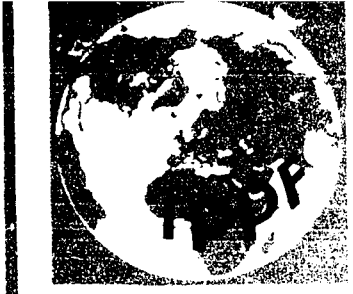
DOCUMENT RESUME

ED 093 661 SE 017 713

TITLE	Situation Report--Bahamas, Bermuda, Bolivia, China, Costa Rica, Guadeloupe, Haiti, Hong Kong, Liberia, Mexico, Panama.
INSTITUTION	International Planned Parenthood Federation, London (England).
PUB DATE	Mar 74
NOTE	63p.
EDRS PRICE	MF-$0.75 HC-$3.15 PLUS POSTAGE
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 11 foreign countries are presented in these situation reports. Countries included are Bahamas, Bermuda, Boliva, China, Costa Rica, Guadeloupe, Haiti, Hong Kong, Liberia, Mexico, and Panama. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. 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, training opportunities for individuals, families, and medical personnel, research and evaluation, program plans, government programs, and related supporting organizations. Bibliographic sources are given. (JP)



Situation Report

BAHAMAS

MARCH 1974

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			11,405 sq. kms.
Total Population		136,368 (1963)[1].	175,192 (1970)[1].
Population Growth Rate			4.6% (1973)[1].
Birth Rate	34.8 (1950-54)[1].	32.3 (1960-64)[1].	24.9 per 1,000 (1970)[1].
Death Rate	11.5 (1950-54)[1].	7.6 (1960-64)[1].	6.2 per 1,000 (1970)[1].
Infant Mortality Rate	81.5 (1950-5-)[1].	51.8 (1960-64)[1].	35.2 per 1,000 (1970)[1].
Women in Fertile Age Group (15-44)			26,727 (1963)[1].
Population Under 15			43% (1973)[2].
Urban Population			57.9 (1970)[1].
GNP Per Capita			US$2,400 (1971)[3].
GNP Per Capita Growth Rate			2.2% (1965-71)[3].
Population Per Doctor			1,231 (1970)[4].
Population Per Hospital Bed			189 (1970)[4].

1. UN Demographic Yearbook 1971.
2. Population Reference Bureau Inc.,1973 World Population Data Sheet.
3. World Bank Atlas, 1973.
4. UN Statistical Yearbook, 1971.

* This report is not an official publication but has been prepared for informational and consultative purposes.

IPPF SITUATION REPORT BAHAMAS MARCH 1974

GENERAL BACKGROUND

The Bahamas which consist of almost 700 islands off the coast of Florida are a British colony with a large measure of internal self-government. The capital, Nassau, had a population of 100,000 in 1967.

Ethnic

Approximately 75% of the population are of African descent; the rest are of European descent, mainly English.

Language

English.

Religion

The largest religious group is the Baptist church, (27% of the total population in 1963); there are also Anglican (22%), Roman Catholic (19%), and Methodist (7%) congregations.

Economy

Tourism is the chief economic activity.

Communications/Education

Communications are chiefly by air and sea; there are good roads on the larger islands.

In 1970, there were 3 daily newspapers, (163 per 1000 inhabitants), 2 non-daily newspapers (81 per 1000), and 14 other periodicals. There were 6 cinemas, and 6 radio stations, with, in 1969, 641 radio receivers per 1000 people.

Education is free and compulsory between the ages of 5 and 14 years. In 1969, there were 35,169 pupils in primary education, 16,748 secondary level pupils.

Medical/Social Welfare

Medical facilities are good.

FAMILY PLANNING SITUATION

Contraceptive advice is provided by a private family planning association, and by private doctors.

FAMILY PLANNING ASSOCIATION

A small association was founded in 1965. No information is available on its programme and activities.

Address

Planned Parenthood Association of the Bahamas,
P.O.Box 168,
Nassau,
BAHAMAS.

Officials

President: Mrs. Ormond Curry

Sources

Europa Yearbook 1971.

UNESCO Statistical Yearbook, 1971.

UN Statistical Yearbook, 1971.

Situation Report

Distribution *

BERMUDA — MARCH 1974

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			53 sq. kms.
Total Population	37,403	42,640	52,330 (1970)[1].
Population Growth Rate			1.8% (1970)[1].
Birth Rate	31.02	26.88	19.6 per 1,000 (1970)[1].
Death Rate	9.27	8.26	7.1 per 1,000 (1970)[1].
Infant Mortality Rate	41.2	33.4 (1956)	15.1 per 1,000 (1970)[1].
Women in Fertile Age Group (15-44)			11,645 (1970)[1].
Population Under 15			36% (1970)[1].
Urban Population			n.a.
GNP Per Capita			US$3,800 (1971)[2].
GNP Per Capita Growth Rate			4.1% (1965-71)[2].
Population Per Doctor			775 (1968)[3].
Population Per Hospital Bed			98 (1968)[3].

1. UN Demographic Yearbook. 1971.
2. World Bank Atlas, 1973.
3. UN Statistical Yearbook, 1971.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Bermuda, a small group of islands lying in the Atlantic Ocean, is a self-governing British colony. The habitable areas are limited and the population density is consequently high; in 1969 it was 990 persons per square kilometre. Hamilton, the capital, had a population of 3,000 in 1966.

Ethnic

Approximately two thirds of the population are of negro origin; the remainder are of white descent.

Language

English.

Religion

There is no state religion. Protestant and Catholic churches are established on the island.

Economy

The island has a high standard of living, based on tourism which is the chief industry and is under government sponsorship. It is estimated that 375,000 tourists visited Bermuda in 1970, the majority from the USA. Large areas of the islands are leased to the USA for air and naval bases.

Communications/Education

The islands have a good road network, as well as ferry and air services for internal and external communications. There are two newspapers and three other journals, two radio and two television stations. The radio and television coverage is very good with 704 radio and 315 television sets per 1000 inhabitants in 1970. Education is free and compulsory from the ages of five to sixteen.

Medical/Social Welfare

The Government provides welfare and health facilities, together with some voluntary organizations.

FAMILY PLANNING SITUATION

Family planning services are provided by the Government's Medical and Health Department, which has been an affiliate member of the IPPF since 1957. There is no private family planning association.

There has been a considerable fall in birth rate between 1950-1970.

Address

Director of Health Services,
Medical and Health Department,
Hamilton,
BERMUDA.

History

In 1934, a small amount of public money was made available for the first time for the provision of contraceptive material and advice to "women requiring them". This action followed the considerable and growing concern with the increasing population pressure on the islands. The powers of the Health Department in the provision of material and advice were more clearly defined in the Public Health Act of 1949, but coverage continued to be limited, mainly from lack of general support from the district nurses. As a result, the clinics had to rely on the patient seeking advice on her own initiative.

Concern with the problems of over population and of illegitimacy continued. The illegitimate birth rate was high, in particular among the black population. By 1957 it had been decided to carry out an intensive publicity and motivational campaign on the subject of population; radio talks were used as well as public meetings and discussions, involving all church, welfare and educational groups. Leaflets and booklets were sent to all householders on the island.

As a result of the campaign, population and its control became a common and normal subject of discussion, and it was evident that large numbers of people had been sufficiently motivated to become concerned with the future of themselves and their families. The promoter of this campaign was Dr. S M Frazer, the Director of Health Services. Dr. Frazer has continued to hold this position to the present.

Although the recent birth figures are not considered to mean that her population problems have been solved, Bermuda is still well ahead of many of the countries facing similar problems because of the family planning programme launched in the 1950's.

Services

Until 1963 family planning advice was available at the women's clinics run by the Medical and Health Department; traditional methods such as the diaphragm and creams were used. Approximately 11% of women being delivered in a hospital received voluntary sterilization after their fourth child. In 1963, with the availability for the first time of orals and the IUD, a cheap, reliable and reversible contraceptive method became available, and the number of female sterilizations declined. The use of the IUD made it necessary to establish separate family planning clinics to distribute the new device. Women are therefore able to obtain advice from the Department's general and special family planning clinics, or from their own private doctors. In 1972, 68.4% of the 3,079 women attending the clinics were using orals and 28.1% IUD's.

To achieve an even wider patient coverage, and in particular to reach the young generation of married or unmarried women, a system of home visits by Health Department nurses was introduced in 1960. Every mother is visited after the birth of her child, and receives help with all health and welfare problems. In this way the idea and practice of family planning is brought to a very large number of women of the child-bearing age group. An estimated 95% of mothers are covered.

Information/Education

Since the major educational campaign of 1957-58 no large-scale activities have been undertaken. However the Department of Health and Welfare uses radio broadcasts to promote planned parenthood as part of its general, regular public health broadcasts.

Sex education

One of the current aims of the Medical and Health Department is to reduce the rising illegitimacy rate; an estimated 30% of total births in 1966 were illegitimate, the majority to girls between the ages of 15 and 20 years, many of them black. So far the education authorities have not approved the introduction of sex education into the schools. However, a privately financed project was initiated in 1967, known as the Youth Health Education Development Programme; the project is unofficial but has government support and cooperation. It aims to provide both a sex education programme and a careers' guidance service for young girls especially for early school leavers and drop-outs, and for young unmarried mothers.

Training

Family planning is included in the professional training of doctors, nurses and other medical personnel.

Sources

Report on Bermuda presented by Dr. S M Frazer at the Fourth Conference of the IPPF WHR, San Juan, Puerto Rico, 1964.

Bermuda Population Report, 1966.

The Europa Yearbook, 1970.

Situation Report

BOLIVIA MARCH 1974

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,098,581 sq. kms.[1.]
Total Population	3,013,000	3,696,000	5,063,000 (1971)[1.]
Population Growth Rate		2.2%[2.]	2.6% (1963-71)[1.]
Birth Rate		44.0[2.]	44 per 1,000 (1965-70)[1.]
Death Rate		21.0[2.]	19.1 per 1,000 (1965-70)[1.]
Infant Mortality Rate		103.0[2.]	108 per 1,000 (1970)[2.]
Women in Fertile Age Group (15-44 yrs)		820,000	991,000 (1970)[3.]
Population Under 15		42%	42%[4.]
Urban Population		29.9%[3.]	34.3% (1970)[2.]
GNP Per Capita			US$190 (1971)[5.]
GNP Per Capita Growth Rate			2.2% (1965-71)[6.]
Population Per Doctor			2,301 (1970)[7.]
Population Per Hospital Bed			522 (1970)[7.]

1. United Nations Demographic Yearbook, 1971.
2. Datos Básicos de Población an América Latina, 1970; Departamento de Asuntos Sociales, Secretaría General de la OEA, Washington, D.C.
3. Boletín Demográfico of the Centre Latinoamericano de Demografía, Year IV, No. 8, Santiago de Chile, July 1971.
4. 1973 World Population Data Sheet, Population Reference Bureau Inc.
5. United Nations Monthly Bulletin of Statistics, November 1971.
6. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1973.
7. United Nations Statistical Yearbook, 1971.

GENERAL BACKGROUND

Bolivia is a landlocked country with a wide range of altitude and climate. The majority of the population lives in the high and bleak Altiplano in the north-west while the semi-tropical areas in the south and east are underpopulated and underutilized. Over 50% of the population are Indians who speak their own language in preference to Spanish.

Health conditions are poor, as illustrated by the low average life expectancy of 46 years (1970) and by the very high infant mortality rate. In some areas this reaches over 150 per 1,000 live births. The country faces serious problems of social and economic underdevelopment and has one of the lowest per capita incomes in Latin America.

Population density is low; in 1971 it was five persons per square kilometre. The capital, La Paz, had a population of 525,000 inhabitants in 1970.

Ethnic

Approximately 60% of the population are Amerindian, and 40% are of mixed or white descent.

Language

Spanish is the official language. A large percentage of the population also speaks an Indian language; Quechua and Aymará are the most important.

Religion

There has been no state religion since 1961. The majority of the population is Roman Catholic.

Economy

There have been recent attempts to diversify the country's traditional dependence on tin which in 1969 formed 60% of total exports. Lead, silver, zinc, and oil are also produced. Some tropical agricultural products are exported, as well as animal products (hides, wool), but subsistence agriculture is predominant.

Communications/Education

The road and railway network is mainly found in the mining areas in the north and north-west, leaving the larger part of the country poorly served and isolated. Bolivia has no sea-coast but has outlets to both the Atlantic and Pacific Oceans.

There is a government and a private broadcasting authority with over 100 medium and short-wave radio stations, which broadcast in Spanish, Quechua, English and German. There is one television service. La Paz has six daily newspapers and there are six others in the chief provincial towns.

Education is free and where possible, compulsory between the ages of seven and fourteen years. There are eight universities. The rate of illiteracy is high: in 1967, 60% of persons aged 15 years and over were illiterate.

Medical and Social Welfare

The Minister of Public Health is the supreme health authority in the country. Medical services and health care do not reach a large part of the population. The lack of environmental sanitation, the low nutritional levels, and the shortage of staff and facilities, compound health problems, which above all are widespread amongst the rural population. There have been recent efforts to expand the rural health services and to extend and improve the activities of the ten basic health units into which the country is divided.

FAMILY PLANNING SITUATION

Until 1973, although there had been many attempts to initiate an organized family planning movement in the country, these had failed for various reasons, and only isolated family planning activities were being carried out. During 1973, and apparently in response to a favourable political situation, there were many initiatives in favour of family planning at the governmental and private levels. The Ministry of Health stipulated nutrition and responsible parenthood as major priorities within its maternal and child health programme. The Government gave recognition to this approach and agreed to submit a four-year proposal to the United Nations Fund for Population Activities (UNFPA) to expand maternal and child health services and to structure a national family welfare network of contraceptive services and supplies. Some of the objectives of the UNFPA project include the reduction by 40% of the hospital discharges for abortions and the availability of contraceptive services in government hospitals, maternities and health centres. The project is presently being reformulated by the UNFPA and it is expected that the Family Planning Association which was founded in October 1973 will participate as a member of the National Co-ordinating Committee for the project, together with representatives of other governmental agencies and the universities.

In January 1974, the Ministry of Health issued a Resolution whereby the private association's collaboration in the national family planning effort is requested as an active and authorized organization to complement the official contraceptive service to be provided within government facilities. The Association, nevertheless, retains its independence to pursue parallel innovative activities as determined by its Board.

Legislation

Abortion and sterilization are illegal.

FAMILY PLANNING ASSOCIATION

PROFAM
Calle Arce 2180,
La Paz,
BOLIVIA.

Officials

President:	Dr. Luis Kushmer Lopez
Executive Director:	Luis Llano

The Family Planning Association of Bolivia (PROFAM) was established in October, 1973, and the composition of its board and council is diversified, including physicians, demographers, lawyers, businessmen and sociologists. The president of the association is also the president of the National Society of Obstetrics and Gynecology and the Secretary is presently the acting director general of the National Family Center (CENAFA).

The Association submitted a work program to IPPF Western Hemisphere Region to start activities in March of 1974, along with a request for technical and financial assistance. The request to IPPF-WHR was prompted by recent meetings held by the Association with the Minister of Health and negotiations with the Pathfinder Fund and the USAID/Bolivia. It was recognized by these organizations that PROFAM's role at this moment is crucial to guarantee the immediate initiation of Family Planning activities in Bolivia.

At its February, 1974 meeting, the IPPF/WHR agreed to recognize PROFAM as the private family planning organization in Bolivia and to provide a grant of $60,000 to enable it to carry out activities beginning in March, 1974. Initially, PROFAM will concentrate on training, informational activities, and establishment of a family planning demostration clinic in the capital city of La Paz.

GOVERNMENT

In 1968 the Government took action in this field for the first time when it set up a Department of Family Protection within the Ministry of Health, responsible for studying and coordinating new proposals for maternal and child care, family planning and population. Later in the same year a Mixed Commission on Demography and Family Planning was established by the Ministry of Health, to sponsor research into population problems.

At the recommendation of the Commission, the Centro Nacional de Familia (CENAFA) was created by Presidential decree of 20 November 1968. It is a consultative body established by the Department of Family Protection within the National Health Service to give advice and to coordinate the recommendations of the Commission.

The new government proposal to UNFPA which was presented in July 1973 with a total budget of US$1,351,997, includes a four-year (1974-77) plan with the following objectives:

- To reduce infant mortality and morbidity
- To reduce maternal mortality and morbidity
- To contribute to the well-being of the family group

The family planning targets are:

- To reduce maternal mortality by 30% in the four-year period
- To reduce by 40% the hospital discharges for abortion
- To expand services (pre-natal, delivery, post-natal, child care)
- To cover the demand for family planning
- To diagnose high risk cases in maternal care

If approved by UNFPA, Pan American Health Organization (PAHO) would act as executing agency.

As it is programmed, the Ministry of Health will initiate its program in the main cities and then gradually incorporate it into the rural areas. The Ministry has also applied to UNFPA for financial support to train the basic personnel for family planning activities (grant for US$33,861, pending approval) and to Pathfinder for contraceptive supplies.

Sources

- Fourth Report on the World Health Situation, 1965-68. Official Records of the World Health Organization, No. 192, WHO, Geneva, June 1971.
- The Europa Yearbook, 1971. A World Survey. Vol. II.

Situation *

CHINA APRIL 1974

STATISTICS	1960	LATEST AVAILABLE FIGURES**
Area		9,561,000 sq. kms.
Total Population		799,000,000 (1973)[1].
Population Growth Rate		1.7% p.a. (1973)[1].
Birth Rate		30 per 1,000 (1973)[1].
Death Rate		13 per 1,000 (1973)[1].
Infant Mortality Rate		17/20 per 1,000[2].
Women in Fertile Age Group (15-44 yrs)		45.4% (1970)[3].
Population Under 15		37.1 - male) 1970[3]. 36.4 - female)
Urban Population		14%[4].
GNP Per Capita		US$160[5].
GNP Per Capita Growth Rate		2.6% (1965-71)[5].
Population Per Doctor		n.a.
Population Per Hospital Bed		n.a.

** All figures are estimates.

1. World Population Data Sheet - 1973.
2. Studies in Family Planning Vol. 3, No. 7 supplement.
3. IPPF Unmet Needs Survey.
4. World Population Data Sheet - 1972.
5. World Bank Atlas, 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

China has the world's largest population, increasing by approximately 15 million each year. However, no figures have been officially released since the 1957 census (when there were 133 million more people than had been estimated), and all figures after that date are therefore estimates. It was announced during the "Great Proletarian Cultural Revolution" that the population stood around 712 million, yet late in 1968 Mao Tse Tung referred to a current population of the same number. If the latter comment is near the truth it would mean that the birth rate has dropped radically, a factor of immense significance. Recently, the Chinese have released a figure of 685,260,000.

Censuses have been taken in some cities and communes and indicate a wide disparity in population growth rates between urban and rural areas and even between cities. Peking, the capital city, had a population of 7.8m. in 1972 with a birth rate of 1.17% whilst Shanghai had a birth rate of 0.6%.

It has been estimated that the birth rate in China had fallen from 38 per thousand in 1960 to 32 in 1970. However, it is also reported that during the same decade the death rate fell from 25 to 17, giving a natural increase from 13 per 1000 in 1960 to 15 in 1970. Most statistical information should be treated with due caution. Population density for the country as a whole is about 76 people per sq. km.

Ethnic Groups

94% are Han Chinese; there are other racial groups in border areas including Mongolian, Tibetan, Manchu, Uighur and hilltribes.

Language

Mandarin is the basis for Common Speech (Putonghua). Since the Revolution there have been great efforts to promote this as the national language. However, there are still many local dialects in common usage.

Religion

Although officially there is freedom of religious belief in China, since 1949 active religion has been severely curtailed, with the closing of all places of worship. However, religion is not actually prohibited. The indigenous religions of China are Confucianism, (which includes ancestor worship), Taoism and Buddhism. There are approximately 100 million Buddhists and 30 million Taoists. There are also about 18 million Muslims and 4 million Christians.

Economy

Agriculture is China's main industry, and agricultural produce the largest single contributor to the export trade. Approximately 70% of output derives from the agricultural sector, which employs over two thirds of the working population. Mainly arable crops are grown; rice principally south of the Yangtze, and wheat and millet mainly north of the river. Substantial amounts of wheat are imported from Australia, Canada and South America. The Communist regime aims at self sufficiency through the internal development of China's natural resources and domestic industries based on this wealth. The gradual take-over of industry and commerce by the state has been speeded up since 1955.

Communications

In 1958, railways were responsible for almost 80% of the freight turnover by modern means of transport. In the same year substantial lengths of inland waterways were navigable by steamships, and civil air routes were widespread. Since 1964 a number of foreign airlines have been permitted to set up regular services to Peking, Canton and Shanghai. Coastal shipping is also important. Roads are unevenly developed, but fairly extensive.

Education

Although primary education was compulsory under the Nationalists, mass education did not become a fact until the Communists had taken over. Middle school education is now almost universal. All major educational institutions were closed down during the height of the 'Great Proletarian Cultural Revolution' in June 1966. Higher education institutions opened again in 1970 but admission is on a very r duced scale. Peking University's intake for September 1970 was 2,667 as opposed to 9,000 before 1966; Fu Tans' (Shanghai University) enrolled 1,196 as opposed to 9,000 before 1966. Courses have been reduced from around 5-6 to 2-3 years. Middle school education is not necessary for university entrance and students spend at least 2-3 years before entering university on agricultural or factory work.

Medical

Infectious and parasitic diseases have been virtually eliminated; mosquitoes and flies are nearly extinct. Venereal disease has been eradicated following a mass campaign against prostitution. All Chinese are assured of adequate food, clothing and medical treatment.

FAMILY PLANNING SITUATION

Family planning programmes in China have followed Mao's pronouncement of 1965, to 'put the stress on the rural areas'. Recently, many thousands of 'barefoot doctors' have been sent throughout the country, after three months' medical training, to treat common diseases, and to spread the word about family planning. Mobile units are also widespread and numerous, their function being to 'publicize the meaning of planned parenthood among the peasants and propagate the knowledge about birth control'. Over the past 20 years, China has made significant process, providing the vast majority of its population with at least a primary education, so that only a very small proportion of people under 30 years of age may now be considered illiterate. Improved food distribution procedures have for the most part resulted in an absence of regional starvation. The present apparent decline in birth rate could be attributed to the interaction of these development factors, after many years of aiming towards this goal.

The number of families practising contraception varies from about 30% in remote rural areas to 89% in Shanghai; the average overall figures for cities is 65%.

History

Family planning on a wide scale was not considered until 1954 following the census of the previous year which showed the population to be much greater than estimated. At first the campaign was educative rather than practical. Condoms were first manufactured in 1957, and vasectomies were offered at clinics. Then in early 1958 there was a change of policy due to the imminent Great Leap Forward which advocated maximum man-power: also, the change was a result of fear by the Government that the birth control campaign would be seen by the peasants as an open admission that there would not be enough food to go round. Even so, family planning remained available, since it released more women for participation in work. In 1962, when the failure of the Great Leap Forward was being acknowledged the family planning campaign was revived. In 1966, the campaign was overshadowed once again by political events, when Mao launched his Cultural Revolution. Indirectly this is held responsible for a rapid rise in population, since there was increased freedom for young people leading to more marriages and more children. So in early 1968, the campaign began again with greater determination for success, than ever. Young people were taught that by marrying late and having small families they would be contributing to the glory and welfare of the country as a whole. It is estimated that the present population growth rate is 2.0% and the aim of the Government is to reduce this to 1%.

Attitudes

The fundamental point of view in China at present is that family planning is indispensible to protect maternal and child health. The Government rejects the concept of over population as anti Marxist. Instead, it emphasises that unless family planning were used, the study, work and output of the people would be hindered; and the education of children would not be promoted by the burden of high fertility. Family planning is useful, not only for each family in China, but also for the country because of its impact on the domestic economy.

The young people of China have grown up with government policies that denigrate family, cultural traditions and domesticity, but uphold socialist conformity, service and sacrifice for the Motherland.People under 30, who constitute about two thirds of China's population, are most indoctrinated, and therefore most likely to submit to government pressures to marry late and to produce only two children per family.

The average age of marriage is 25 for females and 30 for males in urban areas and 22-3 for females and 28 for males in rural areas. There is no loss of benefits for families with over 3 children but social disapproval is strong.

Legislation

In 1962, the duty on the importing of contraceptives was lifted. Abortion in China has never faced the legal and moral obstacles prevalent in the West. In 1954, it was specified that abortion was permitted 'where continued pregnancy is considered medically undesirable, where the spacing of the children is already too close, and where a mother with her baby only four months old has become pregnant again and experiences difficulties in breast feeding'.

In 1950, a Marriage Law was passed raising the minimum age of marriage to 18 for females and 20 for males. In practice it is later. Women receive 10 days leave with full pay after abortion, 21 days paid leave following sterilization and paid maternity leave for 56 days.

GOVERNMENT PROGRAMME

A Central Health Ministry organises and decides medical policy but the health service is basically decentralised. Family planning is the responsibility of local units. In rural areas health stations on communes undertake the work. In urban areas 3 organizations dispense family planning services; city hospitals, factories and small health centres called "Street and Lane Health Stations" which are staffed by barefoot doctors. All medical personnel belong to the Chinese Medical Association.

Family planning is achieved in China through the use of four kinds of fertility control; late marriage, abortions, use of contraceptives and sterilisation. Of these methods later marriage has probably had the greatest effect in reducing China's birth rate.

Services

Contraceptives and abortions are provided free of charge. Orals were introduced on a widespread scale in 1967 after several years of research. They are now the most popular form of contraception due to the relatively low effectiveness of IUD's and the fact that pills can be easily distributed. In communes they are distributed by barefoot doctors. Records of users' menstrual cycles are kept by health personnel in many communes and health stations so that continuation rates are high. 3 types of combined pill are available, Shanghai pill I, Shanghai pill II and the Peking type. A 22 day regime is followed and it is said to have no side effects and is acceptable to 98% of those who are introduced to the method.

Recently a paper pill has been introduced, which consists of 22 oral contraceptives in a "water soluble paper" made of carboxymethyl cellulose which dissolves in the mouth. These pills have the advantage that they cost less than the conventional pill and being lightweight are more easy to distribute in bulk supplies.

IUD's have been in use since 1958. Coils of stainless steel and plastic rings based upon Japanese models are most prevalent. A new device called the New Flower of Canton is now in use. It consists of 3 oblong rings which move as the uterus contracts.

Continuation rates are high; in Mutan Medical College 95%; in Peking's Capital Hospital are 76% for stainless steel variety and 90% for a metal ring (similar to the Ota ring). Most acceptors have one child, married couples wishing to postpone the birth of a first child tend to rely on pills.

Tubal ligations are commonly performed and are available on request. Usually acupuncture is used or the operation is done under local anesthetic. Patients undergoing tubal ligations are about 35 to 40 with 2-3 children. The husband's permission is not necessary.

Vasectomy is not widespread, though the Government introduced a movement to popularize the method two years ago. It is commonly believed that the operation will undermine a man's working capacity and this probably accounts for its lack of popularity. To be eligible a man needs to have fathered two children.

Induced abortion is also available on request, free of charge. Almost all abortions are done by vacuum suction, normally in the first 12 weeks of pregnancy. Nulliparous women are discouraged from having an abortion. In communes, nurses and barefoot doctors perform the operation, which takes very little time and is not performed under general anesthesia. Afterwards the women rest for about 2 hours before going back to their homes. They are

entitled to paid rest. No written or verbal consent from husband is necessary. Traditional methods, condoms etc. are available but not widely used.

There are no overall figures available, however some examples of local units will indicate the percentage distribution for each method:

Shanghai Street and Lane Health Station:

Out of 8,978 fertile women:	1,242 accepted the pill.
	115 accepted a once a month injection.
	352 accepted IUD's
	3,902 underwent tubal ligations.
	a small number used diaphrams etc.

Ton Wan People's Commune; accumulative methods of contraception (1971):

Pill	453
Injectables	17
IUD	270
Tubal ligation	1,156
Vasectomy	681

Pon Pu New Village accumulative methods of contraception (1971):

Sterilization (male and female)	1,209
Oral Pill	493
Condom	188
IUD	129

Information and Education

Several years ago the Government began the promotion of a massive family planning education campaign, particularly in the rural areas. The Government has urged doctors, hospitals, health clinics and factories, Peoples' Communes, the Red Cross Society etc., to provide family planning services. The press and mass media support this campaign. Group guidance is given in clinics at the factories and an exhibition is sponsored annually by the trade unions. In the Peoples' Commune, health workers give family planning advice.

An important part of the work of barefoot doctors is motivation and reassurance. The numerous mobile medical teams spread birth control information by various means including propaganda meetings, exhibitions, films and distribution of propaganda materials. The public meetings included the giving of 'personal testimonies' by peasant women who described their experiences since using IUD's or other types of contraceptives.

Motivation is also carried out by cadres of women who form part of the neighbourhood committee staffed by local women. They are in touch with a clinic which usually consists of a visiting doctor and 5 or 6 nurses.

The importance attached to birth control by medical personnel is apparent from the numerous special conferences which take place in China. Even those medical conferences not specifically directed at birth control frequently include this subject on the agenda.

The Government itself tends to concentrate less on promotion of contraceptive methods than on motivation. Its emphasis is on:

1. A campaign against early marriage. Pressure is put on young people not to marry before late twenties or thirties. Women who have postponed their marriages 5 or 6 times are held up as admirable figures.

2. Following marriage, the couples are urged to postpone child bearing for several years.

3. Couples are told that the ideal number of children is two: though in Peking 3 or 4 is the usual number with larger families in rural areas.

4. Concentration on raising of rice production in tackling the food problem, aided by the prevention of the natural flow of people to the cities and encouraging the opposite - ruralisation.

Training

Each district health leader receives training in family planning. The team members of the Mobile clinics present special training lectures for the health personnel of the agricultural villages, thus enlisting new birth control propogandists. In Women's Associations and Trade Unions there are family planning representatives who are trained by doctors. These representatives visit factories and give talks on family planning.

The 'barefoot doctors' mentioned above are young men and women aged about 20 selected from the families of peasants. They are trained by medical students and teachers to treat common diseases, to perform first aid and to help with family planning services. Intensive training is given for 3 months; they then return to their villages. Later some of the more talented are sent to urban medical centres for advanced training.

Plans

The major plan in Chinese family planning seems to be the extension of training personnel in order to provide sufficient numbers to reach all rural areas. Thus it is hoped, abortion and sterilization would contribute as much to the reduction of the birth rate as they did in Japan. If China succeeds in her aims she will be the first non-urban, non-industrial country of any size to have reduced the national birth rate.

Research

It would appear that an extremely high proportion of departments of gynaecology and obstetrics in hospitals and medical universities have been experimenting with the IUD.

Research is currently being undertaken on a once a month pill. It is in use in regional control centres and appears to be 100% effective so far but has not been nationally approved. Research is also being carried out on a once every three and once every six month pill as well as a once a year pill.

Work is being done on Steroid formulas and prostaglandin synthesis.

Clinical trials are being undertaken on 150 women in Peking, Shanghai and Canton using a T shaped IUD device which continuously releases doses of pronesterone into the uterus. The device is made by Alza Corporation of California and is also being tested in the USA, Canada and Mexico. The trials in China are the first to be carried out by a foreign drug company.

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IPPF

COSTA RICA

APRIL 1974

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			50,700 sq. kms.[1].
Total Population	800,875[1].	1,336,274 (1963 census)[1].	1,786,000 (1971 est.)[1].
Population Growth Rate		4.4% (1958-61)[1].	3.2% (1963-71)[1].
Birth Rate	48.7 (1950-54)	44-46 (1960-65)[1].	33.2 per 1,000 (1970)[2].
Death Rate	11.5 (1950-54)[1].	8.6[1].	7.6 per 1,000 (1965-70)[1].
Infant Mortality Rate	87.8 (1950-54)[1].	72.5[1].	67.1 per 1,000 (1965-70)[1].
Women in Fertile Age Group(15-49yrs)		284,429 (1963 census)[1].	377,000 (1970 est.)[2].
Population Under 15		47% (1963 census)[1].	48%[3].
Urban Population			33.6% (1970)[2].
GNP Per Capita			US$590 (1971)[4].
GNP Per Capita Growth Rate			4.5% (1965-71)[4].
Population Per Doctor			1,807 (1970)[5].
Population Per Hospital Bed			249 (1970)[5].

1. UN Demographic Yearbook 1971.
2. UN Monthly Bulletin of Statistics. February 1974
3. 1973 World Population Data Sheet, Population Reference Bureau.
4. World Bank Atlas, 1973.
5. UN Statistical Yearbook 1971.

SE 017 713

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Costa Rica has a population of approximately 2 million people. Although a causal relation with the family planning programme is difficult to establish, the birth rate has declined from 48.3 in 1959 to 41.9 in 1965 to 33.2 in 1970, and the annual growth rate has dropped from 4.4 to 3.2 since 1960.

Ethnic

Approximately 30% of the population are white, and the remainder are mestizo.

Language

Spanish.

Religion

Roman Catholic.

Economy

Costa Rica is primarily an agricultural country, coffee and bananas being the chief products and exports. Forestry, mining, fisheries, and manufacturing, are also important.

Communications/Education

Roads are the main form of internal transport, supplemented by internal air services.

In 1970, there were 8 daily newspapers with a circulation of 60 per 1,000 inhabitants. Radio coverage is extensive; in 1970 there were 71 receivers per 1,000 inhabitants, while in 1969 there were 59 television sets per 1,000 people.

All elementary education, and official secondary education, is free; and education is compulsory between the ages of 7 and 14 years. The Government of Costa Rica allocates approximately 25% of public expenditure to education. In 1968,[1] there were 322,683 pupils in primary schools, 62,256 pupils in secondary schools, and 11,449 students in higher education. The University of Costa Rica is in San José.

Medical/Social Welfare

The Ministry of Public Health is responsible for the health services at a national level; the Social Security Fund of Costa Rica (CCSS), and the private sector also provide services. In 1968, mother and child health care was available at 137 pre-natal centres and at 153 child-health centres; in the same year, 88% of recorded births took place in a hospital. The Labour Code provides welfare benefits for employees.

1. UNESCO Statistical Yearbook, 1971.

FAMILY PLANNING SITUATION

In Costa Rica a unique system of co-operation between government and private organizations has evolved since 1968. Under the guidance of a National Population Council (CONAPO) seven different organizations have responsibility for family planning activities: two governmental (the Ministry of Public Health and the Ministry of Public Education), two private religious (the Center for Family Orientation (COF) and the Center for Family Integration (CIF) the University, the Social Security Institute, and the Costa Rican Demographic Association (ADC). Sex education is considered an integral part of family planning; three of the organizations deal solely with this aspect.

Attitudes

The President of the Republic has publicly endorsed the national Family Planning Programme, and there is widespread support for family planning among different sectors of the community, as well as within the Government. The Roman Catholic Church has taken a passive attitude towards birth control, although there has been considerable Catholic opposition to the IUD.

Legislation

Conventional contraceptives are sold commercially. Induced abortion is illegal, except to save the life or protect the health of the mother.

FAMILY PLANNING ASSOCIATION

The Association essentially has five interrelated roles:

1. to distribute commodities and oversee the pill-coupon system
2. to inform and motivate the public
3. to carry out a programme of fieldwork and project evaluation
4. to act as a catalyst in developing new activities and
5. to serve as a channel for funds and a source of technical assistance to other family planning organizations.

The most interesting activity in which the Association is currently engaged is a pilot project to motivate people in, and bring family planning services to, rural areas. This activity focuses on Guanacaste province, a poor, cattle-raising area in the north of Costa Rica.

1. Services - Distribution of Supplies and Contraceptives

The Ministry of Public Health and the ADC jointly operate a supplies warehouse. The commodities which pass through the warehouse are distributed to the Ministry's health centres as well as the 150 pharmacies participating in the pill-coupon programme. The ADC acts as a drug importer/wholesaler selling oral contraceptives to pharmacies and to the Costa Rican Social Security System at no charge, but these supplies do not enter into the coupon system. The two officials at the ADC with principal responsibility for the programme are chief administrator, and an assistant, whose principal function is to visit health centres and pharmacies at least once every two months.

The ADC has overall management of the coupon system, and has acted as drug distributor since given permission in 1967.

2. Information/Education

A three-man professional staff handles the Association's active publications and mass media programmes. Although other institutions carry out training and education courses, the ADC prepares and prints the written and audiovisual materials for these activities. During the first half of 1972, the Association put on 7,000 spot radio announcements. Every day - at 7.00 p.m. - the Association broadcasts over nation-wide radio the locations of clinics offering family planning services the next day and the hours that services are available. Now that the idea of family planning appears to have gained acceptance in urban areas, the Association is directing its attention to reaching the rural populace through a regional radio broadcast.

3. Fieldwork and Evaluation

Most of the Association's fieldwork and evaluation is directed to its pilot effort in Guanacaste province, discussed ahead. As mentioned above, the ADC works closely with the Institute of Social Security to help motivate factory workers, businesses, and students. The ADC also helps locate women whose cytological examination has indicated risk of cancer. The Department of Fieldwork and Research has a chief, a fieldwork supervisor, and three fieldworkers located in Guanacaste province.

4. New activities - Rural Programme

Apparently population decrease in urban areas has been largely responsible for the decline in Costa Rica's birthrate. Therefore, CONAPO decided last year to begin a programme directed towards the rural areas.

The pilot area selected was Guanacaste province. The first phase was the compilation of an inventory of resources in the province. Carried out by the ADC fieldwork staff, the inventory includes such information as the number of doctors and other health personnel, medical facilities, names of potential leaders, and so forth.

Implementation of the programme consists of three interrelated activities: motivation by radio, motivation by fieldworkers, and provision of clinical services.

The Association presents a weekly ten-minute radio programme beamed solely at Guanacaste province. Entitled "Progress and the Family", it consists primarily of interviews with local leaders. The Association also directs 30-second spots and two-minute shows to the province.

Three social workers, under the direction of a supervisor, provide motivational impetus and training to teachers, local government officials, student leaders, and others who have the potential to influence the patterns of behaviour. In essence, these local leaders will act as motivators.

The third part of the programme, provision of clinical services, is provided by the Ministry of Public Health. Currently, ten clinics offer family planning services during specified hours of the week. In addition, the Ministry has two mobile units which make regular circuits in the province. According to a recent report, eight Social Security clinics will also offer family planning services in the future.

5. The Association as Channel for Funds and Technical Assistance

A number of international organizations provide money to the ADC for use of other organizations. The Association then takes charge of financial management and distribution of funds. In 1972, for example, PAHO channelled $75,000 through the ADC for use in post-partum programmes; World Education gave $4,000 to ADC for distribution to the Ministry of Public Education's adult literacy project; AID gave $30,000 used to support COF and an additional $25,000 in support of CIF, plus granting $25,000 through the ADC to begin a family planning clinic and information programme in Puerto Limon. The clinic opened three months ago. The Association also directs and provides funding for a motivational programme in factories, business, etc. carried out by social workers attached to six Social Security hospitals.

Additionally, of course, the Association provides technical assistance to other family planning groups, e.g. participating in training courses at CESPO or helping the Ministry of Public Health take an inventory of its resources.

Address

Asociación Demográfica Costarricense,
Apartado Postal 2815,
San José,
COSTA RICA.

Officials

President:	Dr. Rodrigo Gutiérrez
Executive Director:	Sr. Victor Hugo Morgan

NATIONAL PROGRAMME

1. Delivery of clinical services

a) The Ministry of Public Health offers family planning during certain specified hours in 110 health units and hospitals. According to official statistics, 26,712 new acceptors received services through Ministry facilities in 1972.

b) The Social Security Institute, in a pilot effort begun in 1970, offers family planning services at ten locations: two hospitals in the capital, San José; four clinics on the outskirts of San José, and four hospitals in province capitals. Although the number of acceptors is relatively small thus far (7,000 new women in 1971), Social Security plans to increase its coverage dramatically. It plans to provide medical services to 85% of the population in the long run. Currently, 55% of the people in the metropolitan San José area fall within the umbrella of Social Security's coverage.

Tha Social Security hospitals offer a wide variety of family planning services, including post-partum programmes in three hospitals and female sterilization.

c) The Clinica Biblica. Essentially a private hospital located in downtown San José, the Clinica Biblica operates a family planning clinic which is open from 7.00 a.m to 7.00 p.m.

The ADC, in addition to furnishing commodities, subsidizes the family planning operation by providing the clinic approximately $2.00 per patient. Between fifty and one hundred women visit the family planning clinic daily; services are free, unlike the Ministry of Public Health's clinics which charge 14 cents for a first visit, 7 cents for follow-up visits.

In addition, the Clinica Biblica is renowned for its "Mobile Caravans." Composed of ten-person teams, thirty to forty Caravans bring agricultural, nutritional, medical, and family planning services into rural areas every year. In the future, the Clinica Biblica would like to establish "dispensaries" in remote rural areas.

2. Information and Motivation

The Demographic Association (ADC) has sole responsibility for this aspect of the programme (see above).

3. Training

CESPO (Center for Social Studies and Population), a part of the University, has responsibility for training. This consists essentially of three functions: (a) courses for doctors, nurses, paramedics, social workers and others involved in family planning. Courses for doctors and nurses last two weeks, for other personnel, one week. The doctors who take the course are recent medical school graduates about to start their mandatary year of "social service". Apparently there is no established system of refresher courses for medical and paramedical personnel; (b) training teachers about sex education and the methodology of sex education instruction and (c) training in teaching sex education, responsible parenthood, etc., offered to community leaders.

4. Latin American Communication Training Centre

This centre, organized by the Centre for Social Studies and Population of the University of Costa Rica, is a joint IPPF-Western Hemisphere Region and Ford Foundation Project. It had its first course in August 1972, and a second two-month one November-December 1973, with two more planned for 1974. These courses involve a study of the techniques of programme planning and of production of material for various media.

5. Sex Education

a) The Ministry of Public Education is charged by law with the duty of introducing "Family Life" (which includes sex education, responsible parenthood, etc.) into the school system. Working downward, the Ministry has included material on sexual education in the regular curriculum of all grades down to seventh and has arranged for CESPO to train 1,000 teachers. However, since half of the Costa Rican students do not advance past the sixth grade, the major part of the job still lies ahead.

In addition, World Education is providing funds to the Ministry of Public Education through the Association for the introduction of family life into adult education textbooks.

b) COF (Center for Family Orientation) was established in 1968 for the purpose of providing sexual education to community groups, couples either married or engaged and adolescents. A paid staff of sixteen - including a psychologist, a doctor, a social worker, and a sex education specialist - give week-long evening courses in responsible parenthood and sex education, hold private consultations, run a correspondence course, and answer letters from the public. A half hour radio show, "Dialogo", broadcast nightly, draws a listening audience of between 80,000 and 100,000.

c) CIF (Center for Family Integration) also provides courses, chats, and consultations to adolescents, community groups, newlyweds and engaged couples. Sponsored by the Catholic Church, it appeals to a more conservative population than COF (which espouses what might be termed a "liberal Catholic" viewpoint). In this regard, CIF emphasizes and gives instruction in "natural methods" of birth control, i.e. the rhythm method or the Billings method.

6. Evaluation and Research

a) CESPO has general responsibility for carrying out these two activities. Under an AID contract, the International Institute for the Study of Human Reproduction provides an advisor to the CESPO Evaluation Unit. This unit is currently working on an evaluation plan for the entire family planning programme.

b) In addition, the ADC conducts some project-related evaluation, e.g. a study of the impact of the pilot programme in rural Guanacaste province.

c) PAHO (Pan American Health Organization) and CELADE (Latin American Demographic Center) have introduced competing systems for the collection of family planning statistics. At the moment, there are three statistical systems in use (PAHO, CELADE and the Ministry's old system) plus the evaluation unit located at CESPO.

7. Distribution of Contraceptives

As stated previously, Costa Rica has developed a unique system for distributing pills. A woman who visits a Ministry clinic and who wishes to receive pills is given a coupon. A blue coupon, which 80% of the women receive, entitles the woman to buy a months' cycle of pills for 21 cents. Very poor women receive a green coupon which entitles them to free cycles of pills. The doctor or nurse decides whether to give a green or blue coupon. Nearly 150 pharmacies participate in this distribution system. Overall management of the coupon system is in the hands of the ADC.

8. Coordination

The organization which coordinates these diverse elements and gives direction to the programme is called CONAPO (National Population Council). Composed of the heads or representatives of each family planning organization (Ministry of Public Health, Ministry of Public Education, Social Security Institute, COF, CIF, CESPO, and ADC), CONAPO meets informally on the average of once a week. There is no "president", and the meeting chairman changes every week. Although it is unstructured and informal, the important fact is that CONAPO provides the mechanism whereby those responsible for population activities can meet regularly, exchange ideas, and coordinate programmes.

Assistance

The Government has filed a request with the UNFPA for $2.15 million for family planning in 1974-77. This is under review at UNFPA and IPPF Western Hemisphere Regional Office. Plans have been completed to expand the rural programme in Guanacaste to the Province of Puntareinas in 1974.

Other assistance is given by AID, which provided $313,000 of financial and technical assistance in 1972, Pan American Health Organization, Family Planning International Assistance, the Pathfinder Fund, the Ford Foundation and the Swedish International Development Authority.

Sources

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Europa Yearbook 1971.

GUADELOUPE MARCH 1974

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,779 sq. kms.
Total Population	229,120 (1954)	283,000 (1961)	332,000 (1971 est.)[1].
Population Growth Rate		2.9	1.4% (1963-71)[1].
Birth Rate	39.3 (1952)	38.8	30.3 per 1,000 (1971)[1].
Death Rate	15.1 (1952)	9.8	7.0 per 1,000 (1971)[1].
Infant Mortality Rate			38.1 per 1,000 (1971)[1].
Women in Fertile Age Group (15-49)			68,285 (1967)[1].
Population Under 15			43%[2].
Urban Population			46% (1970)[3].
GNP Per Capita			US$840 (1971)[4].
GNP Per Capita Growth Rate			4.9% (1965-71)[4].
Population Per Doctor			1,893 (1967)[3].
Population Per Hospital Bed			100 (1967)[3].

1. UN Demographic Yearbook, 1971.
2. Population Reference Bureau, 1973 World Population Data Sheet.
3. UN Statistical Yearbook, 1971.
4. World Bank Atlas, 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Guadeloupe, a group of islands in the eastern Caribbean, is an Overseas Department of France. Rapid population growth over the past few years has been mitigated by emigration. The capital is Basse-Terre.

Ethnic

The majority of the population is of African descent; a small group is descended from the original French settlers.

Language

French

Religion

Roman Catholic

Economy

Agriculture is the chief economic activity. Sugar, bananas, coffee, cocoa, rum and molasses are exported, mainly to France. There is high seasonal unemployment.

Communications/Education

The islands are served by roads, and by air and shipping services. There is a daily newspaper, and a radio and TV network with 93 radio and 18 television sets per 1000 inhabitants in 1969.

Educational services are attached to the Bordeaux Education District. Education is compulsory, and there are primary, secondary and technical facilities.

FAMILY PLANNING SITUATION

A private association provides family planning services, with considerable government financial help.

Attitudes

The Government has actively supported family planning activities since 1968.

Legislation

Section VI of the French Law on contraceptives, December 1967, covers Guadeloupe, and permits the Government to support local family planning activities.

FAMILY PLANNING ASSOCIATION

History

The Family Planning Association of Guadeloupe, La Maternité Consciente, was founded in 1964 by a group of professionals concerned about the islands' rapid population growth. Until 1968, its activities were limited to fertility and population studies and seminars.

In 1968, following the legal reform in France, the French Government offered the Association financial assistance, and the first three family planning clinics were opened, providing free services. In 1970, the Government grant was US$340,000.

Address

La Maternité Consciente,
Association Guadeloupéenne pour le Planning Familial,
Centre Vatable,
Point- à - Pitre,
GUADELOUPE.

Officials

President: Mme. Marie Simet-Lutin

Secretary: M. Serge Pierre-Justin

Treasurer: Mme. Valere Rozas

Services

By the end of 1970, the Association was running 11 family planning clinics. Infertility and cancer detection services are also offered.

In 1970, there were 2,193 new acceptors of whom app. 52% used oral contraceptives. The number of persons using orals recovered after a strong campaign against the pill had temporarily given it a bad name. A total of 5,705 old acceptors were seen in 1970, of whom 62% used orals. A fieldworker is attached to each clinic, to motivate women, to follow-up drop-outs, and to lead community meetings on family planning.

Information/Education

The Association runs a number of information centres throughout the country, each one providing family planning information, and organizing meetings, lectures, and film shows. Library facilities are also available.

Sex Education

The Association is promoting sex education in schools, and is concerned to bring family planning education to young people.

Training

As there is a shortage of local training facilities, staff are sent abroad, in particular to Canada, the USA and France.

Plans

The Association intends to increase its educational activities, in particular making use of the mass media.

Sources

- The Europa Yearbook, Vol. II, 1971.
- Family Planning in Five Continents.
- Annual Report of La Maternité Consciente, for 1970, submitted to IPPF.

IPPF

HAITI MARCH 1974

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			27,750 sq. kms.[1]
Total Population	3,097,304[1]	3,846,000 (1958 estimate)	4,243,926 (1971)[1]
Population Growth Rate			2.0% (1963-71)[1]
Birth Rate		45-50 (1960-64)[1]	43.9 per 1,000 (1965-70)[2]
Death Rate		20-24 (1960-64)[1]	19.7 per 1,000 (1970)[2]
Infant Mortality Rate			146.5 per 1,000 (1968 est.)[3]
Women in Fertile Age Group (15-49 yrs)			1,204,000 (1970)[2]
Population Under 15			43%[4]
Urban Population			18% (1970)[5]
GNP Per Capita			US$120 (1971)[6]
GNP Per Capita Growth Rate			0.8% (1965-71)[7]
Population Per Doctor			13,213 (1969)[7]
Population Per Hospital Bed			1,433 (1969)[7]

Note: Statistical data for Haiti are incomplete and often unreliable.

1. UN Demographic Yearbook, 1971.
2. CELADE, Boletin Demografico.
3. Fourth Report on the World Health Situation, 1965-1968, WHO.
4. 1973 World Population Data Sheet, Population Reference Bureau Inc.
5. Population Programs: A Factbook, Reports on Population/Family Planning, The Population Council, 1973.
6. World Bank Atlas, 1973.
7. UN Statistical Yearbook, 1971.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The republic of Haiti lies in the western part of the island of Hispaniola. Political stability seems to have been maintained following the death of President Duvalier in April 1971, and the takeover by his son.

The population growth rate was estimated by CELADE as 2.4% per annum; at this rate the population would double itself within 28 years. However, the 1971 census reports show a growth rate of 1½% which is yet to be explained. Haiti has the lowest per capita income, the highest levels of illiteracy (85%) and the highest mortality rate in the Western Hemisphere. Its population density is very high (180 persons/sq. km.) and understates the pressure on land resources since only 31.5% of the total area is arable. The capital, Porte-au-Prince, has a population of 525,380 (1970).

Ethnic

The majority of the population are negro, descendants of the former slaves. Mulattoes are an important minority; about 2,000 white residents, mostly foreigners as of 1973.

Language

French is the official language; however, a Creole dialect is very widely spoken.

Religion

Roman Catholicism; the voodoo folk-religion is wide-spread.

Economy

30% of the population is rural, largely involved in subsistence farming. Hence, the economy is mainly agricultural; coffee and sugar are among the chief products. Tourism comes 2nd to coffee as a source of external income. Industry is limited, but there is an increasing movement of population to the cities.

Communications/Education

The transport system is poorly developed; there are only 252 miles of paved roads.

In 1972 there were 6 daily newspapers in Port-au-Prince and 1 weekly paper in Cap Haitien.

Radio and television coverage is very limited, with only 17 radio and 2 television receivers per 1000 inhabitants in 1970.

There are 4 religious and 12 commercial radio stations, and 1 television station.

Elementary education is free when it is available. Education is compulsory from 7 to 14 years. School attendance is low: in 1966, there were 286,187 primary pupils, 21,010 secondary pupils, and 1,527 students in higher education. However, nearly 85% of population is illiterate and only one-fifth of the children attend school.

Medical/Social Welfare

Health services are provided by the Government and by the private sector. Health coverage and staffing of facilities is very inadequate. The major public health problems are deficient environmental sanitation, a high general and infant mortality rate, malnutrition and a high birth rate.

There is a Division of Population within the Ministry of Public Health and Population, which is in charge of demographic and vital statistics. In 1968, mother and child care was provided in 26 centres.

Welfare services are very limited. Industrial and commercial workers receive free health care.

FAMILY PLANNING SITUATION

The climate for family planning in Haiti is favourable. Legislation in August 1971 created a Division of Family Hygiene within the Department of Public Health which is drafting a long-range plan to provide a framework for future maternal-child health and family planning programs. The same legislation established a high-level advisory group, the National Council for the Family and Population, composed of representatives of the President's office and the Cabinet. Dr. Ary Bordes, as chief of the Division of Family Hygiene, serves as the Council's Executive Secretary.

In January 1972 the Secretary of Public Health promulgated regulations governing all future family planning activities in Haiti. The two key sections state:

1. all family planning programs must be approved by the Division of Family Hygiene, and

2. all family planning programs must be developed within the framework of maternal and child health care.

Limited family planning activity is currently taking place in Haiti:

1. The Center for Family Hygiene, a private organization which Dr. Bordes also heads, recently began a project to provide community development services, including health and family planning, to the people living in a 150-square mile plains area east of Port-au-Prince known as the "Triangle". Clinical and other services will be provided in three villages whose combined population is 150,000-200,000. The two-year pilot project is jointly funded by the Family Planning International Assistance, the Unitarian Universalist Service Committee, and the Haitian government.

2. A two-year grant of $375,000 from the UNFPA, channelled through PAHO, is being used to establish MCH (including family planning) services at two Port-au-Prince maternity hospitals. Training is being emphasized during the initial stages.

3. Working out of the Albert Schweitzer hospital, two Harvard University doctors provide community health services including family planning.

4. The Haitian Center for Research in the Social Sciences (CHISS) is undertaking a two-year study to obtain baseline information on attitudes towards family planning of women in the Port-au-Prince area.

5. Radio Lumière, a church-owned station broadcasts a program, "Radio Docteur" twice daily throughout Haiti. The program, fifteen minutes long, is written and presented by Dr. Bordes and the staff of the Center for Family Hygiene. Subject matter ranges from nutrition and general health to family planning.

The Haitian government is currently preparing a plan to deliver MCH and family planning nationwide over a five-year period. Ideally, 40 clinics would be operating at the conclusion of the plan. It would be primarily supported by the United Nations Fund for Population Activities.

Discussions have been held between representatives of IPPF and individual Haitian citizens concerning the possibility of establishing a private FPA in Haiti. Two prior associations had been created in the 1960's but operations had ceased due to internal problems. Given the new more liberal attitude on the part of the Haitian Government, the chances for establishing an association appear quite good. Its role would probably be that of training, information and education administering a model clinic, and tackling innovative programs.

Personnel

The key person behind family planning in Haiti is Dr. Ary Bordes, Director of the Family Hygiene Division and Head of the Center for Family Hygiene, mentioned above. The Center's address is:

Centre d'Hygiene Familiale,
10 Premiere Impasse Lavaud,
Boite Postale 430,
Port-au-Prince,
HAITI.

Sources

Europa Yearbook, 1971.

UN Demographic Yearbook, 1971.

World Food Organization Project Summary 1974.

Reports to IPPF of Field Representatives in Haiti.

Situation Report *

HONG KONG MARCH 1974

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,034 sq.kms.
Total Population	2,015,000 (1952)	3,075,000	3,948,179 (1971)[1].
Population Growth Rate		2.3%	2.1% (1963-71)[1].
Birth Rate	32.6	36.0	19.0 per 1,000 (1971)[1].
Death Rate	10.2	6.2	5.0 per 1,000 (1971)[1].
Infant Mortality Rate	99.6	41.5	18.4 per 1,000 (1971)[1].
Women of Fertile Age (15-44 yrs)			709,590 (1971)[1].
Population Under 15 yrs			40.3% (1971)[1].
Urban Population			85% (1971)[2].
GNP Per Capita			US$900 (1971)[3].
GNP Per Capita Growth Rate			5.5% (1965-71)[3].
Population Per Doctor	3,400	2,000	1,418 (1970)[2].
Population Per Hospital Bed			403 (1970)[2].

1. UN Demographic Yearbook 1971.
2. Statistics provided by the Family Planning Association of Hong Kong.
3. World Bank Atlas 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Hong Kong is one of the world's most densely populated areas. In 1969, the population density was 3,850 per sq. km. Hong Kong is a British colony and one of the main tourist centres of the Far East.

Ethnic

98.6% Chinese.

Language

English and Cantonese are the official languages. Mandarin is widely understood.

Religion

Buddhism is the main religion. Confucianism and Taoism are widely practised. There are some 250,000 Christians of all denominations.

Economy

Hong Kong is a free trade area and one of the principal entre-not ports of the world. Industry has expanded rapidly in recent years, and manufactured goods, particularly textiles and electrical goods make up 75% of total exports.

Communications/Education

Daily Newspapers: 74 with a total circulation of 1,936,000 i.e. 485 per 1,000 (1969).

Radio: 300 sets per 1,000 (1972 estimate)

Television: 170 receivers per 1,000 (1972 estimate)

Education in Hong Kong is free and compulsory. Public and private schools provide primary, secondary and higher education. In 1969, 80.5% of primary school children were admitted to day secondary schools. There are two universities.

FAMILY PLANNING SITUATION

A government supported voluntary Family Planning Association provides extensive family planning facilities throughout the colony. The Catholic Marriage Advisory Council also works in this field.

Attitudes

The Government has supported the FPA financially since 1955. In 1972 the Association received a government grant of US$221,125: in 1973 the sum was increased to $300,000. The Government has provided facilities for 32 of the FPA's 59 clinics, and the Association is allowed broadcasting facilities.

Responding to public pressure and requests from the FPA, in August 1973 the Government announced a HK$2.4m. programme to integrate family planning into its basic MCH services. Starting in October 1973 the Government has assumed responsibility for the provision of services in those 32 government health centres and hospitals at present served by the FPA. The programme

will gradually be implemented during 3 phases and it is hoped that by the end of 1974 all 28 clinics (four having been closed due to under-utilization) will be government operated. The Association will continue to operate services in its own clinics and will be able to extend its work into other areas. It intends to open further clinics in rural areas and new housing estates. The Association's information and education programme will also be expanded with particular emphasis upon the mass media.

In 1974 a Supreme Council for Family Planning will be established by the Government, primarily to plan activities for World Population Year. However, the Council which will include representatives from the FPA and other concerned bodies will continue to function after 1974.

FAMILY PLANNING ASSOCIATION

Family Planning Association of Hong Kong,
152 Hennessy Road,
HONG KONG

Tel: 754477-70

Personnel

President:	Prof. Daphne Chun
Vice Presidents:	Dr. The Hon. Mrs. Li Shu Pui Mrs. Li Fook Mo Mrs. K E Robinson
Chairman:	Mrs. Veronica Browne
Vice-Chairman:	Dr. Ada Wong
Hon. Treasurers:	Mr. F S Li Dr. The Hon. Mrs. Li Shu Pui
Director:	Prof. Daphne Chun
Executive Secretary:	Mrs. Peggy Lam
Medical Director:	Dr. T C Pang
Clinic Supervisor:	Mrs. Dora Choy

History

Family planning was introduced to Hong Kong in 1936 by the Hong Kong Eugenics League and five clinics were operating in 1940. In 1950 the League was reorganized to become the FPA, interest in family planning having increased as massive immigration from Mainland China added to Hong Kong's overcrowding. The Association was one of the founder members of the IPPF in 1952.

The Family Planning Association is run by a voluntary Council of up to 26 members which meets quarterly and a small Executive Committee is responsible for the administration of the Association.

The Association receives support from both the Government and private organizations, such as the Jockey Club, and in 1955 a headquarters building was erected on land donated by the Government.

Services

At the end of 1972 the Association was operating 57 clinics with a total of 203 sessions per week. A further clinic was opened in January 1973. A new centre at Yuen Long was opened in November 1973; this will act as a base for expansion of activities in rural districts.

As a result of the Government's new programme, the Association has applied for premises in three housing estates which will be used for full time clinics. These applications are in keeping with their policy of concentrating on housing estates and rural areas. The clinic opened early in 1973 was also on a new housing estate.

Plans are being made to establish two vasectomy clinics in the near future and one subfertility clinic. The Association is considering the possibility of opening a special evening clinic to cater for working women.

	New Acceptors	Continuing Acceptors	Total Attendance
1968	26,588	47,157	204,927
1969	30,886	59,205	273,766
1970	30,470	58,610	294,064
1971	31,808	75,289	347,894
1972	33,492	81,426	342,102

The total number of acceptors in 1972 showed an increase of 7% over the previous year. The increase in new acceptors was 5%. Total attendance figures have decreased owing to the fact that more oral cycles are issued to each patient and fewer clinical trials of IUD's have been conducted.

Oral trials began in 1957 and IUD trials in 1963. Injectables were introduced in October 1967 and all methods are now available at all clinics. In June 1967 a new IUD, the Hong Kong Triangle, was developed by Professor Daphne Chun.

Methods chosen by new patients (percentages).

	1966	1967	1968	1969	1970	1971	1972
Orals	3	15	45	60	68	70	73
IUD	52	37	21	13	9	6	2
Condom	34	32	14	11	8	12	15
Injectables	-	-	4	3	5	4	3
Sterilization applied for	-	-	3	3	3	2	1
Dianhragm, jelly, etc.	3	3	1	1	2	1	2
Others and non-users	8	13	12	9	5	5	4

The oral pill is the most popular method and the number of cycles distributed in 1972 showed an 18% increase over the previous year. However, IUD acceptance rates continue to decline following adverse publicity. In May 1972 insertion of the Dalkon Shield was suspended whilst a review of its effectiveness and acceptability is held. At present the principal device used is the Lippes loop.

Condom figures continue to increase and this method is to some extent replacing the IUD as an alternative to the oral pill.

Other Services

The FPA offers sub-fertility and marriage guidance services. In 1972 there were 2,318 attendances at the sub-fertility clinic and 746 attendances at the "Married Life Information Centres".

The Papanicolau smear service has been extended to all women over 35 years of age and any suspicious cases. It is provided free of charge.

	1969	1970	1971	1972
No. of smears	14,981	10,807	12,010	17,278

In 1972, 337 men and 302 women were referred to hospitals and private practitioners for sterilisation. The Association intends to implement its own small vasectomy service in the Headquarters and Kowloon Branch clinics once the necessary equipment has been obtained.

1972 staffing:

26 full-time doctors
8 part-time doctors
1 voluntary doctor
47 full-time nurses
108 clinic staff and fieldworkers

Information and Education

The Family Planning Association of Hong Kong uses all possible media in order to disseminate information on family planning. The Publicity Section prepares and produces material on family planning for public information, utilizing the press, radio, television, films, posters and pamphlets.

Articles are sent to a number of newspapers and periodicals describing FPA activities and population questions. 55 advertisements appeared announcing clinic times and the telephone enquiry service in 1972 and 35 in the first half of 1973.

Nearly once every week in 1972 members of the Association were interviewed on the radio. Through a campaign arranged by the Carr Foundation family planning slogans were broadcast 13 times daily. On television, a half hour programme showing home-visits and interviews with FPA staff and clients as well as other occasional interviews and documentaries was broadcast. A thirty-second cartoon has been broadcast daily on TV commercials since 1973.

A telephone enquiry service was started in July 1969. Extensive advertising and publicity for the service has successfully increased the number of calls made each day. Details of the calls are recorded and will be analysed so that the value of the service can be ascertained.

The Association participated in the Annual Industrial Exhibition (July-August 1972). A brick wall bearing the association's emblem, name, and telephone number was designed for the exhibition. Films were shown daily and 10,000 introductory slips detailing clinic information were distributed. The Association also participated in the Fisheries Exhibition and held a small exhibition of their own on the occasion of the visit of the Governor's wife during the same year.

The Association organizes a number of contests each year on the subject of family planning both for their patients and for the general public. In 1973 these included a slogan contest, children's drawing contest, poster design

competition and an essay contest for medical students. The more successful of these entries were included in an exhibition to mark the 21st Anniversary of the IPPF.

Family Life Education

This section of the FPA is expanding rapidly. The section maintains close contact with a number of schools to whom they lend material and prepare programmes. In 1972 34 talks were given to out of school youth. In line with the Association's policy of training the trainers, a study group for the trainers of youth leaders was held in October 1972. This seminar was intended to provide guidelines for devising and teaching programmes as well as providing basic information on the concept of FLE. Also, in April 1973 a two day seminar for secondary school teachers was held.

Future plans include the publication of an information brochure containing basic facts about family life education for distribution to general audiences. A revised information brochure with Chinese terminology will shortly be ready for distribution to social workers and teachers.

Fieldwork

The fieldwork section plays a significant role in recruiting new acceptors. The proportion of new acceptors attending clinics who were referred by this section increased from 60.10% in 1971 to 61.73% in 1972.

A comprehensive case record system is in force, in which each contact a fieldworker makes is followed up within 3 months if no clinic visit has been made. An introductory slip is given to patients at the first meeting. In 1972, a total of 32,286 slips were accepted by eligible contacts and resulted in 19,932 new visits to clinics. Home visiting is also used to follow up lapsed patients. In a recent project, about 50% of lapsed patients were contacted. 30% of these were still practising family planning, and 50% were persuaded to return to the clinics. Every effort is made to follow up all IUD insertions within 5 days of insertion to try and reduce IUD drop out rates.

The following summary shows the various contacts made by the section during 1972:

a)	Persons interviewed in Maternal and Child Health Centres, Hospitals, Clinics and Birth Registries	278,502
b)	Home Visits:	
1)	Follow-up visits referred by Clinic Section of cases failing to return on schedule	1,947
2)	Home-visits to rural project cases	126
3)	Follow-up home visits to persons contacted at MCH Centres, etc. who had accepted slips but had not yet attended clinics	10,725
4)	Home-visits on door-to-door basis publicizing new clinics	6,196
5)	Home-visits to cases referred by Resettlement Officers	19
6)	Home-visits to cases from Private Maternity Homes, referred by Medical & Health Department	6,425
	TOTAL NUMBER OF PERSONS CONTACTED	303,640

The section has made contact with more than 60 factories as part of an "industrial project". Posters and publications are distributed and in some instances film shows and talks are organized.

Under a rural project scheme current acceptors who introduce a new acceptor are given two free cups bearing a family planning motto.

Training

Pre-service orientation courses are run for new staff and refresher courses for established members of the Association. Education programmes are run for welfare workers, nurses, social workers and other interested groups. These are of half or one day duration.

Regular seminars are organized for staff of welfare and governmental agencies. These are of longer duration, 4 sessions of 3 hours over a number of weeks. A seminar on family planning was held in November 1972 attended by 72 social workers from various welfare agencies.

A series of charts on population growth and family planning have in Hong Kong been prepared for use in training programmes.

Research and Evaluation

1. Dalkon Shield Follow-up Study

   This study, which should be completed by April 1974, aims to produce comprehensive data on acceptability and effectiveness amongst 2007 women who had a dalkon shield insertion between July 1971 and April 1972.

2. A study on the "Impact of Industrialisation on Fertility" has been conducted in conjunction with the Chinese University. It was found that industrialization had effected fertility attitudes and behaviour in several ways. Consequent upon industrialization has been a rise in the female labour force, a rise in educational standards and later age at first marriage. Industrialization has also encouraged aspirations for a higher standard of living. The Association found that female employment and higher educational standards have probably been more responsible for changing fertility behaviour than the rising age of marriage. The report also notes that factors such as labour shortage, housing shortage, growing equalitarianism (amongst all groups) and increased urbanization have also influenced attitudes towards child bearing and towards raising children which have, in turn, affected the level of contraceptive practice. It is hoped that this KAP study will enable the Association to evaluate its present programmes and to formulate new policies.
   The last survey of this type was carried out in 1967.

3. Mass Communications Survey

   This survey was carried out in July 1972 in order to assess the effectiveness of the communications media presently being used by the FPA to disseminate family planning information. In all 524 women were interviewed. The findings of the survey indicated that television is, as presently being used, the most effective means of communicating family planning messages. Radio and newspapers were the next most effective media. A mimeographed report is available from the Association.

Aid

IPPF Assistance - IPPF grant to the FPA in 1973 was US$100.00

Population Council financed participation in the postpartum project until April 1972.

The Asia Foundation financed a study on the "Impact of Industrialisation on Fertility" which has been carried out in conjunction with the Chinese University of Hong Kong.

CARE has provided assistance with clinic equipment.

Unitarian Service Committee of Canada has promised a grant to equip the new centre at Yuen Long.

USAID provides commodities and equipment.

Cambridge University Campaign for World Development and Unitarian Service Committee of Canada also help financially; of the local charities, the Hong Kong Jockey Club has given the most support.

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"The Impact of Industrialization on Fertility in Hong Kong. A Demographic, Social and Economic Analysis" - C Y Choi and K C Chan, Social Research Centre, The Chinese University of Hong Kong, September 1973.

IPPF

LIBERIA

MARCH 1974

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		111,369 sq. kms.[1]
Total Population	988,000	1,571,000 (1971)[1]
Population Growth Rate		3.1% (1965-71)[2]
Birth Rate	44 per 1,000 (1962)	51 per 1,000 (1970)[3]
Death Rate		16 per 1,000 (1970)[3]
Infant Mortality Rate		137 per 1,000 (1970)[1]
Women of Fertile Age (15-44 yrs)		354,752 (1970)[3]
Population Under 15		37%[2]
Urban Population	13%	28% (1971)[4]
GNP Per Capita		US$210 (1971)[5]
GNP Per Capita Growth Rate		3.8% (1965-71)[5]
Population Per Doctor		13,000 (1969)[1]
Population Per Hospital Bed		500 (1967)[1]

1. UN Statistical Yearbook, 1972.
2. World Population Data Sheet 1973.
3. UN Demographic Yearbook 1971.
4. Local estimate.
5. World Bank Atlas 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Liberia lies on the west coast of Africa with Sierra Leone and Guinea to the north and the Ivory Coast to the east.

Unlike most other African countries, Liberia was not colonized by a European power, but has maintained a traditional relationship with the United States ever since the first American Negroes settled there in the 1820s. A Harvard professor drew up Liberia's constitution in 1838. The country is a one-party state: the True Whig Party has ruled continuously since 1877.

The UN do not give figures for the population growth rate because of the apparent lack of comparability between estimates shown for 1963 and 1971.

The country has an overall density of 14 per square kilometre.

Ethnic Groups

Apart from the descendents of the American Negroes (c.3%) the principal tribal groups are the Mandingo, Gisse, Gola, Kpelle and Greboes. Anyone of Negro descent can settle in Liberia, but those of white descent are not able to obtain Liberian citizenship.

Language

The official language is English. In addition there are some 28 local dialects and tribal languages.

Religion

Liberia is officially a Christian state. Baptism and Methodism have the most adherents, but the majority of Protestant sects are represented. Most Liberians, however, hold traditional beliefs, and there is a Muslim minority of about 200,000.

Economy

The vast majority of people live and work on the land. Iron ore or mining, rather than cash cropping, is Liberia's principal industry. In 1972, iron-ore and rubber accounted for the major proportion of export earnings with timber and diamonds providing much of the balance. Liberia is the main iron ore producer in Africa.

The main emphasis of the President's new economic policy is on a fairer distribution of the benefits of development among various sections of the population and different areas of the country.

Nearly 72% of all businesses registered in Liberia were foreign owned in 1972. Measures to be taken by the Government to increase Liberian participation in the economy include reserving exclusively for Liberians such segments of the retail trade, industry and services as petrol distribution, the manufacture of cement blocks for construction and the driving of commercial vehicles.

An autonomous agricultural mechanisation company, AGRIMECO, wholly owned by the Government, was set up in 1972 for the purpose of clearing land, carrying out irrigation works and providing transport equipment and know-how for major agricultural projects. By relieving the farmer of the need to clear and irrigate his land by primitive methods and enabling him to concentrate on cultivation, AGRIMECO is expected to increase production per man unit ten-fold.

Communications/Education

There are approximately 2,000 miles of public and private roads in Liberia; the main trunk road is the Monrovia - Sanniquellie Motor Road.

Liberia has nine ports all managed by the National Port Authority. The principal airport is forty miles east of Monrovia.

The radio and television service, transferred in 1971 from the Ministry of Information to the Public Utilities Authority, became an autonomous, self-supporting public corporation receiving a government grant.

Radio	132 sets per 1000 people (1970)
Television	6 sets per 1000 people (1970)
Newspapers	4 copies per 1000 people (1971)
Cinema	9.5 seats per 1000 people (1971)

In February 1972, the President announced that tuition fees in all Government secondary and vocational schools would be waived and that the Government would pay 50% of the tuition fees of all students attending Liberia's two institutions of higher education, as well as 50% of the cost of their textbooks.

In 1972, enrolment in government schools totalled 127,619 which amounted to a 30% increase over the 1971 figures of 98,716.

School curricula are under revision with a view to meeting the nation's manpower requirements.

Medical/Social Welfare

Free medical services for indigent patients, as well as all infants up to 2 years of age, became operative at the beginning of the year as a first step towards the establishment of a comprehensive national health scheme. The main emphasis has so far been on preventive medicine.

Life expectancy is 50.8 for men and 57.4 years for women.

A National Housing Authority was established for the purpose of providing adequate accomodation for low-income families living in sub-standard conditions.

FAMILY PLANNING SITUATION

History

The Family Planning Association of Liberia was founded in 1956 and became a member of IPPF in 1967. The Association had been reorganised in 1965, following the visits of Mrs. Rasmussen, a Danish midwife, and Mrs. McKinnon of the Pathfinder Fund. Towards the end of the 1960s President Tubman (William Tolbert's predecessor) changed his pro-natalist attitude and the Government subsequently gave cautious support to the FPAL by, for example, making available clinic and administration premises in Monrovia.

Attitudes

In May of 1973, President Tolbert endorsed family planning as an integral part of the country's development plan and the Ministry of Health and Welfare issued a circular integrating family planning services with Government Health Services. As a further indication of his support for the FPA, President Tolbert has become its chief patron. The President also declared that a wing of the Ahmed Sekou Toure Rural Health Centre in Bong County would be used to provide family planning services. The Government is currently considering a population policy.

Legislation

There is no anti-contraceptive legislation. There is no duty on imported contraceptives and equipment.

Abortion

Abortion is legal on medical indications only.

FAMILY PLANNING ASSOCIATION

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Family Planning Association of Liberia,
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Monrovia,
LIBERIA.

Tel: 21699

Officials

Chairman:	Mr. Reuben A Stevens
President:	Mrs. Mae Maximore Keller
Executive Secretary:	Mr. Foday J Massaquoi
Information and Education Officer:	Mrs. Florida Traub

Services

The FPAL now operates 5 clinics in Montserrado County: 3 in the Monrovia area, 1 at Bomi Hills, a town situation 60 miles away near an iron mine and 1 at Bentol City. The main clinic in Monrovia, at 84 Broad Street, is open everyday from 8 a.m. to 4 p.m. as well as Monday and Wednesday evenings. A clinic in the dock area of Monrovia was recently opened and operates once a week with staff and equipment from Broad Street. The Bomi Hills Clinic functions 5 days per week as does the clinic in Bassa County.

In 1972, the FPAL saw a total of 27,207 clients, but 15,830 of these came for advice and information only. This total is almost 10,000 more than that for 1970.

Acceptor figures for 1973 were as follows:

Method	New Acceptors	Continuing Acceptors
Oral	2101	4432
Injectable	35	6
IUD	246	1070
Condom	105	31
Other	127	36

No sterilisations or abortions were performed by the FPAL during 1972, nor were any such cases referred elsewhere.

One of the FPAL's overall objectives for 1974 is to extend its activities to the rural areas in three other counties. To this end it is proposed to start three new branch associations through the establishment of three clinics.

Information/Education

In 1972 the Information and Education Department of the FPAL concentrated its activities on the following target groups: low income citizens, controlled communities where there is no medical assistance, young people and unmarried mothers. These groups were chosen because the FPAL consider they have the greatest need of family planning.

Members of the FPAL were invited to participate in programmes held at the University of Liberia Medical College and the Home Economics Section of the Ministry of Agriculture. The programmes included lectures, demonstrations and family planning film shows.

Talks and conferences were held between the FPAL, business houses and other agencies such as the Red Cross and the Environment Health and Mission Hospitals. The aim of these meetings was to devise ways in which the participants might extend their Health Education services on a joint basis.

Audio-visual materials produced by the FPAL in 1972 included articles on a number of topics such as contraception, health education and youth projects; advertisements and film shows. The films were on health education and were attended by mothers, university students and medical personnel among others. The Association also produced a contraceptive guide for clients.

The series of radio and television shows continues in co-operation with the Ministry of Health and Welfare. There are radio programmes twice a week and television programmes six times a week.

The Information and Education Department participates in occasional meetings of the Liberia Nurses' Association, and runs eight orientation meetings annually for university students.

Last year there were 13 fieldworkers; it is proposed to increase this number to 27 during 1974 and to draw the recruits from 6 areas including the 3 areas where the new branch associations are to be established. Also, in these three counties an Awareness Campaign will be carried out: it will be conducted by an FPAL team who will give lectures and show films on family planning.

In 1973 group discussions and lectures were held with university students and agricultural employees.

A motivation programme in Bassa County began in August 1973.

It is hoped, that 1975 will see the establishment of a basic library of family planning books and films.

Training

The FPAL conducted a six-week in-service training course for one midwife in April 1973. Two midwives attended a family planning training course in Dakar, Senegal in the first half of 1973.

Training courses are to be organised for nurses, midwives and fieldworkers in order to prepare them for work in the 3 new clinics.

Plans

For several years FPAL has been negotiating with mining and rubber companies to extend activities into the medical facilities already provided by these companies for their employees and dependents. There are indications that FPAL may be able to set up an operation at the Lamco Iron Mine, in Nimba county, and at the Bong Mines during 1974.

OTHER ORGANISATIONS

IPPF gives support to the Association.

United States Agency for International Development allocated US$308,000 in 1972 for assistance to two population projects. AID is also supporting the training of 80 nurses/midwives over a 5-year period, and has funded a 5-year sample household survey, now completed, to collect and analyze demographic data.

United Nations Fund for Population Activities provided a fellowship to a Liberian for training in population census planning and demographic research at the US Bureau of the Census. It is also helping to finance a population growth survey and a census of urban population, through the Economic Commission for Africa (ECA).

Family Planning International Assistance has provided medical equipment to church-related family planning programmes.

Ford Foundation has provided travel awards to several Liberians to enable them to participate in the summer family planning workshop at the University of Chicago.

Sources

Family Planning Association Annual Report 1972.

Family Planning Association of Liberia Half Yearly Report 1973.

Africa Contemporary Record 1972-73.

Much of the information for this report was kindly provided by the FPAL.

IPPF

MEXICO

MARCH 1974

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,972,546 sq.kms.
Total Population	25,791,017	34,923,129	48,381,547 (1970)
Population Growth Rate	2.9% (1953-56)	3.5% (1960-65)	3.2% (1963-71)
Birth Rate	45.5	46.0	43.4 per 1,000 (1970)
Death Rate	16.2	11.5	9.9 per 1,000 (1970)
Infant Mortality Rate	96.2	74.2	68.5 per 1,000 (1970)
Women in Fertile Age Group (15-44)	5,807,945	7,338,628	9,641,585 (1970)
Population Under 15	42.0%	44.0%	46.0% (1970)[1].
Urban Population		49.3%	58.7% (1970)
GNP Per Capita	US$117[2].	US$138[2].	US$700 (1971)[3].
GNP Per Capita Growth Rate			2.9% (1965-71)[3].
Population Per Doctor			1,846 (1968)[4].
Population Per Hospital Bed			549 (1968)[4].

Unless otherwise stated the source for this table is the United Nations Demographic Yearbook 1971.

1. 1973 World Population Data Sheet - Population Reference Bureau Inc.
2. Mexico: Su Problema Demografico. Helen A Barth. Population Bulletin, November 1964.
3. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1973.
4. UN Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Mexico is a Federal Republic, consisting of 29 states, two territories, and a Federal District.

The institutionalization of a one-party system of government has brought political stability. Since 1940, considerable economic progress has been made, the contributing factors being the expansion of world demand, the commercialization infrastructure and in manufacturing. During the 1960s, Mexico had an average economic growth rate of 6% per annum. Modern and traditional sectors coexist, and despite an absolute rise in national income as a result of industrialization and modernization, per capita income remains unequally distributed. Low wages, and the highest concentration of un- and underemployment are found in the rural and agricultural sector.

Despite recent economic progress, growth has not been rapid enough to provide consistently higher standards of living for all of Mexico's population, which has been increasing at a rate of 3.5% a year over the past decade. At its present rate of growth the population will double within 21 years. The urban growth rate is higher than the national average, dating back to the increased migration from the countryside to the towns after 1940. The population of Mexico City grew by 59.6% between 1950 and 1960, compared to the increase of the total population during the same period of 35.4%, and in 1970 it reached 7,314,900.

Ethnic

Approximately 85% of the population are mestizo, 10% are Indian, and 5% are of European descent.

Language

Approximately 89% of the population speak Spanish, nearly 7% speak both Spanish and an Indian language, and approximately 3% speak an Indian language only.

Religion

The Roman Catholic Church was brought under State control in 1971. The majority of the population are Roman Catholic and a very small group are members of a Protestant Church.

Economy

Agriculture accounts for over a quarter of national income. The chief crops are wheat, maize, and cotton. Oil and petrochemicals, timber, silver, and sulphur are also important products. There has been considerable expansion of industry and manufacturing and Mexico now produces approximately 80% of her consumer goods. Tourism is a major income earner, the majority of visitors coming from the USA. There is extensive North American capital investment in Mexican industry and enterprises.

Communications/Education

Mexico has an extensive road network, and long-distance coaches are the chief form of transport. Internal air services are well developed to overcome the problems arising from the country's geographical features. There is also a railway network and shipping services.

There are 61 daily newspapers in Mexico City and in 26 other major cities, as well as 46 other journals published in the capital. There are 314 commercial and ten cultural radio stations, and 25 commercial and one cultural television station. Colour television was introduced in 1967, and in 1970 there were 59 television and 276 radio receivers per 1000 inhabitants.

State education is free and compulsory between the ages of six and twelve years. The level of illiteracy has been considerably reduced through an expansion of educational facilities and a special adult education programme. In 1960 35% of the population aged 15 years and over were illiterate and in 1967 23%. About one fifth of the national budget is allocated to education.

There are 38 universities.

Medical/Social Welfare

Health services are provided through the Federal Government which co-ordinates the public health services in the 29 states and two territories. The chief agencies providing services are the Secretariat of Health and Welfare, the Social Security and Social Services Institute for Civil Servants, and the Mexican Social Security Institute. The armed forces, the state petroleum company, the railways and the medical faculties also provide services. All these activities are coordinated by the Secretariat of Health.

The provision of a comprehensive social security system is written into the Constitution of 1917. Labour legislation has been coded and updated in the new labour law of 1970 which includes compulsory profit sharing. The Mexican Social Security Institute administers social welfare benefits, financed by employers', employees' and the State's contributions. Benefits are restricted mainly to middle-class and skilled white-collar workers, and most of the urban poor are not covered. Services have been extended to the rural areas, but cover and facilities are still inadequate.

FAMILY PLANNING SITUATION

In 1972 the government reversed its long-standing position and recognized the need for family planning. President Echevarria has stated that every woman in Mexico should have the right to have only the number of children that she wants. The Congress has recently passed a Law on Population which recognizes the importance of family planning in the development of Mexico and establishes a high-level council entrusted with population matters. A statement of the Mexican bishops supported the government's new position.

As a result of the change in the government's position regarding population matters, the Foundation for Population Studies (FEPAC), the IPPF affiliate in Mexico, received a substantial grant from the UNFPA to carry out an active programme of clinical services. The Institute of Social Security now includes family planning in the health programmes it offers to its insured population, and the Ministry of Health has applied to the UNFPA to carry out its own programme of family planning throughout Mexico.

Legislation

The legislature passed a Population Law which went into effect January 7, 1974. The new law recognizes the importance of reducing population growth and sets up a cabinet level committee to work on population related problems.

Abortion is illegal unless performed to save the mother's life or the pregnancy is the result of rape. The number of illegal induced abortions is said to be high.

FAMILY PLANNING ASSOCIATION

History

The Fundación para Estudios de la Población (Foundation for Population Studies) was established in 1965 by a group of private individuals interested in demographic problems. The group included lawyers, physicians, and economists. An Executive Committee was constituted to organize the new association and the first clinic was opened in 1966. Through the affiliation to the Committee of representatives of professional groups, the Foundation maintains close contact with influential members of the community such as industrialists, bankers, journalists, politicians, priests, academics, and legislators.

In 1967 the Foundation became a member of the IPPF.

Address

Fundación para Estudios de la Población, A.C.,
Avenida Insurgentes Sur 1752,
Colonia Florida,
México 20, D.F.,
MEXICO.

Personnel

President:	Sr. Eduardo Villasenor
Executive Director:	Lic. Gerardo Cornejo
Medical Director:	Dr. Sergio Correu
Administrative Director:	Lic. José Cornejo
Education Director:	Dr. Alfonso Orozco
Resource Development Director:	Miss Kathy Denman

Services

The medical and clinical services provided by the Foundation have undergone rapid expansion since their initiation in 1966. By the end of 1973 there were approximately 100 centres offering family planning services. The large majority of the centres are in towns and cities. During 1973 more than 20 new centres were opened. In the state of Vera Cruz, the state government shares the costs of new clinics opened by FEPAC. The Foundation has been approached by governors of other states to work out a similar arrangement.

The staff of a centre usually includes at least one doctor, social workers who make home visits, and supporting staff. The services offered include fertility and infertility treatment, prenatal control, gynaecological treatment, patient motivation and education, and cancer detection. In January 1969 the Foundation opened its own Cytology Laboratory to process the tests. These had previously been examined in private laboratories.

During 1972 a total of 392,991 patients attended the Foundation's centres of whom 55,828 were new. The oral contraceptive is the most frequently used method. In 1972 it was chosen by 17,802 new acceptors, 11,948 new acceptors selected the IUD and 6,787 the injectables.

Information/Education

The Foundation carries out an active information and education programme designed to educate influential national and community leaders to support family planning, to motivate information to acceptors in order to retain them within the programme.

Three groups in particular are selected as the targets for the programme; the higher socio-cultural level of opinion formers and leaders, students, and acceptors.

The first group are approached through lectures and seminars, and in 1972 the programme included lectures, a seminar for teachers in the State of Mexico, seminar for journalists, and addresses to businessmen and government leaders. The students which the Foundation seeks to reach include those of medicine, nursing, social work, education, and technology. At the request of the different student groups the Foundation arranges lectures, discussions, and film shows, and also distributes its literature on family planning and related topics.

Motivation and education of clients at clinic level takes the form of talks by social workers. In some of the Foundation's centres a member of staff works full-time to carry out the educational programme while in others the programme is the responsibility of a visiting member of the Foundation's central office staff. Relatives and friends are encouraged to attend, audio-visual aids are used to demonstrate contraceptive techniques, films are shown, and discussion is stimulated.

Person-to-person and group communications activities are supported by the publication and distribution of the Foundation's newsletter and of other printed material on family planning, demographic problems, and abortion. Plans are being made to use mass media extensively by means of a National Publicity Council. In 1972 film-showings were made of Foundation films on two television channels, one of which was in the Federal District. A large viewing audience of approximately three million people was reached. Also in 1972 Foundation personnel appeared in radio and television interviews and features.

Training

The Foundation organizes the training of all doctors, nurses and social workers who staff the centres. Short refresher courses are also held for the staff, to stimulate their interest and involvement in the new advances in the field of family planning, in particular in contraceptive research. An annual meeting is held for the doctors of the centres.

At the end of 1968 the Foundation signed an agreement with the Mexican Association of Faculties and Schools of Medicine, under which the latter was to introduce demography and family planning into their curricula with technical assistance from the Foundation. These subjects are now taught in several of the country's medical schools. The Foundation has organized courses for the heads of the Schools and Faculties to prepare them for the teaching of these topics.

Research and Evaluation

The Department of Evaluation in 1972 supervised and maintained the statistical data on client movements in all the Foundation's centres. It also developed new techniques of data recording which are being tested in centres in the Federal District.

The Department also carried out other evaluation work. In 1972 this included a study of laws relating to population and evaluation of patient flow at clinics.

Resource Development

The Foundation was organizing fund-raising activities as early as 1969. These are now the responsibility of the Resource Development Department and its Director. At the end of 1971 the Mexican Government granted the Foundation tax exemption on contributions.

In 1971 over US$50,000 was raised in local funds.

OTHER ORGANIZATIONS

Asociación Pro-Salud Maternal, A.C.

The Asociación Pro-Salud Maternal (Maternal Health Association), was set up in 1958 under the title of Asociacion Pro-Bien Estar de la Familia, and it opened its first clinic in Mexico City in January 1959. The Association was supported by the IPPF for the first three years of its existence. The first Association was terminated in 1963, and the present one formed. It is privately run and financed, and its aims are to carry out clinical research to provide family planning training for professionals, and to make family planning services available to the public, in particular to the low income groups.

Address

Asociación Pro-Salud Maternal, A.C.,
San Luis Potosi 101,
Apartado postal 7-1050,
Mexico 7, D.F.,
MEXICO.

Organización Regional Interamericana de Trabajadores - ORIT - Inter-American Regional Organization of Workers

ORIT with its headquarters in Mexico has 28.5 million members in the Western Hemisphere through its affiliates. It is the Inter-American branch of the International Confederation of Free Trade Unions.

In 1969 the topics of population, the demographic explosion, and family planning were included in the educational programme which ORIT carries out at the Inter-American Labour College in Mexico and similar establishments at national, affiliate level. At the end of 1971 interest in population and family planning was institutionalized by the creation of a Unit for Population and Work within ORIT's Department of Social Affairs. The new Unit is to carry out the following activities:

1. Inform workers and their families about population and family planning through the distribution of printed and other materials.

2. Educate workers and their families about responsible parenthood through seminars, meetings etc.

3. Investigate the socio-economic results of the demographic explosion, in particular in relation to employment and the welfare of the worker.

4. Coordinate affiliates' activities with the public and private institutions which offer family planning clinical services.

Address

Organización Regional Interamericana de Trabajadores,
Plaza de la República 30, piso 3,
Mexico, D.F.,
MEXICO.

Personnel

Secretary General:	Sr. Arturo Jáuregui Hurtado
Director - Department of Social Affairs (Unit for Population Work):	Sr. Manuel Nique C.

Sources

- Report of Western Hemisphere Region. October 1973.
- Fundación para Estudios de la Población, reports to IPPF.
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PANAMA APRIL 1974

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			75,650 sq. kms.[1.]
Total Population	805,285[1.]	1,075,541[1.]	1,428,082 (1970)[1.]
Population Growth Rate			3.0% (1963-71)[1.]
Birth Rate		41-42 (1960-65)[1.]	41.1 per 1,000 (1965-70)[1.]
Death Rate		10-11 (1960-65)[1.]	8.8 per 1,000 (1965-70)[1.]
Infant Mortality Rate		40.8 (1960-65)[1.]	36.8 per 1,000 (1965-70)[1.]
Women in Fertile Age Group (15-44 yrs)			300,000 (1972 estimate)[2.]
Population Under 15			44%[3.]
Urban Population			47.6 (1970)[1.]
GNP Per Capita			US$820 (1971)[4.]
GNP Per Capita Growth Rate			4.5% (1965-71)[4.]
Population Per Doctor			1,791 (1969)[5.]
Population Per Hospital Bed			308 (1969)[5.]

1. UN Demographic Yearbook, 1971.
2. Reports on Population. Family Planning, September 1973.
3. 1973 World Population Data Sheet - Population Reference Bureau Inc.
4. World Bank Atlas, 1973. IBRD.
5. UN Statistical Yearbook, 1971.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

The Central American Republic of Panama stretches across the isthmus of Panama and includes the narrow strip of the Canal Zone, 51.2 miles long and 10 miles wide. The Panama Canal was opened in 1914 and is one of the major waterways of the world. The USA was granted the occupation and use of the Canal Zone by Treaty in 1903, and the area was administered by the Panama Canal Company and the Canal Zone Government whose Governor was appointed by the President of the USA. In 1973 a large part of the Zone reverted to the Panama, with an associated rise in the rental of the Canal, but administration remains in US hands.

Economic activity tends to be concentrated in the metropolitan area, and a recent estimate shows that 80% of total income is produced and distributed in this area among less than 50% of the total population. There has been considerable internal migration to Panama City which by 1969 had an estimated 389,000 inhabitants.

Ethnic

Approximately two thirds of the population are of mixed descent: there are small Negro, white and Amerindian groups.

Lanugage

Spanish; in the Canal Zone English is the chief language spoken.

Religion

95% of the population are Roman Catholic, with separation of church and state.

Economy

Approximately a quarter of national revenue is derived from the Canal Zone, from lease fees and from labour services. Considerable income is also gained from shipping registration fees, Panama's merchant marine being one of the largest in the world although predominantly foreign owned. Despite the development over the past few years of a more diversified industrial sector, agriculture continues to be an important economic activity and the main crops are rice, sugar and bananas.

Communications/Education

The internal transport system relies on roads and railways, the latter owned partly by the government and partly by the two USA companies.

Education is compulsory between the ages of 7 and 15 years. In 1969, there were 238,593 pupils in primary education, 73,371 secondary pupils and 7,252 students in higher education. There are two universities.

In 1970, there were 13 daily newspapers, with a circulation of 108 per 1,000 inhabitants, while radio sets numbered 157 per 1,000 people. Television sets in 1969 numbered 88 per 1,000 inhabitants.

Medical/Social Welfare

Public Health facilities are provided by three regional health administrations under the Directorate - General of Health which is part of the Ministry of Health. In 1968, 641 of Panama's 696 doctors were working in government service.

Maternal and child health care is carried out by pre-natal and child health centres of which there were 12 in 1967. In the same year 61.2% of all births were attended by a doctor or a qualified midwife.

The Government is concerned to reduce the high level of malnutrition among children; a survey in 1967 showed that 60.7% of the population under 5 years of age suffered from some form of malnutrition. An applied nutrition programme was introduced in 1963.

A government operated social welfare scheme to which employees contribute, provides benefits for unemployemnt, sickness and retirement.

FAMILY PLANNING SITUATION

A private association provides family planning services on a modest scale. The Government is developing a national family planning programme, and family planning services are increasingly being made available through the Mother and Child Health Programme of the Ministry of Health.

Towards the end of 1973, the Association and the Ministry of Health signed an agreement which defined the role of each regarding family planning. The Ministry officially has responsibility for delivering family planning in Panama through its public health clinical network. The Association plays a complementary role - in the fields of information and education, training of personnel, and research/evaluation, utilizing its two clinics at Maranon and San Miguelito.

Attitudes

There is official support for family planning. The President of the Republic has shown great interest in the solution of the nation's population problems.

There is no active Roman Catholic opposition to family planning.

Legislation

Abortion is illegal. Sterilization is legal under a law of 1941, and according to a calculation made by the Ministry of Health, in 1970 approximately 5% of women in the 15-49 years age group were sterilized.

FAMILY PLANNING ASSOCIATION

History

Before 1965, when the Family Planning Association of Panama (APLAFA) was set up, family planning activities had been carried out by isolated individuals. In 1966 the new Association opened the Maranon Model Centre in the capital in which contraceptive services were made available supported by information and education and research programmes. In 1967, to extend services outside the capital, an agreement was signed with the Government and with USAID, and by the end of 1968 the Association was running 5 clinics; two were in Panama City and three outside it. Also three were in state-owned premises and two in premises rented by the Association. By the end of 1969, the Association had handed over 4 of

its clinics to the Government.

The Association has been a member of the IPPF since 1969.

Address

Asociación Panaména para el Planeamiento de la Familia,
Edificio Multifamiliar No. 2,
Esquina Avenidas Balbao y "B",
Apartado 4637,
Panamá 5,
PANAMA.

Officials

President: Dr. Julio Armando Laverne

Executive Director: Sra. Graciela de Playa

Services

The FPA currently operates two clinics, as noted below, primarily for research and training purposes. APLAFA registered 488 new acceptors and 4,951 revisits in 1972. Of these, 57.8% used oral methods and 36.7% IUD's.

Information and Education

In 1970, the Minister of Health noted verbally that the Association's primary role is information and education. Earlier in the year, the Association had combined its information and education and training departments into one division in order to concentrate on the planning, evaluating, supervising, and coordinating of all these activities. The programme included the distribution of literature, the publication of a Newsletter - "Conciencia", the stimulation of publicity for the Association and for family planning in the press and on radio and television, conferences, talks for patients, a library service and statistical work on clinic and patient activities.

In 1973 and 1974 the Association is concentrating even more on information and education work. Particular emphasis is put on the organization of talks for selected groups of educators and of influential community leaders, both in the capital and in the interior of the country. An active programme is carried out in Colon, the country's second city, where the Government provides clinical services. Motivation work is carried out among the patients in the government's programme.

Also in Colon the FPA is collaborating with the Government in a project utilizing paramedical personnel to distribute contraceptives, particularly oral contraceptives. It is the first effort of this type to be undertaken in Panama. In 1974, the Association plans to commence a motivation programme within the National Guard.

Sex education

In 1970, in liason with the Ministry of Education, the Association assisted the directors of official primary and secondary schools in developing programmes of sex education for pupils, staff and parents.

In 1973, a grant from UNESCO was negotiated to develop sex education in schools. The Family Planning Association also signed an agreement with the national university to provide information programmes and organize a university clinic.

Assistance

APLAFA is supported by the IPPF, while AID has contributed technical and financial support to the Ministry of Health.

UNFPA, the Pan American Health Organization and the Population Council have also provided assistance.

Resource Development

A Resource Development Programme is planned with the assistance of the IPPF. The Association has been urging the private sector to support its work through means of the Newsletter "Conciencia".

GOVERNMENT

History

In June 1967 an agreement was signed between the Government, USAID and the Association; it was modified in 1968 and was to be in force until December 1970. Under this agreement, a Family Planning Committee was to be established with representatives from various Ministries and from the Association and family planning was to be incorporated within the Maternal and Child Health Programme of the Ministry of Health. However, no positive action was taken.

In 1969, a further agreement was signed by the Government with USAID and the Ministry of Health appointed a full-time Director of its Family Planning Programme and in 1970 a Commission for Demographic Policy. In that year the Association handed over 4 of its clinics to the Government but while an official programme developed there was no agreed definition of the respective roles of the Government and of the Association until 1973.

Services

The Ministry of Health is directing a phased integration of family planning services in all Maternal and Child Health clinics which number approximately 60. The aim is to reach 15% of the female target population within 5 years. The Ministry of Health has already introduced services into approximately 15 clinics.

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