

PAHO AND POPULATION POLICY IN THE AMERICAS

Dr. Héctor R. Acuña
Director of the Pan American Sanitary Bureau

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It gives me great pleasure on behalf of the World Health Organization and the Pan American Health Organization to address this gathering of distinguished representatives from the countries of the Americas, the United Nations Development Program, the Economic Commission for Latin America, the United Nations Fund for Population Activities, the Latin American Center for Demographic Studies, UNICEF, and the National Population Council of Mexico, under whose auspices this Second Latin American Meeting on Population is being held, and to examine with you problems of health and population.

I feel this honor the more keenly in that, as a Mexican, I am addressing you in my own country, which has also initiated action to solve the problems of population growth and which recognizes its effects not only on economic development but on the health of the people and on improvement of the quality of life.

For many years the Pan American Health Organization and the World Health Organization have attempted to call the Member Governments' attention to the health consequences of population growth and inadequate fertility regulation. We have long believed that pregnancy of young women is something that increases both maternal mortality and infant risk; we have long believed that repeated pregnancies, occurring at short intervals, also increase the risk to mothers and children, depleting maternal reserves and contributing to neglect of the first-born child by interposing the care needs of the second-born infant. We have also believed that increased parity—repeated pregnancies leading to large families—adds considerably to infant risks, and have recognized at the same time that this pattern of pregnancy involves older women nearing the end of their reproductive period whose susceptibility to complications is very greatly increased.



Aside from these obvious direct health hazards warned of by medical scientists and now proven in most cases, we have recognized the economic drain that early pregnancy, lengthy reproductive periods and large families could entail in societies where the conditions of life were frequently at a minimal or even substandard level.

We are not demographers or economists, nor have we believed in our capacity to render judgment on the problems of population growth *per se*, as they have affected the economic and social development of the countries of this Hemisphere. But we have recognized the competence of others in this field who have pointed to this issue as one of considerable concern to our American republics. I leave it to those experts to judge whether Argentina and Brazil are underpopulated or whether El Salvador, Mexico, and Haiti are overpopulated; but without being an economist or demographer, I can say that I am aware of a considerable drain on the human and financial resources required for the proper provision of medical services, and that these resources are sorely diminished by adverse population effects.

For example, one need only point to the large number of patients filling our hospital beds as a consequence of what is most likely the commonest form of birth control in this Region, namely, illicit abortions. The studies of Monreal and Armijo¹ in Chile suffice to demonstrate this.

¹Armijo, R., and T. Monreal, professors of epidemiology, School of Public Health, University of Chile. See "El problema del aborto provocado en Chile," *Bol Of Sanit Panam* 60 (1): 39-45, 1966.

Likewise, in Mexico the investigations of Dr. Blanca Raquel Ordoñez² have indicated the magnitude of the problem; for example, a retrospective survey of 3,714 women selected for a contraceptive program to prevent induced abortion showed that these women had experienced 32,657 pregnancies and 11,398 induced abortions—an average of three induced abortions per woman.

The Plan of Action approved by the 135 countries attending the World Population Conference at Bucharest calls attention to this issue and to related issues concerning social and economic development—factors which influence both the high pregnancy rates and the need for these illicit attempts at pregnancy termination. The Plan of Action points to a number of basic principles underlying its objectives, emphasizing the sovereign rights of the nations to formulate their own policies and to exercise, in accordance with their national objectives and needs, the universal desire to improve the quality of life of the peoples of the world. It states that “National authorities have the main responsibility for national population policies and programs,” but it also points out that international cooperation should play an important role, in accordance with the U.N. Charter, in assisting the nations to achieve their objectives.

The Plan also recognizes the health implications of the population question, stating that “It is a goal of this Plan of Action to reduce, to the maximum extent possible, the mortality level, particularly among children, as well as maternal mortality, in all regions of the world. . . .” It goes on to recommend that national and international efforts be directed vigorously toward achieving reduction of fetal, infant, and early childhood mortality and related maternal mortality and morbidity; reduction of involuntary sterility, subfecundity, defective births, and illegal abortions; reduction or, if possible, elimination of differential morbidity and mortality within countries with respect to different regions, social and ethnic groups, and sexes; eradication, whenever possible, of infectious and parasitic diseases, undernutrition, and malnutrition; and finally, adoption of special measures for reducing mortality from social and environmental factors and for eliminating aggression as a cause of death and poor health.

The Plan goes on to point out the relationship between health and nutrition, and also notes the desire to develop a population strategy supplemented with supporting social policy measures that would permit widened coverage, particularly of rural and underprivileged groups.

I need not detail further the various paragraphs and recommendations of the World Population Plan of Action, but I would like to point out that all of these recommendations are within the context of the activities which both PAHO and WHO have endeavored to carry out over these past several years.

²Chief, Department of Special Programs of Preventive Medicine, Mexican Social Security Institute; Adviser to the Technical Council, Office of the Deputy Secretary for Environmental Improvement, Ministry of Health and Social Welfare.

Our policy is to assist any Government in the development of family planning activities upon request and within the context of its own population policy and needs. Our policy is to attempt to assist every Government in giving every couple the right to choose, without coercion, the number and spacing of the children it desires. Our policy is to recognize that family planning activities alone will not accomplish these aims without the concomitant assistance of the health and nutrition programs required to assure couples that their children will survive and that the quality of their lives will be as near the optimum as possible, so that they may contribute to the good of the peoples of this world.

Further, we recognize the social and sociological factors that impinge on the situation. We are endeavoring to examine the role of youth, especially that of the young woman as a contributor and a source of help in this matter. She is the future reproducer, nutritionist, educator, and leader. We must concentrate on her as our hope for the future.

In keeping with our policy and with the requests of the Governments of the Region, we are developing a wide range of both national and regional projects encompassing basic research, manpower training, evaluation of maternal and child health and fertility conditions in the Member Countries, technical assistance for defining policies and developing programs, and assistance in obtaining sources of funds for the programs. In carrying out this ambitious endeavor, both the countries and the Organization have received considerable financial assistance from the United Nations Fund for Population Activities.

Among the many elements involved in programs to promote family health and well-being, the Organization has identified the following as priority areas:

- (a) development of policies and programs in the field of maternal and child health;
- (b) administration of programs of maternal and child health and family planning;
- (c) development of manpower resources for programs of maternal and child health and family planning;
- (d) program evaluation;
- (e) health education;
- (f) social work in programs of maternal and child health and family planning;
- (g) collection and compilation of information relating to maternal and child health and family planning, human reproduction, the epidemiology of fertility, and population dynamics, with a view to promoting an exchange of such information among the various countries.

It is worth mentioning a few specific activities in these areas, such as:

- Analysis of the present state of maternal and child health and family planning programs, and development of a strategy to bolster these programs in the Caribbean area.
- Preparation of a basic document on the state of the programs in the Andean Group countries, to be presented at the next meeting of Health Ministers.

- Preparation of a similar document for the Central American countries.
- Collaboration with medical and public health schools of the Region in revising their curricula to include teaching of maternal and child health and human reproduction.
- Collaboration, in PAHO's role of Executing Agency, with formulation or execution of national maternal and child health and family planning programs in ten countries of the Region.
- Implementation of an ambitious regional program for training in administration of family planning programs with activities in various countries.

Before closing, I would like to cite a portion of the Pan American Health Organization's population statement, which was initially presented at the first meeting of this Regional Commission last year in San José:³

"Examination of the data from the PAHO study *Patterns of Mortality in Childhood*⁴ discloses the tremendous effect of malnutrition, directly or as an underlying or associated cause, on morbidity and mortality of infants and children. This factor, coupled with accompanying infection and immaturity, accounted for 57 per cent of all the recorded deaths of persons under the age of five years.

To this terrible toll one may add the mortality of mothers from hemorrhage, infection, toxemia, and illicit abortion. Of these causes, the last has been identified as contributing to between 10 and 53 per cent of all maternal deaths in a sample group of Latin American cities, confirming that it still is the most 'popular' form of fertility control.

The Organization, recognizing the impact of this triad of malnutrition, infection, and unregulated fertility, and keeping in mind the Ten-Year Health Plan formulated at the III Special Meeting of Ministers of Health of the Americas in Santiago, Chile, in 1972, is assisting its Member States to:

- 1) formulate national policies and legislation concerning food and nutrition;
- 2) reduce risks of illness and death to which mothers and children are currently exposed, and extend the coverage of maternal and child health services; and
- 3) formulate, within the context of national policy, plans and means which contemplate integral protection of the family by providing adequate information and services concerning problems related to fertility and sterility.

With respect to the last item, we recognize that the ultimate aim of family planning and population programs, like that of all health programs, is to improve the quality of life. Thus, we want to cooperate with the Governments in:

- 1) assuring that the knowledge and information is provided and the services are available to enable each family to decide and to achieve the size it needs and wants;

³This meeting, which also served as the Latin American Preparatory Meeting for the World Population Conference, was held in San José, Costa Rica, on 15-17 April 1974.

⁴R. R. Puffer and C. V. Serrano, *Patterns of Mortality in Childhood: Report of the Inter-American Investigation of Mortality in Childhood*, Washington, D.C., Pan American Health Organization, 1973 (PAHO Scientific Publication 262).

2) assuring that maximum health benefits accrue from these actions through integration and institutionalization of the programs within the health system; and

3) recognizing the demographic consequences which may result from these actions and the impact they may have on health needs and national social and economic development.”⁵

In sum, for us the World Population Plan of Action serves to support and improve the conditions of future years. The Pan American Health Organization and the World Health Organization stand ready to respond to any Member Government’s request concerning planning and implementation of its population policy—whether this be designed to increase its number of inhabitants, reduce its demographic pressure, or improve the health and quality of the life of its peoples.

⁵Quoted from the following text: “PAHO and Population Policy,” *Bull Pan Am Health Org* 8 (2): 179-180, 1974.