DOCUMENT RESUME

ED 055 867 SE 012 503

TITLE Situation Report--Algeria, Ecuador, New Zealand, Peru, Rhodesia, St. Lucia, and U.A.R. (Egypt).
INSTITUTION International Planned Parenthood Federation, London (England).
PUB DATE Sep 71
NOTE 39p.

EDRS PRICE MF-$0.65 HC-$3.29
DESCRIPTORS Contraception; Demography; *Family Planning; *Foreign Countries; *Population Trends; Programs; Resource Materials; Social Welfare; *Statistical Data

ABSTRACT

Data relating to population and family planning in seven foreign countries are presented in these situation reports. Countries included are Algeria, Ecuador, New Zealand, Peru, Rhodesia, St. Lucia and U. A. R. (Egypt). Information is provided, where appropriate and available, under two topics, general background and family planning situation. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, sex education, training opportunities for individuals, families, and medical personnel, program plans, government plans, and related supporting organizations. Bibliographic sources are given. Updated information about family planning associations and personnel in India and Paraguay is also included. (BL)

Situation Report

Distribution LIMITED

Country ALGERIA Date SEPTEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			2,381,743 sq.kms.
Total population		12,096,347 (1966)	14,200,000 (1970)*
Population growth rate			3.2% (1970)*
Birth rate			50 per 1,000 (1970)*
Death rate			18 per 1,000 (1970)*
Infant mortality rate			86.3 per 1,000 (1965)
Women in fertile age group (15-44)			2,298,000 (1966)+
Population under 20			57% (1970)*
Urban population			31% (1970)*
GNP per capita			$220 (1968)
GNP per capita growth rate			-3.5% (1961-68)
Population per doctor			8,590 (1964)
Hospital bed/Population ratio			3.3 per 1,000 people (1963)

* Local estimate
\+ 1966 census

GENERAL BACKGROUND

Algeria became independent of France in 1962 after 8 years of bitter civil war. Colonel Houari Boumedienne became President in July 1965, and has continued to pursue a policy of socialism at home and non-alignment in international relations.

The last population census was in 1966, but statistics are not always reliable. It is known, for example, that many births and deaths are not registered.

ETHNIC GROUPS

The country is largely Arab since most of the European settlers left after independence.

LANGUAGE

Arabic and French are the main languages.

RELIGION

The country is predominantly Muslim.

ECONOMY

Algeria is the largestof the Maghreb countries. Much of the land to the south is desert with an arid climate, and the population is concentrated in the north. The economy suffered considerably in the years following independence partly from the after-effects of the war and also as a result of the abrupt withdrawal of French settlers who had represented most of the country's expertise.

Algeria is mainly agricultural, and the grape harvest is its most valuable crop. The industrial sector is still small. The country is rich, however, in minerals: iron ore, coal, zinc and lime phosphates are all mined. The most important natural resource by far is petroleum, which began to be exploited on a commercial scale in 1958. Natural gas is of growing importance.

Main exports in 1967 in order of importance were: crude petroleum, wine, edible fruits, nuts and peel, and petroleum products.

COMMUNICATIONS/EDUCATION

Radio	157 sets per 1,000 people (1970)
Television	16.5 sets per 1,000 people (1970)
Cinema	13 seats per 1,000 people (1967)

There are 4 daily newspapers, 1 in Arabic and 3 in French.

School Enrolment	Primary	Secondary
1968-69	1,551,489	124,401

There is one university in Algiers, one in Oran, and a university centre in Constantine, as well as several technical colleges.

Education follows the pattern laid down by the French, but the scope has been greatly extended. Facilities for secondary education are still very limited. About 80% of the staff in primary schools is now Algerian, and Arabic is used increasingly as the language of instruction. A campaign to combat adult illiteracy is being pursued. Broadcasting services are made great use of for adult education.

FAMILY PLANNING SITUATION

There is no family planning association, nor a government programme, but contraceptive advice is available at hospitals in Algiers, Oran and Constantine. The Government does not object to family planning as a family right or health measure.

HISTORY

Family planning advice was first offered on a pilot basis at the Mustapha Clinic in Algiers in 1967, and clinics were later established in Oran and Constantine.

The implications of the 1966 census caused sufficient concern for a survey of family planning to be undertaken by AARDES - the Algerian Association for Demographic, Economic and Social Research. Also, in the spring of 1968 an inter-ministerial commission on population policy was established and issued a summary report early the next year. A United Nations mission was invited to Algiers to advise on the establishment of a family planning programme, and the then Minister of Health, Dr. Tedjini, spoke out in favour of family planning. Eventually, however, the government failed to commit itself to the adoption of a family planning programme. President Boumedienne made a speech in June 1969 which summed up the Government's approach to the question. He stated:

> "Our objective, in the relatively near future consists in assuring our people whose number will reach 25 million souls during the next twenty years a level of living amongst the highest of the modern peoples of the world of tomorrow. I take this opportunity to say with regard to what is called the 'population explosion' that we do not support false solutions such as birth control. We consider that this would suppress problems rather than find for them adequate solutions. We are on the contrary in favour of positive and effective solutions, to wit, the creation of jobs for adults, of schools for children and of improved social conditions for all."

LEGISLATION

The French law against contraception is suspended. Abortion remains illegal except in the case of grave danger to the mother's health.

FACTS AND FIGURES

Contraception services are available at the three clinics in Algiers, Oran and Constantine, where the main methods used are oral pills and the IUD.

In large towns it is estimated that the number of hospital beds occupied by all abortion cases exceeds the number occupied by women having babies.*

TRAINING

The hospital clinics not only provide family planning services, but also an opportunity for medical students, nurses, midwives and social workers to learn about family planning. Medical personnel from the clinics have participated in the Europe and Near East Regional Training Scheme.

OTHER ORGANISATIONS

American Friends Service Committee, represented in Algeria by Sydney Minault, is giving active assistance to Mother and Child Health centres, and 16 paramedical training institutions. The Committee supplies books,

instructional materials and other equipment.

WHO is studying the possibility of aid to family planning clinics.

The Population Council has given assistance in conducting population surveys.

UNDP has made available for 7 years the services of a census technician.

SOURCES

U.N. Demographic Year Book - 1969

Europa Year Book - 1970-71.

Newton Booth Knox, report on Population Programmes of Algeria, Tunis, July 1971.

* Interview in 'An Ansr'18.10.68.

Situation Report

Distribution LIMITED

Country ECUADOR

Date AUGUST 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			283,561 sq.kms.[1]
Total Population	3,202,757[1]	4,649,648 (1962)[1]	6,028,000 (1970)[2]
Population growth rate			3.4% (1963-69)[1]
Birth Rate	47.1[1]	47.7[1]	39.6 per 1,000 (1968)[1]
Death rate	17.7[1]	13-15 (1960-1965)[1]	10.8 per 1,000 (1968)[1]
Infant mortality rate		100.0[1]	87.9 per 1,000 (1968)[1]
Women in fertile age group (15-49)			1,305,000 (1970)[2]
Population under 15			46.9% (1970)[2]
Urban population			45.7% (1970)[2]
GNP per capita			US$220 (1968)[3]
GNP per capita growth rate			1.2% (1961-68)[3]
Population per doctor			3,000 (1965)[4]
Population per hospital bed			417 (1967)[4]

1. UN Demographic Yearbook
2. CELADE Boletin Demográfica
3. World Bank Atlas 1970.
4. Fourth Report on the World Health Situation, 1965-68, WHO.

I. GENERAL BACKGROUND

The republic of Ecuador contains three contrasting regions: the tropical coastal area, the central highland plateau, and the relatively uninhabited and partly unexplored eastern jungle area. The largest city, Guayaquil (738,591 inhabitants, 1969), situated on the coast, is the country's chief port and commercial centre. Quito, in the highlands, (496,410 inhabitants, 1969), is the capital. A large part of the population are Amerindians, some of whom still do not speak Spanish. Despite recent economic growth, major problems of health, education, housing and uemployment persist on a wide-scale.

Ethnic

Over a third of the population are Amerindian; approximately a third are mestizo, and there are small white and Negro groups.

Language

Spanish; Quechuand other Indian languages and dialects are spoken although the majority of the population speak Spanish as their first language.

Relgion

Roman Catholic.

Economy

Ecuador has a basically agricultural economy, the chief exports being bananas, coffee, cocoa and rice. Hardwood, minerals, and pyrethrum are also important. Considerable oil reserves have recently been discovered in the north-east of the country, and 59 new wells began production in 1970.

Communications/Education

Internal transport is made difficult by the mountains and jungle. Road and rail links are limited, but air transport is growing in importance.

In 1967[5] there were 23 daily newspapers (44 per 1,000 inhabitants), 55 non-daily newspapers (38 per 1,000 inhabitants) and 9 other journals. In the same year, there were 240 radio stations and 801,000 receivers, (145 per 1,000 inhabitants). In 1968, there were 7 television stations, and 71,000 sets (1967). In 1966, there were 164 cinemas, (22 seats per 1,000 inhabitants).

Education[5] is compulsory between the ages of 6 and 12 years, when places are available. Public schools are free; private religious schools play an important part in providing places. In 1967, there were 897,539

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5. UNESCO Statistical Yearbook, 1969.

primary pupils, 151,197 secondary pupils, and 19,600 students in higher education. There are 7 universities. A sample of the 1962 census showed that 33% of those aged 15 and over were illiterate. A national literacy training programme was organized by the Government in 1967, designed to eliminate illiteracy within 5 years.

Medical/Social Welfare

The coverage of the population by health services is limited, and services are mainly restricted to the provincial capitals. It is estimated that 60% of the country's medical facilities are concentrated in Quito and Guayaquil, although only 20% of the total population live there. Health spending receives Government priority, and there are programmes to eradicate communicable diseases and to reduce the high infant mortality rate. In 1968, there were 43 maternal and child welfare centres. Social insurance is compulsory for certain groups of public and private employees.

II. FAMILY PLANNING SITUATION

Family planning services are available from the four clinics run by the private association, as well as from some Government health centres. There is no official family planing or population programme, although a Department of Rural Medicine and Population has been set up within the Ministry of Health. The Armed Forces of Ecuador have officially started a family planning programme with the technical assistance of the private association.

Attitudes

In 1968, the President of Ecuador called on the population to support the Pope's Encyclical 'Humanae Vitae', and declared himself to be against family planning programmes. However, the Government has not officially condemned family planning, and several Ministers are favourable, especially Dr. Francisco Parra Gil, until recently Minister of Health, who resigned to return to work with the private family planning association.

The Catholic Church has not taken a stand on the question. The Archbishop of Guayaquil and other important clerics are interested in population problems.

There is extensive interest and activity in research and training related to population in the country's three leading universities, in Quito, Guayaquil and Cuenca, and chairs of demography have been created. All medical students receive training in family planning as part of their regular course of study.

Legislation

Abortion is illegal.

Family Planning Association

History

The private Ecuadorian Association for Family Welfare, first established in 1965, began to offer clinic services in three cities in 1966. It became a member of the IPPF in 1967, and by 1971, was running 4 clinics. It also supports the family planning activities of 10 private practitioners, and supports and runs clinics on 12 public health premises, manned by personnel trained by the Association. The Board of Directors draws widely on different sectors of the community - medical, industrial and others - for its representation.

Address

Asociación Pro Bienestar de la Familia Ecuatoriana,
Machala No. 2503 y Brasil,
Apartado postal 4407,
Guayaquil,
Ecuador.

Personnel

Executive Director: Dr. Pablo Marangoni
Scientific Director: Dr. Francisco Parra Gil.

Services[6]

The Association's four centres are in Quito, Cuenca, and two in Guayaquil. All the other surgeries and clinics are in Quito, Guayaquil, and in other towns or cities. In 1970, a total of 5,771 new acceptors were served, of whom 3,150 used oral contraceptives and 1,961 the IUD. There were 25,119 follow-up visits. The Association provides contraceptive supplies to the 22 clinics and centres which it supports, and keeps records of attendances and acceptors. A cancer detection service is available, and 6,743 Pap smears were taken in 1970.

In 1971, the Association is to set up two Post-Partum programmes, in Quito and in Guayaquil, an important innovation which is being supported by the IPPF.

Education/Information

Since its foundation, the Association has worked to achieve the acceptability of family planning among as wide a sector of the population as possible. In particular, with the creation of the Department of Rural Medicine and Population within the Ministry of Health in 1969, activities were centred on motivating officials and Government personnel.

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6. Annual Report for 1970 presented to the IPPF by the Asociación Pro Bienestar de la Familia Ecuatoriana.

In 1969, a Director of Information and Education was hired, to direct the Association's programmes. Communication continues to be based on person to person contact, in view of the low level of literacy among a large sector of the population. In 1970, a large number of group meetings and talks were held, for women attending clinics, for doctors, nurses and other medical staff, and for women's and civic groups. These activities were backed up by the distribution of literature and by film-shows. Radio and television were not extensively used, but it is planned to develop close relations with the mass media, and the Association hopes to serve as a type of information agency on family planning for the press, radio and television. This development is based on the success of the Symposium on Family Planning and the Mass Media, held for representatives of the press, radio and television, in December 1970.

Training

The Association runs a training programme to provide personnel for clinic and other services. As well as organising individual courses, the Association in 1969, assisted the establishment of a regular course on demography and population problems and policies for the third and fourth year medical students at the University of Guayaquil. Field practice is given to third year students, while clinical practice in contraceptive techniques is offered to the fourth year students. All medical students now receive training in these subjects. The Association seeks to train both its own staff and personnel from the Government service. In 1970, 76 persons, including doctors, para-medical and social workers, and nurses, attended training courses. The Association also took part in all the seminars organized by the Department of Rural Medicine and Population and by the Ecuadorian Society for Family Education, which is responsible for training teachers from primary and secondary schools, according to an agreement with the Ministry of Education.

Research and Evaluation

The Association runs the Centre for Reproduction Studies in Guayaquil, which began to operate in April 1966. It has made a variety of studies including socio-economic and medical surveys of fertility, abortion and contraceptives.

In 1970, the Association was instrumental in obtaining the assistance of the Evaluation Unit of Colombia University, to survey and assess the contributions to family planning by the different organizations in the country.

Government

History

Despite the President's pronouncements against family planning, a Department of Rural Medicine and Population was set up within the Ministry of Health in January 1969. Later in the year, the Department was restructured to include a separate Department of Population, and the Ministry slowly began to introduce family planning services into its facilities throughout the country. The Government planned to provide family planning services in all its health centres within 5 years,

as well as to establish new clinics in rural areas without any existing health services.

In January 1970, the Executive Director of the Ecuadorian Association for Family Welfare was named Principal Adviser to the Minister of Health in the Department of Rural Medicine and Population, and he was subsequently elected National Coordinator of all private and official family planning activities in Ecuador.

In 1968, an agreement between USAID, the Ministry of Health, the Association of Medical Faculties and the University of Ecuador, came into operation; it set up three Population Centres in the Universities of Quito, Guayaquil and Cuenca.

Others: the Armed Forces

Ecuador is the only country in Latin America with official family planning programmes within the Armed Forces. The agreement signed in June 1970 between the Armed Forces and USAID was largely the result of the private Association's efforts to persuade the Forces to provide family planning services. At the invitation of the Western Hemisphere Region of the IPPF, the General Commander of the Military Health Service had visited several countries where private and official family planning activities are coordinated. In 1970, 7 military hospitals were offering family planning services, not only to military personnel and their families but also to the civilians living in the communities where the hospital is situated.

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Progress Report No.4 for 1967, of the Asociación Pro Bienestar de la Familia Ecuatoriana.

Request by the Asociación Pro Bienestar de la Familia Ecuatoriana for membership of the IPPF, 17 May 1967.

Situation Report

Distribution LIMITED

Country NEW ZEALAND

Date SEPTEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area (Including island territories			268,675 sq.kms.
Total Population	1,928,000	2,404,000	2,858,000 (1970)
Population Growth		2.0%	1.3% (1970)
Birth Rate	25.9	26.4	22.0 (1970)
Death Rate	9.5	8.8	8.8 (1970)
Infant Mortality	27.6	22.6	16.7 (1970)
Women in Fertile Age Group (15-44)	405,563 (1953)	463,600	557,760 (1969)
Population under 15 years			33% *(1969)
Urban Population			64%
GNP Per Capita	$571	$1,012	$2,000 (1968)+
GNP Per Capita Growth Rate			1.7% (1961-68)+
Population per doctor	788	700	830 (1967)
Population per hospital bed	136	158	100 (1966)

* 50% of the Maori population is below the age of 15 years.

+ World Bank Atlas.

General Background

New Zealand consists of two large islands seperated by a narrow strait. The capital is Wellington on North Island with a population of about 542,000. New Zealand is a self-governing member of the Commonwealth and it has contributed to Asian development through the Colombo Plan, and through the International Development Association of the World Bank gives financial aid to developing countries. Population density varies considerably, but averages 25 people per square km. At the present rate of growth the population will double in 35 years. The illegitimacy rate in New Zealand is fairly high, being 12.99 in 1969 (this includes the Maori population).

Ethnic Groups

Basically European, primarily of British origin. There are some 235,000 Maoris. Auckland, New Zealand's biggest city has the largest Polynesian population in the world. This includes Maoris and immigrants from the Pacific Islands.

Language

English is the official language, but Maori is still spoken.

Religion

Anglicans number 34% of the population, Presbyterians 22%,Roman Catholics 16%, and Methodists 7%, but most of the main religions of the world are represented.

Economy

Although the external economy is heavily dependent on the pastoral and agricultural industries (wool, meat and dairy produce are the main exports), factory production makes up almost two thirds of total production. Forests under controlled management provide a continuing supply of timber for the growing pulp and paper industry. Light industry continues to expand and hydro-electric power resources are being further developed, as is natural gas and the manufacture of steel and aluminium. Tourism is expanding and a useful help to the economy.

U.S. $1 = N.Z. 0.89.

Communications/Education

The New Zealand Broadcasting Corporation operates 50 radio stations and 4 television stations. In 1970, there were 683,000 radio and 627,000 television licences. State education is free, and between the ages of 6 and 15 years compulsory. School enrolment rate is very high, about 92% for those aged 5-19 years. There are 6 universities and many other institutes of tertiary education.

Medical/Social Welfare

New Zealand has a comprehensive social welfare system which provides medical care and other benefits. There are some350 hospitals and over 4,000 doctors. Expectation of life at birth (figures for 1966): Male 68.67, Female 74.84.

Family Planning Situation

There is a family planning association and it is estimated that 40% of eligible women are using effec tive contraceptive methods, particularly orals. Prescriptions for orals are generally obtained from private doctors, particularly in the rural areas where there are no family planning clinics. Contraceptives have to be paid for, whereas other medicines are free under the social security system. The government Department of Health has now recognised that family planning is a part of family health.

Attitudes

Attitudes are generally in favour of planned families; however, there is a minority group who oppose family planning. The government attitude to family planning is still conservative, as it is believed that New Zealand is under-populated. The Roman Catholic minority which largely accepts the Pope's Encyclical has considerable influence in official circles. However, some pressure is being brought to bear on the government to revise this attitude; resolutions have been sent from the National Council of Women, The Federation of University Women, The Medical Association and the Maori Women's Welfare League, urging government participation and provision of services.

The Government has signed the United Nations Declaration on Population and Family Planning. Though official government policy remained unchanged, a greater individual interest has been shown by public health nurses and medical social workers, particularly in the more densely populated areas where the FPA is most active.

Favourable publicity has resulted from the submissions made to the Royal Commission on Social Security by the FPA and it has supported the FPA's demand for government provision of free contraception for the indigent.

Family Planning Association

New Zealand Family Planning Association (Inc.),
1st Floor, La Gonda Centre,
203 Karangahape Road,
Auckland 1, New Zealand.

P.O. Box 11073,
Ellerslie,
Auckland 5,
New Zealand.

Personnel

Patron:	Sir Arthur Porritt, Governor-General of New Zealand.
President:	Dr. Alice Bush
Deputy-Presidents:	Mrs. D. Nicholson (North Island) Mrs. P. Zeff (South Island)
Secretary:	Mrs. M. Keeley
Treasurer:	Mrs. M. James
Chairman, Medical Advisory Committee:	Dr. R. Black
Editor "Choice":	Mrs. G. Lowe

History

The New Zealand Family Planning Association was founded in 1935 and became and IPPF member in 1955. It now has 8 branches which run clinics in larger towns and cities. The patient load is slowly increasing. The FPA is financed by clinic charges and donations from private firms. The government assists with a small grant from the State Lottery. The social security fee of 75 cents is paid to the FPA for each clinic attendance

which includes consultation with the clinic doctor.

Services

Total FPA clinic attendances in 1970 were 12, 282 as opposed to 5,412 in 1965. In 1970 50% of clinic patients used orals.

20% caps
23% IUDs
4% Injection (three monthly)
3% condoms

Over a period of 3 years the expulsion rate for IUDs was 8% and the removal rate 8%, perforation rate was negligible. Papanicolaou smears are also carried out. Follow-up services are provided for IUD and Depo-Provera patients. Clinic trials have been undertaken on behalf of Syntex (Normenon) and Parke Davis.

Education/Information

Family Planning information is provided mainly by the press and weekly or monthly journals, although a little publicity is now given through radio and television.

Four different leaflets and pamphlets have been produced by the Association and another three adopted. Besides this it produces a biennial Report, and a quarterly magazine "Choice".

All FPA branches provide educational programmes for both parents and children, including libraries, films, talks and discussions. The staff have held meeting and lectures with university students, women's organisations, factory groups, public health nurses, infant welfare nurses, family life programmes in secondary school and parents' evenings.

The Association also takes part in many events which are not FPA initiated, e.g., seminars organised by the Workers' Educational Association, students' groups in university etc.

The Marriage Guidance Council plays an important role in family planning education also.

Sex Education

The Department of Education has produced a syllabus on social education for interested schools.

Training

All clinics provide training for their own doctors and nurses, and are able to offer opportunities for observation to interested personnel from overseas. One lecture on contraception is included in the curriculum of the Medical School at Otago University, but little practical instruction is given to undergraduates in this school.

The Post-Graduate School of Obstetrics and Gynaecology at the National Women's Hospital in Auckland runs a teaching clinic. There is a greater awareness of the need of undergraduate and post-graduate education in family planning for doctors.

The Dean of the New Au ckland Medical School, Professor C.S. Lewis, and Head of the Obstetrics and Gynaecology Post-Graduate Teaching School, Professor D.G. Bonham, are Vice-Presidents of the New Zealand Family Planning Association.

Others

An independent organisation has launched an Appeal for Population Control to raise funds for the work of the IPPF overseas.

Mrs. P. Fisher,
Appeal for Population Control,
Box 6209,
Wellington,
New Zealand.

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UN Demographic Yearbook 1969

UN Statistical Yearbook 1969

Europa Yearbook 1971.

Situation Report

Distribution LIMITED

Country PERU

Date AUGUST 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE figures
Area			1,285,216 sq.kms.[1]
Total population	6,207,967[1]	9,906,746 (1961 census)[1]	13,586,000 (1970)[2]
Population growth rate			3.7% (1965-70)[2]
Birth rate	32.6[1]	44-45 (1960-1965)[1]	41.8 per 1,000 (1965-70)[2]
Death rate	12.6[1]	12-14 (1960-65)[1]	11.1 per 1,000 (1965-70)[2]
Infant mortality rate		61.9 (1960-65)[1]	61.9 per 1,000 (1967)[1]
Women in fertile age group (15-49)			2,838,900 (1968E)[1]
Population under 15			45% (1970)[2]
Urban population		48% (1961 census)	49.2% (1970)[2]
GNP per capita			US$380 (1968)[3]
GNP per capita growth rate			3.5% (1961-68)[3]
Population per doctor			2,000 (1967)[4]
Population per hospital bed			416 (1967)[4]

E - estimate

1. UN Demographic Yearbook
2. CELADE Boletín Demográfico
3. World Bank Atlas, 1970
4. Fourth Report on the World Health Situation, 1965-1968. WHO.

I. GENERAL BACKGROUND

Perú's rapidly growing population is unevenly distributed over the national territory. There are three distinct regions: approximately 5 million inhabitants live in the coastal strip, the most economically and socially advanced part of the country, where three of the four largest cities are situated. These include Greater Lima: 1969, 2,415,700 inhabitants. Extensive shanty towns, called 'bariadas', have grown up in Lima as a result of internal migration over the past few decades. Approximately 6 million people, mainly Indians, live in the mountain region, the 'sierras', where living conditions are poor; the infant mortality rate in this region is approximately 125 per 1,000. The majority of Indians are illiterate and are therefore disqualified from voting.

The third region of Perú, the eastern jungles, or 'selvas', contains 62% of the total area, but only just over a million inhabitants. Most of the region is uninhabited and unexplored.

Ethnic

Approximately half the population are Amerindian; the remainder, except for a very small white minority, are mestizo.

Language

Spanish is the official language- the Indian languages, Quechua and Aymara, are widely spoken, and there are still Indians who do not speak Spanish.

Religion

The majority of the population are Roman Catholic.

Economy

Perú has a diversified agricultural economy; the chief crops are potatoes, sugar, barley, maize and cotton. Fishing and fish-meal production are the main industries. There are extensive and relatively unexploited mineral desposits. The chief exports are copper, fish and fish-meal, and sugar. Before the recent land reforms, less than 2% of the population owned 82% of the land.

Communications/Education

Internal transport is limited as a result of the difficult terrain, but air services are helping to overcome the problems of communication. Several trans-andean road projects have been completed or are underway at the present time.

In 1968,[5] there were 100 daily newspapers, 320 non-daily general interest

5. UNESCO Statistical Yearbook, 1969.

newspapers,and 827 other periodicals. In 1961, there were 399 cinemas: 30 seats per 1,000 inhabitants. Radio and television services are growing; in 1961, there were 201 radio transmitters, and in 1968, 18 television transmitters and 300,000 television sets.

The figures in the 1961 census[1] showed that 60% of the population aged 17 years and over were literate. Education is compulsory from the ages of 6 to 16 years,[5] and primary education is free when it is available. Secondary education is provided in state and private institutions. There are 27 universities. In 1967, there were 2,236,693 primary pupils, 511,173 secondary pupils, and 83,509 higher students.

Medical/Social Welfare

Health services[4] are provided by public, semi-public and private organizations: e.g., the Ministry of Public Health and Welfare, the Armed Forces' health services, the National Social Security Service for Workers, and the Social Security Service for Employees. Health services are therefore fragmented and tend to serve professional, employed, and social groups.

In 1968, maternal and child health was provided at 571 centres, and approximately 18% of births took place in hospital.

Social insurance is compulsory, and labour legislation governs the conditions of unemployment. The recent industrial reform law provides for worker representation on the boards of companies, and worker participation in profits.

II. FAMILY PLANNING SITUATION

Family planning services are not widely available. They are provided by a private association, by the private medical sector, and by a small programme organized by the Roman Catholic Church. The Government has no official population or family planning policy. A semi-autonomous Government organization, the Centro de Estudios de Población y Desarrollo, (Population and Development Studies Centre - CEPD), carries out demographic research, information and training work.

Attitudes

The present Government of Perú has no official policy on family planning, but it does allow family planning activities to be carried out on private premises. However, personnel of CEPD and of the private family planning association have been in contact with the Minister of Health to attempt to secure official support for or participation in family planning. The Church is also exerting pressure on the Government to recognise family planning. The Government is taking population into consideration in forming national development policy; one of the Commissions set up in June 1970 to prepare the National Economic and Social Development Plan for 1971 to 1975, is to study a Population and Employment policy.

The Roman Catholic Church unofficially sanctions family planning, and is running an oral contraceptive project in a Lima 'bariada'. However, it avoids any publicity for its programme.

Any opposition to family planning in Peru seems to be political, and often has an element of anti-imperialism in it. For example, there is left-wing student opposition to family planning.

Legislation

Abortion is illegal. There is restricted importation of contraceptives, including oral pills, condoms and IUDs; some oral pills are manufactured locally to officially specified standards. Orals and condoms can be bought over the counter.

Family Planning Association

History

The Asociación Peruana de Protección Familiar (APPF), was founded in 1967 by a group of physicians interested in the problems of population dynamics and of family planning. Initially, financial support was received from USAID. In 1969, with the support of the IPPF, the APPF opened its first two family planning centres, and organized its main office. In 1970, the Association became a member of the IPPF.

Address

Asociación Peruana de Protección Familiar,
Las Magnolias 889, oficina 210,
Lima 27, (San Isidro),
Perú,
Casilla postal 2191.

Personnel

Executive Director: Dr. Carlos Alfaro A.
Information and Education Director: Dra.Carmen D.de Thays.

Services

Six new family planning centres were opened in 1970, bringing the total to 8; all the centres are in large towns. The Chimbote centre was destroyed in the earthquake of May 1970, but has since been rebuilt and reopened.

The APPF also support the family planning clinic at the Instituto Marcellino, in Lima. The Institute was founded privately in 1966, and has been supported by USAID. It is primarily a pilot project for the injectable method.

All the centres and the Instituto offer fertility and infertility services, Pap smear tests and other cancer detection services, and gynaecological treatment. In 1970,[6] the APPF centres attended 2,654 new acceptors and 5,635 follow-up visits; the majority of women chose

6. Annual Report for 1970 of the Asociación Peruana de Protección Familiar, presented to IPPF.

the IUD, but oral pills, condoms, foams and creams, and injectables were also available. The Instituto attended 2,238 new acceptors and 17,488 follow-up visits; the majority of acceptors used the injectable method.

Education/Information

The Association put considerable emphasis on information and education during 1970, in order to motivate potential acceptors and to gain the support of opinion leaders for its activities. The response throughout the year was encouraging and the APPF reports that it is receiving an increasing number of requests for information, for speakers, courses and publications.

The principal methods used are the distribution of publications, the organization of films and talks for women attending the centres and of workshops, seminars and other meetings. A wide range of people attended these activities, including mothers, young people and students, doctors, obstetricians, nurses, educators, teachers, and labour leaders. Two major promotional activities were the workshops held at Ica and at Huancayo; both were attended by local community leaders and professionals, including teachers, university staff, economists and doctors, and both aimed to promote the APPF and its family planning activities. The Ica workshop lasted for 5, and the Huancayo workshop for 6 days.

The APPF aims to cooperate whenever possible with other public or private organizations working towards the same objectives. In the field of information and education on cancer detection, it is coordinating its activities with the Public Relations Department of the Peruvian League against Cancer. The League has offered the use of its printing facilities, of educational films, and the participation of its professional staff.

Training

Training was an important aspect of the Association's initial activities in 1969. Prior to the opening of centres, representatives from 8 provinces attended the First Work Conference on Family Planning at Association headquarters, in September 1969. The aim was to give practical training to prepare the participants for the job of organizing and running a clinic. In 1970, this policy was continued, and a total of 33 Association and voluntary medical and paramedical staff, attended 2 courses; a 6 day introductory course on family planning and the APPF was held for new staff, and a 5 day Work Conference was held for the APPF's professional staff, to evaluate the programme and to revise procedures. 8 staff members attended courses on family planning and sex education, in Chile, Colombia, the USA and Sweden.

Research

Investigations into fertility and contraceptive methods, especially the injectables, are being carried on at the Instituto Marcellino.

Government

Centro de Estudios de Población y Desarrollo (CEPD)

The Centre was established by Government decree in 1964, and it is financed by the Government and the Ford Foundation. It carries out research, training and information work on population and development problems, and it is hoped that its pilot studies will create a basis for family planning activities to be developed in the future, by examining the country's complicated social and demographic conditions. Training is provided partly through fellowships for studies abroad financed by the Ford Foundation, and partly through the participation of personnel in pilot projects within the country, also financed by the Ford Foundation. The Centre also stimulates and promotes research projects at universities, hospitals, and private organizations. A quarterly journal is published on the Centre's activities.

In 1970, some of the Centre's staff took part in the APPF's training activities.

Address

Centro de Estudios de Población y Desarrollo,
Máximo Abril 551-555,
Jesús María,
Lima,
Perú.

Personnel

President of the Governing Committee: Senor Santiago Salinas Saavedra.

Director: Dr. José Donayre V.

Other Organizations

Since early 1967, a programme of responsible parenthood and family education has been conducted in Lima under the sponsorship of the Roman Catholic Church and of the Christian Family Movement of Lima. In 1968, the Cardinal Archbishop of Lima explicitly approved the project; the individual priests of the parishes involved have also given their approval.

The programme has been instituted in 10 'bariadas' in Lima, and is operated through the parish medical centres. Oral contraceptives are distributed to women during the lactation period or for 2 years, whichever is longer. Educational programmes are also organized, in which the priests take part, and gynaecological treatment is available when necessary.

The programme is finarced from private sources, by the CEPD, by a USA foundation and by a drug company. The cost to the patient is approximately 5p a month, for the pills and for all other services.

Bibliography

The Europa Yearbook, Vol.II. 1971.

"Responsible Parenthood in Lima": by William J.McIntire, in "America" October 26th 1968.

Newsletter of the Asociación Peruana de Protección Familiar.

Situation Report

Distribution

Country RHODESIA

Date SEPTEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			389,361 sq.kms.
Total population		3,640,000	5,310,000 (1970)*
Population growth rate			3.2% (1963-69)
Birth rate			48 per 1,000 (1969)
Death rate			17 per 1,000 (1969)
Infant mortality rate			European:17.5 per 1,000 (1968) African: 30.9 per 1,000 (1968)
Women of fertile age (15-44)			1.65 million (1968)
Urban population			20.1% (1970)
GNP per capita			$220 (1968)
GNP per capita growth rate			- 0.1% (1961-68)
Doctor/population ratio			7.6 per 1,000 (1969)
Hospital bed/population ratio.			0.3 per 1,000 (1969)

GENERAL BACKGROUND

Mr. Ian Smith's Rhodesian Front party declared unilateral independence in November 1965, and announced republican status in March 1970. The new regime has continued the policy of racial separation of land which has been in force since 1930.

The land area is divided roughly equally between Africans and Europeans, the majority of Africans living in Tribal Trust Lands, that is, land occupied by Africans according to tribal custom.

ETHNIC GROUPS

According to the 1969 census there were 4,818,000 Africans, 229,000 Europeans and 24,000 Asian and Coloured citizens in Rhodesia at the time.

LANGUAGE

Official language is English. The African population is divided into two main tribal or linguistic groups, the Ndebele and Shona (c.80%).

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*local estimate

RELIGION

Most Africans follow traditional beliefs. About 20% of the population is Christian; of these 15% are Roman Catholics.

ECONOMY

The country is rich in natural resources, and almost self-sufficient in primary products. It is landlocked, and depends largely on access to ports in South Africa and Mozambique for its overseas trade. Mineral deposits include gold, asbestos, copper, nickel and tin.

Traditional forms of land tenure continue on the 40 million acres of African reserves. Maize is the staple crop and cattle are kept. The rural African economy is weakened by a steady migration of males to employment centres. In 1968 African employees were 87% of the total working force.

Since the Unilateral Declaration of Independence Rhodesia has been subject to economic sanctions by membersof the United Nations. This has forced the economy to concentrate on production for domestic consumption rather than for export, although foreign trade still continues. Tobacco production has been one of the most seriously affected sectors of the economy, with production cut by about a half as a result of sanctions. Between 1965-68 there was a drop in the total value of foreign trade of 27%.

COMMUNICATIONS/EDUCATION

Telephones	122,129 (1969)
Daily newspapers	2
Radios	83.3 sets per 1,000 population (1970)
T.V.	11.4 sets per 1,000 population (1970)
Cinema	3 seats per 1,000 population (1961)

Schools Enrolment

1970	Primary	Secondary
African pupils	677,415	24,201
European, Asian & Coloured pupils	39,504	26,462

There is one multi-racial university which registered 867 students in 1970.

FAMILY PLANNING SITUATION

Family planning services are now available in approximately 425 locations throughout the country, comprising Association clinics, municipal and town council clinics, rural council clinics, African council clinics, government hospitals, mission hospitals and clinics, mines, estates, schools and private doctors surgeries. These locations are divided between the 5 provinces as follows: Mashonaland - 115; Midlands - 84; Manicaland - 52; Matabeleland - 91; Victoria Province - 83. The Family Planning Association of Rhodesia now runs 7 urban clinics, and gives support to 2 rural and 3

mobile clinics.

LEGISLATION

There is no anti-contraceptive legislation.

HISTORY

Attempts to introduce family planning as a service for the general population of Rhodesia began in the 1950s. Initial efforts to establish an association met with hostility from both Africans and Europeans, but the idea gradually gained acceptance as a result of a careful education programme. Rhodesia was the first African country to use the pill and the loop. The Family Planning Association of Rhodesia was founded in 1957, and in 1966 the Government agreed to include family planning services in the Ministry of Health's Child and Mother Care programme. The Government has since taken a growing interest in family planning, taking over many of the responsibilities previously carried out by the Association.

FAMILY PLANNING ASSOCIATION ADDRESS

P Family Planning Association of Rhodesia,
205 Cecil House,
95 Stanley Avenue,
Salisbury,
Rhodesia. Telephone: 24347

PERSONNEL

Chairman:	Mr. F.J. Lovatt
Executive Director:	Mr. J.S. McLauchlan
Executive Officer:	Mrs. Ingrid Tselentis
Medical Director:	Dr. K.E. Sapire

SERVICES

At the 9 clinics run by the FPAR in 1970 there were 5,144 new patients and 21,922 return visits during the year. (Two of these clinics are now financed by the Government). The Association's 3 mobile units saw 561 new patients and 1,373 old patients in the same period. A rough assessment of the drop-out rate was made as follows: orals - 30%; Depo Provera - 22%; Micro-Novum - 27%; Loops - 14%.

Most patients used oral pills, but Depo Provera 3-monthly injections were reported to be increasingly popular, partly due to a reduction in price. Clinics also do papanicolaou tests, gynaecological examinations and help infertility patients.

EDUCATION/INFORMATION

The Association is the only body in Rhodesia devoted to educational and motivational work. The Association now has a total of 68 fieldworkers, 57 full-time and 11 part-time. There is to be much greater supervision of fieldworkers in 1972. During 1970, nearly 74,000 homes were visited by fieldworkers, while more than 1,000 group talks were given to approximately 29,000 people. Flannel graphs and lecture charts were used to illustrate these talks. The 4 Education Film Units employed by the

Association gave 943 film shows mainly in rural areas and the Tribal Trust Lands. 3 short family planning advertisement films were made and shown on cinema circuits in most African Townships throughout the year. The Association also exhibited at 5 agricultural/industrial shows in rural districts, showing films and distributing literature.

Sex education programmes for schools have been developed by the FPAR over the last two years.

1972 plans envisage the establishment of a Chief Education Officer and 8 senior Field Educactors to supervise the work of fieldworkers.

TRAINING

Training takes place at the Spilhaus Family Planning Clinic/Training Centre, which opened in January 1970. Courses are run for fieldworkers, nurses and medical students from the University. During 1970 the Centre ran 7 courses for fieldworkers, and trained 23 Sister/SRN/Midwives and 21 Medical Assistants. Training is done by FPA personnel.

The Spilhaus Centre is expected to go on expanding until it reaches an optimum level for teaching purposes, probably late in 1972. There are plans to add a wing, including lecture rooms and library.

GOVERNMENT

Since 1966, when the Government agreed to include family planning in Child and Mothercare Programmes, the Government's interest and role in family planning has steadily increased. Family planning services and supplies are now widely available as part of routine health services, and since July 1970 the price of contraceptives has been subsidised by the Government.

The Government took over 2 clinics formerly run by the FPA in 1970.

Financial support for the FPA of $125,725 has been allocated by the National Government for 1971, while the Rhodesian State Lotteries Trustees have agreed to give a grant of $105,750 for the same year.

The Ministry of Health has inaugurated a scheme to employ 250 'Pill Agents' to cope with an increasing demand for pills. These agents are African women who travel round the country supplying oral contraceptives to women in remote areas. No training has been given to the agents so far.

Some concern has been expressed in Government circles about Rhodesia's demographic future, in view of the disparity between the African and European birth rates. The Association has spoken out against any official measures to encourage an increase in the European growth rate while discouraging the African growth rate.

Minister of Health, Labour and Social Welfare: Ian Finlay McLean.

OTHER ORGANISATIONS

IPPF gives financial support to the Family Planning Association.

OXFAM

has given a donation to the Association for salaries at the Spilhaus clinic for 1971.

SOURCES

Family Planning Association of Rhodesia Annual Report 1970.

Family Planning Association of Rhodesia 1972 Budget.

Family Planning Association of Rhodesia - 'Family Planning Services in Mashonaland, Midlands, Manicaland, Matabeleland, Victoria Province', January 1971.

Europa Yearbook 1971.

APPENDIX

Family Planning Association Clinics

	Clinic Times
Salisbury	
The Spilhaus Family Planning Centre, Harari Hospital Grounds, Highfield Road entrace.	Monday to Friday 8am-4.30pm. Saturday 8am-12 noon.
Highfield Community Centre	Tuesday 8.30am-10.30am Thursday 4.30pm-6.30pm. Friday 8.30am-12.30pm.
Hunyani	Wednesday 8.30am-10.30am.
Gillingham (Dzivaresekwa)	Thursday 8.30am-10.30am.
Tafara	Tuesday 2.30pm-4.30pm.
Kambazuma	Monday 8.30am-10.30 am.
Highlands T.M.B.	Monday and Wednesday 2pm-4pm.

Situation Report

Distribution LIMITED

Country ST.LUCIA

Date SEPTEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01.839—2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			616 sq. kms.[1]
Total Population	70,113 (1946)[1]	87,350[1]	101,100 (1970)[2]
Population growth rate			2.7% (1963-69)[1]
Birth rate	38.4 (1950-1954)[1]	49.3[1]	41.4 per 1,000 (1966)[1]
Death rate			7.1 per 1,000 (1966)[1]
Infant mortality rate			42.4 per 1,000 (1966)[1]
Women in fertile age group (15-44 yrs)			24,000 (1963 estimate)[3]
Population under 15			45% (1963 estimate)[3]
Urban population			n.a.
GNP per capita			US$220 (1968)[4]
GNP per capita growth rate			4.1% (1961-68)[4]
Population per doctor			6,200 (1967)[5]
Population per hospital bed			212 (1968)[5]

I. GENERAL BACKGROUND

The small island of St.Lucia is part of the Windward Islands' group and is a West Indies Associated State.

Ethnic

The population is mainly of African and mixed descent, with small groups of East Indians, Europeans and other races.

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1. UN Demographic Yearbook
2. Provisional data from 1970 Census.
3. The Wanted Child; report of 1967 Family Planning Survey of Five Islands in the Caribbean, by the Rev.Frederick H. Talbot, Mrs. Jesse Jai McNeill and Mrs. Sylvia Talbot, Church World Service.
4. World Bank Atlas, 1970.
5. Fourth Report on the World Health Situation, 1965-1968, WHO.

Language

English and French Patois.

Religion

According to the 1960 Census, 91.75% of the population was Roman Catholic.

Economy

The economy is based on agriculture and the processing of agricultural products. Bananas are the chief crop and form four fifths of all exports. Cocoa, citrus fruits and coconuts are important crops. Unemployment and underemployment are high.

Communications/Education

There are approximately 500 miles of roads, two ports and two airfields.

St. Lucia is covered by the Windward Islands' Broadcasting Service. In 1968[6], there wer 2 radio transmitters and 40,000 receivers; there is one television transmitter and a very small number of receivers. In 1968, there were 9 cinemas: 61 seats per 1,000 inhabitants.

There are no daily newspapers: three newspapers are published, one twice weekly.

Education is free and compulsory between the ages of 6 and 12 years. There is a shortage of primary school places. In 1967,[6] there were 19,709 pupils in primary, and 4,737 pupils in secondary education.

Medical/Social Welfare

Public Health Services are provided by the Ministry of Education and Health, the island being divided into seven medical districts each with health centres and visiting stations. Maternal and child health care is integrated into their activities, as well as health education. In 1967, 16 of the island's 17 doctors were in government services.[6]

The recent expanded nutrition programme, health education and early treatment of diseases have contributed to a decline in infant mortality.

Labour legislation covers employment and working conditions, industrial safety and welfare, and workmen's compensation.

II. FAMILY PLANNING SITUATION

Family planning services are provided by a private family planning association which receives some government assistance.

Attitudes

The initial opposition of the government and of many community leaders

6. UNESCO Statistical Yearbook, 1969.

to family planning has declined considerably and although it remains officially opposed, the government now provides some assistance to the private family planning association.

The private association is supported by representatives of all the island's religious groups. The Roman Catholic Church is deeply concerned with the high rate of illegitimate births, the growth of juvenile delinquency and of other youth and social problems. It is represented on the St. Lucia Christian Family Life Council.

Legislation

The government has lifted import duties on supplies required by the association.

Family Planning Association

History

The St. Lucia Planned Parenthood Association was founded in 1967 by a group of physicians, teachers and clergymen concerned at the high birth rate. The first clinic was opened in the capital, Castries, in 1968. The Association receives assistance from the IPPF.

Address

St. Lucia Planned Parenthood Association,
32 Victoria Street,
Castries,
St. Lucia, W.I.

Personnel:

Executive Director:	Mr. Raymond Louisy
Assistant:	Sister Theresa Louisy
Secretary:	Mrs. Alice Bagshaw

Services[7]

By 1970, the Association was providing family planning services in 6 sub-clinics in Public Health Centres, as well as in the Central Clinic in Castries. The latter opens for 8 hours a day, 6 days a week, and the sub-clinics open one day a month. As the island is short of doctors, nurses are chiefly responsible for preparation and contact work. Doctors visit the Central Clinic approximately 3 times a week, and the other clinics one day a month. The Central Clinic is run by the government paid nurse. A mobile unit was donated to the Association in 1969 by the Manitoba Association for World Development and is used to reach remoter parts of the island.

The Association provides fertility, infertility and cancer detection services, as well as marriage counselling. In 1970, the clinics served approximately 1,000 new acceptors of whom a third used oral contraceptives. The IUD, condoms, the rhythm method, spermicides and injectables were also available, and 177 female sterilizations were carried out. Over 7,000 follow-up visits were made in 1970.

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7. Annual Report of the St. Lucia Planned Parenthood Association to the IPPF, for 1970.

Education/Information

The Executive Director and the Assistant are responsible for the majority of the activities in this field. The programme includes group meetings with lectures and film shows, for expectant mothers, the general public, and for club groups, teachers and school leavers. Monthly meetings were held in 1970 for Association staff. Many talks in 1970 were aimed at the male workers in the banana fields. The Association also prepared and distributed posters, conducted puppet-shows, and received almost weekly coverage in the island's leading newspaper.

In May 1971, the Association published the first issue of its Newsletter, to celebrate St. Lucia's firt National Development Day.

Sex Education

In early 1970, a programme of sex education courses was initiated by the Association's staff in the local high schools and in the teacher training college. The Association distributed 2,500 sex education leaflets.

Training

Association staff have received training in Barbados. However it is intended to develop an Association training programme in St. Lucia.

Government

Early in 1969, the government offered the Association the use of Public Health Centres for family planning work. Government doctors have permission to undertake family planning activities in their own time. The government also lifted the import duties on the Association's supplies and pays the salary of the Assistant.

Bibliography

- The Europa Yearbook, Vol.II., 1970.

Situation Report

Distribution LIMITED

Country U.A.R. (EGYPT)

Date SEPTEMBER 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

VITAL STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,002,000 sq. kms.
Total population	20,461,000	25,832,000	33,000,000 (1970)*
Population growth rate			2% (1970)+
Birth Rate	43.8	43.1	34.6 per 1,000 (1970)*
Death rate	19.2	16.9	15.0 per 1,000 (1970)*
Infant mortality			119 per 1,000 (1969)
Life expectancy			Men - 51.6 yrs.(1960) Women-53.8 yrs. (1960)
Women of fertile age (15-44)			7 million
Population under 15			40.3% (1970)*
Urban population			42.1 (1970)*
GNP per capita			$186 (1970)*
GNP per capita growth rate			1.5% (1961-68)
Population per doctor			2,025 (1970)*
Population per hospital bed			470 (1970)*

*Local estimate
+Natural increase rate

GENERAL BACKGROUND

Egypt became an independent republic in 1953 under the leadership of General Neguib. Gamal Abdel Nasser took over in 1954, and the country embarked on a policy of socialist economic reform at home and non-alignment abroad, a policy which has been continued under President Sadat. The recent history of the country has been overshadowed by the war against Israel, which acts as a constant drain on resources.

LANGUAGE

Arabic is the official language and spoken by most people. French and English are widely spoken amongst the educated.

RELIGION

Over 90% are Muslim, and the remainder mostly Christian Copts.

ECONOMY

95% of Egypt is desert or marshland. The climate is almost uniformly arid. The population is clustered along the Nile valley. The density of arable land is about 1,000 per sq. km. Egypt is primarily an agricultural country, but agriculture has been declining in importance in recent years. The war against Israel has put a considerable strain on the economy, which has operated on an emergency basis since 1967.

The main factor affecting the economy recently has been the building of the Aswan Dam on the Nile. Lake Nasser, formed by the dam, is now about half full and expected to reach full capacity in 5 or 6 years. Benefits from the dam are increased agricultural productivity, land reclamation, flood control, improved Nile navigation, and hydro-electric power. Average rice crop has already greatly increased and the country is now self-sufficient in maize. Large areas of land have been reclaimed. It is aimed to bring electricity from the dam to c.5,000 villages within the next 5 years, a factor which will probably reduce the value of manual labour. Two disadvantages of the dam are that the rich Nile silt now has to be replaced by fertilizers, and there has been an increase in bilharzia.

Important products are cotton, rice, cement, crude oil and petroleum products and phosphates. Exports 1969-70 were as follows:

Cotton	50.9%
Agricultural goods	14.7%
Industrial goods	26.7%
Oil and mining	3.2%

The U.A.R. is the world's principal producer of long staple cotton. It produces c.40% of the total.

COMMUNICATIONS/EDUCATION

In 1960 the literacy rate for men was 44.8% and 16.4% for women (excluding under 10s). Primary schooling is compulsory for 6 years, and education has been free in schools and universities since 1961. There are 7 universities. Enrolment figures:

Primary school	-	3,506,429 (1967)
Secondary school	-	1,195,261 (1967)
University	-	26,886 (1966)

Media figures:

Cinema	-	5 seats per 1,000 (1967)
Radio	-	159.5 seats per 1,000 (1969)
T.V.	-	21.4 sets per 1,000 (1969)

MEDICAL

Health facilities are now comparatively good, and free medical care is provided. There are 7 medical schools. It has been estimated that about 60-70% of the fellaheen suffer from bilharzia, which comes from bathing in the Nile waters.

FAMILY PLANNING SITUATION

A Government policy was initiated in 1962, and in 1965 a Supreme Council for Family Planning was founded to co-ordinate family planning activities in the country, including voluntary agencies. Private agencies came under control of the newly constituted Egyptian Family Planning Association (EFPA). Family planning, therefore, has full Government support and advice is widely available throughout the country. There are approximately 3,000 Government clinics and 363 EFPA clinics. In 1970, of married women in the reproductive age (15-44), an estimated 14.4% were contraceptive users. A national system of registration and reporting on family planning data hasrecently been introduced by the Supreme Council.

HISTORY

The National Committee on Population Problems was established in 1953. This Committee spread information on the idea of family planning and established family planning centres. In 1958, the Committee was reformed into the Egyptian Committee for Population Studies, which in 1963 became an associate member of IPPF. In 1966, following the formation of the Supreme Council for Family Planning (SCFP), the Committee was reconstituted as the Egyptian Family Planning Association to coordinate activities of all private family planning organisations. The EFPA has branches in 22 governorates, each with its elected board of directors. The appropriate Government Departments are represented on these boards (Ministries of Public Health, Social Affairs, Education, Religious Affairs, and the party political organisation, the Arab Socialist Union). EFPA is responsible for 360 centres, 15% of the country's clinics. The activity of all centres is coordinated by the Supreme Council through its Executive Secretariat, but the EFPA remains independent in its activities.

LEGISLATION

There is no anti-contraceptive legislation and abortion is permitted on medical authority.

FAMILY PLANNING ASSOCIATION ADDRESS

Egyptian Family Planning Association,
5 Talaat Harb Street,
Cairo,
United Arab Republic.

PERSONNEL

President: Minister of Social Affairs
Director: Mr. Mohsein El Badrawy
Socio-Demographic Advisor: Dr.(Mrs.) Haifaa Shanawany.

SERVICES

Contraceptives are offered free to the Association by the Government, and sold at nominal prices to clients.

In 1967 the EFPA reported over 375,000 patient visits, of which 45,696 were new admissions. Pills were by far the most popular form of contraception. An estimated 60,000 IUDs had been inserted in Association clinics by 1969.

EDUCATION/INFORMATION

During 1970 plans were set out to integrate family planning in medical education, either as a separate subject or as part of general medical studies.

Two spot films for television were produced by EFPA in 1969 and 1970, and an exhibition of posters organised. The Association printed two books on Islam and family planning. Two monthly newsletters are issued for family planning personnel. Education work has been hampered by lack of transport facilities.

EFPA has organised an annual Family Planning Week since 1968.

TRAINING

The EFPA holds regular courses for its members and community leaders and religious personnel from different governorates. In 1968 an inter-disciplinery type of training was introduced aimed at increasing understanding between various specialised groups working in the same field.

In 1968 the EFPA trained, along with its Branch Associations, about 300 people. In 1969 the number of trainees reached 1,001, including board members of Associations, volunteers, social workers, doctors, Mosque Imams, teachers, labour leaders, rural female leaders (regular attenders at family planning clinics), nurses, midwives, and treasurers of societies. Training courses generally last one week. A fund has been allocated for the establishment of an Institute for Training in Family Planning. It is agreed that training at the Institute will be given at various levels, e.g. to social workers, doctors, nurses, paramedicals and volunteers.

GOVERNMENT

Interest in family planning began in the early 50s when President Nasser made a number of references to the increasing growth of the Egyptian population. A policy of family planning was openly adopted in the early 60s and the Supreme Council established in 1965. It includes among its membrs the Mininsters of Public Health, Social Affairs, and Local Government. An Executive Board is presided over by the Minister of Health, while each Governorate has an executive committee presided over by the Governor. There are three consultative committees on medical and training aspects, statistical and demographic research, motivation and education. The Supreme Council controls through the public health service over 3,000 clinics, about two-thirds of these in rural areas. By December 1970 the number of women taking oral pills had reached 535,000, IUD insertions were 234,000, and other methods 34,000, making a cumulative total of 803,000. (An estimate of the number of women purchasing pills

directly from pharmacies was 120,000 in 1968). Abortion and sterilisation may be done to save the life of the mother, but neither are part of the family planning programme. Condoms are available in shops and pharmacies, but receive little promotion in the national plan, and are not manufactured locally. Oral pills are the most popular form of contraception from all sources throughout the country.

A laboratory for cytological examinations has been established on the premises of the Cairo Family Planning Society, run by medical staff from Ein-Shams University. Culdoscopy sterilisation is performed occasionaly in Alexandria and Cairo University Hospitals.

In 1970, the total personnel employed in the national programme was 3,200 doctors, 5,600 nurses and midwives, and 1,800 social workers.

In April 1971 the Government of the UAR signed an agreement with the United Nations Fund for Population Activities (UNFPA) for assistance to the National Family Planning Programme. Support is to be provided for the 4 years 1971-74, with an initial donation of $1,250,000. Plans of action are to be drawn up and submitted as part of the agreement.

TRAINING

Since its inception, the Executive Board for Family Planning has organised different training programmes for personnel working in the national project. Pre-service training of doctors includes explanation of the population problem, philosophy of family planning, social and religious information, and medical instruction. Some elementary statistics are also included. Social workers and nurses are trained in their respective governorates.

There are plans to establish a Central Training Institute with a number of local branches.

RESEARCH

The following medical and socio-medical studies are being carried out in the various medical schools and research centres throughout the country:

1. Long acting injectable preparations:
   a) Deladroxate (squibb) dihydro xyprogesterone acetophende (100qgm) plus estradiol enanthete (10mgm).
   b) Depoprovera (medroxyprogesterone acetate 150 mgm).
2. Low dosage gestagens (luteal supplementation) using chlermadionone acetate 0.5, 0.3, and 0.25 mgm. daily dosage.
3. 'Once a month' pills (long acting oestrogenic preparations).
4. Trials on different modifications of Lippes Loop IUDs with the aim of minimising side-effects and expulsion rate (Karim's loop and Makhlouf co-workers).
5. Socio-Medical Studies:
   a) Acceptance of family planning in rural areas with and

without family planning, medical and child welfare centres. (In Sharkia and Giza governorates some of these studies were carried out by mobile teams.)

b) Acceptance of the idea of family planning and the different methods of contraception among different socio-economic groups.

c) Studies on the problem of abortion in Egypt.

6. Several theses for the Masters Degree in Obstetrics and Gynaecology are being carried out on subjects relating to contraception.

ADDRESS

Executive Board,
Supreme Council for Family Planning,
7 Hussein Hegazi Street,
Cairo,
United Arab Republic.

PERSONNEL

Chairman - Dr.Abdou Sallam, Minister of Public Health
Deputy-Chairman - Dr. A. Bindary

SOURCES

EFPA - Annual Report to the Regional Council 1969-70.

Mrs. Aziza Hussein - 'Recent Developments in the United Arab Republic' Paper presented at Symposium on Birth Control and the Changing Status of Women, New York, October 1968.

Dr. Haifaa Shanawany - 'On Population Explosion and Population Policy in the United Arab Republic', Paper presented at Conference of the Egyptian Medical Association, April 1969.

Short Survey of the Family Planning Programme in the U.A.R.' - Paper delivered at the Family Planning Communications Conference, Tehran, June 1970.

'The Family Planning Programme in the U.A.R.', Paper delivered at the Family Planning Communications Conference, June 1970.

The Supreme Council for Family Planning Executive Board: Selected demographic Economic and Social Indicators for 1950, 1960 and the latest available year.

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INDIA

New Information

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Government Personnel

Mr. Dikshit	-	Minister of Works, Housing, Health and Family Planning.
Professor D.P. Chattopadhyaya	-	Minister of State in the Ministry of Health and Family Planning.
Mr. A.K. Kishku	-	Deputy Minister in the Ministry of Health and Family Planning.

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PARAGUAY

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The address of the Centro Paraguayo de Estudios de Poblacion is:

Mariscal Estigarribia 1039,
Asuncion,
Paraguay.