (497-15-580-188)			270	1,500	430
Korea:					
Health and Family Planning. To assist Korean family planning program by providing funds for direct hire of family planning technicians, consultants in vital statistics training, public school education, and teaching methodology; commodities for training of public health; and participant training. (489-11-580-649)	52	99	1,491	1,200	888
Philippines:					
Reprints and travel.	60				
Population Planning. To fund family planning activities through the Asian Social Institute; City Health Departments in Angeles City, Davao City, and Manila; Project Office of Maternal and Child Health of the Department of Health; Philippine National Land Reform Council; Philippine Rural Reconstruction Movement; U.P. Population Institute; U.P. College of Medicine; U.P. Institute of Hygiene; Institute of Maternal and Child Health; Silliman U. Medical Center; and the Province of Laguna. (492-11-570-220)		210	1,064	1,400	4,948
Thailand:					
Family Planning Clinics. To provide equipment for 40 family planning research clinics in provincial hospitals.		25			

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS--Continued.**

Description and purpose	1965-66	1967	1968	1969	1970
East Asia--Continued.	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Country projects--Continued.					
Thailand--Continued.					
Family Planning. To provide family planning technicians, commodities, participant training, and improved and expanded family planning training. Services were provided in 20 provincial hospitals and health centers in 1968, were expanded to 24 additional provinces in 1969. (493-11-580-209)			650	1,298	1,295
				990	1,112
Other					
Regional projects:		25			
Family Planning Seminar. Grant to Economic Commission for Asia and Far East (ECAFE) for family planning seminar.					
Asian Family Planning Assistance. To assist the Population Council to expand its family planning program in East Asia and Vietnam. (498-11-580-200)		325	325	525	600
Asian Population Dynamics Study. To establish in East-West Center, University of Hawaii, a program for Asians and Americans to study population dynamics in Asia and the Pacific area. (498-11-580-200; ea-32)			1,000	1,083	
Colombo Plan. To provide a population advisor to the Colombo Plan and to support a population-family planning program consisting of seminars, workshops, and population educational activities in member countries. (498-11-580-200)					17
Regional Development (RED). To finance a preliminary survey and liaison activity in SEA countries to determine their interest in a regional population-family planning effort. (498-11-580-200)					6
Country projects total	112	334	3,475	6,388	8,673
Regional projects total		350	1,325	1,608	623
East Asia total	112	684	4,800	7,996	9,296
Africa:					
Country projects:					
Ethiopia:					
Study of Births and Deaths. Portion of Public Health Demonstration and Evaluation Project dealing with registration of births and deaths in sample households. (663-11-530-055)	19	4 Completed Sept. 1967			
Demographic Planning. Consultant services to prepare recommendations for grant assistance to family planning and demographic studies in Addis Ababa and selected provinces. (663-15-570-165)					1
Ghana:					
Family Planning and Demographic Data Development. Three-year project to provide technical and financial support for sample demographic survey, University of Ghana. (641-15-570-051)			130	98	20
Danfa Rural Health-Family Planning Program. Contract with the University of California (Los Angeles) to establish a demonstration family planning/MCH program at Danfa (641-11-680-055)				21	770
Kenya:					
Population Dynamics. To provide an audio-visual expert, a demographer, and a computer programmer for the family planning program in Kenya. (615-11-580-141)				133	164
Liberia:					
Demographic Household Survey. A five-year project to develop demographic data by household surveys. (669-11-570-109)			14	184	200

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS—Continued.**

Description and purpose	1965-66	1967	1968	1969	1970
Africa—Continued.	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Country projects—Continued.					
Liberia—Continued.					
Maternal Child Health/Family Health Training. Agreement with HEW to provide a public health nurse and a nurse-midwife supervisor for the MCH/family health program. (669-11-580-110)				95	94
Morocco:					
Population/Family Planning. Project provides equipment and supplies to MCH/family planning program and health education, and also to provide services of a cartographer, a demographer, and a computer programmer. (608-11-580-089)				156	171
Tunisia:					
Family Planning. Joint support by the Government of Tunisia, Ford Foundation, Population Council, U.S. Public Health Service, and A.I.D. for project to reduce population increase by developing institutional capacity for family planning through a National Family Planning Bureau. The program includes family planning services utilizing all standard contraceptive techniques. (664-11-580-224)			260	223	665
Uganda:					
Agreement with the Bureau of the Census to provide a data processing specialist for 2 years. (617-11-780-051)				73	25
Maternal-Child Health Training. To provide training of personnel in MCH techniques and family planning at Makerere University for regional hospitals and rural family health centers. (617-11-570-057)					375
Regional projects:					
Participation in IPPF Conferences. Support by certain country missions for participants to attend the International Planned Parenthood Federation conferences in Copenhagen in 1966 and in Santiago in 1967.		30	Completed		
Pathfinder Fund Activities. Support for family planning activities carried on by Pathfinder Fund in a number of African countries. (698-11-580-189)			250		
Regional Population Planning and Support. Provides A.I.D. backstopping for field activities, translation of information materials, and regional population officers covering all of Africa, stationed in Ghana. (698-11-580-166)			9	24	153
Regional Demographic Survey Workshop. Agreement with the Bureau of the Census to carry out demographic sampling survey workshops for training of African statisticians. (698-11-570-337)				97	28
Census Data Analysis. Contract with Northwestern University to analyze data obtained in census of Douala and Yaounde, Cameroon. (625-11-570-512)				36	Completed Sept. 1969
African Demographic, Census, and Family Planning Programs. Grant to the Population Council to assist African programs in demography, census and family planning programs. (698-11-580-346)				300	
Country projects total	19	34	404	983	2,485
Regional projects total			259	457	181
Africa total	19	34	663	1,440	2,666
Vietnam:					
Family Planning — Population Council. To finance Vietnam portion of the East Asia-Vietnam contract, enabling Population Council to expand its training, conference, and assistance programs in Vietnam. (703-11-590-200; ea-8)		50	50		

**A.I.D. PROJECTS IN POPULATION AND FAMILY PLANNING, FISCAL YEAR
OBLIGATIONS—Continued.**

Description and purpose	1965-66	1967	1968	1969	1970
Vietnam—Continued.	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>	<i>1,000 dol.</i>
Public Health Services – Family Planning Research. Operating within the public health services project, A.I.D. supports the Vietnamese Ministry of Health's family planning research activity by providing two technical advisors, participant training, and commodities. (730-11-530-348)					180
Vietnam total		50	50		180

Note: For summary see table on page 17.