



## INTRODUCTION

Latin America has the fastest growing population in the world. This demographic phenomenon and its socio-economic implications are awakening a new concern about population-- as evidenced by the recent Caracas Conference:

There is no doubt that much of each country's effort to raise its levels of productivity and employment and to improve social conditions is eaten up by being extended to a growing population that demands the services it has a right to, without the existing population's receiving enough of the benefits of public and private action.<sup>1</sup>

Thus, for Latin America population has become a problem that demands action.

The purpose of this paper will be to examine the types of birth control policies that have been developed in response to the population crisis in Latin America, and (from an analysis of some political reactions to birth control) to develop a model for policy-implementation.

Firstly, a theoretical agenda will indicate the possible gradations of birth control policy. Secondly, the attached charts will summarize the development of family planning and population policy in 20 Latin American nations. Then, a comparison of four countries will reveal the consequences of different political situations for the degree of progress in policy implementation. Finally, the last chart will formulate some guidelines for policy implementation within the Latin American context.

Professor Stycos' paper analyzes Public Opinion and the Control of Fertility in Latin America; this paper pursues the political implications of the spectrum of opinion for birth control policy implementation.

## GRADATIONS OF BIRTH CONTROL POLICY: A THEORETICAL AGENDA

Theoretically, birth control policy in Latin America could range from the actual cases of inaction to an extensive government-sponsored program of birth control and abortion. Various types of policy implementation can be classified according to: (1) degree of government vis-a-vis private involvement, and (2) extent of the population to be affect. A third dimension of policy--the range of birth control techniques to be made available--will not be scaled; it is assumed that birth control programs will offer a variety of effective techniques. The following list scales the broad hypothetical levels of policy implementation:

- 0 No action at any level.
- 1 Some private physicians make birth control advice available to a few women (most likely at the socio-economic elite level).
- 2 A larger proportion of private physicians make birth control services available to their patients and some clinic doctors take the initiative of advising a few lower class women.
- 3 A private organization is formed (most likely with IPPF\* support) and initiates activities to promote research and professional training for family planning. At this level, policy still effects only a minute proportion of the general population, but has an impact on a significant number of medical personnel.
- 4 Private organization expands to avail a large proportion of women from all socio-economic levels of family planning techniques. Sufficient numbers of medical and paramedical personnel are trained to provide the necessary staff for such a broad private policy program.

\* International Planned Parenthood Federation

Theoretically, privately financed clinics, along with private practitioners, could provide extensive birth control coverage for a nation--thereby side-stepping the issue of government policy. However, the requirements of training, research, education, finance, and reaching the public on such a broad scope would eventually need government cooperation at certain levels.

- 5 The first positive step by the government would be to remove any previous legal or policy obstacles to private efforts.
- 6 Incrementally, the next step would be the initiation of government support for private efforts: (a) the government would indicate official concern about the rapid population growth and accordingly encourage private and international programs. (b) then the government would contribute financially to private or clinic family planning services.
- 7 The next degree would be direct government initiation of efforts relating to birth control but with more general overall goals: training of demographic and medical personnel, in population dynamics, inclusion of population experts within the Ministry of Health and the Planning Commission, sponsoring of conferences and research centers on population dynamics.
- 8 An ambitious policy would necessitate escalation to direct government financing of birth control services under official auspices--in the national health and social security programs, in the public clinics and maternity hospitals. At this level, the financial, administrative and educational commitment of the government could be raised until almost the entire population was reached.
- 9 Beyond these measures, the intensity of government efforts could be supplemented through mass educational programs in

schools and mass media. Furthermore, birth control could be supplemented by legalizing abortion programs. The scope could be expanded to include un-married women and girls in all phases of the program.

- 10 At the far end of the spectrum, birth control could be given extremely high priority through a policy of government sponsored propaganda and economic incentives and penalties.

SYNOPTIC INVENTORY OF CURRENT TRENDS IN POPULATION POLICY  
(see charts)

The inventory which presents a synopsis of actual birth control policies in Latin America portrays a more modest range of measures than those included in the theoretical spectrum. The general status of population policies in Latin America can be summarized as follows:

In Latin America as a whole, over 80% of the population lives in countries without nation-wide family planning services and probably well over 90% of the population in actuality has no access to family planning services.<sup>2</sup>

The charts accompanying this paper indicate that national family planning organizations have only been recently established; consequently, population policy is just beginning to enter the arena for government decision-makers.\* The categories seek to group the 20 countries according to the extent of activity they are experiencing in relation to population policy and family planning programs.

\*The principal source of information for the inventory of current trends in Latin America is: Population Dynamics: Programs of Organizations Engaged in Pan American Cooperation 1965-66. Document II, a 422 page compendium compiled by the Population Information Center of the Pan American Health Organization and the World Health Organization. The charts are designed to condense this voluminous data and to delineate general trends in various sectors of activity.

Categories I and III are rather clear cut. Category I encompasses those countries with nation-wide family planning services either directly under government auspices or with significant government approval and financial assistance: Chile, Colombia, Costa Rica, Cuba and Honduras. In Category III A are those countries where there is at least an awakening of interest in population policy and perhaps the beginning of some activity related to family planning: Dominican Republic, Guatemala, Panama, and Nicaragua. Category III B includes those nations where, at most, only faint stirrings of concern have been evidenced: Bolivia, Haiti, Paraguay.

Category II is thus a residual classification: most countries in this group differ greatly in their are of strength and weakness in implementing population and family planning programs. Each experience reflects a different trend: Argentina, Brazil, Ecuador, El Salvador, Mexico, Peru, Uruguay and Venezuela.

#### POLITICAL ANALYSIS OF GENERAL TRENDS AND SELECTED CASES OF POLICY IMPLEMENTATION

The policy implementation trends that have been charted for each country can be analyzed generally according to their plausibility to the average government decision-maker in terms of: (1) allocation of economic resources and (2) political legitimacy.

As the charts indicate, the prevalent trend in policy development is that (with the exception of Peru) all activities have been generated first in the private sector. Research is usually financed by grants from international organizations, foundations or United States Agency for International Development (AID).

Clinics are usually established under the auspices of the private national family planning association, a maternity hospital or a medical faculty. Training facilities in the majority of countries are available to only a small proportion of professionals concerned with population dynamics.

In terms of allocation of economic resources, this reliance on the private sector relieves the government from having to further divide limited funds among competing demands--many with a more powerful political base than that of family planning proponents. This 'laissez-faire' attitude may be the most rationally pleasing political alternative (in the short-run) for the pressured government decision-maker: progress is being made while he can direct his financial resources to less politically controversial (or more politically powerful) areas of economic development. Thus, as long as government decision-makers do not have to appropriate funds for population programs, they can avoid the potential avalanche of opposition that political critics could unleash against the legitimacy of government involvement with birth control programs. In accordance with this trend, in those countries where the government has allocated some financial resources to family planning, (with the exception of Peru) it has been to supplement endeavors that were already underway.

As the ( ) examples of Brazil, Colombia, Chile and Mexico will indicate, the most successful political strategy for birth control policy implementation is to avoid politization of the issue. The rationale behind this approach is not to prevent the entry of family planning into the public sphere by limiting discussion to obscure bureaucratic planners. On the contrary, feedback of opinion is necessary for continued progress; accord-

ingly, population issues should be brought into the arena of public concern at all levels of society. However, politicization of the issue by allowing its proponents and opponents to polarize along basic ideological cleavages can be a tremendous handicap. Latin American society already has many cross-cutting cleavages and shifting political coalitions; birth control "reformmongers" must seek to prevent population policy from becoming a pawn in the power struggle or a symbol of other economic and social grievances.

### Brazil

Brazil presents just such a case where government attempts to implement limited population policies were tripped on the tightrope of political controversy. The uproar was created by Secretary of State Dean Rusk's announcement on August 4, 1966, that the United States had granted Brazil financial assistance for studies preparatory to an eventual birth control program. Before this fateful pronouncement, the distribution of opinion in Brazil was not particularly favorable to birth control because of the generally hostile attitudes of a conservative medical profession. On the other hand, there were pockets of supporters within some medical circles (in 1965, 200 members of the National Gynecological Congress committed themselves to support BEMFAM, the national family planning association), several universities and one private organization were involved in research, and the Planning Ministry had established a Demographic Center concerned

\*Our principal source of data for the following discussion is Latin American Newspaper Coverage of Population and Family Planning, January, 1967, compiled by the International Population Program, Cornell University and edited by J. Mayone Stycos.

with all aspects of the population problem. Furthermore, many Church officials recognize the validity of concern about population dynamics.

Within the context of this distribution of opinion, birth control proponents might well have been able to work discreetly by incremental implementation of programs. However, the issue became mired in the swamps of political propaganda when Brazilian newspapers reacted with emotion-laden headlines like: "Brazil limits Births with Yankee Aid." In the ensuing publicity explosion, population policy became linked to other grievances and was equated with U.S. imperialism, totalitarian impingements on individual liberty and other ideologically loaded issues.

For example, Deputy Alfonso Arinos, Jr. argued that birth control proponents are those classes of the economic-financial oligarchy and servants of national and foreign capitalism who need to keep population down to the low rate of productivity of the present economic system. Once in the political spotlight, population policy became entangled in political rivalry. Opponents of Planning Minister Roberto Campos used the policy as a weapon against him. Deputy Gilberto Azevedo sarcastically criticized the A.I.D. program through guilt by association: "This seems to me like the work of the Planning Ministry, which is planning everything now, even births."

In the wake of this political uproar, the government clarified the program's scope: A.I.D. assistance would only cover technical aid for demographic studies and not extend to the realm of birth control services. However, by this time, the opposition had attained such momentum that even liberal statements by some Catholic clergy were drowned out by the rising clamor of medical

and journalistic criticism.

This spectacular politicization of population policy in Brazil will be a detriment to future efforts on behalf of birth control programs. Whatever the scientific value of the AID-assisted research might be, the political handicap that the government has engendered has narrowed the range of alternatives in population policy implementation that will be considered as politically legitimate in the future.

### Colombia

The Colombian government also became actively involved in controversy over its request and receipt of U.S. AID assistance for demographic programs.\* If possible, the opposing politicians were more emotionally vehement than in Brazil. For example, in the Senate debate, the Conservatives attacked Health Minister Ordonez as "unpatriotic in service to foreign interests...proposing preventive genocide and Hitlerian racism." Their oratory of hyperbole extended to predicting that if family planning were further implemented, "in twenty years Colombia will have a generation of impotent men and frigid women."

Despite such attempts to politically inflame the birth control issue, Colombian population policies did not suffer the debilitating effect of the Brazilian political crisis. The principal reasons for this difference in success of political implementation are: (1) In contrast to the deep cleavages within the Brazilian medical profession, Colombia's medical faculties provided an almost solid base of support for birth control programs; ASCOFAME

\*Our source of data for this case will also be Latin American Newspaper Coverage of Population and Family Planning, but the May, 1967 issue.

(Asociacion Colombiana de Facultades de Medicine) pioneered efforts in relation to family planning--its Division of Population Studies has initiated training programs at the Medical Schools, service programs, research and conferences. (2) Presidents Lleras Camargo and Lleras Restrepo have indicated profound concern with population problems and have gradually promoted public awareness. Before the November, 1966 announcement of its first financial support ( 5 million pesos--\$250,000) for family planning activities, the government promoted a considerable build-up in the press, so that the informed public was much more psychologically prepared for the official announcement than the Dean Rusk disclosure which took Brazil by surprise. (3) the Colombian Church officials, who are among the most conservative in Latin America, surprisingly are leaders in official Church recognition of population problems. (4) Finally, the timing of the Colombian acceptance of U.S. AID assistance was strategically better than that of Brazil; it came after other activities had built a respectable foundation of on-going endeavors and had gained support from various sectors; thus these efforts could not be easily overshadowed by ideological stereotypes because the facts could speak for themselves.

#### Chile

In Chile, birth control policy implementation did not become entangled in the web of partisan politics and ideological animosities. Dr. Juan A. Zañartu, Head of the Department of Fertility, University of Chile, has analyzed the strategy that has permitted Chile to make such notable progress in birth control:

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 the 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 politicians 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... We think that this is the 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 propaganda even if it is supported by so generous international efforts as the Alianza para el Progreso is.<sup>3</sup>

In accordance with this strategy, Chile has not accepted any direct United States AID assistance, although grants have been made to CELADE which is under the official auspices of the United Nations. The use of prestige and status to aggregate support has also been successfully manipulated. For example, in August, 1965, when the National Health Service decided to investigate the possible incorporation of family planning services into its regular program, it was at the instigation of the prestigious Chilean Association of Family Protection which represents various sectors of influential opinion.

Thus, in Chile, the medical profession has staked out the issue of family planning as an area where its expertise (based on the felt needs of the people) shall prevail and any trespassing by political ideologues is most unwelcome.

#### Mexico

At present, the Mexican government has avoided involvement in any population planning activities. A valuable survey by Arthur Corwin helps explain why a country which is expected to grow by 35 million people between 1960 and 1980 has not evidenced any official concern with family planning policy.

Firstly, many economic planners consider a rapid population growth as a stimulus, not an obstacle, to national progress. According to these planners, Mexico needs a vast internal market in order to develop basic industries and a larger population with greater purchasing power and greater labor power.<sup>4</sup>

The second restraint on any government intervention finds its roots in the mystique of the Revolution:

The vested political interests of the Revolution, of course, feed upon the assumption that the Revolution is a success. Thus, there are obvious reasons for political spokesmen not squarely facing the matter of demographic planning. This would smack of defeatism, and it would be an admission that land distribution and other social welfare remedies are no longer an adequate solution to the problem of 'injusticia social.'<sup>5</sup>

In this sense, PRI decision-makers are limited in the range of policy alternatives open to them--they are prisoners of their own political mythology.' Furthermore, Mexico tends to be hypersensitive about race and racial aggrandizement; from this point of view, "population expansion of the 'Mexican Race' is for the sensitive nationalist a kind of ego compensation--a kind of assurance that Mexico shall not be absorbed by alien foes."<sup>6</sup>

Even if the government were to overcome this proclivity of the national ethos to encourage population growth, Corwin's survey indicates that there might be some popular opposition to a family planning policy. This would not occur among the lower classes, where abortion attempts are not uncommon, "parents often expressed a pathetic interest in knowledge about the facts of effective family controls."<sup>7</sup> However, the emerging middle class male would tend to interpret family planning as a threat to the Mexican way of life. Since the literate male plays the predominant role in defining the political ideals of the society,

"the male psyche is a more formidable obstacle to population planning than the religious psyche of the passive female."<sup>8</sup>

As a result, broad private programs in family planning would require an astute educational campaign and, of course, even more intensive attitudinal changes would have to be effected if any public plan were to be considered. Therefore, in addition to the political obstacles encountered in other countries, those who seek implementation of birth control policy in Mexico must find means of reconciliation with the national ethos.

#### CONCLUDING COMMENTS IN RELATION TO THE POLICY IMPLEMENTATION MODEL (see chart)

While most of the recommendations charted in the policy implementation model are derived from the inventory and political analysis that have already been presented, several items should be further clarified in concluding this paper.

Firstly, contrary to what might normally be anticipated, the support of a significant number of Catholic clergy can be aggregated in favor of a responsible population policy. For example, in his article, "The Catholic Church and Family Planning," Father Gustavo Perez Ramirez (Director, Colombian Institute for Social Development) presents a persuasive argument to his fellow clergymen for reconciling family planning with Catholic goals. After demonstrating that marital love is an end in itself and the contraception does not violate natural law, Father Ramirez concludes by showing how Church approval of birth control is beneficial not only for Catholic families, but also vital for the maintenance and enhancement needs of the Catholic Church as an institution:

millions of well-intentioned couples who find difficulties in reconciling within the framework of existing directives, the different end of marriage: procreation, education of children and mutual love... In innumerable cases their difficulties are leading to conflict, perversion of conscience, abandonment <sup>9</sup> of the Church and a loss of harmony between spouses.

This threat (that the Church may be losing allegiance because of the conflict between family welfare and religious proscriptions) is substantiated by a report on family planning at a health center in Candelaria (Departamento del Valle, Colombia) where the population has been growing at almost 10% per year. Dr. Alfredo Aguirre, Director of the Candelarian Family Planning Center has observed:

Overfertility is changing the attitudes of our families toward religion as well...families are becoming further and further removed from the doctrines of the Church because this is the only way they can try to solve their <sup>10</sup> problems and because the only alternative is to perish.

Thus the strategy that a birth control policy-maker should follow in trying to co-opt any possible Catholic opposition, or to elicit active Catholic support, would be: to stress the need for Church cooperation not only for the sake of its members and to prevent them from resorting to voluntary abortions and infanticide, but also in its very own self-interest of maintaining allegiance to the Church.

The model also strongly recommends using public opinion and epidemiological surveys at various stages of policy formation and implementation. Surveys can perform a dual role: (1) they help guide policy-makers in designing effective programs; and (2) the objective data from surveys often presents more convincing arguments to aggregate support for policy than could political reasoning.

Much of the impetus for Chile's progress in birth control services was generated by concern about abortions which several studies illuminated the magnitude of the crisis. For example, in a sample survey of 3,776 women between 20-44 years old in Santiago and Concepcion, 23% declared that they had provoked abortions; of these, 75% had experienced 3 abortions, 8% had 7 or more, and 15 women had a total of 187.<sup>11</sup>

Further data show that 8.1% of all hospital admissions are cases of complicated abortions and add up to 67 for every 100 deliveries. In 1960 there were 57,368 of these abortion admissions--equal to an expenditure of over \$1,000,000. In 1963, abortions were responsible for 39% of maternal mortality.<sup>12</sup>

We can see how surveys could be very useful in exposing the inaccuracies of myths and cliches that political officials may use as rationalizations for avoidance of a crucial issue. For example, CELADE's Program of Comparative Fertility Surveys 1964 casts serious doubts on the hesitancy of some officials to initiate any family planning policies because they suppose that most women would oppose birth control on religious and psychological grounds. CELADE's survey found that the percentages of women (mostly Catholic) who have ever used contraceptives ranged from 77.6% and 65% in Buenos Aires and San Jose respectively, and then on through 59.9%, 59.7%, 55.8%, 39.4%, 36.2% in Caracas, Panama City, Rio de Janeiro, Bogota and Mexico City.

Lastly, our model applies to birth control policy implementation under present conditions of scientific and technological knowledge. However, in the feedback stage, we recommend procedures to permit readjustment of programs in light of new

scientific discoveries. For example, one new contraceptive method that is being used on an experimental basis in Peru is the technique of monthly injections. There are even more efficient and easily administered methods being researched; daily pills, day-after pills and possibly many years of contraceptive protection by vaccination or implanted time-release capsules.<sup>13</sup>

We are not suggesting that science will be able to banish the political controversy to which birth control policy is susceptible. However, just as the pill and IUD's have made enactment of birth control policy more technologically and financially feasible, future discoveries could alter the frame of reference within which policy-makers had to operate. Let us conclude on the optimistic note that scientific advancement will facilitate future agreement on the implementation of population policies for all Latin American nations.

## FOOTNOTES

1. Meeting on Population Policies in Relation to Development in Latin America; Final Report. OAS. (Caracas:1967),p.8.
2. Third Pan American Sanitary Bureau Conference on Population Dynamics: Proceedings. (Washington D.C.: 1967), p.64.
3. Ibid., p. 59
4. Arthur F. Corwin, Contemporary Mexican Attitudes Toward Population, Poverty, and Public Opinion. (Gainesville: University of Florida Press, Latin American Monographs, 1963), p. 49.
5. Ibid.
6. Ibid., p.40.
7. Ibid.
8. Ibid., p.48.
9. Gustavo Perez Ramirez, "The Catholic Church and Family Planning," in J. Mayone Stycos and Jorge Arias (eds.), Population Dilemma in Latin America (Washington: Potomac Books, 1966), p. 212.
10. "Colombia: The Family in Candelaria," Studies in Family Planning. April, 1966, p.4.
11. Bernard Berelson (ed.), International Conference on Family Planning Programs, Family Planning and Population Programs. (Chicago: University of Chicago Press,1966), p.244.
12. Ibid., p.245.
13. This information on scientific advances comes from an interview with Miss Elizabeth Sipkov, researcher, Population Information Center, PAHO/WHO

## BIBLIOGRAPHY

### BOOKS

- Corwin, Arthur F. Contemporary Mexican Attitudes Toward Population, Poverty and Public Opinion. Gainesville: University of Florida Press, Latin American Monographs, 1963.
- Draper, Elizabeth. Birth Control in the Modern World. Middlesex, England: Penguin Books, 1965.
- Hill, Reuben, Stycos, J. Mayone, and Back, Kurt W. The Family and Population Control: A Puerto Rican Experiment in Social Change. Chapel Hill: University of North Carolina Press, 1959.
- International Conference on Family Planning Programs. Family Planning and Population Programs. Bernard Berleson (ed.) Chicago: University of Chicago Press, 1966.
- International Conference on Population Dynamics. Population Dynamics: International Action and Training Programs. Minora Murumatsu and Paul Harper (eds.) Baltimore: The Johns Hopkins University Press, 1965.
- Milbank Memorial Fund. Components of Population Change in Latin America. New York: Milbank Memorial Fund, 1965.
- Notre Dame Conference on Population Problems. The Problem of Population. University of Notre Dame Press, 1965.
- Pan American Health Organization, Population Information Center, World Health Organization. Population Dynamics: Programs of Organizations Engaged in Pan American Cooperation 1965-66. Document II, Washington, D.C.: Population Information Center, 1967.
- Petersen, William. The Politics of Population. Garden City: Doubleday-Anchor, 1964.
- Romero, R. Hernan. El Control de la Natalidad: Prejuicios y Controversias. Santiago, Chile: Editorial Universitaria, 1965.
- Sheps, Mindel, C., and Ridley, Jeanne C. (eds.). Public Health and Population Changes. Pittsburgh: University of Pittsburgh Press, 1965.
- Stycos, J. Mayone and Arias, Jorge (eds.). Population Dilemma in Latin America. Washington, D.C.: Potomac Books (for the American Assembly), 1966.

## PERIODICALS

### Economic Development and Cultural Change

"Population Policies in Developing Countries."  
by Kirk and Nortman. XV January, 1967.

### International Planned Parenthood Federation (Victor Fund)

"Mexico and South America." Report #3, September, 1966.

### Latin American Newspaper Coverage of Population and Family Planning. J. Mayone Stycos (ed.) International Population Program (Cornell University).

"Brazil." January, 1967.

"Colombia." May, 1967.

### Milbank Memorial Fund Quarterly

"Assessment of Teaching and Training Programs in the Universities of Latin America." by N. Keyfits, XLII April, 1964.

### The New York Post

"Latin America Takes Birth Control Action." by Silvia Porter, September 29, 1967.

### The New York Times - 1967

January 31-Colombia, March 12-Mexico, March 22-Cuba,  
March 29-Church in Latin America,  
April 10-15 - IPPF Conference at Santiago, Chile  
April 12-Report on the pill in Latin America  
April 30-Mexico public opinion survey  
May 4- Brazil

### Political Studies

"Politics of Birth Control." by R.E. Dowse and J. Peel. XIII June, 1965.

### Population Bulletin

"Mexico: The Problem of People." XX November, 1964.

"Bibliography on Population." A reference supplement. August, 1966.

"Punta del Este 1961-67; Early Dawning of a Demographic Awakening." XXIII June, 1967.

### Public Health Reports

"Population Growth and Family Planning." by Pedro Martinez. LXXXI August, 1966.

### Public Opinion Quarterly

"Sample Surveys and Population Control." by J. Mayone Stycos. XXVIII Fall, 1964.

## PERIODICALS

### Studies in Family Planning

"Colombia: The Family in Candelaria." April, 1966.

"Fertility Studies: Knowledge, Attitude and Practice."  
by W.P. Mauldin. June, 1963.

### World Politics

"Politics and Population Control in Latin America."  
by J. Mayone Stycos. XX October, 1967.

## CONFERENCE REPORTS

Meeting on Population Policies in Relation to Development in  
Latin America, September 11-16, 1967.

Sponsored by: OAS, PAHO, Population Council and  
Aspen Institute for Humanistic Studies, with the  
cooperation of the Government of Venezuela.

Final Report UP/Ser.H/V, REPO/II/17 (English)  
6 October, 1967, Caracas, Venezuela.

Third Pan American Sanitary Bureau (PASB) Conference on  
Population Dynamics.

Sponsored by: PAHO, PASB, WHO.

Proceedings Res 6/19. 13 February 1967,  
Washington, D.C.

First Pan American Assembly on Population

Final Report. August, 1965, Cali, Colombia.

## OTHER SOURCES

Interview with Miss Elizabeth Sipkov, Researcher, Population  
Information Center, PAHO/WHO, Washington, D.C.  
November 24, 1967.