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THIRD PASB CONFERENCE ON POPULATION DYNAMICS:

Proceedings

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Note

The following text, edited by Dr. Hugh Davis of Johns Hopkins University and by the PAHO Office of Health and Population Dynamics, is preliminary to a final rendition of the Proceedings of the Third PASB Conference on Population Dynamics, 13 February 1967.

THIRD PASB CONFERENCE ON POPULATION DYNAMICS:

Proceedings*

13 February 1967

1. Opening Remarks

**Dr. Abraham Horwitz: I am happy to welcome you to the Third PASB Conference on Population Dynamics for the continuation of our dialogue on a most important subject. From our exchange of ideas and experiences at this and subsequent meetings--revealing the diversity of approaches and the variety of positions--should develop a guide to progress for those in attendance today and for our colleagues not present but active in the field.

I feel certain that Population Dynamics, both as an essential question and an organized activity, will be set in its appropriate place within the totality of man and of his endeavors. Our conception--a reflection of a purpose--is ecological, all human phenomena being directed toward the establishment of equilibrium and harmony between man and the world about him. Our review in critical and rational terms is related in time and place to this era, now and into the new century, and to man on this planet. Our concentration is on the Americas; and our discussions, inevitably, must relate to broader background and doubtless they will have meaning for other regions.

The year, since last we met, has been one of achievement in Population Dynamics. We in the Pan American Health Organization and the World Health Organization note with satisfaction the steps taken to date to meet the challenge and are eager to move ahead with our national colleagues, alert as we are to the dimensions of the problem. The scope and limitations of our cooperation are clearly established.

The 18th and 19th World Health Assemblies, reflecting the views of the more than 125 member Governments, have delineated the policy of WHO as related to Family Planning. In essence, WHO can advise Governments, upon request, in the development of programs of Family Planning, on a demonstration basis, where there is an organized Health Service without impairing its normal preventive and curative activities. These programs should be related to the total activity of local Health Services, particularly to the Maternal and Child Health, with special attention being paid to the training of professionals and non-professionals.

*Prepared for the Sixth Meeting of the PAHO Advisory Committee on Medical Research, 12-16 June 1967.

**Director of the Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization.

Important as conditions for rendering such services is the recognition that it is a matter for the national administrations to decide whether and to what extent they should support the provision of information to their people on the health aspects of human reproduction. It is further recognized that the problems of human reproduction involve the family unit as well as the society as a whole and that the number of children is the free choice of each individual family.

The World Health Organization accepts no responsibility for endorsing or promoting any particular population policy and any action on all requests for assistance is contingent on a policy of family planning having been established independently by the corresponding Government.

UNICEF, too, is in the process of formulating a program of action in this field. If information which I have of a meeting of the joint WHO/UNICEF Policy Board the week before last is correct, the UNICEF governing body will review this matter in this year and establish a specific policy.

The norms of WHO also serve as the bases for action in PAHO within the prescribed bounds established by the governing bodies, as expressed in Resolutions of the XVI Meeting of the Directing Council held in 1965 and the XVII Pan American Sanitary Conference of last year.

The establishment of an organizational unit at our Headquarters responsible for coordinating the efforts in this field, the sponsorship of courses, especially those at the Universities of Chile and of São Paulo, the support of research, the rendering of advisory services, and the convening of meetings, all are evidence of the response of PAHO/WHO to the indications of need for assistance by the Governments. The activities in Population Dynamics in the Americas are detailed in the publication* released today by the Population Information Center dependent of the above Unit and are testimony to the many-faceted attack on this problem. We are happy to be associated with Universities, Medical Schools, Schools of Public Health, Foundations, and National and International Agencies in this endeavor.

We hope to continue this association, not only within the fields of education and research but also in the assistance to Governments in implementing the Family Planning Policy independently established by them. We shall go forward to the extent of our available resources for this program and to the full competence of the talent willing to join with us.

I must add, however, that there are areas of activity that warrant our further attention, in order that we have a better understanding of so very complex a field as Population Dynamics. These are basic to any systematic and scientific participation.

*"Population Dynamics Programs of Organizations Engaged in Pan American Cooperation" - Document I and Document II, 13 February 1967.

Firstly, as public health administrators, we recognize the great gaps in the knowledge upon which judgment and decision must be founded. These are of considerable dimension with regard to demographic and statistical data. There are also major unknowns in the biological base on which one must construct a program of Population Dynamics--be it national, international, or other.

Secondly, as members of an international agency concerned with participating in an era of development, we are aware of the varied theses of population as a factor in economic growth and the non-universality of any particular thesis.

Thirdly, as rational human beings, we are conscious that concentration on a procedure, to the virtual exclusion from consideration of other factors concerned with the individual in relation to the family and to society, makes questionable any rationality and precludes proper interpretation and approach to a process that involves the whole social organization.

Much remains to be accomplished in all of these and many other fields in order to illuminate the darkness of much of Population Dynamics. The creation and strengthening of statistical systems is a clear requirement in the provision of more meaningful information on which to base judgments. The need for a more profound understanding of the processes and results in the biological aspects of Family Planning dictates an expansion of research in these procedures. In this age of exceedingly great emphasis on economic development, there is a compelling necessity for further research, to discover with precision how Population Dynamics,- progressive, retrogressive, or in essential stability,- has affected national growth and development. Hopefully such research will break across the limits of economics and record, as well, its impact in social, cultural, and related areas since the whole of the fabric of society is involved.

Today, we are called upon to focus our thought and expression on an agenda that relates to particulars of action programs in Population Dynamics. It is an imperative for defining ways and means of moving ahead in this combined effort. I trust we shall attain agreement on these specifics and shall, throughout these discussions, be conscious of the implications of this program in immediate as well as in all terms wherein action in Population Dynamics will have profound influences.

We seek your counsel and your suggestions. Our goal, as yours, is the realization of well-being for all in order that man may achieve his full potential in society. I wish you success in your deliberations.

Chairman:*

The first item on the Agenda is "Ways and Means of Introducing Teaching and Training Programs in Schools of the Health Professions." It will include particularly the training of teachers and

*Dr. Samuel M. Wishik, Associate Dean and Director of Population Unit, Graduate School of Public Health, University of Pittsburgh.

researchers and some discussion on the contents of the curricula.

The Agenda focuses primarily on physicians in the first portion of the day, and especially on the work done in universities. We have the benefit of hearing reports on the experience in two countries, as the basis for the subsequent discussion.

We will first hear from Dr. Guillermo Adriasola who is both the Director of the Coordinating Committee on Population Dynamics Studies and the Dean of the School of Public Health of the University of Chile.

2. Dr. Guillermo Adriasola:

Experiences in Chile in Curriculum Changes

Based upon my impressions of the structure of the Agenda and of the subject under discussion, I will assume all of us will agree that the teaching of Population Dynamics should be introduced in schools of the health professions. I will further assume that we will focus our attention on the schools in the Americas, because other areas have population problems, socio-economic structures and cultures somewhat different from ours. Of course, this does not mean that we should not have the broadest humanistic view point in the conceptual area. I am finally assuming that we are dealing with schools for undergraduates, medical students, nurses, etc., and graduates, at the same time, because they face similar responsibilities, though on different levels, in relation to this subject.

The introduction of a teaching and training program in Population Dynamics in our schools would face many problems. I will mention three:

- Every curriculum in health schools is already crowded. Introduction of new subjects is a matter of vital struggle for space;
- In our health schools, some of the teaching staff are reluctant to accept the topic "Population Dynamics" as an academic one, because they do not see clearly its relationship to health, and/or because there is a lot of confusion about what is population dynamics and about the meaning of its various components;
- Some personnel wonder if it is their responsibility to face population problems, or at least, to teach and train their students in an area sadly in need of more advanced knowledge and where many political, sociological, and religious issues are in dispute.

It would be a presumptuous mistake for me to elaborate on these problems among so distinguished an audience. I feel more comfortable, therefore, in presenting to you our particular local experience.

- Introduction of Population Dynamics in the present curricula is a matter of definition of priorities. In other words, a matter of scientific analysis and motivation.

In Chile, the natural development of events erased gradually the barriers. Since 1938, we recorded abortions as a separate entity because of its mounting incidence, and we became aware that it was a national disaster.

Then we realized that induced abortions meant the stubborn decision of our "catholic" women to avoid unwanted children. Dr. Zipper's intrauterine nylon ring, which he tested before 1960, and later the Margulies and Lippes devices gave us for the first time a reliable contraceptive method for our people. In this regard it may be pertinent to mention that a Chilean doctor, Jaime Zipper, was truly a pioneer in this field. Physicians, formerly reluctant, but social-minded, now realize that they know how to tackle it, and that they should answer without further delay the urgent claim of the population to avoid the birth of an unwanted child.

Furthermore, the national health agency provided the necessary ground to implement action. The international agencies and the liberalization of the Catholic Church views that came somewhat later helped us in good time. We are indebted to Dr. Ofelia Mendoza, field worker of the International Planned Parenthood Federation, to Dr. Frieke, former Director of the National Health Service, and to Dr. John Rock for their farsighted activity and research.

So, family planning and population dynamics have now become a natural subject in our universities and in the public discussions as well. At this very moment, I strongly believe that any opposition to family planning in Chile would fail. We have been fortunate enough to allow for the coming about of what we thought should be done to successfully handle the social problem, to avoid pressures and keep pace with our population's willingness and cooperation. In 1964, we began to expand our existing family programs. In 1965, after five years of annual increase of 2,57% in live births in Chile and of 2.02% in Santiago, we achieved a reduction to 1.3% and 1.5% respectively. I do not intend to appear simplistic in my conclusions, but I feel that in Chile we are beginning to be masters of our reproductive life.

TABLE 1

1960 vs 1964 &

Number and percentage of differences in live births: 1964 vs 1965

	Year	and	Number	Differences	
	<u>1964</u>		<u>1960</u>	<u>Number</u>	<u>Percentage</u>
Chile	298,984		260,508	38,476	+ 2.96
Santiago	95,224		85,099	10,125	+ 2.36
	<u>1964</u>		<u>1965</u>	<u>Number</u>	<u>Percentage</u>
Chile	298,984		294,397	4,587	- 1.53
Santiago	95,224		93,797	1,427	- 1.48

Among faculty in Latin America, there is not yet a clear-cut idea about family planning, birth control and population dynamics and their relationship to health. I attended the Regional Conference in Family Planning at San Mateo, California, last January, and I noted the same situation among many of the attending physicians.

We agree with the understanding of family planning as synonymous with "responsible parenthood" of the Catholic Church and of "regulación de la natalidad" as the Chilean National Health Service terms it. That is "the ethical basis, rights and actions enabling women and families to have the number of children they like, at the age they like and as frequently as they wish". This, indeed, is not synonymous with enforced population or birth control, which connotes restriction and, moreover, not necessarily self-restriction. This connotation would certainly be the natural consequence of the repeated candid but simplistic "slogan", that is: "socio-economical development and prevention of poverty is solved by birth and population control."

Nevertheless, we still should convince our reluctant colleagues on the decisive relationships existing among health, human reproduction, and population dynamics. There is ample scientific evidence in this respect: the age of parents, grand multiparity, frequency of childbearing, unwanted children, prematurity and congenital malformation, poverty, migration and crowding, cancer and air pollution, and mental retardation are all related with social, mental and physical health. We know how to prevent these damages: The upper human groups in the socio-

economic brackets have demonstrated it by using the worthy tool family planning constitutes.

The use of family planning as a tool of health and a right of the people cannot therefore be refused, or even discussed. Henceforth, we should teach the people and communities to take advantage of this knowledge and make available the necessary facilities for its proper use as we have done with antibiotics or water fluoridation. In fact, anywhere we have discussed these ideas in Latin America, we have received the warmest acceptance from the medical profession. These principles are definitely accepted in Chile now.

Among university staff, some people wonder not only about the medical responsibility in population control but also about its possible success. They fear, for instance, that the large proportion of destitute people in Latin America are not interested in contributing to the prevention of risks threatening future generations because they lack the feelings about the future and about being a part of this society. I agree with these fears, but I think that it is possible to overcome this negative attitude on the part of poor people if we can convince them that we are interested in their health and in their family problems. The short-time experience in Chile seems to back up this hope. Medical students and professionals must be taught to try it and how to implement it. This is our specific territory.

I believe that population control is not the sole responsibility of health workers as it is not that of churches, sociologists, economists and philosophers. It should be the common responsibility of professional people and of governments and our main duty is to help them to arrive at the best decision, informing them and their leaders about our scientific findings. As health people we have their confidence. They will follow our advice to prevent overcrowding of their poor houses as they follow our advice on hospitalization and on practicing modern medicine if we approach them as human beings.

Let me point out a final conceptual issue. We are worried about the quantity of people, and we are right. But what about the quality of people?

One of the statements of the Seminar on Population Policies in Relation to Development in Latin America just ended* says: -"Despite some short-term results, the fact that substantial benefits can be expected from population policy only in the long term, strengthen the belief that intensifying economic-social development is the basic instrument by which Latin America can support a population of the size foreseeable."

*"Preparatory Seminar on Population Policies in Relation to Development in Latin America," 6-10 February 1967, sponsored by the Organization of American States, the Pan American Health Organization, The Population Council, Inc., and the Aspen Institute for Humanistic Studies.

Economic, social and cultural development is unavoidable if we want to enhance health and quality people. We know scientifically the negative influence of social, mental and physical deprivation on the child growth and development. We know also the influence on health of deleterious genes and how to prevent partially their deleterious action.

Population genetics is another field of human endeavor. As physicians we have in both subjects specific responsibilities, and as citizens we have a double one: to inform the community and to promote the integral approach to the population problems.

In Chile socialized medicine by social-minded health workers prepared the ground for the acceptance of viewpoints similar to these. Thus, the Chilean experience suggests that this approach to the understanding of population dynamics and health would promote its acceptance in health schools.

At this moment every department of obstetrics and gynecology, preventive medicine and epidemiology is teaching some aspects of population dynamics, mainly family planning, human reproduction and contraception, at different levels in the schools of medicine, nursing, midwifery, social work, at least in the national university. Excuse my lack of humility, but we introduced the subject in the Mother and Child Health curricula of the School of Public Health about 10 years ago.

Dr. Juan Zañartu will describe the present and future teaching at a clinical level of population dynamics in our schools of medical professions. I will deal only with our teaching experience in the School of Public Health.

Because family planning and population dynamics is partially one of the responsibilities of health workers, we must teach fundamentals and techniques to graduate and undergraduate students. But because the graduates in the university are always less than 10% of the working professionals, a major effort must be exerted in teaching and training of post-graduates to meet the short-term challenge.

We face a tremendous task in all areas. One of the most promising is to teach population dynamics to the teachers and to teach them how to teach it.

The School of Public Health in Santiago tried it through three avenues:

- The course on Health and Population Dynamics
- The course on Teaching Health in Health Schools
- The course in Health Education

Moreover we included the subject in the teaching of MCH and Epidemiology in most of the other courses the school is carrying on.

In 1966 we offered for the first time a course on Health and Population Dynamics. We spent many hours during the course of one year to plan it with the help of distinguished specialists from PAHO, CELADE and the Milbank Memorial Fund. We hope to continue it yearly. It is an international course devoted mainly to faculty staff members of preventive medicine, obstetrics, pediatrics and public health. Its aim is to contribute to their training, to teach their students population dynamics and its interaction with health; how to carry out research in this field; and how to motivate their students to learn and to implement action.. The main subjects are:

- Demography and health
- Genetics and population genetics
- Growth and development and the vital cycle
- Migrations, changes in population structures, growth of population and their relation with health
- Human reproduction and contraception
- Population dynamics, health planning and socio-economic development
- Methodology of demography, biostatistics and epidemiology and the philosophy of scientific research, and
- Theories and policies of demographic change

It is too early to evaluate the impact on the students on their schools. I can only state that our visiting Professors, Drs. Berquó, Kiser, Plank and Greenberg, have praised the work and that professors and students were very happy. We are preparing a "guide-line" for students based on this course. I must voice our gratitude to Drs. Taeuber and Puffer for their clever and generous cooperation, to PAHO for its financial support and stimulous, and to CELADE without whose personnel and intellectual cooperation we could not have gone thus far.

In 1965 we launched the first fulltime, one-year course for teachers of nursing schools. In 1966 we added teachers of midwifery schools. We hope to include progressively social workers, nutritionists, medical technicians and sometimes, physicians. The core of the curriculum is educational philosophy, methodology, program planning and evaluation but more than a quarter of the total curriculum deals with the professional responsibilities in public health. The teaching of health and population dynamics to these teachers and to health educators would multiply through their students and audience.

We realized that population dynamics research teaching and practice engages multi-disciplinary people and institutions. With the help of PAHO and of the Milbank Memorial Fund, we are implementing a number of actions.

The Dean of our Faculty of Medicine invited all the faculty members interested in human reproduction and population dynamics research to join a Coordinating Committee to interchange experiences,

ideas, methodology and to advise the Dean to sponsor officially the request of financial help for the best research projects. As a deputy of the Dean I am leading the group of more than 20 sociologists, psychologists, demographers, epidemiologists, statisticians, physiologists and public health people. The job has neither been easy nor smooth, but positive. We have dealt with three research projects on population genetics, two on family planning, one on epidemiology of abortions. The Population Council has financed three, postponed one and has the fifth under its consideration. The Ford Foundation backed another.

We have been in charge of planning and of evaluating the first Chilean cooperative research to follow-up on different contraceptive methods, under I.P.P.F. sponsorship whose influence has been decisive in the present development. We are conducting valuable research on growth and development and we should try to coordinate its follow-up with a study of the consequences in family life. We might prepare an inquiry and research on sterilization and genetics.

After more than two years we are optimistic about the long-range results of our coordination. It would be ~~even~~ more fruitful if the Dean of the Faculty of Medicine could be in touch with a coordinating agency in the United States willing to back our Committee up with subsequent improvement in coordination.

Other Chilean institutions are working hard in the same field. I have no authority to represent them.

With the advice and financial help of PAHO and of the Milbank Memorial Fund we have organized a Department of Research in the School of Public Health dealing mainly with health planning, economics and behavior~~al~~ sciences, population dynamics and health.

Finally, I am pleased to inform that, with funds granted by PAHO, we are preparing the first inventory of research, teaching and direct assistance in population dynamics. We think that it is a first cautious step to coordinate different national agencies or groups and to have a comprehensive information valuable to us and to future students and researchers. If we should succeed with this attempt we would publish one issue every year to maintain it up-to-date.

My last words will try to express our gratitude to the Pan American Sanitary Bureau and to you who gave me the privilege of describing what our people are doing and why, with the understanding that this experience is not exportable. Whatever the occasion and results, it is the expression of a way of life and a way of action of professionals who love and understand their people and who are trying to help them.

Chairman:

Thank you Dr. Adriasola. As Head of the School of Public Health, you are in a position to coordinate the curricula in the University. We will now hear another type of coordination, one between institutions.

3. *Dr. Hernán Mendoza Hoyos:

The Education and Training of Professional Health
Personnel in Demography, Physiology of Reproduction
and Family Planning

It is not necessary to delve into the problem of economic development and its relationship to the accelerated growth of a population. It would suffice to say that a population is in itself the object and the reason for economic development and that it is at the same time the quantitative and qualitative result of its own attitudes and institutions. Not only are these attitudes on reproduction but they are essentially cultural attitudes in the broadest sense of the term.

On December 9, 1966 the Secretary General of the United Nations received a declaration on population growth, human dignity and welfare, signed by the chiefs of State of Colombia, Malaysia, Morocco, Nepal, the Republic of Korea, Singapore, Sweden, Tunisia, the United Arab Republic and Yugoslavia.

The Secretary General, U. Thant, made the following comments: "I have been requested to circulate this statement in connection with Human Rights Day, the celebration of the Anniversary of the U.N. Declaration of Human Rights, and it seems to me appropriate to do so inasmuch as freedom from hunger, the right to medical services and the right to education are already considered to be basic human rights." He added: "The size of the family is a fundamental human problem which must be based on the decisions of responsible parents concerned with the dignity and well-being of their children...in my view, we must accord the right of parents to determine the number of their children a place of importance at this moment in man's history."

On December 17, 1966, just eight days after the preceding document, the U.N. General Assembly adopted a resolution favoring the programs of training, research, information and guidance in the field of population and "within the limits of the existing resources":

The Assembly believes that demographic problems require the consideration of economic, social, cultural, psychological and health factors in their proper perspective.

The Assembly recognizes the sovereignty of nations in formulating and promoting their own population policies with due regard to the principle that the size of the family should be the free choice of each individual family.

It is estimated that no more than 20% of the people in Colombia enjoy this liberty and that this small proportion is composed

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Schools of Medicine, Bogotá

of the middle and upper classes. As opposed to this, it is estimated also, that in Colombia the proportion "not free" to decide on the number of their descendents is about 80%.

The inequality of the distribution of national income, education and health services is also apparent in the inequitable distribution of opportunities of access to information and planned parenthood services.

Freedom means here an impartial distribution of information, which in turn must be: timely, objective, and efficient; and an impartial distribution of services, which must be readily accessible.

Only through a just satisfaction of the above can the beliefs contained in the document cited, have their full expression: "That the object of family planning is the enrichment of human life, not its restriction; that family planning assures each person better opportunities and gives man the liberty to attain dignity and full self-realization."

This statement, which could very well represent the thoughts of a physician, places the population problem within the context of information and services. Information and services in the sense of maternal and family care and community development programs, encompassing pre-school children, and mother and family protection and community development. Educationwise, the logical consequence is the need for greater training of health personnel in the specific fields of demography, physiology of reproduction and family planning.

3.1. Demography

For our purposes we will try to situate demography within the biological sciences just as Pearl did when he founded "Human Biology"-- as their organ of expression, and included demography. Such a cold taxonomical approach in placing a science under a discipline (or a group of disciplines) is bound to encounter serious difficulties. These emanate from such important matters as the vitality of the science itself or simple administrative or chance circumstances such as, the number of available researchers and professors or even more modestly, available facilities. In any event, such decisions create a wholesome atmosphere most of the time, since they have multidisciplinary focus, necessarily characterized by a more universal approach.

The natural increase of a population, or better, its reproduction, is clearly a biological and social process. Birth, sexual differentiation, growth, development, old age, and death are biologically and socially determined facts. Migration seems to be solely a social process, although it is well known that adaptation is the essential characteristic of live matter and probably the potential force of the adaptive energy of an individual, a family or a nation, determining behavior and mobility.

Biometrics, biostatistics and even physical anthropology are disciplines on which biology and demography have a bearing. The omission of biological knowledge, the artificial separation from the health sciences, and therefore the incapacity to make predictions, was the reason why, scarce two decades ago, demographers were unable to anticipate the high birth rate to which we are now painfully exposed. The biological variables of human fertility continue to be a partial mystery. We know little of sub-fertile or excessively fertile populations, next to nothing of the genetic reasons for variations in fertility, we can suggest and argue very little when faced with the thesis of the eventual existence of a genetically determined "progenitive" attitude.

In its broadest sense, ecology not only includes physical factors, but also biological, social and cultural factors. If we wish to consider demography in its broadest sense, the study of the interaction of these factors as they affect health and disease will be a very important aspect. The structure, characteristics and the course followed by a given population are demographic factors of great epidemiological interest.

In the field of eugenics very serious research has been done on the effects of consanguinity, not only on hereditary diseases and special physical characteristics, but also on certain types of behavior and intelligence quotient. Very frequently and beyond any doubt these elements have an adaptive value: as for example the decidedly roundish appearance of people in polar regions and the marked linear tendencies of those in deserts. Another case in point, is sickle cell anemia among Africans and their resistance to the infestation of malaria, and in general all those so-called molecular diseases which are genetically determined and which have been said sometimes to have been the cause of the extinction of complete civilizations (Khmer, Maya, etc.).

Discernible changes in population fertility will not be fully understood unless we know the psycho-physiological factors involved in sexual behavior and contraceptive practices. Nor can variations in fertility be understood unless marriage, family, the formation and dissolution of conjugal unions are taken into account. These social institutions in turn are determined to a great extent by cultural patterns.

Evidently, academic programs do not call for the establishment of an autonomous population division within the framework of university institutions. These programs can be organized under various types of schools, departments or colleges or as an interdepartmental institute.

3.2. Physiology of Reproduction

The ideal location within the curricula of medical schools of physiology of reproduction (biology of development) has been widely discussed and discussed in vain. The arguments given by the spokesmen of the different departments or divisions are all valid. This obviously raises the possibility that someone may be mistaken; or simply, that the concepts

of reproduction are pertinent to any point or any level of the medical curriculum.

At the level of the basic medical sciences, the idea that the scientific approach calls for a rejection of personal prejudices and a subordination of personal preferences and aversions, must be constantly inculcated until it becomes a habit. In a subject that has been so traditionally distorted as the physiology of reproduction and the sexual behavior of the species sapiens, genus homo, it is difficult to achieve the necessary degree of objectivity. Not only is the sexual behavior of our fellow creatures frequently distorted, but so is our own; among other reasons because of the untimely mechanism of introjection. It is not strange that we attribute to ourselves powers, attributes and charms that we do not possess. Not infrequently putting these in play, or better, attempting to do so, culminates logically in a failure which is then elaborated and rationalized to ethereal heights of fantasy. This whole world of fantasy ends by permeating even the most honest attempts to be objective. Many of the participants of this conference, most of whom live in temperate zones, will be surprised to know that in many tropical countries the absence of a female orgasm (never orgasm or very rarely) has an incidence of over 70%. This is possibly, or at least partially, due to the anxiety and fear of a new pregnancy. In any event the beautiful picture of the tropics, palm trees, music, host of swaying hips, and ardent passion is frequently only a vain mental image.

The student should be encouraged to develop an inquiring mind; to determine what is probable and what is certain in order to classify observed facts and recognize their relative significance. Paradoxically, and because of its complexity, the biology of development is the ideal field for inculcating this attitude which will be a decisive factor for its future understandings. The knowledge acquired during these early years will be enriched and develop more fully in pre-clinical years until it is applied and tested in clinical practice.

Perhaps the department of gynecology and obstetrics is the best place to get a clear idea of the application of the physiology of reproduction in human beings, and where a greater interest can be awakened in growth and development. A strange fact - not devoid of interesting psychological implications - should be pointed out; namely, that there has been a manifest neglect of the male in studies on the biology of reproduction. Perhaps in those countries where women are becoming a majority, or at least a force of equilibrium of the medical corps, masculine gonads will begin to substitute their tacit prestige with a veritable manifest prestige.

3.3. Family Planning

Once these stages have been covered in the learning process, family planning seems to be the logical culmination, because in synthesis it is a welcome introduction of reason in the reproductive activity of Homo sapiens. Furthermore, this process will have been followed also in the pre-medical social sciences, in pre-clinical general epidemiology, in

health sociology and in preventive medicine on the clinical level. And during the first years of practice of family medical care, the need for family planning becomes manifest - many times tragically so.

With the establishment of family planning clinics, or at least of advice or guidance clinics in the child-care units of teaching, affiliated and regional hospitals, and with family planning clinics in university health centers, the rotation of undergraduate students through these units, as well as the rotation of interns and the direct contact of residents with practical experience, comes as a matter of course,

Bear in mind that the initial unit, circumscribed to the radius of influence of the health center will be a veritable training center for a vast health area, with interns and residents naturally participating in its functions.

Family planning must be understood as a part of maternal and family care and community development; in other words, as an essential element of any program of comprehensive medical care.

The disparity between the number of children and real family income, magnified many times by growing expectations, is the cause of the high incidence of induced abortions and masked infanticide as well as of the frustrating practice of inefficient contraceptive methods.

These facts in turn lead to a series of greater and graver complications:

- 3.3.1. Early death of the mother - in some regions of the country 50% of maternal deaths in the 15 to 44 age group, are the result of complicated abortions;
- 3.3.2. High hospital bed occupancy - in some of the Colombian hospitals, after full term pregnancy, the greatest cause of occupancy is abortion;
- 3.3.3. Family disintegration - due to early death of the mother or to psychological and social maladjustments as a result of repeated unwanted pregnancies. These complications are considerably more serious if one considers the high prevalence of female genital cancer.

Thus the program should cover the protection of pre-school children, mothers, the family, and community development, as was pointed out at the beginning of this brief presentation. Accordingly this clearly shows the need of giving our medical students much better training than heretofore in demography, physiology of reproduction, and family planning.

The problems described seem to be universal; in some way or another, magic and the irrational have managed to penetrate or perhaps persist - is the more exact verb - within the structure of our institutions of medical education. This mistake should be corrected at any cost. Perhaps it is much more urgent to correct it in certain areas. Perhaps in highly developed countries these problems are obscured by other mechanisms.

During the recent* Third World Conference of Medical Education, which considered Medical Education and Social and Economic Development as its main theme, one had the impression (purely personal) that two groups speaking a different language were making desperate attempts to understand each other. The impression that they never succeeded still persists. On the one hand the developed group - the smaller one - from rich industrialized areas, as opposed to the larger less developed group representing poor extractive economies. The former described one more professional, a member of a respected liberal profession whose principal mission is solving the health problems of the individual able to pay generously for the service requested; the expense of which has the blessings of the national treasury and is, therefore, tax free. The latter described the member of a modest health team serving a poor community, biblically fertile, biblically diseased, and with growing problems. In the second group, in contrast to the first, human resources are limited, multiplicity of functions is a must, polyvalence is the rule, and the physician must be a powerful multiplier. The former educated for a sophisticated, though not socialized, society where the state prevents and provides. Essentially speaking, the state can successfully cover the whole area of prevention. The latter educate, or hope to educate, a disperse, uneducated society where the state cannot cover prevention because it does not have the necessary means. Much less, can it provide. It is a society with a very limited capacity for effective demand and very strong felt needs. Obviously, it seemed and continues to seem impossible for the two groups to reach any understanding. The objectives of medical education must necessarily be different. Perhaps the work group where this situation seemed to exist had a very special makeup, in the sense that the two extremes were represented. But this experience is still too fresh in mind not to mention it - too alive - and is very directly related to the subject and the surrounding circumstances.

The Third World has attained unsuspected rates of population growth, but at the same time the aspirations and expectations of this population grow at an even more accelerated rate. Transistorized, "communicated" with the most remote corners, appraised by movie screens, disturbed by the achievements and successes of opulent neighbors, these populations feel that resignation is no longer a virtue; much to the contrary, it is an expression of unconfessable feelings of inferiority. The natural desire to enjoy a better life, a life compatible with their status as human beings, pushes them anarchically to the city in the vain hope someday of forming part of a civilized world. The image of God can no longer be the formula for accepting poverty as a necessary step to eternal salvation. Man must embark upon his own redemption; he must control his own numbers; reproductive habits must be rational; the two worlds must understand each other, they must compliment each other, render mutual support and march forward toward a distant, but accessible world of hope.

*Third World Conference on Medical Education, held in New Delhi, India on November 20-25, 1966.

3.4. Addendum

Outline of Health Personnel Training Programs

Certain aspects on the organization of the family planning clinics in Colombia will be commented upon, such as the research and educational centers for undergraduate, intern and resident training and for public education. Such centers necessarily have a limited operational capacity because of the size of the area they serve.

3.4.1. Very frequently the political divisions of a country are not based upon any rational system. They are the product of many factors; above all, historical order.

The zoning of a country to produce a cultural change, as when a country is divided into centers and zones of influence for a health campaign, pertains to the epistemological order based on the virtue of hereafter. At least that, in summary, is the criterion being attempted.

Colombia's inhabitants are spread across its three mountain ranges and the valleys formed by the Magdalena River - between the Eastern and Central mountain ranges; the Cauca River valley - between the Central and Western ranges; as well as, along the Caribbean coast. The rest of the country, the dry tropical plains and rain forest, holds only 1% of the population.

Logically it is in the populated zone where the university centers are developing and consequently where the university family planning clinics have been organized through the medical schools (University Health Centers).

These clinics have become training centers for entire health zones, and therefore practicing physicians in health centers and posts, and in the child-care units of teaching, affiliated and regional hospitals will attend these centers.

At this time there are seven Medical Schools in full operation in Colombia and two new schools just beginning. Furthermore there is a graduate training center at the Central Military Hospital. It is precisely in these nuclei where the family planning training centers operate, and they cover 1,200 doctors and 800 members of the auxiliary professions.

3.4.2. Reasons and Purposes of a Family Planning Program:

- Accelerated population growth (3.5%)
- Demonstrated existence of a universally felt need
- Public Health reasons: scarcity of goods and services; prevention of abortion; early diagnosis of genital cancer; and detection of pelvic inflammation.

3.4.3. Freedom to determine the number of one's descendants supposes impartial and fair distribution of information that is timely, objective, sufficient, efficient, as well as impartial and fair access to services.

3.4.4. It is estimated that on the above basis the population of Colombia can be divided into 21% free and 79% not free.

3.4.5. The operational development of the courses presupposes the completion of the following steps:

- Preparation of multipliers; in other words, the human resources capable of having an impact on groups undergoing training: physicians, nurses, social workers, home economists, social psychologists, and specialists in sanitary education, housing research and delegated medicine. These multipliers are essential to the process of motivation for acceptance of the idea, adoption of the practice and "ritualization."

- Transformation of the family planning clinic - circumscribed to teaching, research and operations on a minor scale - into training centers covering the whole surrounding area.

- During the operational stage the training center will act as a supervisory center for what we have called field work. Supervision of health centers, health posts, hospitals (teaching, affiliated, regional), and private medical practice in relation to family planning activities. Within field work this supervision should cover information, implementation and evaluation. This phase is covered jointly with the Medical Care Division of the Public Health Ministry. The Medical Care Division consists of five sections: medical care, child-care, odontology, mental health and nutrition.

This Division sets rules and standards and coordinates and supervises those activities that give the individual, the family and the community direct access to diagnosis, treatment and prevention of disease. In addition, it should give protection to abandoned children and elderly people.

The Training Center should use the agents of change essential to conducting a program of national character. Consequently training centers will try to educate the people they serve, and motivate them, utilizing all adequate media.

4. Discussion: Dr. José F. Patiño*

I have been particularly impressed by the papers that we heard, pointing out that they do represent two important phenomena.

Firstly, is the leadership that the medical profession has taken in this general problem of population growth. At the same time we should be made aware of the fact that physicians are not the owners of field or the owners of trust, and that the more we open the door, the better

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the programs and the higher the level of excellence would be. I am particularly concerned about the possibility of getting into a point in some countries of this continent in which the field be considered only as a medical one and certainly this is not the case. However, if the leadership is there, we certainly should take advantage of it and try to encourage those programs within the medical profession.

Secondly, this must be considered as a cooperative effort not only within the universities but also between the university and the government, with very important cooperation from the private sector. This indicates the need for greater and better communication.

Finally, we as university people, or as public administrators, or as members of the general community, must always regard this as something that has to be taught and has to be approached with a very strict scientific objectivity, because the danger of amateurism especially in some of the university programs is a very real one, especially when we, the physicians, try to play the role of the scientists.

Dr. Wishik: Thank you, Dr. Patiño, and thanks to the members of your panel group.

I am going to exercise the prerogative of a chairman who has been assigned an impossible task. There has been so much discussion about the importance of physiologic aspects. I like to respect the physiologic needs of the participants and this conference. The program this morning, as you know, is divided into two portions. They are closely related in subject contents: The one on education within the professional schools, and the milieu of the university, and the second portion on the education and training of people out in the field. I like to feel that the people who had not a chance to talk will approach both questions together in a discussion period later in the morning. We will reconvene after a 10 minute break.

5. Dr. Juan A. Zañartu*

Ways and Means of Introducing Population Dynamics and Family Planning Services through Trained Programs of Health Personnel in Health Service Systems

Birth control programs were organized early in 1962 in Chile as an urgent action to answer the population claim for help. At that time our limited knowledge in reproductive physiology - as a necessary background for the proper attack aiming to achieve its control - led us to expend much effort and resources to increase such knowledge. Soon, however, we realized that important as physiological research and the plain application of contraceptive methods were, they were not enough to fully reach the most necessary goal of training and teaching professionals to help us in the vast task of family planning as applied to population.

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Thus, it was necessary to locate those activities which would adequately integrate into the demographic, sociological and health approach.

In order to teach and provide clinical training, however, it is obvious that one needs a core of properly trained personnel (medical and paramedical personnel). This was and still is one of our primary objectives. Research and clinical facilities for clinical observation were necessary and have been particularly useful in offering a working opportunity to young staff members.*

Furthermore, it has been necessary and still is, to build up a group of investigators in the fields of: demography, sociology, health and population dynamics, and (from a "clinical point of view") in reproductive physiology to include the mechanisms of action and long term effects or potential damage induced in humans by the new methods for fertility control which are matters of great interest for the medical practitioners.

By these means it has been possible to gather in Santiago several groups with experience in a number of fields. They have been and should be more and more helpful in developing our teaching and training programs in reproductive biology and family planning, from a clinical point of view.

Some of these fields are:

- Fundamentals in human reproductive physiology (including obstetrical and fetal)
- Practical application of fertility control methods, evaluating their mechanism of action, effectiveness, etc.
- How to motivate and educate populations; the impact of family planning in terms of health and social aspects.
- The handling of problems resulting from field application of fertility control at a given community or at a national level
- The demographic, social and economic implications of family planning as a problem related to the health of the family.
- Diagnosis and treatment of sterility and infertility
- Education and motivation of social leaders and other professionals related with health and family welfare.

The experiences gathered along these lines have been substantial to the success of our "First Latin American Post-Graduate Course in Reproductive Physiology and Human Fertility Control" in November 1965, and the "Second Meeting of the Latin American Association

* I would like to acknowledge here, most gratefully, the valuable support in building up these facilities given by several international agencies, mainly, the Ford Foundation and the Population Council.

for Reproductive Physiology Research" in 1966, as well as other training courses and seminars given in Santiago in 1965 and 1966. These experiences have helped us to give to students and graduates the proper judgement and criteria that should govern their actions as professionals in providing the best advice and care to the population.

I should emphasize here, perhaps, the urgent necessity we have for adequate textbooks, pamphlets and more audio-visual materials, adapted to our reality (and not to that of India or Taiwan). Unfortunately our modest resources have not allowed us to materialize this yet.

The objectives of the teaching and training programs have been based mainly on the results of the experiences already gathered by the program for medical service to the population in family planning within maternal and child health program; therefore, it has depended on the achievements of the medical service in family planning to the community, within some of the health area programs from the city of Santiago, (i.e. Department of Fertility, University Maternity Hospital, etc.).

5.1. Teaching and Training Program at the University of Chile
For the Medical Profession

5.1.1. Medical Students: This section of the Program has been carried out by means of a one week seminar for the students of the VI year of the medical school given jointly by the chair of obstetrics, the chair of preventive and social medicine. It was developed during the years 1964 to 1965 and comprises:

Theoretical instruction: with lectures and informal discussions on essential facts of:

- General Demography and Population Characteristics
- Population Dynamics: Migration and Growth
- Chilean Demography; Vital Statistics
- Birth and Mortality Rates; Birth Rate in Chile
- Maternal and Fetal Mortality Rate in Chile
- Maternal and Child Health Programs
- The problem of provoked abortion
- Obstetrical and Fetal Physiology
- Fertility Control: general facts and methodology
- Modern methods for Human Fertility Control

Practical Exercises: during a period of a week, the students observe and participate in the current activities of the Central Demonstration Clinics of teaching hospitals (i.e. Department of Fertility, University Maternity Hospital). They have there an opportunity to observe patient handling and instructions, their motivation and the general use of methods for fertility control.

5.1.2. Interns: Within the curriculum of the medical school, medical internship in obstetrics is of 8 weeks duration. During two of these weeks, the intern takes responsibility at the fertility clinics, on a part time basis by means of:

Practical Exercises on:

- Handling of oral and injectable steroids
- Insertion of intrauterine devices and control of users
- Practice of vaginal and cervical cytology for cancer detection
- Diagnosis methods for Sterility and Infertility

Theoretical instruction:

- Pharmacology and Clinical Evaluation of contraceptive methods
- General information on Family Planning Program and Current Research on these and other related subjects
- Educational methods applied at community level for Family Planning
- Essentials in Family Planning as an "Health for the Family" program
- Obstetrical and Fetal physiology; prevention of fetal damage
- Fundamentals on diagnosis and treatment of childless couples

5.1.3. Graduates

5.1.3.1. Medical Fellows: (includes residents and graduates interested in reproduction) A three months program with the following objectives is offered (in Clinica Obstetrica Universitaria it is compulsory)

Practical Exercises: Intensive training in contraceptive methods (AIU, oral and injectable steroids) at the Fertility Clinic, with patients care and follow up:

- Training on techniques for diagnostic methods of vaginal, cervical and endometrial tissues
- Laboratory workshop in morpho-physiology of the gonads and human reproductive system
- Training on health education methods
- Development of a research project on a clinical, epidemiologic or laboratory problem

Theoretical instruction:

- Information in physio-pathology of contraceptive methods
- Essentials in population service planning
- Essentials in reproductive physiology, obstetrical and fetal physiology

5.1.3.2. Practitioners and other physicians (included are particularly pediatricians, internal medicine, psychiatrists, etc.)

A practical course of 1 to 3 weeks duration has been offered in collaboration with the School of Post-Graduate Studies, University of Chile, with the same objectives as the medical fellows' teaching program, but with more emphasis on health education and family planning methods, but no participation in a research project or field work.

Following a well established tradition at the University of Chile, two types of training have been offered to graduates from other Latin American medical schools:

- A 1 to 3 months training program with the same scope and objectives as the program for medical fellows (5.1.3. above)
- A 3 weeks post-graduate practical course, with the same program as 5.1.3.2. above.

5.2. Teaching and Training Program for Para-medical Personnel at the University of Chile

5.2.1. At the Pre-Graduate level--School of Midwives and Nurses: These professionals have a fundamental role in the health and family planning program. They should therefore be properly trained. We have been giving one week seminars on the following subjects:

Practical Exercises (mornings)

- Use and control of contraceptive methods (oral, injectable, IUD) with particular emphasis on patient care and their education
- Educational methods for family planning

Theoretical instruction (afternoons)

- Fundamentals in reproductive physiology
- Essential facts: in the pharmacology and physio-pathology of contraceptive methods
- Demography and epidemiology of induced abortion
- Family planning as a health program

5.2.1.2. School of Social Workers: Lectures have been given to social workers on family planning dealing with:

Theoretical instruction

- General information on contraceptive methods
- Educational methods for Family Planning
- Essentials in Demography and the problem of induced abortion

Practical Exercises

- Obtaining bio-medical and social data
- Essentials on evaluation of these data

- Educational methods for family planning
- Handling of family and marital problems, care of children and family welfare

5.2.1.3. Medical Tehhnologists: These professionals have an important role too. So, pre-graduate training has been offered within the curriculum in certain fundamental aspects of steroid biochemical methods, cytology for cancer detection and some methods for morphological study of reproductive organs, aiming towards an eventual interest to work in the field of reproduction.

5.2.2. At the Graduate Level

For Midwives and Nurses: Seminars have been given yearly for midwives and nurses in 1965 and 1966 comprising the following subjects:

Theoretical instruction (10 lectures)

- Anatomy and physiology of the reproductive organs
- Fertility and sexual relations
- Essentials for a medical record, clinical and gynecological examination
- Physio-pathology of contraceptive methods; its use and control
- Fundamentals of demography and biostatistics
- Induced abortion in Chile
- Fundamentals for an education program in family planning and family health and welfare

Practical Exercises (at the Department of Fertility)

- Practice in contraceptive methods; use and control
- Educational program for family planning
- Training in patient handling, motivation and interview
- Fundamentals of population service planning
- Papanicolau smears; method for smear cytology

Auxiliary Personnel for Family Planning Clinics: We have noted that this personnel has considerable influence in patients' motivation and handling as well, and they should be trained. A brief course of one week duration has been given comprising:

Theoretical instruction

- General principles in out-patient clinics, nursing and records handling
- Fundamentals of health team work
- Generalities in contraception and instructions in their proper use
- Fundamentals of health and family planning education

Practical exercises

- Nursing care in an out-patient clinic
- Methods and Education for Family Planning
- Patient motivation for follow up

5.3. Plans for Long-term Training Program

Our present and future medical school students will be the ones responsible for our future development.

We think that family planning, as any health problem, offers an excellent opportunity to give a comprehensive vision to pre-graduate students of the whole medical curriculum, from the first to the seventh year of schooling. Since human reproduction control has biomedical and socio-economical implications, it requires a good multi-disciplinary integration. Thus, in teaching, we think that, all the related disciplines should participate within the medical school (physiology, biochemistry, biostatistics, epidemiology, preventive and social medicine, obstetrics, pediatrics, etc) in giving emphasis within their curriculum to their relations with the population and reproduction and the importance of research. Family planning should be carried out fundamentally at the family level, therefore, all integrative actions should be focused to this nucleus. Furthermore, other health problems, as malnutrition, alcoholism, etc. might also be integrated with family planning action, to obtain a more complete teaching perspective.

In other words, reproductive biology and its control should be gradually taught along the whole medical curriculum by means of contributions of each related discipline, with emphasis in the theoretical, research and action aspects.

For the sixth year medical student, the actions of the program for population service in family planning at the district clinics should offer better opportunity for practical exercises and field work training, activating the students in an integrated health team; this is particularly important to students of the Chair of Preventive Medicine and Obstetrics, as well

To further improve their training, interns should participate in field work projects on family planning in a small community. They should be familiarized with the mother and child health programs, the family health planning activities, their ways for action and their organization. Ample time for discussion should be allowed at regular seminars. Their work should be carried out at the hospital and the district out-patient clinics, as well. They should also be led to develop an interest for research.

By means of an active collaboration in a program for population service in family planning, post-graduate medical fellows will get ample opportunity to be exposed to planning, organization, administration problems, development and evaluation of a project. Furthermore, they should also have opportunities for active research work in organic, psychic or social aspects of fertility control and family health and planning.

Furthermore, training in infertility and sterility diagnosis and treatment should also be given.

With the gradual development of our population service program, the training for practitioners and other physicians will have a considerably larger practical aspect by working within the activities of the district clinics (National Health Service).

Following a well established tradition at the University of Chile, we want to offer Clinicians from other Latin American countries an opportunity to take advantage of the same facilities given to national medical fellows and practitioners within the training facilities of the Northern Health Area of Santiago.

This project is conditioned by the availability of fellowships for this purpose in which PAHO may be in a position to participate.

The training facilities of the health areas of Santiago will be more and more available for field practice to students and graduates of the schools for midwives, nurses and social workers, in relation to family planning at the district clinics. Their field practice should be integrated with those of medical students, aiming to promote team work in health problems, with particular emphasis on the family.

5.3.1. General Teaching and Training Methodology to Materialize the Program Objectives

The Chairs of Preventive and Social Medicine, as well as the Chair of Obstetrics will have the direct responsibility of the above long-range teaching and training program.

We firmly consider that at the present time and family planning being essentially a part of family health and welfare programs, good training requires most urgently an integrated and complete view of the activities within an health program and within a population service program. Henceforth, the training of clinicians and medical collaboration personnel will be completed by an appropriated and apportioned exposure to fundamentals in demography, health, and social and psychological aspects of population dynamics.

Therefore, the previously described program will not be completed without the valuable collaboration of other clinics, centers or institutes such as the Latin American Demographic Center (CELADE), Latin American Center for Population (CELAP), pediatrics, and psychiatric clinics, as well as the schools of public health.

The integration of the medical students' curriculum should be the responsibility of the University of Chile Medical School and the School coordinator of students' field practice.

The training and field practice will be done at the district clinics (of the National Health Service) under the leadership of the clinics' directors and the supervision of the coordinator for students' practice.

The potential expansion of all these teaching and training programs for Latin American Graduates would depend upon the availability of proper resources to cover the necessary expenses, since the University budget is already quite loaded down with domestic commitments.

5.3.2. Training of Investigators in Reproductive Biology:

The present teaching and training programs as well as their future expansion depend heavily on the development of a core of well qualified and soundly trained investigators. All of us know too well that this is a time-consuming task.

With this in mind, groups from universities and research centers in Santiago, (Chile), Buenos Aires, and Montevideo have joined their efforts and contributions to elaborate a kind of three nations multidisciplinary training program, under the title of "Latin American Training Course in Reproductive Biology" that is scheduled to begin in mid 1967. The Ford Foundation's generous contribution and the support of all the universities and research centers involved have made this possible.

The course is offered to well qualified young graduates interested in human reproduction and its implications at different levels: from a purely basic research aspect to sociology, demography or health problems. It has been thought that by means of such training in reproductive biology, a demographer, for example, will be better qualified to tackle research problems within his specific field. Fellows will be accepted, therefore, coming from diverse related fields with the simple condition that they should be properly qualified, eager to devote themselves to a given problem or field and committed to applying their knowledge and experience in a university department.

A program for the course has been distributed to all the Deans of medical and other schools in Latin America. Fellowships are also available, giving adequate support to cover expenses and travel related to the course.

6. Discussions: Chairman: Thank you very much Dr. Zañartu. Again I am exercising the prerogative of the chairman, and we shall not have a panel discussion at this point, because as I suggested earlier, we will throw the discussion open to the floor. You will receive voluminous documents* detailing developments in various institutions in the United States and in Latin America so that we do not really have the time to hear descriptions of all the programs or for that matter of any of them.

We really should utilize the half hour that we now have to hear from people who would like to tell about experiences, maybe somewhat different from the ones we have heard. Some of the problems that had been encountered, some of the ways in which you may have overcome those problems, different kinds of suggestions that you might have in order to see if we can exchange these experiences among ourselves and try to apply them. I do want to apologize to the persons who had been scheduled to be in the panel list and its moderator, but all may freely participate in the discussions.

*Documents I and II entitled, "Population Information Center, Population Dynamics Programs of Organizations Engaged in Pan American Cooperation 1965-1966."

Dr. Joseph R. Swartwout, Jr.:* My experience in initiating training programs and service programs at another institution has taught me that one particular group is most important in this whole thing.

As long as the primary practical method of conception control is medically oriented and as long as the quality of human reproduction remains within this province, the obstetrician is most important in any population program. Also important for initiating programs seems to be motivation, education, and communication with the obstetrician. I would like to point out that there is a communication's barrier between social scientists and obstetricians, and between public health people and obstetricians. If you try to talk to an obstetrician in demographic terms, he will not understand you. Because he does not understand you, he becomes paranoid and is likely to close his ears to any further argument.

In our concern for these programs, I think we could pay considerable attention to the motivation of such people. Perhaps, if we motivated one obstetrician it would be the equivalent of motivating 1,000 women. If we motivated a chairman of one department, we might accomplish the same as motivating one million women.

Dr. S.M. Frazer:** I am, in fact, a laboratory technician. I have a very small test tube in which I have been experimenting with this particular field for the past ten years. Having listened to these brilliant papers this morning, I have been trying to pull some of the fantasies down to the ground, as was suggested.

It was subdivided on the question of the education of the academic down to the field level. I, too, have a feeling that a dearth exists. The object of any education is communication. We are all here sort of preaching to each other, or preaching to the converted. It is really what we are going to preach outside, I think, that matters.

I jotted down three levels: a sort of high political level, a professional level, including the paranoid private practitioner, (I prefer to call him stiff-necked) and the patient level. Particularly in aspect to communication at the patient level is where all the groups of technical personnel come in. They have got to be educated in this field, because they are the ones most in touch with the people that matter. They have been promoted most of them from that very field, and they come back to the areas they started from. They are the experts, not just in the particular technique in which we give them a label, but in all the areas. They are regarded as the prophets who know these answers. This

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is of tremendous importance, because this is the seepage and this is very much away from the high academic discussion which we all so much enjoy.

Enlisting the professional is the hardest of all, because they are the hardest nuts to crack. They have come in to me, and I have gone to them, addressed them. The other day, I met a physician and asked him, how he regarded the IUD. He said: "Well, you put him in, and I take him out." This accounted for certain rights in the boundary in his particular area. So here we have the three big groups. But I think from your point of view, the technical personnel are the most important because they are getting actually to the people we want to affect.

This business of starting out communication at the top and by moving down the ladder is wrong. I think, we should take his problem directly to the community, and I know that the IPPF is doing this for their family planning, and I think, it needs a great deal more than this. I think, you may get rebuffed from the community, but at any rate you know what you have got to overcome. You may be amazed at the support you have from the community, which will have a tremendous impact on the high political level which is where you want to get your finance from to run all your programs.

One other little thing I was going to say is that I do think we have to coordinate our ideas a great deal. This is a very simple instance of the lay mind at work: I think, when you have him involved in this program, particularly with the IUD and the pill, the obstetrician likes to wrap it in with a cytological program. Quite understandable from his point of view, but not from the point of view of the patient. One of the things they are very interested in, even quite way down in your social levels, is does this or that cause cancer. And you answer no. Then why, says the lay person, do I have to have a cancer examination when you fit this thing. We can all answer that one, but it is extremely difficult for the person who has not got a very full education in this whole field.

Another thing is very interesting: Dr. Stykos said that you cannot demonstrate any improvement in health by a successful program. The present program I am rather interested in is this question of the preventive attitude to mental health. I would say that family limitation must be one of the main springs of this particular attitude to preventive mental health. And then there is another odd thing when you come to think of it: we start by stressing the unwanted baby as a sort of selling line, and the eventual line, I hope, is going to be a baby when you want it.

Chairman: Thank you, Dr. Frazer! For you who do not know Dr. Frazer, he is the Chief Health Officer for the Island of Bermuda. He has his laboratory surrounded by oceans, so he can take care of his population.

Dr. Marco Antonio Ramirez-Sanchez*: I would like to say a few words regarding nutrition. The Institute of Nutrition for Central America and Panama coordinates the public health activities in the field of nutrition in that area. We think that this activity is very important because the nutritionists work at the family level and, therefore, they are in contact with all the people, advising and educating them how to make best use of the food which is available. The Institute conducts several programs in this field.

One is for nutritionists from all other Latin American countries, which lasts one year. Another course is for physicians who work in health centers in Latin American countries, with emphasis on Central America and Panama. The main program, however, is in nutrition where population dynamics has its representation. A course in population dynamics now has been introduced in the curriculum.

All of these activities, of course, are aimed at alerting not only the people at the family level but also governments to the growth of populations. This is an essential, since it is the population that is really the object of the economic and social activities. The national resources are dedicated to the satisfaction of these needs. We are, therefore, happy with the knowledge that all the planning offices in Central America are coming to INCAP to be oriented in needs of their population with respect to basic diets and to the amount of food it requires.

Chairman: Thank you Dr. Ramirez for giving us another example of integration between the people interested in food and nutrition side of the coin and those interested in the population question.

Dr. Aquiles José Sobrero**: I believe that I am some sort of a strange product. I am a Latin American working in this country. When I go to Latin America, I feel like a fish out of water, and when in the US I feel I am in water that is too chilly.

I would like to make some comments, however, to emphasize some of the points made by the speakers today. We have had the opportunity of hearing very remarkable papers. I was particularly impressed by some of the remarks made. I may say, when I came to this country, I was very much surprised by the spirit existing in the university. But we cannot transplant this into Latin America. In Latin America, the only organization that exists in the universities is the political organization of the students. The university in itself is rather chaotic with regard to communication among individual professors in the departments, it is a system in which each man is in his own castle and goes out only to do warfare with other people.

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**Margaret Sanger Research Bureau, New York, (Director)

I was also surprised upon coming to this country as a gynecologist who got interested in the problems of population, to see that the people most active in this field were not obstetricians or gynecologists but pediatricians. I could not understand this, and after thinking about it for a while, I realized that the answer was that it is the pediatricians who see the product of rejected children and of misery in the homes. I am not so sure that the use of U.S. practices to solve the problems in underdeveloped countries is entirely desirable for Latin America. I think that the Latin American physician is much more socially minded than the American physician, especially the Latin American obstetricians and gynecologists. From that angle, I think that to bring the obstetricians and gynecologists in Latin America to the American standard in social consciousness would be really a step backwards rather than forward.

I was also particularly impressed by what Dr. Stycos said, and it brought to my mind the other important problem we have. I certainly would like to see something between what Dr. Stycos and Dr. Wegman have said. I think that certainly social science and demography should be part of the American curriculum, especially in Latin America. Certainly the physician alone is not going to win the war against poverty, unwanted children, or against abortion and population. He will win it rather through the social contacts that his political party may have.

I think, indeed, that one of the drawbacks we presently have in Latin America is that departments of preventive medicine are non-existent. Preventive medicine is poorly taught, most preventive medicine departments are weak and really seem like second or third class citizens in a medical school. Certainly, there are wonderful exceptions - I think that the Chilean group that we have here is probably the foremost exception that can be mentioned. But the Chilean situation is completely different from that of others in Latin America. We have to face each country in turn if we really want to be successful. Certainly, we can say that probably the organization of medicine here is superior to the organization of medicine in the U.S. We all know that with limited resources Chile certainly has been able to achieve a much greater degree of medical sophistication than any other country in the continent. They have a strong medical school. They have one of the best, if not the best, school of public health on the Continent. With a strong influence in the medical schools they know how to use social workers etc. But this solution does not exist in other countries. And if you go to Argentina, Brazil, and Mexico, the largest and richest countries in the Continent, you certainly will not find a situation like Chile's.

Now, I think that by strengthening the department of preventive medicine, including some of the social aspects, especially in obstetrics and gynecology, and also in pediatrics, and including some sort of social psychology in the medical school, we certainly will

achieve a much greater degree of advancement.

I would like to make a final remark here: Recently, we have seen much emphasis on medical care. I think, there is a negative point in our population outlook. It is an error to say that we are saving lives, and that a population problem arises because we are saving lives, that preventive medicine has been unable to solve this, and that we, therefore, have to control birth. We are putting this problem in a completely unacceptable angle. Emphasis should continue to be given on preventive medicine on total medical care, and on the problem of prevention of abortion. The problem of total medical care for the family should be part of it, and not instead of it, as it is at the present time tending to appear to an outsider in the United States.

Chairman: Thank you very much Dr. Sobrero.

Dr. Joseph D. Beasley:* I like to make three points, the first being on the divergency and diversity of so-called developed versus undeveloped areas.

I am a Southerner from Louisiana, but hopefully a realist, and, therefore, realize that Louisiana is the prototype of the underdeveloped country in a so-called developed country. Our diseases are illiteracy, infant mortality, birth rate, discrepancy in the distribution of per capita incomes among the various socio-economic groups, and the distribution of health services. I became even more aware how underdeveloped we were in regard to population problem when I had the pleasure of being asked to come to Colombia and particularly by Dean Vélasquez to look at the program in Cali. The level of sophistication, the level of response, the level of integration that has been achieved there in relationship to universities and to nations is something that I do not believe has been achieved anywhere in the United States between the university community and the political community. In fact, this relationship has become for me a model, a guideline which I look at with great care as we try to develop a program in Louisiana.

The second point I would like to make is in relationship to the teaching, research, and consultation responsibilities of the universities as they relate to government. Our university has taken the position (and a lot of people of the faculty take that position) that it was the university's responsibility to get the information, to get the data which would allow the body politic to consider the short and long range implications of various types of population policy, and its relationship to health and other social aspects of the community. Our main purpose is to use the state and the city as a research laboratory, if you will, in order to make this type of data available. By the same token, we have the feeling that it is the responsibility of the

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university, once the body politic has decided upon a given policy, then to develop the expertise which will allow program design, training, research, and critical evaluation of that program, so that the results can be given back to the government and interpreted. In this sense, then, our university has entered into a very close cooperative relationship between both our city and state government. I do not believe that one can maintain competency in research, teaching, and consultation unless one is actively involved in the problems as they occur at the community in a major way. I think, this is something we must re-think in the university, we have to be extremely concerned about maintaining the integrity of the university, about maintaining our responsibilities in teaching, research, and consultation. I think, this new problem requires a new response, and I think any response less than that is in my opinion inadequate.

The third point, I would like to make concerns the development of our program. We were interested in contraception, but except for the private patients it was illegal and virtually not practiced. It was immediately apparent, because we had a very strong and sophisticated obstetrical community and two universities there, that we must introduce modern contraceptive technology by involving the obstetricians. For this reason, responsibility for the medical school curriculum for the postgraduate training is vested in the department of obstetrics. It is our philosophy in regard to our teaching and training since the program opened last November that it is open to all medical students as an elective, but next year it will be a requirement for them. It is our philosophy that for medical students not to be versed in all aspects of family planning and the techniques of contraception is just as negligent as not letting learn how to examine a heart properly. The third phase of the program is introducing this to the communities. We have done this during the past fifteen months by introducing contraceptive technology into one small community. We did this by taking the obstetrician from the medical school and the leading obstetricians in the area and sending one to Dr. Davis and another one to Dr. Lipps in Buffalo. These men became experts. They have the aura both of respectability plus the aura of expertise in consultation and the ability to handle complications. From this we have been able to train general practitioners in this area, and this information has been assimilated down very effectively.

Chairman: Thank you very much.

Dr. Paul A. Harper:* I would like to make two brief comments and tie the second one to a question.

I would first like to enter the discussion between Dr. Stycos and Dr. Wegman. It seems to me that they are much closer together than appears on the surface. I think that what Dr. Stycos was saying was that the physicians and medical students should really understand the why of family planning, and the why of the need for understand-

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ing population control. I certainly would support this. It seems to me that—at least to that extent— the physicians would constitute a very valuable body of informed opinion in a community, if every physician who came out of medical school really understood the why of the population problem.

The second point that I would like to come back to is: I think it was Dr. Adriasola who spoke of making an inventory of teaching of family planning and in population dynamics. I wonder, if he would elaborate on this a little bit, if he has the opportunity. We had an experience in Pakistan of trying to evaluate the teaching in medical schools. We found that what was on paper was really not in the actual curriculum, and when you examine some of the graduates of the medical schools who had a reasonable program on paper, it was not nearly as good as it appeared on paper. I wondered, if you would comment on this, and it also seems to me that this inventory of teaching could in some way be tied in with Dr. Velazquez' discussion regarding the need for training teachers.

Dr. Moye Freymann:* I like to go beyond Paul Harper's suggestion and raise the question of dealing further with the problem of efficiency of training of professional personnel for family planning. I think that it takes more than an inventory. It does take systematic treatment, I believe, of the various dimensions of teaching methodology as applied to the problems of training professional personnel in this field.

Many countries now have population policies either in good shape or coming into place. Financial and personnel problems are being solved, training programs are being formulated, and it is time now for us to start focusing on the problem of increasing the efficiency of operation of training programs. I have the impression that there is a considerable loss of effort and money now in less than optimal efficiency of the training effort. The products of the training programs are not doing the job as well as they should. The results are not consonant with the money and time being put into training effort. We need to sharpen up our planning process, we need to share out experiences on how to lay out a total training plan in given country, we need to sharpen up our ways of defining jobs to be done in the family planning program area, the knowledge and skills that are required by each professional person to play his particular role in the total program. We need to have more sophistication in teaching methodology, the use of laboratory methods, of simulation methods, of program learning methods. We need, I think, to share experience more in the development of field demonstration areas for use in training programs. We need to learn a lot more from each other about how to follow up trainees into the field and give them the kind of support they need after they finish the training course, and I think we need more sophistication in the evaluation of training efforts. I certainly endorse Dr. Adriasola's original suggestion that we move towards a systematic treat-

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ment of the whole training program and find ways now to make arrangements for the training of trainers.

Dr. Joseph M. Stycos:* I was especially delighted to hear a Latin American attack the Latin American universities, and I hope that the Latin Americans will be equally delighted in hearing me defend them.

I will go so far as to say that I think in Latin America without the universities, without the intrinsic and whole-hearted collaboration of the universities in this issue that the whole cause will not get very far. I would secondly say that with their whole-hearted cooperation we could perhaps accelerate this whole thing by at least a decade. I think, we must be careful to avoid the erroneous assumption that the Latin American university is similar to the American. It may in many instances be medieval, as we have heard. But on the other hand, I would say that for more than the North American institution is it a focal point for social reform.

We can make a case for the health benefits of contraception, of course. But as a matter of fact, the scientific evidence leaves very much to be desired, and it is certainly not as self-evident as in other fields. As a result of this, there is a feeling of indecisiveness on the part of the faculties of many schools of medicine. And added to this feeling of indecisiveness comes the whole attitude that the field of birth control technology is really a sort of low prestige area. In many places it is regarded as the kind of thing that can be picked up easily in a few days in a course or reading. It is in the area, I would say, of general dental hygiene. The combination of having low prestige and indecisiveness over a controversial kind of issue really makes it, I think, especially important that we introduce into the medical schools the kind of philosophic rationale for birth control, its use and its teaching by physicians which will counteract these other forces.

It is essential to introduce elementary demographic and economic materials to point out the purely utilitarian benefits of the slowing growth rate in population. But even more importantly, I think, and this is an area we often neglect when discussing these questions, we must emphasize what might be called the cultural benefits of family planning. By this, I mean, the possible effects of family planning on the institution of the family in terms of family stability, in terms of rates of illegitimacy and so forth. We also might include here, although it is not entirely cultural, the question of quality raised by Dr. Adriasola, the necessity of knowing more in the field of genetics. There is yet another important area which I think is on the minds of most Latin Americans: the area of individual liberty. The effect of birth control on liberating the individual and the individual personality. This is one area, I feel, that we can find agreement on members to the far right, or at least right and left, so that I would say, Mr. Chairman, that this means we need in our

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medical schools not only instructions in these areas but also research, because we do not know nearly enough about this kind of thing and that if we could provide a kind of comprehensive philosophy for family planning, it would provide the very dynamism of which we now see operating in a natural way in the Colombian and Chilean environments.

Dr. José F. Patiño:* In Colombia, there has been an interesting relationship among teaching, training, research programs in this field and the general operation of the Ministry of Health. I do believe that this is perhaps pretty unique at this time in Latin America. I would like to have Dr. Velásquez comment very briefly on that, since we are running way behind schedule.

Dr. Gabriel Velásquez:** I just was asked two minutes ago to comment on these two papers. They do cover very well a lot of important points. I will limit my remarks to stress the point that I think is most crucial in relation to introducing training and teaching methods in the medical schools. Dr. Stycos mentioned the fact that there is a great fear that these topics could not be presented in a rational way in Latin American countries.

Colombia has the reputation of being one of the more traditional, conservative, catholic countries, in which even mention of this topic would be difficult. Well, in spite of that, as you all probably know, we have now a national program. The policy of our country is that family planning activities should be conducted in all the health centers in the country. It also was agreed that education on the topic should be offered in all medical schools. The steps, I think, that should be taken are more or less the same steps which were taken by us. Because of the need to expand this training to all the universities of Latin America, the training of teachers is of great and urgent priority. I think, that a crash program should be organized to train teachers for many Latin American universities. These, I think, should be from different disciplines. Dr. Stycos' papers emphasize that, not only physicians, but different professions should be educated and an effort made to offer different professions an opportunity to understand or to learn something of the other disciplines. To accomplish this, I think, is quite a problem and a great task, but it is also a good opportunity for several American universities to help Latin American universities in training programs of teachers and research people. A special effort should be made to discuss the kind of courses and programs to be offered in an organized way to teachers of different universities in Latin America.

The last two points are these: I believe that this is not a technique or skill to be given, as Dr. Stycos mentioned, but this is a rather complex problem. I think it is a kind of mental attitude, the values of these issues are difficult to offer in a given course. A combination of

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a teaching experience, should be offered to the student at the beginning of his university career in the social and demographic aspects. Later training should cover more practical aspects combining the problems of different departments such as obstetrics, pediatrics and preventive medicine. Similar effort should be made in other professions such as in economy, social sciences and even architecture. I think all professions should offer in their curriculum the different aspects of population dynamics, demography, etc.

Finally, since the problem is urgent, we need to do something right now, especially to train the physicians who already are in practice. This is why in Colombia the Association of Medical Schools sign contracts with the government to offer a special two-week training program to all the physicians in health centers or hospitals. This is, I think, a point that I should emphasize: We need something for the physician already in practice and who did not receive any training at all in these topics.

Chairman: Dr. Wegman, can we hear about your personal comments on this subject and what you are doing at the University of Michigan in the general approach.

Dr. Myron Wegman:* At the risk of depreciating some of the very excellent points made by the speakers which I won't have time to discuss, I like to make three points. First, some of the audience here may recollect that at the first meeting of the Directors of Schools of Public Health in Latin America which took place in San Miguel de Regla in 1959. Dr. Ayroza Galvão of São Paulo introduced a new function among the traditional functions of faculties in schools of public health. He added the function which does not translate well in English of diffusion, of the responsibility in addition to education, research, and service of influencing community policy. Therefore, I submit that Dr. Patiño's point on the responsibility of universities in the area of family planning is so clear that it must well be a stimulation to universities to accept a function which they in the past have neglected. This may be a positive influence to overcome the fear which now exists.

Secondly, I would like to make the point that much of our teaching with such a large amount to cover there is a temptation to go too far. Again, I would propose that most of our schools ought to set very limited goals of instruction for the various people. I would disagree with my colleague, Dr. Stycos, about the importance of trying to teach demography and sociology, if one includes this for medical students. I think, by and large they are neither ready nor interested in that one opens the pathway

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to distorting or disturbing their interests in the fields in which they can operate effectively, if you try to go too far. I plead, therefore, for limited goals in connection with the function that the person is going to serve.

And finally, just a small point of technique. Dr. Adriasola's comment on the use of a coordinating committee is very important. In our own instance we have had an excellent result using a slightly different term of calling it a faculty seminar, and it took a year before we began on our program drawing representations from various units of the university as well as our own school. By calling it a faculty seminar, we were able to draw all the units of the university concerned into a coordinated program.

Chairman: Dr. Irene Taeuber has made very specific recommendations on the curriculum per se, and perhaps she more than any one else that I know has outlined pretty well and has clarified a great deal of our initial confusion as how shall we teach this, where shall we teach it, and what should be the general contents of the curriculum in the medical and health professions. Perhaps you can comment on this, Dr. Taeuber.

Dr. Irene B. Taeuber:* What I had planned to say is somewhat repetitive. I think that is its value, so I will say it anyway. I think we are all impressed with the immensity of the responsibilities we are assuming, and with the inadequacy of our preparation as professionals to resume those responsibilities. The population itself, its growth, distribution, and other characteristics are essential aspects of economic and social development. It is the basic factor in communities, it is a fundamental concern in families, in the rearing of children, in the opportunity for children. If we look at population in health and medicine, then it is most multi-disciplinary within the schools of public health and the medical schools, it is multi-school within the universities; it involves cooperative activities between the universities, the governments, and the private sector, and it is even cooperative and integrated within the hemispheric organization or the United Nations' system. These are more or less obvious.

The approach to these is simple as long as it was verbal, as long as it was in terms of what we should do. When we in fact start doing that, then we have the problem of the-shall-we-say- various sectors of population, the various fields that are involved, we have the various academic fields of specialization, we have population as a component in many disciplines, we have many new factors in population either as independent discipline or in related disciplines. The thing that I want to say is to offer no suggestions, to drop no conclusions, but simply to emphasize that the critical problem of the near future is the highest level of competence in the professional personnel who are involved in research, teaching education and administration in the various fields. That is, I

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simply would make a plea for the development of program not to forget that people who are the leaders in the development, the scientists in the various fields are very few in number, that their numbers need to be multiplied immensely. There need to be younger generation being trained coming along and that training for the underdeveloped countries involves the same pursuit of excellence as it does in any training in any place if it is to be effective.

Chairman: Thank you Dr. Taeuber. Our next speaker will be Mr. Alvaro García-Peña, who will deliberate in his able way on the information programs of population problems from the international and national sides.

7. Mr. Alvaro García-Peña:*

National and International Information Programs
on Population Problems

INTRODUCTION

Information programs on family planning, population growth and even birth control have grown in quantity, intensity and quality throughout Latin America in recent years. Efforts have been made, not only by governmental and nongovernmental international organizations, but also and more significantly, by private and public national groups.

Popular demand for more information, as expressed by increasing willingness on the part of the mass communications media to present and discuss the subject, has called forth a number of informative efforts throughout the Continent. These campaigns, which are directed at various social groups, cover a wide spectrum of philosophical approaches, each of which has intrinsic merit, but all of which suffer greatly from a lack of coherent philosophical strategy. This results in a waste of capital and entrepreneurial talent, and there is, instead of a common front, a common problem attacked by random efforts.

A review of these programs of information raises the question that they may tend to defeat their purpose by presenting a confused, even contradictory image, rather than a clear, ordered understanding of the population problem and the solutions so urgently required.

Dr. J. Mayone Stycos has said that "just as the illiterate's liberty to vote is a hollow freedom, so is the ignorant man's freedom to control his family size a meaningless, if not dangerous, freedom."¹

¹J.M. Stycos, "Catholicism and Birth Control in the Western Hemisphere," (Paper presented at Fourth Annual National Conference, Catholic Inter-American Cooperation Program, January 1967), p.4.

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It might be added that ignorance itself may be preferable to the state of utter confusion that could result from a lack of organized informative efforts. If only one campaign backfires or misses its mark, all efforts, not only can be negated, but can be made negative. It is imperative, therefore, to open channels of communication between all entities working in the field. This mutual responsibility exists especially when international organizations, which might err because of lack of knowledge of particular and national conditions, have readily available sources of information in the national organizations. There is, however, a further aspect deserving consideration. Sociological and motivational efforts, if they are not to cause irreparable frustration and harm, must be followed by action campaigns at both national and international levels.

In our struggles to create understanding and find a solution to the population problem in Latin America, we have reached the point at which we must stop and take stock of the tools we have at our disposal to launch a concerted effort. One of these is the information campaign more aptly described in Spanish as "campaña de sensibilización." Without it, neither public opinion nor governmental leaders nor the masses can be motivated. Neither can a plan of action be effectively executed.

We all must scrutinize this powerful and indispensable component of a concerted action in order to utilize it in the most effective manner. But first, we need to delineate an information strategy based on scientific knowledge of the groups to be motivated in order to shape the content accordingly, on scientific knowledge of the media to be utilized in order to obtain peak efficiency, and on a scientific coordination of efforts in order to eliminate duplication and maximize the effective use of talents and capital at our disposal.

A partnership of efforts in communications does not imply a loss of identity or autonomy on the part of those organizations cooperating in the programs. Rather it implies that full advantage be taken of the orientation and skill of each individual organization in the search for and realization of a solution to the problem we all face.

We have broken the taboo which imprisoned the subject of birth control in a state of ignorance. Today, the mass communication media are at our disposal. What is needed is an intelligent and responsible use of these means of communication. Scientifically planned and coordinated information programs should be designed to strengthen national programs as well as to achieve close articulation of programs of international organizations, both public and private.

OPEN DOOR FOR INFORMATION

Before proceeding to the analysis of the various information programs being effected at national and international levels, let us stress the role being played by the mass communication media and the wide range of information being disseminated throughout the Hemisphere on population matters.

Every day, newspapers large and small publish articles and editorial comments, even cartoons, relevant to the excessive speed of population growth in Latin America. According to a comprehensive and scientific analysis done by the International Population Program of Cornell University, out of 3,103 news clippings on social and political matters received from Latin America during the period January-July 1966, 2,061 mentioned birth control, of which 1,052 were favorable, 274 against, 668 neutral, and 67 ambiguous. Only five years ago, this material would never have reached the presses.

Radio and television also have shown themselves receptive to family planning and birth control news broadcasts. Extensive coverage is now accorded regional and international seminars and conferences. One instance of this attitude is the treatment accorded the First National Workshop on Communication, Motivation and Evaluation, held in Popayán, Colombia, September 19-28, 1966: the Colombian network "CARACÓL," with a certified audience of nearly 5 million, featured a nightly 15-minute program on the procedures of the Workshop. The Seminar on Economic Development and Family Planning organized by the International Planned Parenthood Federation in Tegucigalpa, Honduras, June 1966, was given similar broad coverage.

The open attitudes and acceptance of information on the population problem by the news media presents us with a powerful instrument and an even greater responsibility. The audience we are able to reach has multiplied astronomically. If we want the communication channels to remain open, we must both maintain the public interest and present material adapted to the media used.

This again requires coordination to interrelate the programs and give them direction, if we are not to produce a profusion of repetitive and random campaigns. Such campaigns can either cloy the public which is not eager for information, or worse, confuse and frustrate it.

GROUPING OF PROGRAMS

For purposes of this paper, only those information programs using mass media will be considered. Conferences and seminar

programs of information are included here because of the multiplier effect which is obtained. Purely didactic programs are excluded, since they fall within educational rather than informative programs. International information programs and those of a national nature have been broken down into programs of motivational and action aims.

I. International Programs

A. Motivational or sociological approach.

For a representative presentation of information activities effected at the international level, we have selected four organizations. The Population Reference Bureau and the International Planned Parenthood Federation typify the activities of private institutions, and the Pan American Health Organization and the Organization of American States exemplify the inter-governmental activities in the field of information.

1. The Population Reference Bureau.

This private, nonclinical organization with headquarters in Washington, D.C. has undertaken an active information program which merits special attention. The experimental nature, scope and emphasis on the Latin American character of its program could serve as a valuable guideline or example to other groups embarking on similar campaigns. The Latin American Department, which executes the above activities, receives the bulk of its financing for special programs from funds especially earmarked for its purposes by The Rockefeller Foundation, The Population Council and a score of smaller donors. The general programs of this Department also are funded by the Ford Foundation.

In order to better orient these activities along Latin American lines, the PRB has appointed a Colombian journalist as Director of the Latin American Department. It has also appointed the planning of its programs. This group includes Dr. Luis Escobar of the World Bank and Dr. Hernán Mendoza-Hoyos of the Colombian Association of Medical Faculties, two Latin Americans distinguished in the field of Inter-American relations, Dr. Arturo Morales-Carrión, Special Assistant to the Secretary General of the Organization of American States, and Dr. J. Mayone Stycos, a prominent United States sociologist-demographer with long involvement in Latin American population studies. Also, for feedback purposes, correspondents have been named in strategic locations throughout the Hemisphere.

The most significant step taken by the Latin American Department of the Population Reference Bureau, however, has been the establishment of a Regional Office in Bogotá, Colombia, in October of 1966. The stated purpose of the move was to facilitate close communication with Latin American professionals in the field of population in order to provide information based on firsthand knowledge of local conditions, and to publicize the views of respected Latin American intellectuals on the population problem.

Under direct supervision of the Washington headquarters, the Field Director, a highly respected member of the Colombian intelligentsia, oversees the translation, publication, and distribution of articles written mainly by native Latin Americans on population problems besetting their area of the world. He also supervises an experimental Speakers Bureau, established to provide multidisciplinary lectures to representatives of key groups of Latin American society.

An important feature of the Bogotá operation of the Population Reference Bureau is the close cooperation being maintained with two national organizations in that area. The Colombian Association for the Scientific Study of Population, a group composed of professionals from various fields, has been carrying out a limited information and motivation program in Colombia for the past few years. The Colombian Association of Medical Faculties will be dealt with at length in the section on national programs. The cooperation which has been established provides a fruitful interchange of ideas and aids greatly in structuring the PRB's intensive publication schedule and lecture program, both of which are geared to governmental and private, public opinion leaders in Latin America. The Population Reference Bureau, in return, provides for broader dissemination of material produced by these and other organizations.

In order to make its information campaigns more effective, the Latin American Department already has compiled a mailing list of over 3,000 addresses of individuals and organizations in the population field. These entries have been selected on the basis of their need for information on the Latin American demographic crisis, and their interest and activities in the field. Because of the state of flux in the area of population

studies, this list is in constant process of revision. The increasing activity in this same area has motivated a stepped up addition schedule and by mid-1967 the list will number 5,000, including all elements of Latin American society, among them being government, medicine and the press.

Three hundred members of the religious hierarchy in Latin America, both Roman Catholic and non-Catholic also have been included, in keeping with a recommendation of the First Pan-American Assembly on Population:

"Religious leaders should be continually provided with the best available scientific information on biological, social and economic aspects of population problems. This information should be made available to all levels of the church hierarchy."²

Another PRB enterprise is a radio program oriented especially to the mass audience. This example of the use of the radio media, because of its novelty, deserves more careful consideration. The format is that of a soap opera, a form of entertainment popular throughout Latin America. The plot, which unfolds in 13 chapters, is based on the lives of two families, the first with two children, the second with six and one on the way.

Both families have been given the same low income, in order to eliminate socio-economic conflict as an element of the program and facilitate comparison. The differences which result in the level of education, the amount of affection given the children, the time at the disposal of the parents to counsel their children, and the consequent attitudes of the children, are forcefully presented throughout the program.

When the imminent arrival of a seventh child into an already crowded household becomes known, the topic of abortion is raised and counsel is sought from a social worker who advises that the mother seek further advice from a doctor and a priest. The dialogues bring to light sound medical thinking on the topic of abortion and responsible parenthood, as well as liberal Catholic counsel. For the latter dialogue, actual advice given for use in the program by a Catholic priest is incorporated in the script.

This program has been broadcast throughout Central America, on a trial basis, by 18 stations. The serial was widely broadcast because the program was offered to stations free of charge and with exclusive rights, that is, no other station within the broadcast radius carried the same program.

² Final Report of the First Pan-American Assembly on Population,
Recommendation 11.

The PRB radio program is also exemplary in that it has served to establish cooperation between that fundamentally nonclinical organization and the International Planned Parenthood Federation (IPPF), which is foremost in the clinical and action field. Demonstrating great willingness to cooperate, IPPF agreed to monitor and help evaluate the effects of this program. Since it is basically motivational information, the local clinics of the national IPPF affiliates note any changes in attendance and, if possible, learn the source of motivation. The results of the final evaluation will help determine the usefulness of the radio program experiment. If successful, then it will be broadcast over the entire Continent and the PRB would go into the field of television.

2. The International Planned Parenthood Federation.

The Western Hemisphere Division of the Planned Parenthood Federation conducts an active campaign of training and information throughout the Continent, using the services of its 29 affiliated family planning groups in this area.

The motivational and social information activities in the field have been mainly those of organizing regional conferences and seminars. These meetings have been instrumental in reaching a broad spectrum of influential people through their multidisciplinary approach. The nature of these forums is such that they are reported widely through the news media, extending the audiences of the seminars far beyond the actual attendants. The latter also broaden reception of the information by spreading knowledge diffused at the original seminar throughout their own professional circles, producing a multiplier effect.

In quick review, the following conferences have taken place during the past ten years:

The First Regional Western Hemisphere Conference was held in San Juan, Puerto Rico, in 1955, followed by a second and third in Jamaica in 1958 and 1959. These were attended mainly by Protestant Caribbean Islands and the United States.

The Fourth Regional Conference had a more multinational character. It was held in San Juan, Puerto Rico, in April 1964 with more than 300 representatives attending, among which were official delegates from 17 Latin American countries. To quote IPPF officials, this Conference was "a real breakthrough in the Family Planning movement in Latin America." The coverage given the meeting makes its informational effects obvious.

IPPF also has held four Seminars during the last five years. The first two took place in New York City in 1962 and 1963. Their specific purpose was "to motivate Latin American leaders." The Third Seminar was held in San Juan, Puerto Rico, in April 1964, and the Fourth in Tegucigalpa, Honduras, in June 1966. This last meeting was organized to "exchange information, ideas and experiences among the Latin Americans."

The discussions during the Tegucigalpa meeting were open to the public, which resulted in daily attendance figures of close to 500 persons. The extensive press, radio and television coverage accorded this Seminar gave proof of the validity of such regional gatherings as important sources of information throughout the Hemisphere.

One landmark attained by the Fourth Seminar was the strong support by the Government of Honduras, which made it an even greater focus of interest.

3. The Organization of American States.

The Social Affairs Department of the Organization of American States has been structuring a special unit devoted to population problems since 1964, when the Third Annual Meeting of the Inter-American Economic and Social Council at the Ministerial level recommended that the Latin American countries carry out studies to determine the requirements of economic and social progress as they relate to population increase.

The process of creation is still going on. In January of 1966, a meeting of experts was called by the Organization of American States and, specifically, by the Chairman of the Inter-American Committee of the Alliance for Progress (CIAP), to consider what the OAS could do to increase awareness of the demographic situation in Latin America in specific terms.

The group of experts recommended that "a population program be set up as soon as possible with budgeted funds and substantial personnel allotment . . . to facilitate the activities of the various Inter-American agencies within a coordinated framework and to serve as an organ for dissemination of scientific information and information on sources of technical assistance on all matters referring to population problems..."³

In accordance with the recommendation, the OAS has been organizing its program and planning its information activities, an important aspect of which will be a conference on Population Policies in Relation to Development, to take place in Caracas in midsummer 1967. This high level gathering, to which further reference will be made

³ Doc. CIES/874.

later, has been planned in cooperation with the Pan American Health Organization and has received financial assistance from The Population Council and the Aspen Institute for Humanistic Studies.

These steps taken by the OAS, will be very significant in the future, helping to create an atmosphere among the Latin American populace which will advance the cause of a solution to the population problem, by presenting both the problem and the solution as Hemisphere ones. Activity on the part of the OAS will also provide a favorable climate among the governmental leaders of Latin countries, and further legitimize already valid motivational efforts.

Already, the OAS position has awakened the interest of international wire services such as the Associated Press and United Press International, which through extensive news coverage and feature articles have provided useful information along motivational lines.

The broader coverage can be attributed also to the heightened information activities of the Alliance for Progress Information Team of the OAS Information Department. More information has been published on developments in the population field since the group of experts made their recommendation.

In the past year, the weekly newsletter of the Information Team has presented articles on different aspects of the population problem. This weekly newsletter, therefore, becomes an important source of information to its 35,000 English, Spanish and Portuguese speaking subscribers.

4. The Pan American Health Organization.

Following the recommendations of the Second Conference on Population Dynamics held at PAHO headquarters in January 1966, the Pan American Sanitary Bureau created a Population Information Center (PIC) to serve as a clearinghouse on health aspects of population dynamics.

Another information activity undertaken by the Pan American Sanitary Bureau in cooperation with the Organization of American States, The Population Council and the Aspen Institute for Humanistic Studies, has been the organization of a high level Conference of Population Policies and Development in Latin America, (mentioned above). Financial backing for the conference has been provided by The Population Council and the Aspen Institute. The nature of the gathering deserves special consideration in view of its tremendous potential to generate information and provide motivation.

The Conference has been divided into two parts. First, a Preparatory Seminar attended by experts in the field has been called

⁴-See: Alliance for Progress Newsletter, Vol. IV, 1966, Nos. 10, 35, 45, and 50, referring to activities of the Ford Foundation, the Population Reference Bureau, VIII World Family Planning Conference in Chile, Family Planning and PAHO, and a statement made by Father Roger Vekemans at the OAS on the subject of population.

for February 6-10, 1967 in Washington, D.C. This meeting will prepare the agenda for the Conference to be held in Caracas, September 1967. For this purpose, working papers have been requested from the major organizations and professionals in the field.

The roster of participants in the Caracas Conference is enough to assure full press coverage of the gathering. This will give its deliberations and conclusions great impact. Above and beyond the experts who will participate in the February Seminar, ministers of health, education, labor, and agriculture from the Latin American nations and directors of the national planning offices will attend.

The obvious importance of having participants immersed in the practical aspects of the population problem will not only make the discussions more relevant to Latin American conditions and provide for broader press coverage, but also should make the conclusions more realistic and acceptable to those countries participating.

B. Clinical and Action Approach.

The International Planned Parenthood Federation has been singled out as that clinical organization which stands foremost in the distribution of pamphlets, booklets and other visual materials on the methods of family planning in Latin America. This dissemination of information is facilitated by the broad network of affiliates in Latin America.

The import of this type of information is not limited to the clinic attendants and recipients of the material, however, for it often finds its way to the pages of newspapers and receives broader distribution. The dissemination through the press is more frequent now, for as we have stressed above, it is now open to information which was once taboo. This means that in the future the information programs of the clinical organizations should not be overlooked in coordinated mass information campaigns.

II. National Programs

As in the case of the international programs, the national programs also have been subdivided into sociological and motivational programs, as well as clinical and action programs. The Colombian Association of Medical Faculties, ASCOFAME, has been selected as representative of private organizations, the Peruvian Center for Population and Development as a governmental organization. Both of these entities take a sociological and motivational approach. In the more clinical and action field, we have chosen two national associations of family planning, one in Costa Rica and another in Chile.

A. Motivational and Sociological Approach.

1. Colombia

In Colombia, most programs have been planned and executed by ASCOFAME. This organization, despite its predominantly medical orientation, has seen the importance of approaching the problem from a multidisciplinary point of view, and considers the subjects of the information campaign in the light of their environment. This has resulted in a highly characteristic multidisciplinary approach.

In its campaigns, ASCOFAME has effected programs both at the regional level and in limited areas selected for characteristics which lend themselves to the execution of experimental information efforts.

Those programs of national scope have used the mass communications media, from films, radio and television to forceful articles for the press. Two outstanding films are "The Culture of Poverty" and "The Ecology of Population." The former focuses on the economic effects of overpopulation in an urban area, showing graphically the poor conditions in which people live, go to school and work. The latter, produced by the University of Chicago and the Encyclopaedia Britannica as a joint effort, also has been widely used in ASCOFAME campaigns. It is estimated that by the end of 1966, 8,000 persons had seen this film.

Television, a new arrival on the Latin American scene, is being used more frequently. In the last year alone, the national channels broadcast six programs on demographic problems, presenting responsible parenthood as one solution to those crises afflicting Colombia today.

ASCOFAME also has included radio coverage arrangements in its carefully organized meetings. In the more than 20 interviews arranged with the national press, various aspects of the population problem have been presented and discussed. It is to be noted that these national campaigns have purposefully refrained from open discussions of clinical aspects.

The lecture program of ASCOFAME has been stressed heavily as a source of information. According to its yearly report for 1966, they have presented an average of five lectures daily to groups of various levels and interests. To increase their impact, these carefully planned lectures incorporate audiovisual aids, such as the films mentioned above.

Since the beginning of 1965, ASCOFAME has organized three seminars on demography and a National Workshop on Communication, Motivation and Evaluation in Family Planning. The first seminar, held in March 1965, was attended by 40 interdisciplinary leaders, and was organized with the assistance of distinguished international demographers such as Kingsley Davis, Donald Bogue, Lyle Saunders, and Clyde Kiser. The second seminar, held in October 1965, was attended by 63 representatives of important professional groups. Dr. J. Mayone Stycos was one of the consultants attending this meeting. The third seminar, which took place in April 1966, was attended by 90 professors and 20 students of medicine. As mentioned above, these seminars were reported widely in the news media.

The first National Workshop on Communication, Motivation and Evaluation in Family Planning, held in September 1966, was especially significant because it was organized with the assistance of the University of Chicago and Dr. Donald Bogue, Associate Director of its Population Research and Training Center, whose seminars have attained international recognition. The emphasis given thereby to an already important subject matter contributed greatly to the success of the seminar.

The Workshop was attended by 70 Colombians and 10 representatives from various Latin American nations, 12 lecturers and 7 special consultants. The relevance of the sessions resulting from the interchange of ideas by these participants merited widespread news coverage throughout Colombia, including daily radio broadcasts. The discussions were reported nightly at prime time by the biggest Colombian network, CARACOL. This broadcast reached 4 million people.

One of the most important documents to come out of the meeting, which focused on Information and Motivation, was presented by Dr. Bogue on "Propaganda versus Information." His paper stated that "a family planning program must never cross the thin line between propaganda and information.... In the present sensitive situation in Latin America, resort to propaganda will be the 'kiss of death'."

ASCOFAME also played an important role in the organization of the First Pan American Assembly on Population which was held in Cali, Colombia, in August 1965. This conference, sponsored by the American Assembly of Columbia University and The Population Council, was a landmark in the Latin American struggle to understand the population problem and cope with it. Even now, its international repercussions are being felt, and few discussions on Latin American demography omit mention of the "Cali Conference."

An example of the local programs executed by ASCOFAME in cooperation with the Pilot Center for Family Planning of Medellin, a city in the Colombian province of Antioquia, is a survey of attitudes among

public opinion leaders and subsequent information campaign based on the findings. Because this program is the first to approach information efforts in family planning a truly scientific way, it merits special attention.

The three successive stages of the plan are being executed only in Antioquia. The first stage is the analysis of public opinion through a survey of 240 public opinion leaders at the highest level, from the following elements of society:

- 40 Educators
- 40 Clergymen
- 40 Politicians and members of government
- 40 Feminine leaders
- 40 Industrialists and merchants
- 40 Journalists, radio reporters and commentators

The first two groups were chosen because of their vocal, negative attitude towards the population problem and its possible solution. The other four groups were selected because they constitute a nucleus which, in the near future, will have decisive powers in the realization of any solution to the problem of excessive population growth rates. ASCOFAME is directly responsible for the survey of public opinion among members of the medical profession. The first stage of the program will take a month to complete.

The second phase of the program, that of opinion formation, will be executed after the results from the first stage have been analyzed. The following methods will be applied:

- a. Personal interviews will be held with the 240 participants.
- b. The results of (a.) will be circulated with reports on the survey and information program to 2,000 leaders of public opinion.
- c. Four pamphlets published by the Director of the Pilot Center will be distributed, interspaced with the mailing of other pamphlets and monthly bulletins containing resumés of articles, news, etc.
- d. Two pamphlets addressed to a mass audience will be placed on sale in public places. The first will be directed toward the demonstration of a need to plan families, and the second, to appear after a three month period, will explain the methods which can be used. The latter will also be sold from the beginning of the program to persons requesting family planning information.

- e. Full-length articles condensed in the monthly bulletin will be distributed to subscribers upon request.
- f. Conferences and lectures will be organized during the period of the program
- g. Progressively broader use of traditional mass communication media will be made.

In the third stage, the survey used in the first stage will be repeated, followed by tabulation, analysis and presentation of the results of the entire program.

The Population Reference Bureau, the Colombian Association for the Scientific Study of Population and the Colombian Association of Medical Faculties, with financial support from the Population Council, are studying the possibility of extending the scope of this information program to cover the whole of Colombia. It is hoped that, eventually, similar programs will be carried out in other nations and later, at the hemispheric level.

This program illustrates admirably what is meant in the introduction to this working paper by an information strategy based on scientific knowledge of the groups to be motivated. The results should be highly useful in future programs of similar informational organizations.

2. Peru

The selection of Peru was determined by the nature of its Population and Development Center more than by the activity of its programs. The "Centro de Población y Desarrollo" was established in 1964 by presidential decree and is directed by a national council composed of representatives from the different ministries, agencies and community groups active in population matters. It is the only program in Latin America whose activities have been initiated by official action at the presidential level.

The first major activity was the organization of the First National Seminar on Population and Development in December 1965. At this conference information from studies carried out by government, university and private groups was presented and discussed, and multi-disciplinary connections for further exploration of the subject were established. In this manner, the Center started its activities with the coordination of information programs at the national level.

As a further activity, the Center will provide information on population matters to the general public, and to students, professionals in the field and the news media. The means chosen to reach the general public is a trimestral bulletin of information written in simple language. A reference library is being structured and stocked for the use of those persons with greater knowledge in the field. The Center also is supporting field studies and will publish and distribute the results in report form. The information being compiled should prove to be of great utility not only to nationals, but also to international organizations planning campaigns in Peru.

B. Clinical and Action Approach.

1. Costa Rica

According to information received from International Planned Parenthood Federation, Western Hemisphere Region, the Costa Rican Demographic Association has distinguished itself by its activities in the motivation and information fields. This association was created with the assistance of IPPF for the dual purpose of:

- a. Stimulating, in a scientific manner, all types of demographic and family integration studies, and
- b. Collaborating with national and foreign institutions in order to put these studies to practical use. Publication of a very well presented monthly newsletter, Planifamilia, has already begun. The content of the publication deals both with demography in the broad sense, and with motivational, as well as clinical, family planning programs. If present plans to give Planifamilia a large circulation can be carried out, the newsletter will be an excellent vehicle for information and motivation campaigns at the multidisciplinary level.

2. Chile

The activities of the Chilean Association for the Protection of the Family, "Asociación Chilena de Protección de la Familia", have been selected as representing national information programs, although the campaigns actually transcend the geographical borders of Chile. Since its beginning in 1963, the association has placed heavy emphasis on coordinating all family planning, research, education, training, evaluation, and information services throughout the country. This clinical information has been disseminated mainly through the 62 family planning centers which serve more than 78,000 women.

The Association also has sponsored the publication of several studies and publishes a newsletter which is distributed to its 2,000 subscribers throughout the Hemisphere. This source of

information is not only reliable, but a very effective vehicle in the hemispheric press.

In preparation for the VIII International Conference on Family Planning, which will be held in Santiago, April 9-15 of 1967, the Association has stepped up its informational activity. Using the Conference as the central theme, it has organized a series of lectures during the past six months to reach those varied groups throughout the country. that are interested in the population dilemma.

Radio media have been used widely. Six forums and ten interviews with distinguished professionals in the field of population have been broadcast during the past two months. On one occasion, the Association was able to present a program over the National Network of the Presidency of the Republic.

The daily press, during the period October 1966 - January 1967, has published over 60 articles from their news releases. Four articles in depth have appeared in scientific journals. It also is anticipated that the Association will provide for excellent press coverage to maximize the information dividends of the forthcoming conference.

Reliability of the information provided is assured by the extensive use of material researched by international institutions such as the U.N. center for demography in Latin America, CELADE, whose headquarters are also in Santiago de Chile.

This is by no means an exhaustive study of the accomplishments of the Chilean Association for the Protection of the Family, as can be seen in the Appendix mentioned above. The information programs of the other national and international organizations also have been presented merely as samples of their activities. Nor are those organizations selected in this paper as examples the only ones effecting programs of information for the general public and on a mass scale. They have been singled out as case studies of the type of campaigns being carried out in this critical field.

CONCLUSION

Selectivity in the presentation of information organizations in this paper also has been enforced by the fact that little information is available on the scattered programs now under way. This information gap could be solved by the creation of a central coordinating organ for information programs.

Furthermore, as mentioned in the introduction, isolated programs which are intrinsically worthwhile would accomplish much more if the overall efforts were to be coordinated, at least at the policy level. Despite perfunctory efforts at cooperation, there is simply very little communication between the national and the international groups, between motivational and action groups and between those organizations which plan any activity and those best suited to follow up that activity.

In short, there is a break in communications between organizations which are working in the same field toward similar goals. Often there is complete ignorance of each other's activities, when there is so much to be gained by concerted efforts, and so much to be lost by competitive spirits.

The diverse organizations, philosophies and policies acting to produce information and provide facilities for action need a common direction to be effective. Scientifically obtained information must be disseminated through responsible programs of information, if misinformation is not to be perpetuated. As Dr. J. Mayone Stycos has commented on the subject, "Much has been written, largely by journalists and pseudo-sociologists of the Latin American complex of machismo. In my earliest investigations in Puerto Rico I used this presumed drive to manifest virility as a major hypothesis in accounting for high birth rates. Research proved me wrong and proved that lower income Puerto Rican males had attitudes far more responsible than had ever been supposed." ⁵ It is not the fault of the journalists, however, for they receive their information from organizations such as those assembled here today. The responsibility lies with us to provide journalists with information which has been scientifically researched.

Once organizations begin to recognize the need to provide documented information and once the PAHO clearinghouse begins active operation in compiling the results from the various research programs now under way, one of its functions could be to present the findings of recent research. Directed information campaigns also are needed, and clinical action campaigns must be based on both scientific information and directed information campaigns. This must be done to assure the effective solution of an urgent problem in Latin America.

⁵ Dr. J. M. Stycos, "Catholicism and Birth Control in the Western Hemisphere" (Paper presented to the Fourth Annual National Conference, Catholic Inter-American Cooperation Program, January 1967), p. 12.

Coordination is needed within individual programs and at the national level. Coordination is essential between national programs and at the international level. Concerted action must be taken by the policy makers of all organizations working in the field, not just among clinically oriented institutions. The very success of the overall effort depends upon this action.

Hopefully, this Third PASB Conference on Population Dynamics, an important gathering of those concerned with the population crisis in Latin America, will take upon itself the creation of a committee of representatives from the various organizations. The purpose of this committee would be to study the aspects and implications of a central coordinating body and present recommendations and suggestions to the directorates of the organizations represented. These guidelines would show the advances already made in the field of demographic information in Latin America and would suggest how these advances could be insured against loss through irresponsible information, as well as how each information agency could contribute, within the limits of its own policy and orientation, to a coordinated effort.

This cooperative effort at the policy level would then permit a pooling of resources and efficient use of the various approaches. Such action would save time, money and human capital, avoid duplication, and improve the quality of information now being distributed to the eager reading public of Latin America.

Mr. Donald Lubin:* I would like to thank Mr. Alvaro García-Peña for that credit line he gave us in his presentation in terms of IPPF activities in the field of family planning and education, particularly. As you are well aware, in Latin America, the private sector of family planning programs is relatively new. The oldest program is the Family Planning Association in Chile, which was established in 1962. So I must base my comments on the relative little experience that we have in education, motivation, etc. in the Latin American environment.

As Mr. García-Peña pointed out today, there are two levels of education - the national and the international. On the national level, the only effective means of communication in terms of education at the grass roots level is the private sector association. Now, these programs vary in their scope, because in the first place, in many areas and in many communities individual academicians and professors of obstetrics or of gynecology, who headed up the program as pioneers, have been loath to introduce broad programs of public education and motivation, because of some of the sensitivities that exist in their communities, both in the political left and in the political far right.

The educational programs, however, consist basically of two elements. I mentioned the patient level, the brochure, the conversation at the clinic with organizations representing the community at large, in attempts to educate the women and their husbands incidentally in a modest way towards the justification of family planning. At the moment, I cannot point, perhaps with the exception of Colombia, to any existing nationally concentrated program in education and motivation for the reasons I mentioned before. On the international side I want to formally mention that we are having our international conference in Chile in April. We have had an experience in regional, international seminars, which was mentioned previously. Now, we are also developing in Brazil a training program particularly for the medical practitioner and some paramedical people involved in family planning in that country. We also supported a training facility in Santiago, Chile, which this year for this first time will open up to paramedical personnel. The advantage of these training programs in terms of education are not purely on the side of the clinician and the practical aspects to family planning, but also might narrow the credibility and knowledgeability gaps that exist throughout the various countries of Latin America. A further extension of our educational program has been the distribution of the film "Aborto", the abortion film which is produced throughout Latin America at the University of Chile by the experimental film unit at the University under our auspices, and in cooperation with the Family Planning Association of that country, and also the Spanish version of the "Physician in Fertility Control". So, the educational program on the international level is a distribution of patient literature, patient oriented literature, as well as visual films and literature aimed at the professional level.

* Executive Director, International Planned Parenthood Federation, Western Hemisphere Region, Inc., New York.

Dr. Leslie Corsa, Jr.:* In the programs in Thailand and Taiwan, because of a lack of a positive government policy, it has not been possible to make adequate use of mass media. Although, in Taiwan, there has been some good and quite effective use made of the mails and I think more of this will be going on. I do, however, agree with Dr. Bogue that this use of mass media should be made maximum and we are in the process in the metropolitan Detroit area of moving toward trying out some new ways to do this at the present time. One special kind of activity in this regard that the doctors may have a role in is the rather extensive post-partum program that the Population Council has been supporting and that I hope Cliff Pease might add a word on. I think this has been a fairly effective and efficient way of getting to a lot of people at a critical time in their reproductive cycle.

Mr. Robert C. Cook:** I have been listening with great interest to all the things that are now going on after struggling with mass communication for 15 years.

The amazing development in the last three or four years leave me still gasping. I think in terms of this Conference that Mr. Garcia-Peña has given an excellent statement of what we are up to in Latin America. This has moved with a speed I would not have expected just a year or so ago. Whether this is due to the genius of Mr. Garcia-Peña or to changing attitudes, I do not know. I suspect that it is a little bit of both.

In terms of multiple approach via the mass media, and I suppose, in terms of our experience, the necessary reiteration is a very important matter. There are times when I wonder whether we are not completely a broken record. And then I realize that if it is good for the American Tobacco Co. to say 20 times a day "Winston tastes good", perhaps once a week or twice a month we can say in a somewhat different context than we have said before. It takes a long time for people to understand the nature of this crisis. I suspect one of the reasons for this is that we cannot get away from the fact that Dr. Freud's contribution to the modern concepts of personality indicates that a good deal of many of our emotional problems center around sex and right smack in the middle of sex is the population question. It is one reason why it has been so slow in developing. Films, like the one we saw here, are breaking this barrier all over the place. This is a very exciting experience for me.

Dr. Donald J. Bogue:*** The Chairman gave me strict orders that this meeting was to end at 3:15 PM. There are some people who still would like to have an intervention. May I have permission for two interventions. I would not be welcome in Chile after having given so much attention to Colombia, if I did not give Dr. Zanartu a couple of minutes, and then one more intervention from the floor.

* Director, Center for Population Planning, University of Michigan;

** President, Population Reference Bureau, Washington D.C.;

*** Director, Community and Family Study Center, University of Chicago.

Dr. Juan A. Zanartu: I think that we are discussing strategy. This is most important. I will add some personal opinions, that do not represent the University of Chile.

I have many times wondered how to explain the fact that Chile and Colombia have been so successful as you say, in respect to population problems. There are indeed many factors, perhaps the generosity of certain international institutions and availability of motivated people. But it seems to be that this is not all the reason.

I would like to point out few reasons that to me seem pretty important. Colombia and Chile, according to Mr. García-Peña's report, are the countries with less newspaper clippings taken in 65 and 66 against this problem. I would like to speculate on this probable reason for that, and I would like to hear Dr. Stycos's opinion on my speculation. It seems to me that the population problem, because it was discussed, handled and eventually solutions were worked out as a medical problem and mostly at the university level is one of reasons to explain such a success. That gave prestige to the problem. The universities, everybody knows, are well respected. The amount of discussion by laymen and politician fortunately have been quite low; a most important factor in my mind.

Furthermore, the population control activities from the very beginning were fortunately carried out with and not against the Catholic Church clergy and institutions. By no means against or despite the Church attitude or interest. To me a very important factor. We think that this is most healthy approach. We need to inform and eventually to train the Church personnel. We have done so. I understand our Colombian colleagues are doing the same. It is most urgent to me to avoid political-minded or related propoganda even if it is supported by so generous international efforts as the Alianza para el Progreso is.

I want to congratulate most strongly Dr. Mendoza-Hoyos for his beautiful audio-visual education, and I would like to get your permission, Mr. Chairman, to take another minute on that. Such films should be available to all clinics and teaching centers. We have some similar material, but unfortunately, not the resources available to duplicate them, for the use of other clinics or maternities, in the country. However, one should be careful in the use of this. It seems to me that it is most essential to time them properly, to avoid overwhelming the facilities of the medical center. Let me give you an example. The National Health Service in Chile had to withdraw a T.V. teaching program aimed to our "slums" in order not to frustrate the thousands of mothers seeking help and contraception. Finally, let us not forget what Professor Howard Taylor has preached and we were using some time before. The best spot for family planning motivation is at the maternities when the women are there.

* Head, Department of Fertility, University of Chile, Santiago, Chile.

Dr. John Maier:* I am very happy to see that so much attention is being given to information on motivational questions here, since it has always seemed to me that it is here that the chief problem lies. And it is this field that we know least about.

There is one aspect of informational and motivational campaigns which seems to me to, we look at in the wrong way. The point seems so obvious that I hesitate to belabor it, but I am encouraged to do so because I made the same mistake recently. I regard it as a mistake-- in a seminar that I gave to a group of public health students on population matters. After I had finished, one of the students, a Latin American as it happened, took issue with me and said what is needed is not to have population limitation or family planning or birth control, whatever you choose to call it, what we need is social and economic development, and nobody talks to us about this. Well, I answered, what of course everybody in this room realizes is that nobody involved with population matters regards population limitation as the answer in itself to the problems of economic and social development, but that population growth control is necessary for economic and social development. This does not mean, as the student seemed to think that I implied, that economic and social development measures can be ignored to the exclusion of population control. Nor does it mean that if you do limit population, growth rates, economic and social development will inevitably follow. Now, as I say this is a very obvious point. I think that in informational campaigns we should give it due weight, especially when you are dealing with the illiterate, peasant populations of Latin America, Asia, Africa and indeed the semi-literate urban populations of the United States. A farmer group with a per-capital income of perhaps 100 dollars a year or less living at a subsistence level or less, and their North American counterparts who, in absolute terms, have about the same living standards, I think, will not be convinced by this type of argument.

I refer to the very excellent series of slides which we were just shown, which seem to me to have a strictly middle class orientation. This is not likely, in my opinion, to influence the people whom we most need to reach. The lesson of one of those slides was that if you have a small family, you will have a modern spotless house with mechanized kitchen, what we call in this country big-ticket appliances, and your children will all go to university. This is what we would like to think, but this will not automatically follow. I advance this in order to get advice from my colleagues in Sociology, Economics and Demography. My view is that if you have a 100 dollars a year to live on, it does not much matter whether you divide it by 3 or by 7, or by 10, depending on your family size, and that these people, while they are not educated, are nevertheless very shrewd. They will see through this argument at once and will say that this has nothing in it for me. So I appeal only to the people who prepare informational and motivational campaigns, to bear this point in mind, which seems to me to be an important one.

* The Rockefeller Foundation, New York.

Chairman: Obviously there is still much discussion among you on this subject. I trust that the opportunity that will again occur at the end of the program this afternoon and that some of you may come back to this subject of communication.

During this past week, as most of you know, there has been going on, under the sponsorship of PAHO and other organizations that you will hear about, a conference primarily attended by many persons from different countries of Latin America, most of whom are not here. We have, because of the great interest of the subject to you, an opportunity for a very brief report on this by Dr. Theo Crevenna. A summary report of that conference has been distributed to you.

Dr. Theo R. Crevenna* The past week we've held a preparatory seminar for a conference or meeting on population policies in relation to economic and social development in Latin America. It was co-sponsored by two international organizations, PAHO and OAS, and two private enterprises, The Population Council and the Aspen Institute for Humanistic Studies. The idea of this conference, and I should give credit here to Dr. Eurich of the Aspen Institute, occurred when he proposed a second meeting. He discussed this with our Secretary General, and then more precisely with Dr. Horwitz right in this particular Secretariat building. It was Dr. Horwitz who suggested emphasizing development in relation to population policies. The general theme, therefore, of the Preparatory Seminar and of the meeting which will be held in Caracas in September of this year relates to the role that government and the private sector and the international organizations should play with reference to population as a factor in economic and social development of the Latin American countries.

The Preparatory Seminar which was attended essentially by Latin American specialists covering a variety of fields: Economics, Sociology, Anthropology, Demography, Public Health, Rural Development, Education, Urban Development, etc., dedicated themselves to an analysis of the impact of population on their specific fields and how population policy formulation might be advanced. I think it is useful to mention that the document which we have distributed among you called Bases of Agreement is considered a skeleton document of the major questions and points which are to be presented to the Caracas meeting.

The Caracas meeting will have, in addition to the group of experts who attended the Preparatory Seminar in Washington, an invited group of people at the ministerial level or at the level of heads of national planning offices. The intent is to invite people in education, public health, labor and possibly agriculture, who would therefore constitute a semi-official meeting, a meeting attended by government representatives in their capacity as Ministers, but who do not necessarily

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sign ~~official~~ document on behalf of their governments. The intent of the Caracas meeting, furthermore, is not only to look at the question of policy development, but to get some orientation toward operational procedures. And the document which we will be jointly presenting to the meeting in Caracas will be oriented in that sense. It might be useful if I mention one thing about the Preparatory Seminar in terms of the definition which was attempted of what is population policy, obviously a difficult and at times a sticky question. The group agreed on the following text. "By population policy is meant a coherent set of decision-making for a rational strategy, adopted by the public sector in accordance with the needs and desires of families and of the community for the purpose of influencing directly the probable size and age make-up of the population, the size of the family and the regional and rural/urban distribution of the people in order to facilitate the achievement of the aims of development. This policy shall take into consideration and evaluate the effects on these variables of changes in the social processes, especially education, housing, health and employment." What is intended here, obviously, is a relationship of the population policy to the objectives of social and economic development plans of Latin America which is, in many ways, the central theme of the Caracas meeting. We are hopeful that this will produce an additional step in the process in which many organizations including the PAHO are now engaged. We are trying through this mechanism to get to the policy-making area of the economic and social development plans of the Latin American countries and introduce population as a vital factor to be considered which now is not the case. You can easily see that this is probably a rather important step. We shall be in touch with most of you in regard to the preparation of this meeting and hope to keep you informed on the developments, partly through the PAHO.

Chairman: Most of you have received in the mail a rather voluminous document. In addition, if you have not picked up the second, more voluminous document, you should do so before you leave today. The compilation of materials in these documents has been done by the Population Information Center, as Dr. Allen mentioned earlier, with the editing under the direction of Dr. Françoise Hall. Dr. Hall is going to take a few moments to tell us about some of the highlights in the document, since obviously none of us has gone through it up to this point.

8. Dr. Françoise Hall:*

Family Planning in Latin America

Document II prepared for this Conference assembles the information available to the PAHO Population Information Center on present population activities in Latin America. The Summary of Document II is helpful in bringing out a few points which I would like to review briefly.

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Editor of Documents I and II of the Population Information Center.

First, we see that there are great differences between countries as to the amount of activity going on in the fields of demography and family planning. In some countries, such as Chile, Honduras, Barbados, Jamaica, and Puerto Rico, the family planning services are nationwide and receive full government support. In others, such as Bolivia or Haiti, family planning activities are very limited.

A trend, is, nevertheless, very apparent as one considers the activities in each country. The trend is towards a rapidly growing community of interest in matters related to population, both in and outside governments. The subject of demography is becoming an accepted field of endeavor and the majority of countries have either research or training activities related to population dynamics.

Let us consider for a moment the continent of South America with 11 countries. In Chile, family planning services are provided by the National Health Service. In Colombia, the seven faculties of medicine have family planning programs which receive strong governmental support. On the continent as a whole, five countries, Argentina, Brazil, Chile, Colombia, and Ecuador have national family planning organizations, eight countries have research and six countries offer training programs in demography.

Looking at Central America and Mexico, comprising seven countries, only Costa Rica and Honduras have large-scale programs with governmental support. All seven countries have national family planning organizations, five have research and six offer training in demography.

In the Caribbean Area, comprising seven countries, Barbados, Cuba, Jamaica, and Puerto Rico have large-scale family planning services with governmental support. Five countries, Barbados, Cuba, Jamaica, a Puerto Rico, and Trinidad and Tobago, have national family planning organizations, two countries have research and one offers a training program in demography.

This amount of activity, in all three fields of service, research and training, was unexpected and un hoped for by many professionals concerned with population matters only a few years ago. Whether the problem is tackled from the point of view of the prevention of induced abortions, the study of reproductive biology, maternal and child health, or social and economic development, the trend is in the same direction - namely, towards the provision of services which will enable parents to have a child when they would like to have one.

Yet the work remaining to be done in order to achieve such an aim defies imagination. Lest the rapid progress of recent years lead one to unjustified optimism, let us evaluate the task which still lies ahead.

On the South American continent, Chile, the only country with a government program, has about 5 percent of the total population of the continent. Colombia, whose program may be considered national in scope, has about 11 percent of the total population. For the continent

as a whole, therefore, about 84 percent of the people or over 139 million people, live in countries without large-scale programs.

In Central America and Mexico, only Costa Rica and Honduras, with 7 percent of the population, have wide-scale programs. The remaining 93 percent of the population, or about 52 million people of the region, live in countries where family planning is not available for the overwhelming majority.

Only in the Caribbean area does more than half of the population live in countries with wide-scale programs. Barbados, Cuba, Jamaica, and Puerto Rico have about 62 percent of the population in the area. About 38 percent of the population, or over 8 million people live in countries without large-scale programs.

In Latin America as a whole, over 80 percent of the population lives in countries without nationwide family planning services and probably well over 90 percent of the population in actuality has no access to family planning services.

The task ahead is still formidable and the need for international cooperation is great. Grants from United States sources, both public and private, for family planning services and for research and training in demography have amounted to about 5.7 million dollars for South America, 2 million for Central America and Mexico, and 750,000 for the Caribbean Islands. Chile has been the major recipient with over 2 million dollars, Colombia and Mexico have received about 1-1/2 million each, Brazil and Peru have received about 800,000 dollars each. On the South American continent, about 10 percent of the assistance was for direct services, in Central America and Mexico this was 13 percent and in the Caribbean Area it was 18 percent. The sum total of all grants up to the present is about 8.5 million dollars. It is certainly in the interest of the development of the whole region that this sum be raised by a factor of at least 5 to 10 in the near future.

In conclusion, although Latin America has made a good start in establishing family planning programs, their impact is still very limited. The amount of attention and energy devoted to population work is still not at all commensurate with the magnitude of the problem population growth poses for the area.

Country	Population 1965 (millions)	Nation- wide Family Planning Services	Year National Organi- zation Established	Research Related to Population	Training in Demography	Grant Assis- tance
<u>South America</u>						
Argentina	22.8	-	1966	Yes	-	221,410
Bolivia	4.1	-	-	Yes	-	-
Brazil	81.5	-	1965	Yes	Yes	783,870
Chile	8.6	Yes	1962	Yes	Yes	2,008,809
Colombia	17.8	Yes	1966	Yes	Yes	1,583,825
Ecuador	5.0	-	1965	Yes	Yes	55,000
Guyana	0.7	-	-	-	-	-
Paraguay	2.0	-	-	-	-	-
Peru	11.6	-	-	Yes	Yes	763,363
Uruguay	2.6	-	-	-	-	179,000
Venezuela	8.8	-	-	Yes	Yes	99,665
Total: (11 countries)	165.5	2	5	8	6	5,694,942
26.4 million or 16.0% of population					÷ 5.7 million	
<u>Central America and Mexico</u>						
Costa Rica	1.4	Yes	1966	Yes	Yes	217,890
El Salvador	2.9	-	1961	Yes	Yes	118,550
Guatemala	4.3	-	1962	Yes	Yes	21,000
Honduras	2.2	Yes	1961	-	Yes	225,450
Mexico	41.5	-	1958;1963	Yes	Yes	1,417,125
Nicaragua	1.7	-	1966	-	-	-
Panama	1.2	-	1965	Yes	Yes	15,000
Total: (7 countries)	55.2	2	7	5	6	2,015,015
3.6 million or 6.5% of population					÷ 2 million	
<u>Caribbean Islands</u>						
Barbados	0.3	Yes	1955	-	-	120,000
Cuba	7.5	Yes	-	-	-	-
Dominican Republic	3.6	-	1966	-	-	54,000
Haiti	4.6	-	-	-	-	-
Jamaica	1.8	Yes	1956	Yes	Yes	454,500
Puerto Rico	2.6	Yes	1954	Yes	-	110,000
Trinidad and Tobago	1.0	Yes	1956	-	-	8,774
Total: (7 Countries)	21.4	5	5	2	1	747,274
13.2 million or 61.7% of population					÷ 700,000	

Chairman: Thank you Dr. Hall, not only for the presentation just now, but for the work that you and your colleagues at Johns Hopkins have done in collecting this material. You've given us an indication of wide-spread interest but also the long way we have to go. We would like to hear from some of you in reaction to Dr. Hall's report. I wonder if Dr. Patiño would make some remarks as he sees it.

Dr. José Patiño: I would like to comment very briefly on the new organization of the Pan American Federation of Associations of Medical Schools in regard to operational programs in this field. A projected reorganization of the Federation contemplates a new administrative structure with a central office which would be capable of coordinating programs to be developed by the national associations and by the medical schools throughout the American countries. One of the proposed divisions within this new organization is a Division of Population Studies and Programs which would be capable of coordinating international programs on regional bases conducted towards research, training of personnel, and operational programs in those countries where an adequate relationship can be established between the medical schools and the respective governments. The short experience in some countries in respect to the liaison or the relationship that can be established between medical schools and the ministries of health have shown to us that it is a very adequate mechanism for such programs and therefore an effort is being made in planning this type of operation to take it out of the national level into the international or continental level. We hope that by the middle of this year we shall have a division that can be capable of coordinating these types of programs and to cooperate with international organizations in this general field.

Chairman: Dr. Harkavy would you want to pick up on that.

Dr. Oscar Harkavy:* I'm reminded in this connection, that one of our vice presidents in charge of evaluating the foundation's programs paid a visit to Latin America for the first time and he came back to report that the one field in which the people seem to be talking to one another across national boundaries was in population. He was very much impressed with the fact that there is a strong international community of interest among the professionals in the population field. I also want to take this opportunity to congratulate PAHO on having secured the services of Dr. Françoise Hall to undertake this absolutely monumental job, I can assure you that this document that both the catalogue and the skeleton key to the catalogue are going to be of immense help to all of us in this technical assistance business. It's a marvelous job.

Chairman: Are there others that would comment on the document?

Dr. Carl M. Frisén:** I would like to add a word of thanks too for this document and what it means for U.N. work in this field. I should like to comment only very briefly that the U.N. is hopefully, at least, planning a rather sizable expansion of its work in the field of Population. The references made this morning to the Resolution of the General Assembly

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and some of the aspects that are related to that and particularly to the reference to the problem of limitation in terms of financial resources, means that we have much work to do, but we are hopefully engaged in developing a program of action within the U.N. Secretariat that will shift much of the emphasis from work at Headquarters to stronger regional activities. In the case of Latin America much of this will be concentrated through the mechanism of CELADE to which reference has already been made. But comparable or larger scale plans are also in mind for Asia and the Far East, Africa, both of which have their own major types of problems. And so hopefully over the next months of planning, and over the next 5 years in terms of development, the U.N. will strengthen its activities materially and I hope be working with all of the agencies and organizations that have spoken so eloquently today in terms of both plans and achievements.

Chairman: We now come to the very difficult task of the Rapporteur, the person who has sat with us all day and without any intervening time to pull his thoughts together or his notes together and has been willing to try to stand before us and give us what he thinks are his impressions of the highlights and significance of our discussions. This will be done by Dr. Davis of Johns Hopkins, another indication of the close relationship between that university and the PAHO group in the planning and conduct of this conference.

Dr. Hugh Davis:* I'd like to indicate at the outset that I am more of a man-depressive than a paranoid, so that if I've skipped over some of the issues it's due to the flight of fancy and not to any feeling of persecution or discrimination. I arrived this morning in time to hear Dr. Guillermo Adriasola document the basis for the perfectly remarkable Chilean program that we all admire so much. The history of its evolution had not been entirely clear to me. Much of the wide acceptance of their program in Santiago, particularly stemmed from the documentation of abortions as a separate entity. This resulted in the Chileans themselves becoming aware that the mounting incidence of illegal abortion constituted what he so aptly termed a "national disaster." The introduction of the intrauterine ring through the pioneering work of Dr. Zipper provided an acceptable remedy which has been followed since 1960. I would like to quote Dr. Adriasola's view of responsible parenthood: "That individuals have the number of children they like at the time they like." A worthy objective, but difficult to achieve unless negative attitudes among the poor people can be overcome by convincing them that we are truly interested in their health and welfare. He described the impressive Chilean program which has expanded to include the education of nurses, midwives and social workers, as well as physicians. We moved on to the presentation of Dr. Hernán Mendoza-Hoyos who estimated that not more than 20% of the population in Colombia today enjoys freedom of choice in family planning, i.e., the freedom of access to information and services. He stated that some 50% of maternal deaths are due to criminal abortion, and that family disintegration secondary to the consequences of unlimited reproduction has

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not been sufficiently appreciated. Dr. Patiño proceeded to stress the importance of institutes with interdisciplinary representation and administrative autonomy. At present no single faculty can combine the varied talents involved in a major population program so that a first class program involves a significant degree of inter-departmental and interdisciplinary cooperation, not to mention international cooperation. Dr. Juan Zañartu of Chile pleaded the urgent necessity for teaching material adapted to the reality of the country in question and the culture ~~in~~ question rather than the reality of some hypothetical group. He also described what amounted to a prescription for effective action programs: a program based on broad education to include not only physicians, but midwives, nurses, social workers, medical technologists and so forth. He stressed also the inter-disciplinary approach urging that reproductive biology be taught throughout the medical school and not as a separate entity unto itself, and that participation in field work in family planning should be part of every young physicians' training. Dr. Beasley amplified these remarks, noting that it is the university's responsibility to obtain information which will permit the body politic to make decisions regarding the short and long range consequences of family planning. Once a decision has been made, the university must then provide the expertise required for effective teaching and practice. He also stressed the importance of involvement of the Department of Obstetrics in the program noting that this had been a generally neglected area with regard to training. Dr. Mendoza-Hoyos left us with a good Colombian shogan which has been effective in their thinking and planning, "La libertad de decidir sobre el número de hijos supone equidad en distribución de información y provisión de servicios." Perhaps this attitude towards human rights is the key to the progress which has been made in both Chile and Colombia. As a Gynecologist, having hopefully sat through the day thinking that some other reference would be made to the role of my speciality in dealing with this problem, I was pleased to hear Dr. Zañartu emphasize the pivotal role of maternity services as the most effective means for recruiting and servicing candidates for family planning. But the new importance which I thought my speciality was assuming was soon exploded by Dr. Stycos who aptly noted that one of the difficulties in family planning is that the workers today have no more status than dental hygienists. Of course the communications' efforts we have heard about improve our image. Still, it may be a very portentous comparison, perhaps even a good omen to find ourselves compared status-wise with dental hygienists. After all, the hygienists have succeeded in persuading the most primitive savage that the essence of civilization is to brush one's teeth every morning. I only hope we'll do as well with promoting the concept of family planning.

Chairman: I see that Dr. Davis was really paying attention all day and selected a few special pearls to present to us. It is important that before today's session is completed we put on record for the proceedings of this conference additional ideas we may have that ought to be noted, and we are talking about the two subjects of training of personnel and of communication with respect to family planning. So I'd like to open the floor to any of you who have additional ideas that you feel ought to be recorded and exchanged among us.

Mr. Donald Lubin: I think I'd like to take off on Dr. Hall's comments in which she made an analysis of the funding going into population work and pointed out that the percentage of funds going into direct service is 10-18%. Picking up on her final comment that something had to be done to increase the funding for direct service, I'd like to look at it from two points of view. We've discussed today the importance of expanding the educational environment, the interdisciplinary approach to population dynamics, the need to introduce more and more physicians to the active side of family planning, motivation, education, etc. I submit that the only way many of these programs can be developed is to have practical active programs upon which indigenous programs can be built. I mean indigenous programs of training, indigenous programs of education and motivation. We have talked considerably of the need for the universities to be involved in family planning. However, the only basis of preparing programs suitable to the various countries in the third world is to base them on direct experience, experience in action programs, otherwise we'll be going around in the inner circle that was described previously by one of the speakers this morning. So that I urge that if nothing is brought about by this meeting we should underscore the desire of the various organizations represented here and underscore also PAHO's role to enter the operational phase when called upon by the individual governments.

Chairman: Dr. Joseph Beasley, Tulane University.

Dr. Joseph D. Beasley: I'd like to make two points, one of them in relation to communication. In one of our studies in rural areas in Louisiana, Lincoln parish family planning program, we have identified the entire eligible female population who have a birth recorded on the vital records in the past 5 years. One of the specific stipulations we had in relationship to this program for political reasons was that there be no mass communication used. As a result of this we did use the extended individual contact by means of licenced practical nurses and by means of specific patient contact. We are just analyzing the first 12-months experience in this program and we have now been able to actually get into the program and practice some effective form of contraception on 25% of this eligible population in less than one year's operation. I think this is quite a high figure in any study. And the point is no mass communication was used. In addition, in this particular study we subdivided one portion of this population in which we mailed out some information, we called some and we did nothing to others. The yield of one home personal visit was over 9 times that which we were able to achieve by any form of written communication or by telephone communication. In terms of effective participation in coming and adopting family planning, this mechanism of extending personal visits by auxiliary personnel has been highly effective, and one which we should not ignore in addition to mass communication. The second point that I'd like to make is in relationship to the report about the amount of funding that we are putting in this whole endeavour. Essentially what we are talking about is what the UN Committee in 1961, which established the declarations of the rights of the child, was talking about. We're talking about maintaining and developing the potential of the children and the society. This involves a great deal more than family planning, but certainly family planning is an integral part of this. At the present time, in my opinion, in terms of our own nation, we are neglecting this task in a significant segment of our population and this neglect, I think, puts us in some jeopardy. For instance, we have roughly

60 million children 14 years and under as of 1960 and will probably in the next 33 years in this nation have somewhere the range of 95-100 million children. Now, the point I'm getting at is the amount of capital that we are freeing up to invest in development of a child. I think this level of attention we are paying to this is currently unacceptable for us as a nation and I think certainly in terms of the world's child population the level of priority and emphasis that we are placing to it is completely unacceptable. This change in priorities won't come entirely from such a group as this, but I think certainly in terms of overall organization we must completely redefine what is acceptable in terms of the children of this world in this and subsequent generations. This is particularly pertinent now because of the rapid increase in the numbers of these children that are being produced and our relatively inability to produce a commensurate amount of capital to invest in the development of their potential. We must redefine the acceptable.

Chairman: Dr. Beasley, do you have any way of telling us something about the unit cost of your home visiting motivation group?

Dr. Joseph D. Beasley: We have not carried out the economic analysis of this per unit patient cost, but we have this data and will be doing this. However, in terms of the effectiveness and response that we have achieved of reaching the eligible population in this short period of time, I think even a high patient cost might well be tolerable, because if our current rates of acceptance continue as we contact the rest of this eligible universe we would have reached and involved about 50% of them in effective practice of some form of contraceptive technology in less than a two year period. Now, one of the things that we are getting ready to do is to use a lower level of auxiliary mainly patients from our population who have received specialized training in this specific type of directed home visits. One of the basic principles that we use in this demonstration program, since it was done jointly with the Louisiana State Board of Health, was to put on a program that would be feasible to extend to the balance of the State. Our total operational budget for the entire program in the first year of the service has only run around 29,000 dollars.

Dr. S.M. Frazer: I'm interested in communication and one other aspect of it. I can honestly say I've tried them all. I started about 15 years ago by ordinary home visits to people we thought needed this advice, then ten years ago on to the using all the methods. We didn't have television at that time, as we did later. We did have radio, public meetings, press releases and so on. We made a remarkable temporary result as far as birth rate was concerned--and then after that started this home visiting to one specific type of person and that was all ladies after they had a baby, because I always felt if you couldn't sell birth control when a woman had just had a baby, well, you were on a bad wicket. That's an English expression. We have actually covered the field in these visits, 95% of mothers after they have had a baby, which is reasonably high field record. And we have had remarkable success. I'm glad to say that we've actually reversed this trend of more children, we've actually had fewer babies in the last 2 or 3 years in actual numbers, which is quite startling, we've had 16% fewer babies in 1966 than we did in 1963.

Mrs. Phyllis Piotrow:* I am here today for General William Draper who couldn't come. I would like to go into one area which I feel is being neglected unnecessarily.

As you all know, in the U.S. two thirds of the funds for medical research come from appropriations of the Federal Government. I would like to suggest that communication between the university centers and government officials--as well as that of members of the Congress who have the responsibility to voting the appropriations, particularly those members of Congress who have the responsibility to voting the appropriations for these areas ought to be improved, I would like to make the suggestion that the participants drop a line to their Congressmen, Senators or other officials that they may know about this meeting and what took place here and what they felt was important. I think anyone who has followed the rapid growth of facilities in mental health and other health programs would be foolish to underestimate the importance of stimulating congressional interest in the subject and I think that the people here could contribute a great deal, particularly U.S. nationals. I wouldn't presume to advise the Latin Americans as to how they would deal with their political representatives. But for the U.S. people particularly, there is a job to be done here, that I think the people in this room can do very effectively and meaningfully.

Chairman: A few minutes ago Dr. Corsa suggested that some comments be made in regard to the international post-partum program. If I may, I'd like to take a minute just to describe this program because it is a somewhat different approach than the other programs that we have been discussing.

The Population Council with financial assistance from other foundations has been assisting in the development of an international post-partum program which involves 24 hospitals in about 14 different countries. I would emphasize that 6 hospitals in the U.S. are participating in this particular program. In the case of Latin America, which is of special interest to this group, we are cooperating with the Maternidad Concepción Palacios in Caracas, the Hospital de la Mujer in Mexico City, the University Hospital in San Juan and in Santiago, the Hospital San Juan de Dios. This program is providing services in some of the larger maternity hospitals of the world. For example, the Maternity Hospital in Caracas runs approximately 40,000 deliveries a year. Here we have highly motivated population which is immediately accessible. The motivational materials that are utilized and the actual programs and clinical organization is pretty well left to the discretion of the individual hospitals, the programs are individually tailored to meet the necessities of the area in which they are. For example, in the case of the Latin American hospitals, there is very little actually done as far as the printed word is concerned. However, efforts are being made to use audio-visual aids,

It is too early to give any results in regard to this program. The program itself started only as of last April, and is being very carefully controlled, so there will be very excellent statistical analyses of the results. I do feel this is a worthwhile program and that by next year

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we would be able to give you some indication of the preliminary results. I mention this merely because we have been discussing here basically the development of services of this nature through the health services, through the private clinics, the private organizations or on a doctor-patient relationship and this is a slightly different approach.

Dr. Charles L. Williams, Jr.:* I have two brief comments to make.

I have had the pleasure of attending all three of the Population Conferences that have been sponsored by PAHO. I have enjoyed all of them. However, I should like to say for the record that I have enjoyed this one more than I have either of the other two, perhaps to be quite frank, Mr. Chairman, because there has been a much greater and a very gratifying representation from the Latin American countries at this meeting. I'd like to congratulate Dr. Horwitz and Dr. Allen and you Mr. Chairman, I'd like to point out that the family planning activities in the U.S. have been lead largely not by the governmental agencies of the U.S., but by the very large and very important voluntary organizations. This leadership has been most valuable and most expert and I think we have as a nation benefited very considerably. As one who has been involved in technical cooperation with Latin American and with other parts of the world for many years, I have worked hard to encourage the kind of voluntary health activity which has long been a part of the U.S. picture. I think I have seen in some of the presentations we have heard today a rather clear evidence that this kind of voluntary activity has already developed and is working well in Latin America. This is a development which I feel is extremely interesting and very important with regard to the future both of this program and to health programs generally in the Americas.

Mr. Philander P. Claxton, Jr.:** I have come to this meeting intending to listen and learn as I have and I certainly have learned a very great deal. But I certainly cannot let the very remarkable day which is now drawing to a close go by entirely without expressing some thanks for myself, for the Department of State and for those of us who are here from the U.S. Government who have benefited so much by what has been said here by those who have come so far to talk with us. We are deeply grateful to PAHO, to the people who have come from Colombia, from Chile, from Brazil, to those who have come from organizations in the U.S., so many of you to meet here today to exchange ideas, to inform us on the very remarkable, truly remarkable progress which has been made. Like many of us here, I have read a great deal about what has been done and have admired it and been interested in it and it's been truly inspiring to hear first-hand from the men who have been responsible for the progress, how it was brought about, what their objectives are, what their future plans are and their optimism for further progress. The U.S. Government necessarily must take a broad view of the population problem throughout the world. You know from the reading of the statement of the President how deeply concerned we are

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about several matters in which population plays a very material role. The President has spoken repeatedly of our deep concern for the future potential of food for the growing populations of the world. We look at this as a serious matter when we observe it, as this Government necessarily must do, from a world-wide basis. It's no secret that the rate of population growth is in many parts of the world exceeding the rates of food growth. The recent report of the FAO pointed out that for the first time the food production of the world had not increased whereas the population had increased at the usual rate of 2%, some 70 million people. This is a situation which obviously cannot continue without most serious effects on all of us throughout the world. We therefore, as the President has said in his recent message to the Congress on the AID legislation, are determined to do what we can to contribute to the increase of food production not only in the U.S. but to help those countries throughout the world which are willing to increase their own food production. We are concerned also about the potential effect of excessive rates of population growth on the economic and social revolutions which many countries are endeavoring to bring about and which for many years we have been trying to help and continue to help through our AID programs.

I myself was among the very small group in the U.S. Government who originated the legislation which made possible the U.S. participation in the Alliance for Progress and in obtaining for the Executive Branch the first funds from the Congress. I am certainly devoted to the objectives of the Alliance. When very high rates of population growth in some countries of the Hemisphere make it difficult for them to achieve the objectives of the Alliance, certainly we want to help any governments to take measures to reduce such high rates of population growth. We intend to help them if we are asked to do so, and our offer has been made and stands before all such nations for that purpose. We are deeply concerned also about the effects of high rates of population growth on cultural and social advancement. I was struck, I can hardly tell you how deeply, by the report put out by the Population Reference Bureau on the effects of high rates of population growth on literacy and illiteracy. I must say it came as news to me that in the past 6 years something like 200 million illiterates had been added to the world's population. That illiteracy is growing, is increasing year after year despite the enormous and in some degree successful efforts to build more schools, to train more teachers, to put more children in the schools. Here is the sort of negative side that we don't see very often.

We are all aware in the Alliance of efforts to improve our economic and social and cultural progress and of the positive improvements that are made: the gains in schooling, the gains in health. But we see too little, and naturally do not wish to focus our attention on the negative side: The increase in those who do not have access to schools, in those who do not have access to good health service, in those who do not have access to the new housing programs. And these are matters with which the U.S. is necessarily concerned because for 20 years now we've engaged in a substantial effort to help other nations through technical assistance and financial aid in their own efforts to improve their welfare and the

status of their people in these particular fields. The President has again asked the Congress for funds to continue this program now for 2 years to come and I have no doubt the United States will continue to ask the Congress for assistance in this field. But at the same time we must of course look to what each individual country wishes to do itself and we will continue to offer our aid. I thank again those of you who have come for this meeting and I say again how much it has been a benefit to me and to others of the U.S. Government here.

Chairman: Thank you, Mr. Claxton, for these important remarks on the collaborative endeavor between different groups and organizations for a common purpose.

Dr. Juan A. Zañartu: I wonder if we should keep on stressing the significance of Family Planning as a tool for economic development. Only last week some very distinguished economists believed that this is not actually so. My point is this: It seems to me that the medical and health reasons for population control are so strong and convincing that I wonder if we should keep insisting on the value of population control as an economic development tool. On the other hand, as Professor Vélazquez Palau and the Colombian team pointed out so dramatically, the impact in family health and welfare fully justify PAHO's motivation to gather us here.

Mr. George Coleman: I just wanted to add one word of thanks to that expressed by our colleagues here, specifically for the remarkable document that has been prepared by the Director and his staff and especially by Dr. Allen. Over and over during the past year that I've been working in this field, have come requests for more complete comprehensive information in one place what various organizations working in Latin America are doing, what are their programs, where can we find out how we may put people who want to train ahead in this field in contact with these organizations and here it is. I think it is a remarkable service and I wanted to thank you especially for it.

Chairman: We now come to what may be the most important quarter of an hour in today's proceedings.

Dr. Horwitz asked me to make a very earnest plea to you to advise him, the PASB and the Population Information Center about their program for 1967 and possible plans for future conferences. And Dr. Horwitz said, "tell them to be as frank as they want to be, what kinds of things do you think PAHO should be doing in the areas of training, communication, and how may the Organization be more useful in its international leadership in this field. I would appreciate any free opinion the members of the group would like to make."

Dr. Bogue: I do not know whether this falls in the providence of PAHO or not but there is a large group of persons and organizations who are not represented here and who are not represented in Dr. Hall's fine report. I think according to the charter under which PAHO works they must receive a request, an official request from the government before they can act. In Latin America, from my own personal experience, there are in many countries individuals who are tremendously interested in this problem. It is developing, but it has not quite reached the stage where it is official government policy, and I think these individuals need information, they need opportunities to send people for training. How this can be accomplished, I do not know, but there is certainly an unmet need where this problem has just not quite grown to the magnitude that it could become an official government request and I am sure that my colleagues Dr. Mendoza-Hoyos, Dr. Zanartu, can list off many instances of this type of thing.

Chairman: Dr. Allen would like to comment.

Dr. Raymond B. Allen:* Dr. Bogue has been very fruitful on our Population Advisory Committee with suggestions, and in part. The format of this conference grew out of his chairmanship of our Committee. I would like to say that in respect to this document, you will notice that it is indexed by countries, and that a particular feature of the publication of Dr. Hall and her associates is the socio-economic indices. Nowhere that I know of are these assembled in one document. And I think when you have examined this document, Dr. Bogue, you will find all of the organizations that we have heard about or that the IPPF or AID or this organization knows about are listed, including the principal officers. Now these will be growing, consequently you have observed the reason that this is in loose-leaf. We expect to instruct the PAHO Country Representatives, AID will do likewise, the IPPF and all sources to take what is in their country chapter and up-date it immediately. It is incomplete in many countries at the present time. I picked up some information on Bolivia the other night from the Ambassador that is not in here and very vital information. Consequently, during the year we expect that the volume and the changes and revisions that are made by the countries and by the organizations will have up-dated this to make it quantitatively and qualitatively complete for the next conference.

* Chief, Office, Health and Population Dynamics, Pan American Sanitary Bureau, Washington D.C.

I would like to ask if anyone would react to this thought that the Secretariat has had in respect of what happens during the year. It has occurred to some of us that it might be worthwhile to convene small working parties on special subjects of research and training interest during the year, their reports to be brought in as working papers for the conference next year. We would like any suggestions with regard to such topics.

Chairman: The very compilation of this document, Dr. Bogue, makes it possible for people to identify gaps in it, and we trust that it will become complete or brought up to date on a periodic basis as Dr. Allen has indicated.

Would someone respond to Dr. Allen's inquiry about possible work shops, small group meetings on any special subjects that would be most advantageous to emphasize in such group meetings that may come to your mind. Do you think it's a good idea, Dr. Maier?

Dr. Maier: I think that this question as well as the previous appeal which Dr. Horwitz directed to us for advice as to the PAHO program in the field deserve a good deal more consideration and attention than we are able to give under these circumstances. I wonder if it would not be appropriate for us in the future as opportunities arise or as suggestions come to mind for us as individuals to write to Dr. Allen to draw it to his attention. This is what I personally would like to do.

Chairman: Dr. Allen had made this same suggestion, Dr. Maier, that he would like all persons to feel free and to initiate sending him suggestions of any kind on workshop subjects or any other topic. This would be helpful.

Mr. Lubin: There has been a remarkable evolution that has taken place at the PASB over the past three years. As I recall, Dr. Horwitz, when you opened the First Conference, the term family planning was forever cast into limbo, and today we have this remarkable document that everyone has been speaking about prepared by Dr. Hall. I would urge that PAHO immediately translate the Document into the working languages of PAHO for circulation throughout the Hemisphere, because constantly we are receiving requests for a document that represents the entire activity. With this type of information available, the opportunity for interested people, for example to apply for a fellowship to the appropriate organizations, to approach PAHO with recommendations in terms of what can be done in the local countries could be much greatly facilitated. So, I would urge an immediate translation of this document with up-dating of the document, so that as they are incorporated, the additions are translated into the working languages of PAHO.

Dr. Frisén: I should like to suggest for consideration a working group of the various agencies and organizations that are interested in providing information and clearing house services. The United Nations is considering this on a regional basis at the present time. The coordination of efforts

might prevent duplication and wasted activity and might well be worth a further consideration in some detail in the planning operations.

Dr. Pease: * We have discussed here very openly during the course of today, I think, nearly all aspects of family planning and even physiology of human reproduction. This, as was noted before, is quite different from what occurred in the First, and even to a certain extent the Second Meeting of this particular kind. We have also discussed and many of us believe that the future of this particular activity in the Latin American Area rests very much with the medical profession and the other health professions. In addition to that, I think many of us have seen and are conscious of the changes that have come about in the United States in the last six or seven years, particularly in regard to the attitudes of our own professional organizations, the AMA and the APHA, American Nursing Association, and so forth, all of which have taken rather strong stands in regard to their policies that this is a bona fide health activity. To many of us in the public health field, this seems somewhat strange as we look back where 10 years ago most of us felt that family planning and population was basically the responsibility of somebody else. I bring this to your attention basically because I have been closely associated with PAHO since 1949. PAHO as the multilateral health organization for the Western Hemisphere has developed a reputation in the health field because of its extensive activity. I, therefore, feel that the PAHO needs to associate itself with this movement. It is something which is going to move in the future. How far or how slowly remains to be seen, but it is in my estimation a bona fide health activity and to see PAHO pay particular attention to it is certainly a wonderful development and I would encourage it to continue this association in the future.

Dr. Sobrero: Most of what I was going to stress has been stressed already by Dr. Pease, but I just wanted to add a small suggestion that comes to mind. I think that this Third Conference proves very well that universities in the United States of great prestige, all the major foundations, the American government and this prestigious organization have devoted and have congregated quite a trust of brains here to devote to the study of this problem. I wonder, if next year it will not be wise to invite selected people from the school of medicine and public health, professors of preventive medicine and so forth to assist to this meeting. There is an informative capacity. The main reason for this is that we have to train the people who are going to train others. Today we have had the privilege of listening to some of our Latin American colleagues and we have I think benefited a great deal by listening to what they are doing, their needs and their approach and I think we can gain a great deal by offering free communication between these people and seeing what the United States has to offer here. And doing this with PAHO, I think, it will be a most useful thing, since the official character and the prestige of this Organization covers the continent.

*Dr. Clifford A. Pease, Jr., Associate Director, Technical Assistance Division, The Population Council, Inc., New York.

Chariman: Dr. Harper, did you have your hand up?

Dr. Harper: Just really to second what has been said. It seems to me that the major difference between this meeting and the two previous ones is the large contribution of our colleagues from Latin America. It seems to me that this is a very remarkable contribution that has been made possible by PAHO and that the more this can be expanded the more valuable it will continue to be.

Dr. Zanartu: Mr. Chairman, as a Latin American and within my limited knowledge of PAHO I would like to say this. PAHO, we know, is non-political and fully American in the sense of representing the whole Hemisphere. Its reputation and achievements are highly recognized by all governments and medical schools of the Hemisphere. Furthermore, PAHO works in close cooperation with local national health services. This is a tremendous advantage. To try to answer your question of what PAHO should do, I should say that perhaps PAHO should be more and more a clearing institution to furnish the following elements: First, information in field of population problems and control. Sometime it is difficult to get all the necessary information even in fields like physiology of reproduction, for instance. Secondly, to coordinate the teaching program activities. I am sure that many of our Latin American universities are unaware of what is going on in Colombia, Chile, and Peru, for instance. Thirdly, to advise governments on public health and clinical field actions in this problem of population. Fourth, to organize group activities for the advancement of knowledge and also to evaluate experience in the field. Finally, it seems to me that PAHO should furthermore support exchange training programs. I mean, graduates wishing to obtain training in the problems of population, as well as teachers or researchers. This is a brief summary of what I think perhaps we would say.

Mr. Claxton: After my comments of a few minutes ago, as Dr. Zanartu was kind enough to remind me very delicately and gently, there is a great deal more to family planning than those matters of food and economic progress. I could not agree with you more. And it was for those reasons that I was about to say what Dr. Pease said so well and again I am indebted to Dr. Zanartu for saying in even more detail that PAHO has a very important role in furnishing the sorts of help and advice which Dr. Zanartu has outlined. There may be more, perhaps, but certainly the outline which he gave us a few moments ago is enough to begin a thoughtful program planning of a very broad and valuable nature.

Dr. Hall: I would like to thank the participants for the various comments on Volume II, the Country Document. I am unfortunately all too aware of its many deficiencies, and I would like to apologize for them. I am sure that those of you who will leaf through the book in the next few days will find many omissions and many gaps. I am, of course, in the agreement with Dr. Wishik when he says that the very gaps are an incentive to better work next year and I very much hope that the volume will serve as a basis for a much better volume next year, both more complete and more homogenous in presentation. And it is my hope that in the next year directors of programs in Latin America will send to PAHO descriptive material on their projects so that it can be included. This is only a start, and should be considered as

such.

Chairman: Thank you Dr. Hall! Before I call on Dr. Horwitz to close today's proceedings, I would like to do two things: First, I would like to express for you a great appreciation to the Secretary of this Conference. Dr. Raymond Allen, who carried the responsibility for its organization and its conduct down to the point of getting the Hall document off a truck this morning.

I would not try to give you a summary of the summary. But I am impelled not only from sitting here today, but having attended the last two days the Meeting last week that Dr. Crevenna reported to you, to make a kind of an appeal.

My appeal is that allies in population work do not become enemies by getting into polemics as to whether the emphasis should be on this side or on that side when actually the emphasis should be on both. The kinds of divisions that can occur are for example: Is this a health problem or is it a non-health problem? We have seen fine demonstrations of how health leadership has moved into the picture, and when there was a vacuum, how other people have done the same. This is both a health problem, and as Dr. Zanartu and others so well emphasized, it is much broader. Dr. Taeuber and the others told us about the importance of the multidisciplinary involvement. This belongs to neither camp exclusively. A second kind of division: Should it be an official responsibility or should it be non-governmental? Of course, we have heard so well expressed that we need both parties as true partners. Another kind of dichotomy could be: We should not be emphasizing service, we should be motivating or we should not be motivating because many people are ready for service. And the answer is both, although admittedly we do not know in what combination or how to modify the emphasis in one or another setting. But perhaps the most important division, and the one that I must say took days of discussion in the meeting last week, was: Should we emphasize population control or should we emphasize socio-economic development? And I hate to think the answer could lie on one or on another side without the two being entirely complementary. Anyone, no matter how enthusiastic about socio-economic development, recognize that they will not be able to achieve their goals as quickly as they would like, and for this reason population control will facilitate their efforts. Nobody, no matter how optimistic in family planning, thinks that birth control will be achieved as quickly as they would like, and for that reason must be helped by socio-economic development and reform. This was emphasized by Dr. Maier and others in the discussion. We are all working for a common purpose. Some people contribute one element and others contribute another, and we are not rivals or competitors or opponents. We are all allies in working for this common cause. I think this philosophy was well expressed in the discussions today. Dr. Horwitz, would you close the Meeting?

Dr. Horwitz: Thank you very much, Mr. Chairman, I think that after the very excellent summary that you just made there is nothing else to add. This morning, I had the pleasure to ask many of you for counsel and suggestions, and I feel really very much rewarded. As a matter of fact, I think that we have heard much more than we can really do. But taking into consideration what Dr. Maier said, I would like very much if you could write to us of any other suggestions that you might have, and particularly of subjects that you believe merit a discussion next year and the years after in a meeting of this nature.

Some of you have told me privately that you are concerned because there are too many Americans in the room and too few Latin Americans. It is worthwhile to keep in mind how these meetings were created. The purpose was to have this house as a focal point for interchange of information of all the agencies that were working in the field of population in Latin America. Later on, we thought to discuss some specific subjects as we have done this year. If this kind of structure meets with your approval, we should continue in the future, but obviously the presence of persons working in the field in the Continent will be always limited I think to those that will be involved in the subjects selected each year.

We will continue certainly with the publication of this book. I am extremely thankful, also, to Dr. Françoise Hall. We will hope to count on her assistance in the future. Once again, many thanks for a very rewarding day.

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