Data relating to population and family planning in six countries are presented in these situation reports. Countries included are Barbados, Canada, Papua and New Guinea, St. Vincent, and Surinam. Information is provided in the following areas where appropriate and if it is available: (1) statistics on population, birth and death rates, G. N. P., for 1950, 1960, and latest date available; (2) general background of ethnic groups, language, religion, economy, communications/education, and medical/social welfare; (3) the family planning situation; (4) planned parenthood association and its history; (5) government attitude toward planned parenthood and family welfare; (6) legislation for family planning and contraception; (7) facts and figures on birth control; (8) planned parenthood training; (9) responsible parenthood and sex education; and (10) other related organizations. Updated information about planned parenthood associations - their names, directors, and addresses - is given for Chile, Colombia, Finland, German Federal Republic, Grenada, Irish Republic, and Venezuela. (BL)
### STATISTICS

<table>
<thead>
<tr>
<th></th>
<th>1950</th>
<th>1960</th>
<th>LATEST AVAILABLE FIGURES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AREA</strong></td>
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<td><strong>253,633</strong></td>
<td>430 sq.kms.</td>
</tr>
<tr>
<td><strong>TOTAL POPULATION</strong></td>
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<td><strong>1.1%</strong></td>
<td>(1963-69)1.</td>
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<tr>
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<td><strong>33.8</strong></td>
<td><strong>20.9</strong></td>
<td>(1970)2.</td>
</tr>
<tr>
<td><strong>BIRTH RATE</strong></td>
<td><strong>9.2</strong></td>
<td><strong>8.2</strong></td>
<td>(1967)1.</td>
</tr>
<tr>
<td><strong>DEATH RATE</strong></td>
<td><strong>60.4</strong></td>
<td><strong>45.7</strong></td>
<td>(1968)1.</td>
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<tr>
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<td><strong>48,996</strong></td>
<td><strong>55,090</strong></td>
<td>(1968)1.</td>
</tr>
<tr>
<td><strong>WOMEN IN FERTILE AGE GROUP (15-44)</strong></td>
<td><strong>38%</strong></td>
<td><strong>37%</strong></td>
<td>(1968 est.)1.</td>
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<tr>
<td><strong>POPULATION UNDER 15</strong></td>
<td><strong>430,633</strong></td>
<td><strong>568,200</strong></td>
<td>(1969)2.</td>
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<td><strong>URBAN POPULATION</strong></td>
<td><strong>40.3%</strong></td>
<td><strong>46.3%</strong></td>
<td>(1960)1.</td>
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<tr>
<td><strong>GNP PER CAPITA</strong></td>
<td><strong>US$440</strong></td>
<td><strong>US$490</strong></td>
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</tr>
<tr>
<td><strong>GNP PER CAPITA GROWTH RATE</strong></td>
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<td><strong>3.0%</strong></td>
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<td><strong>POPULATION PER DOCTOR</strong></td>
<td><strong>2,350</strong></td>
<td><strong>2,400</strong></td>
<td>(1967)4.</td>
</tr>
<tr>
<td><strong>POPULATION PER HOSPITAL BED</strong></td>
<td><strong>90</strong></td>
<td><strong>93</strong></td>
<td>(1967)4.</td>
</tr>
</tbody>
</table>

### I. GENERAL BACKGROUND

The small island of Barbados, in the eastern Caribbean, has a population density of 590 persons per square kilometre, a figure which is exceptionally high for an agricultural country.

The values of a plantation society survive, in particular in the widespread institution of common-law marriages, and in the subsequently high rate of technical illegitimacy.

1. UN Demographic Yearbook.
4. UN Statistical Yearbook.
Ethnic
The majority of the population, over 90%, are of African or mixed descent; the rest are white.

Language
English.

Religion
Nearly 75% of the population belong to the Anglican Church; there are also Methodist and Roman Catholic congregations.

Economy
Cane sugar is the chief crop, and sugar, rum and molasses form 90% of total exports. Tourism is a growing industry. Unemployment is high, (14%), and the seasonal nature of production causes considerable labour instability.

Communications/Education
The island has a good road network, shipping and air services. There is a daily newspaper, and several other journals and magazines. 2 radio and 1 television station cover the island.

Education is free, and the illiteracy rate is less than 3%. There are over 100 primary and 18 secondary schools (1969), as well as facilities for teacher training and for technical and higher education.

Medical/Social Welfare
The Government runs a Health Service, with hospitals and child-care units covering the island. Social welfare organizations and voluntary committees also provide services.

II. FAMILY PLANNING SITUATION
The Barbados Family Planning Association has provided family planning services since 1954. It has received regular Government financial assistance since 1956.

Attitudes
Family planning is supported by the Government, doctors, teachers, churches and the press, and there is no organized Roman Catholic opposition. The major obstacles to its acceptance are the traditions inherited from a slave society, in which a high value is put on fertility, and the persistence of male machismo.
Family Planning Association

History

In 1954, a select committee, set up by the Government, recommended to the House of Assembly that family planning services should be provided on a national scale. The following year, the Barbados Family Planning Association was set up, and in 1957 became an IPPF member.

Address

The Barbados Family Planning Association,
Bay Street,
Bridgetown,
Barbados.

Personnel

President: Lt. Col. O.F.C. Walcott, OBE, ED.
Manager: Mr. James Lionel Gilkes.

Services

By the end of 1970, the Association was providing family planning services in 14 clinics, 2 of which opened daily, and 6 monthly. The rest provided 1 to 3 sessions a week. The number of new acceptors has grown steadily, reaching a total of 2,302 in 1970; 23,457 old acceptors continued to attend in 1970.

Most contraceptive methods are available, as well as infertility, gynaecological and cancer detection services. Four nurse-midwives staff the clinics, and a physician is available daily for consultation at the Bay Street clinic, Bridgetown. In 1970, the following contraceptive methods were used:

<table>
<thead>
<tr>
<th>Method</th>
<th>New acceptors</th>
<th>Old acceptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orals</td>
<td>850</td>
<td>18,729</td>
</tr>
<tr>
<td>IUD</td>
<td>135</td>
<td>839</td>
</tr>
<tr>
<td>Condom</td>
<td>762</td>
<td>1,978</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>13</td>
<td>30</td>
</tr>
<tr>
<td>Spermicides</td>
<td>542</td>
<td>1,881</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,302</td>
<td>23,457</td>
</tr>
</tbody>
</table>

262 female sterilizations were carried out in 1970.

The Association's field-workers carry condoms with them, and large quantities are distributed. In addition, arrangements have been made with rum shops, to sell condoms at low cost.

The Association has the advantages of a highly literate population, and of the support of the mass media. It has developed its educational activities in two spheres, of interpersonal contact and of the mass media.

The 1970 field approach stressed education rather than service; the 10 field-workers and the 3 Education/Information staff made 12,871 home-visits, held 14,872 interviews and 182 public and group meetings with visual aids. 1,003 new acceptors were recruited by the field-workers. Leaflets and booklets are used to support the campaign.

Within the field-work programme, increasing emphasis is being put on industry, and, with the cooperation of owners and managers, an industrial nurse visits several factories. Her salary is paid by contributions from local manufacturers.

Mass media were used for the first time in 1969. A contract was signed with a local advertising agency, who designed a radio/television campaign. In 1970, television was dropped as it was considered that radio alone reaches a wide audience. The campaign was also broadcast to the islands of St. Lucia and St. Vincent.

Sex education

The Association recognizes the need for a structured sex education programme to be taught in the schools. The Minister of Education supports the idea, and cooperation is developing with the advice of a representative of SIECUS*, who visited the island in 1970.

Training

The Association runs training courses for its nurse-midwives and for its field-workers. Personnel from St. Lucia, St. Vincent and Guadeloupe, have also attended courses.

* SIECUS - Sex Education and Information Council of the United States.
Plans

A Special Youth Motivation Project is to be run in 1971, aimed at 15,000 potential drop-outs in 187 schools, in the 14-17 years age group. School teachers are to be trained, and are to introduce sex education and family planning into their curricula.

Government

The Government has supported the Association financially since 1956. In 1970, as well as a grant of US$33,500, it provided the Association's headquarters and permitted it to use public health centres throughout the country for clinics.

### Situation Report

**Country:** CANADA  
**Date:** MAY, 1971

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1  
01.839—2911/6

<table>
<thead>
<tr>
<th>STATISTICS</th>
<th>1950</th>
<th>1960</th>
<th>LATEST AVAILABLE FIGURES</th>
</tr>
</thead>
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<tr>
<td><strong>AREA</strong></td>
<td></td>
<td></td>
<td>9,976,139 sq.kms.</td>
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<td><strong>TOTAL POPULATION</strong></td>
<td>14,009,429 (1951 census)</td>
<td>18,238,247 (1961 census)</td>
<td>21,405,000 (1969)*</td>
</tr>
<tr>
<td><strong>POPULATION GROWTH RATE</strong></td>
<td></td>
<td>2.2% (1958-61)</td>
<td>1.7% (1970)*</td>
</tr>
<tr>
<td><strong>BIRTH RATE</strong></td>
<td></td>
<td>26.0 (1961 census)</td>
<td>17.6 (1969)*</td>
</tr>
<tr>
<td><strong>DEATH RATE</strong></td>
<td></td>
<td>7.7 (1961 census)</td>
<td>7.4 (1969)*</td>
</tr>
<tr>
<td><strong>INFANT MORTALITY RATE</strong></td>
<td></td>
<td>27.2 (1961 census)</td>
<td>22.0 (1970)*</td>
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<tr>
<td><strong>WOMEN IN FERTILE AGE GROUP (15-49 YRS.)</strong></td>
<td>4,221,451 (1961 census)</td>
<td>4,829,100 (UN est. 1967)</td>
<td></td>
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<tr>
<td><strong>POPULATION UNDER 15</strong></td>
<td></td>
<td>34% (1961 census)</td>
<td>33% (UN est. 1967)</td>
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<tr>
<td><strong>URBAN POPULATION</strong></td>
<td>66.6% (1956 census)</td>
<td>69.6% (1961 census)</td>
<td>73% (1966 census)</td>
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<tr>
<td><strong>GNP PER CAPITA</strong></td>
<td></td>
<td></td>
<td>US$2,460 (1968)¹</td>
</tr>
<tr>
<td><strong>GNP PER CAPITA GROWTH RATE</strong></td>
<td></td>
<td></td>
<td>2.8% (1961-68)¹</td>
</tr>
<tr>
<td><strong>POPULATION PER DOCTOR</strong></td>
<td></td>
<td></td>
<td>784 (1968)*</td>
</tr>
<tr>
<td><strong>POPULATION PER HOSPITAL BED</strong></td>
<td></td>
<td></td>
<td>100 (1970)*</td>
</tr>
</tbody>
</table>

**Sources:**  
* Data supplied by the Family Planning Federation of Canada.  
I. GENERAL BACKGROUND

The Dominion of Canada, which includes ten provinces and two territories, is territorially, the second largest country in the world. However, the population is small relative to area, with a population density of 6 persons per square mile (June 1970). Vast areas in the north are sparsely inhabited. The urban percentage of the population is high, but the classification of an urban area is based on the low figure of 1,000 persons. Two cities, Montreal and Toronto, have over two million inhabitants, and 11 other cities have populations of between 200,000 and 1,000,000.

Immigration has been an important factor in national development, over 3,000,000 immigrants having settled in Canada since 1945.

Ethnic

Native-born Canadians are mainly of European, in particular English and French, descent. There are 230,900 Indians, and 15,000 Eskimos.

Language

English and French are the official languages. French speakers form 30% of the total population and are chiefly concentrated in the province of Quebec.

Religion

Approximately 44% of the population are Roman Catholic, approximately 11% Anglican, and approximately 16% belong to the United Church of Canada; there are also Presbyterian, Lutheran, Baptist, Jewish and Orthodox groups.

Economy

Canada is a leading industrial nation, and has a highly mechanized agriculture. Industry is heavily dependent on foreign investment, in particular on capital from the USA. Over 70% of total trade is with the USA. Forestry, fishing, fur production, mining and tourism are major economic activities.
Communications/Education

An extensive road, railway, and river network covers most of the country. The St. Lawrence Seaway, opened in 1959, allows ocean ships to reach the Great Lakes. Internal air communications are important.

Of the 115 daily newspapers, (total circulation, 1,460,321 - 1970), 12 are published in French. There are 826 weekly newspapers, of which 20% are published in French. Radio and television services cover almost the whole country, and the Canadian Broadcasting Corporation relays programmes in English and in French.

Education is a provincial responsibility. It is free and compulsory, but the period of compulsory education varies from province to province. Primary education starts at 6 or 7 years and continues to 13 or 14 years; it is followed by 3 to 5 years of secondary education. There are 59 universities. French speakers are legally entitled to receive instruction in French.

Medical/Social Welfare

Medical services cover practically the whole country, except the most remote regions. A Federal Medicare Programme was set up in 1968, in which 7 provinces participate. The Federal Government administers family allowances and unemployment insurance; in 1966, a contributory pension scheme covering the majority of workers was instituted.

II. FAMILY PLANNING SITUATION

Family planning services are provided by the member associations of the Family Planning Federation of Canada, by private doctors and by some Health Departments. There is a Federal Government programme of research, training and information on family planning.

Attitudes

The legal restrictions on the advertisement, sale and giving of information on contraceptives, and the opposition of the Roman Catholic church, have been serious obstacles to the development of family planning. In the early 1960s, silence on the subject was broken, and a general public debate spread, in particular after the ban on any discussion of birth control on radio and television was lifted in 1965.

The Federal Government has now acknowledged the need to expand family planning services, and has entered the field of population itself, both at home and abroad, although nearly half of the Cabinet members are Roman Catholic.

A minority of Roman Catholic opposition persists but most of the hierarchy have come to terms with the problems of a modern and pluralistic society. The Anglican Church, which contributes to family planning activities in Canada and abroad, the United Church of Canada, and the Presbyterian Church of Canada are members of the Family Planning Federation of Canada.
Legislation

There are no longer any legal restrictions on contraceptives.

Until 1969, under the heading, "Practices Tending to Corrupt Morals," all offers, to sell, advertise, publish an advertisement of, or having for sale or disposal any means, instructions, drugs, or article intended or represented as a contraceptive method or a method for causing abortion or miscarriage, were an offence under the Criminal Code.

Throughout the 1960s, the Family Planning Federation of Canada led a vigorous campaign for reform of the law. In June 1969, success was achieved when a Government act was passed removing the reference to contraceptives from the Code. Subsequently, the Food and Drug Act was amended to regulate their sale and advertisement.

The new act legalised the growing network of family planning clinics, made it possible for the Family Planning Federation of Canada to apply for charitable status, and enabled the Federal Government to support foreign and domestic family planning activities.

Abortion is illegal: in 1969, an amendment to the law permitted therapeutic abortion to be carried out if a woman's mental and/or physical health is in danger.

Family Planning Association

History

The Federation was organized in 1963, as the Canadian Federation of Societies for Population Planning, and became an IPPF member in the same year. In 1966, it changed its title to the present bilingual form. For some years, the Federation remained a mainly voluntary organization, and only in 1970 did it open a full-time office, with three full-time employees. It coordinates the work of its member associations,* and acts as a pressure group to change the law. It has presented four important information briefs to the Federal Government, on the legalization of contraceptives, the granting of foreign aid for family planning, the recognition of the importance of contraceptives for the modern status of women, and a statement to the Senate Committee on poverty.

In November 1969, the Federation became a chartered corporation, and in December, was granted charitable status. By May 1970, five members had also registered as charities.

Address

The Family Planning Federation of Canada,
Le Fédération Pour le Planification Familiale
96, Eglinton Ave. East, Room 205,
Toronto,
Ontario.

Personnel

President: Dr. T.M. Roulston
Secretary: Mrs. Dorothy Keeping
Executive Director: Mr. Brian M. Strehler
Treasurer: Mr. George Cadbury

* See appendix
Services

Several members of the Federation provide clinical services; however, there are no complete figures available for acceptors.

The Family Planning Association of British Columbia: clinical services have been available since 1965. 7 clinics are in operation, in metropolitan Vancouver and in the province. In 1969, the 3 Vancouver clinics served a total of 2,006 acceptors, of whom 685 were new; over 90% of acceptors used oral contraceptives.

Edmonton Planned Parenthood Association: the Association has no clinic but runs an information service.

Planned Parenthood Society of Hamilton: there are 2 clinics. In 1969, there were 183 new acceptors, and 1,570 follow-up visits.

Family Planning Association of Manitoba: the Association runs 7 clinics.

L'Association pour la Plannification Familiale de Montreal: an information service is provided in French and English.

Le Centre de Planning Familial du Quebec: with financial support from the provincial Department of Family and Welfare, the Centre runs a family planning and a sexology clinic.

Planned Parenthood of Ottawa: there is one clinic.

Planned Parenthood of Toronto: the association runs clinics for the city and province. In 1969, there were 1,970 patients receiving contraceptive and guidance services. There are clinics in Oshawa, Ottawa, London and Scarborough.

New groups have been started in Nova Scotia, and in New Brunswick.

Education/Information

The Federation provides a wide range of information in English and French. It runs a library and a film library, with materials available in both languages. The member Associations run their own information and education activities.

The Federation publishes a Newsletter and it is planned to distribute a quarterly bulletin, "A Progress Report on Public Family Planning Clinics".

Sex Education

The Toronto School Boards voted early in 1971 to provide family planning, birth control and abortion instruction in schools. Other school boards are to follow suit.

Training

Several Associations conduct or sponsor family planning training for professional groups involved with medical services and community welfare. Efforts are being made to include family planning in medical education.

In August 1970, the Family Planning Centre of Quebec, together with the University of Montreal, organized a family planning training course for participants from French-speaking countries in Africa and the Caribbean.

Government

Following the reform of the law on contraceptives, the Federal Government entered the family planning field for the first time. In September 1970, the Federal Minister of Health and Welfare announced a Federal programme in the family planning field; public and private agencies are to receive grants and contracts for research, the Federal Government is to collaborate with provincial Governments and private agencies in the dissemination of information, and assistance is to be given to training health and welfare professionals.

In December 1970, the Federal Government announced its first official support for family planning activities overseas. The Canadian International Development Agency is to contribute a total of US$4,250,000 over the next two years. In 1970-71, IPPF is to receive US$500,000, and the United Nations Fund for Population Activities US$1,000,000; in 1971-72, IPPF will receive US$750,000 and UNFPA US$2,000,000.

Canada's assistance to overseas family planning and population programmes will be carried out through the International Development Research Centre, which has established a population unit under Dr. George Brown.

In May 1971, the Federal Minister of Health announced a grant of 100,000 dollars to the Family Planning Federation of Canada for an information programme. It is aimed to make it easier for low-income groups to get birth-control information.

Bibliography

IPPF would like to thank the Family Planning Federation of Canada for their valuable assistance in preparing this report.

Other sources

- UN Demographic Yearbook.
Appendix

Members of the Family Planning Federation of Canada

Calgary Association for Responsible Parenthood
Planned Parenthood of Edmonton
Family Planning Association of British Columbia
Family Planning Association of Manitoba
Saint John Planned Parenthood Clinic
Family Planning Association of Nova Scotia
Anglican Church of Canada
Canadian Home Economics Association
Canadian Unitarian Council
Planned Parenthood of London (Ontario)
Planned Parenthood of Ottawa
Planned Parenthood of Toronto
Planned Parenthood Society of Hamilton
Presbyterian Church in Canada
The Salvation Army
United Church of Canada
Le Centre de Planning Familial du Quebec
Family Planning Association of Montreal
Family Planning Association of Fredericton.
Family Planning Association of British Columbia (Victoria)
Birth Control and Family Planning Association (Peterborough)
### Situation Report

**Country**: PAPUA & NEW GUINEA  
**Date**: APRIL, 1971

<table>
<thead>
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<td>N.G.</td>
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<td>222,998 sq.kms.</td>
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<td></td>
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<tr>
<td><strong>TOTAL POPULATION</strong></td>
<td>2,315,000</td>
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<tr>
<td><strong>POPULATION GROWTH RATE</strong></td>
<td>2.3%* (1969)</td>
<td></td>
<td></td>
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<tr>
<td><strong>BIRTH RATE</strong></td>
<td>43.8* per 1000 (1969)</td>
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<td></td>
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<tr>
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<td></td>
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<td><strong>WOMEN OF FERTILE AGE GROUP (15-44)</strong></td>
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<td></td>
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<tr>
<td><strong>POPULATION UNDER 15</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>URBAN POPULATION</strong></td>
<td>5.9%</td>
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<td><strong>GNP PER CAPITA</strong></td>
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<tr>
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<td>N.G.</td>
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<td></td>
<td></td>
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<tr>
<td>P.</td>
<td>7,910 (1966)</td>
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<tr>
<td><strong>POPULATION PER HOSPITAL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N.G.</td>
<td>120 (1966)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.</td>
<td>140 (1966)</td>
<td></td>
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</tr>
</tbody>
</table>

*Local estimate by D.J. van de Kaa.*
GENERAL BACKGROUND

Papua is an Australian Territory and New Guinea is a United Nations Trust Territory. The 2 territories are administered together by Australia, through House of Assembly made up primarily of elected representatives. Together they form the eastern half of the island of New Guinea. To the west lies the Indonesian territory of West Irian. The average population density is about 7 to a square km. Expectancy at birth is about 43 years.

Ethnic Groups

The non-indigenous population total some 35,000 for the two territories.

Languages

English is the language of administration.

Religion

Most of the indigenous population is pantheistic. There is much missionary work by most Christian denominations.

Economy

The economy is basically subsistence. Trade forms an integral part of Papua and New Guinea development and exports play an important part in the economic growth and prosperity of the country. Most of its export income is derived from sale of tropical commodities like coconut, coffee, cocoa and timber on world market. Its main trade partners are Australia, Western Europe, USA and Japan. It is gradually entering the manufacturing field. A 5 year Development Plan (1969-73) is under way to double export earnings by 1973 and to make the economy self-sufficient by 1980.

Communications/Education

Papua and New Guinea have 2 radio broadcasting stations - both government owned. 2 newspapers are published. In 1966 there were also 29 cinema halls. Total number of pupils in nearly 2,000 schools, is 228,721. The University of Papua and New Guinea has 592 students and the Institute of Technology - 250 students. In 1971 it is hoped that 60% of the 7-12 (primary) age group will be provided schooling facilities.

Medical

In 1965-66 there were 310 hospital establishments with 17,761 beds. Also 180 physicians; 18 dentist; 1248 nurses and 31 pharmacist provided medical services.

FAMILY PLANNING SITUATION

A family planning programme is being developed by the Department of Public Health and United Churches Mission hospitals.

Legislation

There is no anti-contraceptive legislation.

Family Planning Association

None.
Government Attitude and Programme

The present programme began during 1967/68 and is considered an integral part of the general work of the Department of Public Health. Phase 1 of the programme has been based on the IUD. There has been no educational work so far, and the programme has developed entirely on a 'word-of-mouth' basis. The guiding principle of the Department's family planning work is that couples have the right to space their children, and to decide how many children they want. IUDs are provided free-of-charge as part of the routine health service, other methods are available but have to be paid for.

The Australian administration has provided loops to the MCH service since 1967. The MCH service distributes the loops to the United Church Hospitals and health centres.

Services 1967-1968

Number of centres where family planning is available 25
Number of centres sending in information 23

2,426 women have applied to family planning centres to get advice on spacing or prevention of further pregnancies and for medical examination.

Methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Quantity</th>
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<td>Pill</td>
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</tr>
<tr>
<td>Rhythm</td>
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</table>

Family Planning Education

The medical college Papua/New Guinea is introducing family planning at undergraduate level. Birth control advisory service which was established in 1967 is being expanded.

In November 1970 the University of Papua and New Guinea held a seminar on "Population Growth and Economic Development" in order to awaken interest in and encourage discussion of the problems linked with demographic changes that accompany rapid drop in death rate and a rise of natural increase rate.

Training

IPPF arranged training for 3 family planning workers. A few family planning personnel trained at the IPPF Singapore Training Centre.

United Church Mission

Family planning work is also being developed by the United Churches.
Plans

Phase 2 of the Department of Health's programme will involve training personnel, and the undertaking of a family planning education campaign. Phase 3 would involve the development of a national family planning programme, which would require a policy decision by the House of Assembly.

Sources


References


R.N.H. Bulmer - Traditional Forms of Family Limitation in New Guinea.
Peter Pirie - Population Developments in the Pacific Islands.
Geoffery Smith - Population Growth and Education Planning in Papua and New Guinea.
### Situation Report

**Country:** ST. VINCENT  
**Date:** MAY, 1971.

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

01. 839-2911/6

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#### STATISTICS

<table>
<thead>
<tr>
<th></th>
<th>1950</th>
<th>1960</th>
<th>LATEST AVAILABLE FIGURES</th>
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<tr>
<td>AREA</td>
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<td>388 sq.kms.</td>
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<td>POPULATION PER HOSPITAL BED**</td>
<td></td>
<td></td>
<td>220 (1962)</td>
</tr>
</tbody>
</table>

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1. UN Demographic Yearbook.  
3. UN Statistical Yearbook.
I. GENERAL BACKGROUND

St. Vincent is part of the Windward group of islands in the Caribbean. It is an Associated State, and has full internal self-government. The recent rapid growth of its population has been a cause of concern; in 1965, demographic studies stated that the population would almost double within twenty years.

Ethnic

The majority of the population are of African and mixed descent. There are small Amerindian, European and East Asian minorities.

Language

English is the official language. A local patois, based on French, is also spoken.

Religion

Mainly Protestant.

Economy

The economy is agricultural, the chief crops and exports being sea-island cotton, arrowroot, bananas and coconuts.

Communications/Education

There are 600 miles of roads, and regular sea and air links with other islands in the group. There is a weekly newspaper. The island is covered by the radio services of the Windward Islands' Broadcasting Service.

Primary education is provided by the State, and secondary education by independent schools.

Medical/Social Welfare

The Government runs general health clinics, including mother and child welfare services, and general hospitals. There is shortage of doctors.

II. FAMILY PLANNING SITUATION

A private Association provides family planning services, mainly in Government facilities, and with official financial support.

Attitudes

The Government of St. Vincent is concerned to limit the rapid growth of the island's population, and it has always supported and encouraged the Association's activities.

Legislation

The Government allows the duty-free import of all family planning equipment and supplies.
Family Planning Association

History

In December 1965, the St. Vincent Planned Parenthood Association was founded on a voluntary basis by a group of community leaders. In 1967, both the IPPF and the Government gave financial assistance for the first time.

A family planning clinic was opened in the capital, Kingstown, in 1966, and, by an agreement with the Government, family planning services were also made available in 21 Government rural health clinics for mothers and children. By 1970, this number had grown to 25.

In 1968, the Association occupied its new headquarters' building in Kingstown.

Address

St. Vincent Planned Parenthood Association,
P.O.Box 99,
Kingstown,
St. Vincent.

Personnel

President: Mr. W.H. Lewis, M.B.E.
Executive Secretary: Mr. E.B. John.

Services

In 1970, the Association's clinic and the 25 Government health centres served 1,338 new acceptors. The total of acceptors since the programme began in 1966, was 3,756. There were 6,573 follow-up visits in 1970.

Most contraceptive methods are available. In 1970, 48% of new and 54% of old acceptors used orals. The main clinic is staffed by a full-time nurse, and in each health centre, a Government nurse, paid by the Association, provides family planning services.

Education/Information

Person-to-person contact and motivation have received priority in the Association's educational programme. A team of field-workers works in both rural and urban areas, giving talks, showing films, demonstrating contraceptive devices, visiting homes, and distributing simple contraceptives, especially foams and condoms. In addition, there is a Public Health Educator, paid for by Oxfam.

In 1970, the Association employed 12 field-workers. Over 100 meetings, with films and discussions, were held; great emphasis was put on the motivation of men, resulting in an appreciable increase in the sale of condoms, and of unmarried mothers, who were encouraged to limit their families to three children.

Leaflets and posters are produced and distributed, but the press and radio are not used extensively. In 1970, the Association took part, at the Government's invitation, in an exhibition held for Health Week. It was an opportunity to promote the advantage of small families to a large audience.

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Sex Education

The Association has begun to provide information on family planning for senior pupils and for school leavers.

Training

Assistance has been given by the Family Planning Association of Barbados in training staff. In 1969, the field-workers from St. Vincent received their initial training in Barbados, and subsequently attended weekly inservice sessions conducted by the two senior field-workers of their own Association. A local training programme is now being set up under the direction of a Government nurse.

In 1970, the Association and the Ministry of Community Development ran a three day course on family planning and community development for workers in these fields. 14 Association staff attended.

Government

The Government gives active support to family planning. It has consistently raised its grant to the Association; in 1970, it totalled US$3,500. It also provides official health facilities and staff time. The Association enjoys tax-exempt status. The Governor of the State is Patron of the Association.

Plans

1. A four day conference is to be held by the Association in 1971, to gain wider publicity and support for family planning.
2. The Association plans to use the press and radio to a greater extent.
3. It is aimed to increase the number of new acceptors, in particular adolescent girls and men.
4. With Government consent, the Association is working with the St. Vincent Teachers' Association on a sex education project.

5. Budget submission for 1971 of the St. Vincent Planned Parenthood Association, submitted to the IPPF.
**Situation Report**

**Country** SURINAM  
**Date** MAY, 1971.

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

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<table>
<thead>
<tr>
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<th>LATEST AVAILABLE FIGURES</th>
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<td><strong>AREA</strong></td>
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<td>163,265 sq.kms.</td>
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<td><strong>BIRTH RATE</strong></td>
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<td><strong>INFANT MORTALITY RATE</strong></td>
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<td><strong>WOMEN IN FERTILE AGE GROUP (15-49)</strong></td>
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<td>67,708 (1964)</td>
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<td><strong>GNP PER CAPITA</strong></td>
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<td>US$430 (1968)</td>
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<td>2.7% (1961-68)</td>
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<td><strong>POPULATION PER DOCTOR</strong></td>
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<td>2,260 (1966)</td>
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<tr>
<td><strong>POPULATION PER HOSPITAL BED</strong></td>
<td></td>
<td></td>
<td>190 (1966)</td>
</tr>
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**I. GENERAL BACKGROUND**

Since 1964, Surinam, formerly Dutch Guiana, has been part of the Kingdom of the Netherlands with full internal autonomy. Its highly heterogenous population is the result of a history of European colonization, of labour migrations from Asia and Africa, and of negro slavery. The capital, Paramaribo, has a population of over 100,000 persons; (1964 - 110,867), and the population density is 2 persons per square kilometre.

1. UN Demographic Yearbook.
3. UN Statistical Yearbook.

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Ethnic

The largest groups are the Creoles, Hindustanis and Indonesians; there are also Chinese, Europeans, Amerindians, and Bush Negroes.

Language

Dutch is the official language; English, Hindi, Javanese, and Chinese are also spoken, as well as a local dialect.

Religion

There are several religious groups, including Roman Catholics, Muslims, Hindus, Moravian Bretheren, Dutch Reformed, Lutheran and Confucian.

Economy

The country depends on the production and export of bauxite, which in 1966 formed 86% of total exports. Rice is the chief agricultural crop.

Communications/Education

There are less than 100 miles of railways, and roads are the chief form of transport. 5 radio and 1 television stations broadcast in all the local languages. There are 5 daily newspapers published in Dutch and one in Chinese.

Education is compulsory from 7-12 years, and the majority of schools are state-run. Higher and technical education is available at specialised institutions.

Medical/Social Welfare

Health and welfare services are provided by the Government, by Missions and by commercial companies. There are several modern hospitals.

II. FAMILY PLANNING SITUATION

A private family planning association was initiated in 1968, and is now providing family planning services in Paramaribo.

Attitudes

The Government does not have an official policy on population, for fear of political complications. However, in September 1970, a Minister spoke for the first time of the urgent need to consider the high population growth rate as a factor retarding development.

Legislation

There is a tax on contraceptive materials imported into the country.
Family Planning Association

History

The Association, called Stichting LOBI (LOBI means love), was founded in 1968 and represents nearly all Surinam's racial groups. It is concerned with family planning and with sex education.

Address

Stichting LOBI,
Post Box 1522,
Paramaribo,
Surinam.

Personnel

President: Dr. R.W. Van Kanten
Treasurer: Mrs. Tineke Schipper
Secretary: Mr. H. Lont
Administrator: Miss Mildred Zuidveen

Services

The Association runs one clinic which opened in September 1969 in Paramaribo. It is open 6 hours a day, 5 ½ days a week. In 1970, the clinic served 166 new acceptors of whom 110 used orals and 43 the IUD. The total number of new acceptors since the initiation of services, was 300. There were 978 follow-up visits in 1970.

The clinic was staffed by one full-time and one part-time nurse, and by two part-time doctors.

Education/Information

In 1970, the Association's doctors held 30 meetings for groups including housewives, students and women's organizations. Meetings are held at request, and the Association receives several invitations to send speakers. The mass media have been used for publicity; in 1970, 12 film shows were held in public cinemas, and there were 2 radio and 2 television programmes on family planning and contraceptives.

Training

Two representatives of the Association attended a workshop in Trinidad on the organization of a family planning association.

Plans

1. In 1971, a publicity campaign, using films, books, and leaflets, is to be directed, to motivate the general public. A series of radio-spot announcements and newspaper advertisements is to be used.

2. A fieldwork programme is to be started, using two fieldworkers to carry out home visits, and organize group film-shows and talks. It is hoped to reduce the drop-out rate and to recruit new patients.

3. It is planned to start a Pap smear campaign, on an arrangement with the Barbadian Government to read slides.

Other sources


5. Budget submission for 1971 by Stichting LOBI, to IPPF.
The President of the Governing Body of the Chilean Association for Family Protection, for the period April 1971–April 1973, is Dr. Onofre Avendaño. The Vice-President is Dr. Gildo Zambra.
NEW INFORMATION

The address of the Asociación Pro-Bienestar de la Familia Colombiana is as follows:

Calle 34, no. 14-52,
Bogotá, D.F.,
COLOMBIA.
NEW INFORMATION

The newly elected Chairman of Väestöliitto is:

Dr. K. Sipponen
## NEW INFORMATION

The new name and address of the Planned Parenthood Association is:

- **Pro Familia:** Deutsche Gesellschaft für Sexualberatung und Familienplanung e.V.,
- **6 Frankfurter Main 1,**
- **Große Bockenheim Strasse 15,**
- **German Federal Republic.**
New Information

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W. 1 01. 839-2911/8

Following the receipt of new information from the Grenada Planned Parenthood Association, the following items are to be added to, or substituted in, the report:

1. According to the 1970 Census, the total population is 95,000.
2. Subsequently the 1969 birth-rate was 31.5 per 1000.
3. The infant mortality rate in 1960 was 78.9 per 1000.
4. In 1960, 47.6% of the total population were aged 15 years and under.
5. The population of St. George's is estimated at between 10,000 and 15,000 inhabitants.
6. French patois is no longer spoken, but a West Indian dialect of English remains.
7. Primary education is free. Theoretically, education is compulsory between the ages of 5-15 years; however there are not enough school places in the "free" schools (or primary schools), and therefore the truancy laws are not enforced. Secondary education is not free (11-18 years) and only one out of 10 children can attend these schools.
8. 1970. Medical/Clinical activities

8 clinics provided contraceptive services; some patients were referred to clinics or doctors by Field Workers, and others were supplied with contraceptives by the Field Workers themselves.

The doctors and clinics had a total of 4,077 acceptors, of whom 1,059 were new patients; app. 58% used orals, and app. 33% the IUD. The Field Workers served a total of 437 new patients out of a total of 929. (From Annual Report for 1970 of the Grenada Planned Parenthood Association).
The new address and the newly elected Chairman of the Fertility Guidance Company are as follows:

Fertility Guidance Company,
15, Mountjoy Square,
Dublin.

Chairman: Dr. John Wilson
In April 1971, the Asociación Venezolana de Planificación Familiar was accepted as an associate member of IPPF.