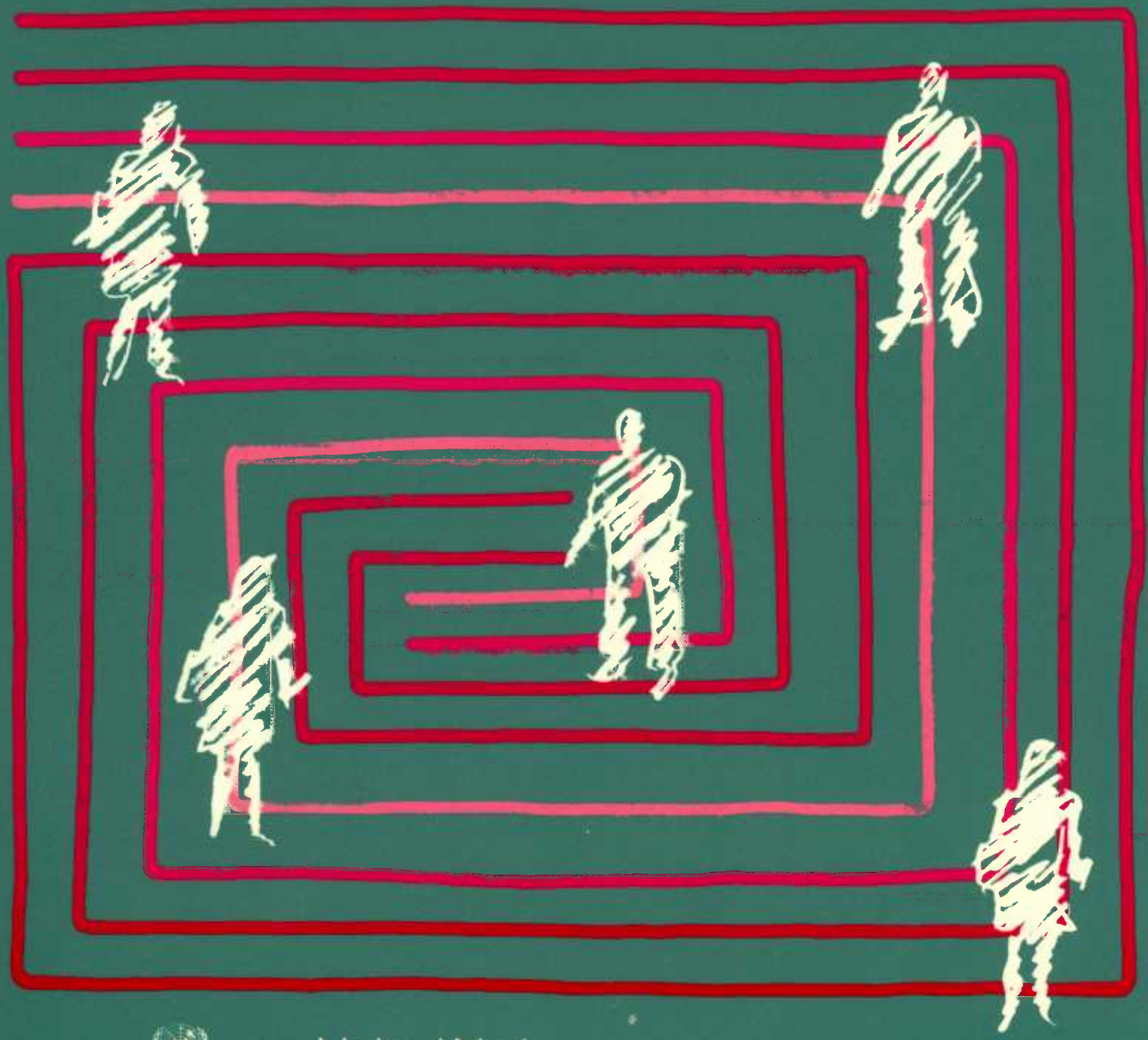
World Population Policies

Volume I

Afghanistan to France



United Nations

POPULATION PUBLICATIONS OF THE UNITED NATIONS

SELECTED LIST, June 1986*

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Inventory and Evaluation of Training Materials for Population Information Services (IESA/P/POPIN/G/1). English only.

POPIN Thesaurus: Population Multilingual Thesaurus. English, French and Spanish;*** Arabic and Portuguese not yet issued.

* A joint project of the Population Division of the Department of International Economic and Social Affairs, United Nations Secretariat, and UNFPA.
** Non-sales item; available upon request from the POPIN Co-ordinating Unit, Population Division, DIESA.
*** Published by the Committee for International Co-operation in National Research in Demography (CICRED), Paris, in collaboration with POPIN.

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Volume I

Afghanistan to France

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NOTE

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The term "country" as used in the text of this report also refers, as appropriate, to territories or areas.

The designations "developed" and "developing" economies are intended for statistical convenience and do not necessarily express a judgement about the stage reached by a particular country or area in the development process.

Symbols of the United Nations documents are composed of capital letters combined with figures. Mention of such a symbol indicates a reference to a United Nations document.

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PREFACE

The information contained in the present report is based on the continuous monitoring of population policies by the Population Division of the Department of International Economic and Social Affairs of the United Nations Secretariat as part of its programme of work. World Population Policies presents, in three volumes, comparable and up-to-date information on the population policies of the 170 Member States of the United Nations and Non-Member States. The countries are arranged in alphabetical order, volume I covering countries from A to F, volume II from G to N, and volume III from O to Z. The present publication replaces Population Policy Briefs: Current Situation in Developing Countries (ST/ESA/SER.R/62), Population Policy Briefs: Curent Situation in Developed Countries (ST/ESA/SER.R/63) and Population Policy Compendium.

Responsibility for this report rests with the United Nations Secretariat; however, the assessment was facilitated to a great extent by the close co-operation among the United Nations bodies. In particular, the contribution of the United Nations Fund for Population Activities in support of this publication is gratefully acknowledged.

Except where otherwise noted, the demographic estimates and projections cited in this report are based on the tenth round of global demographic assessments undertaken by the Population Division.

For additional information and data relating to demographic estimates and projections, reference should be made to World Population Prospects: Estimates and Projections as Assessed in 1984 (United Nations publication, Sales No. E.86.XIII.3).

CONTENTS

EXPLANATORY NOTES

Reference to "dollars" ($) indicates Unites States dollars, unless otherwise stated.

Reference to "tons" indicates metric tons, unless otherwise stated.

The term "billion" signifies a thousand million.

A hyphen between years (e.g., 1984-1985) indicates the full period involved, including the beginning and end years; a slash (e.g., 1984/1985) indicates a financial year, school year or crop year.

A point (.) is used to indicate decimals.

The following symbols have been used in the tables:

Three dots (...) indicate that data are not available or are not separately reported.

A dash (--) indicates that the amount is nil or negligible.

A hyphen (-) indicates that the item is not applicable.

A minus sign (-) before a number indicates a deficit or decrease, except as indicated.

Details and percentages in tables do not necessarily add to totals because of rounding.

INTRODUCTION

The realization that population is a vital component of the development process has led an increasing number of countries to formulate and implement policies to influence either directly or indirectly the demographic character of their population. To meet the growing demand for information on national population policies, this publication presents in a systematic and comparable manner, for developed and developing countries, an overview of the Governments' perceptions and policies in relation to such factors as population growth and age structure, mortality and morbidity, fertility and the family, international migration, urbanization and spatial distribution and the status of women.

In order to place Government perceptions and policies within the proper context, the relevant demographic indicators are also provided. The definitions of the various indicators may be found in annex I. In addition, the institutional arrangements for the formulation and implementation of such policies are also described.

The major sources of information for this report were the Population Policy Data Bank maintained by the Population Division of the Department of International Economic and Social Affairs, Population Policy Compendium (now discontinued) and the five United Nations inquiries on population policy. The Population Policy Data Bank contains, among other things, government documents and publications, such as development plans and position papers, speeches and publications of other international organizations. The status of the responses to the five inquiries are contained in annex II.

AFGHANISTAN

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 16 519 37 917 0-14 years (%) 41.8 29.0 60+ years (%) 4.6 7.4 Rate of: 1980-85 2020-25 growth 0.6 1.1 natural increase 21.6 10.8	The Government views population growth as unsatisfactory because it is too high.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 37.0 55.1 Crude death rate 27.3 11.6 Infant mortality 193.8 111.6	Current levels and trends are considered unacceptable. Concern is expressed over maternal and child health and mortality, diarrhoea, intestinal infections, respiratory diseases including tuberculosis, measles and malnutrition.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.9 2.7 Crude birth rate 48.9 22.4 Contraceptive prevalence rate 2.0 (1972/3) Female mean age at first marriage 17.8 (1979)	Current levels of fertility are perceived as being too high. Family planning is seen as an essential aspect of maternal, child and family health and welfare.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -16.0 0.0 Foreign born population (%)	Levels and trends of immigration are considered not significant and satisfactory. Emigration is unsatisfactory because it is viewed as too high.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 18.5 48.6 Growth rate: 1980-85 2020-25 urban 3.9 2.8 rural -0.1 -0.4	The Government views the spatial distribution of the population as being partially appropriate. Concern is expressed for rural to urban migration and the settlement of the nomadic population.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: Although the rate of population growth is considered high, the Government does not view it as a major problem because of the low overall population density (about 20 persons per square kilometre). The high index of agricultural land density (about 1,630 persons per square kilometre) is considered a serious problem. Government intervention is mainly directed towards reducing mortality and morbidity and modifying spatial distribution.

Importance of population policy in achieving development objectives: Although there is no explicit population policy, the Government is aware of the importance of population as a factor in development. Indications of this awareness include policies for the settlement or resettlement of certain segments of the population and rural development strategies. The Government has stated that as reliable data from censuses and surveys become available, a comprehensive and concrete policy will be formulated.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Major population surveys include: the country-wide survey in 1964, which covered a relatively small number of villages, a large-scale survey of the settled population in 1972 and 1973 and a survey of the nomadic population in 1974. The first census was conducted in mid-1979 and results were published in 1981. Until the early 1970s, vital registration by the Civil Registration System of the Ministry of the Interior emphasized registering males. Registration of births and deaths is still considered incomplete. Formal development planning has existed since the 1950s. The Ministry of Planning was responsible for the preparation of plans and, along with the Ministry of Finance, for their implementation. With the change of Government in 1973, a system of seven-year economic and social development plans was initiated; however, after the change of Government in 1978, a series of five-year plans were developed. In 1980, the Ministry of Planning became the State Planning Committee. By 1983, development planning was reported to proceed by annual plans within the framework of longer-term plans. It was reported in 1985 that a new five-year development plan for the period 1986-1990 was being prepared.

Integration of population within development planning: No single government agency is responsible for development planning. The Planning and Co-ordination Department determines socio-economic and demographic indicators and priorities to co-ordinate with national plans. The Central Statistics Office, established in 1973, prepares population projections and censuses. The Surveys Department within this office is responsible for demographic surveys used in planning.

AFGHANISTAN

POLICIES AND MEASURES

Changes in population size and age structure: No explicit policy with regard to population growth has been stated, although some government policies have an indirect effect on population growth. These include efforts to reduce infant, child and maternal morbidity and to settle the nomadic population. Policies in the areas of education, training, the status of women, rural development and industrialization are also expected to affect population growth. The population is considered young; in 1979, 46 per cent of the settled population was under the age of 15. No quantitative demographic targets have been set. A pension scheme exists for public employees only.

Mortality and morbidity: There is an official policy to rapidly reduce mortality and morbidity levels. The objectives are to control the spread of diseases and to lower infant, child and maternal mortality. No quantitative mortality targets have been established. High priority is given to immunization, nutrition education and health education in general. Measures have been taken to provide free medical aid and to strengthen preventive and curative medicine. Projects include establishing safe drinking water supplies, building hospitals and health clinics and emphasizing medical training. In 1980, the Department of Mother and Child was established to give priority to the health of mothers and children.

Fertility and the family: Despite high fertility rates, the Government has not indicated an official policy of intervention directed towards modifying fertility levels. However, stated policy objectives such as lowering child mortality are expected to have an effect on fertility levels. There are also plans to raise the material standards of the family and to provide families with adequate housing. Family planning programmes and measures for the improvement of the status of women have been initiated. Direct government support is given to access to information on and methods of family planning. Abortion has been illegal since 1976 except to save the life of the mother. Sterilization is also illegal. No quantitative targets have been set for fertility or family planning.

International migration: No official policies regarding immigration and emigration are known.

Spatial distribution/urbanization: The Government has not indicated an official policy regarding population distribution. However, there are stated goals to settle the nomad population and to expand the road network, communication system and electrification. Most projects are in urban areas, but there are plans to extend them to rural regions. Measures to control rural to urban migration include rural development strategies, planned infrastructure development, human resource investments and job training.

Status of women and population: Improving the status of women is discussed as a priority in two spheres - health and employment. Family planning programmes are designed to protect women's health. The Government plans to increase female employment which, as of 1979, excluding the nomadic populations, stood at 7.4 per cent of the females in the working ages. The minimum legal age at marriage for women is 16 years.

Other issues: The Government acknowledges the need to strengthen data collection, analyses and utilization. In keeping with this, Afghanistan is eager to participate in the 1990 round of population censuses and seeks material and technical assistance from international agencies towards this end. Population policy, presently integrated with socio-economic and cultural development policies, is aimed at eradicating the vestiges of feudal and prefeudal society, such as underdevelopment, unemployment, illiteracy, poverty and disease.

MAP NO. 3400 UNITED NATIONS
NOVEMBER 1986

ALBANIA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 3 050 5 772 0-14 years (%) 35.4 25.0 60+ years (%) 7.0 14.6 Rate of: 1980-85 2020-25 growth 2.2 1.2 natural increase 22.0 11.8	The high rates of population growth are considered satisfactory because of the need for additional labour to support the rapid expansion of the economy and social services, as well as for the defence of the country.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 70.9 76.8 Crude death rate 5.7 6.3 Infant mortality 44.8 20.1	The Government considers the average life expectancy at birth as unacceptable. It has also voiced serious concern over infant mortality levels, although satisfaction is expressed over the improvements in the rates since pre-war times.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 3.6 2.5 Crude birth rate 27.8 18.1 Contraceptive prevalence rate ... ... Female mean age at first marriage	The fertility level is considered satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%)	Both immigration and emigration are considered satisfactory and not demographically significant.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 34.0 58.3 Growth rate: 1980-85 2020-25 urban 2.6 2.4 rural 2.0 -0.4	Overall, the spatial distribution of the population is perceived as partially appropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government actively intervenes in all areas of demography. Higher population growth and fertility rates are advocated through specific policies, internal migration is discouraged and international migration is prohibited. Population problems are seen as State concerns and subject to Government regulation. Aberrations from the path of high growth are seen as a threat to national security and counter-productive for the self-reliant, industrialized agricultural state.

Importance of population policy in achieving development objectives: The Government indicates that knowledge of population issues is of the utmost necessity for economic planning and total self-reliance. Studying the population, including changes in age structure, family composition and internal migration, is necessary for planning the supply of goods, housing and the economy as a whole. The policy adapts the economic and social substructure to population changes. Higher rates of population growth are viewed as a means of achieving development objectives.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The latest published census was taken in 1960, but fragmentary data are available from a census taken in January 1979 and other publications. A new statistical handbook entitled 40 Years of Socialist Albania was published in 1985. The National Conference on Problems of the Development of the Economy has prepared seven five-year development plans to date. The most recent one, for 1981-1985, was prepared by the Institute of Marxist-Leninist Studies of the Central Committee of the Party of Labour, the State Planning Commission, the Institute of Economic Studies and the Faculty of Economics at the University of Tirana. A new development plan for the period 1986-1990 is under preparation.

Integration of population within development planning: The National Planning Agency obtains demographic information directly from data collection institutions and from university and non-university research institutes. It is responsible for assessing demographic factors and formulating related policy. There is no specific separate institution responsible for decision-making regarding the formulation of population policy.

POLICIES AND MEASURES

Changes in population size and age structure: The Government has a policy of intervention to maintain rates. This is done mainly by improving the health and welfare of the population and by supporting high levels of fertility. A

series of measures taken in 1981 were aimed at increasing the birth rate and decreasing infant mortality. The Government is satisfied with the young age structure; population aging is not viewed as significant in Albania.

Mortality and morbidity: Policies generally pertain to the provision of basic health infrastructure. Attention is given to the rapid diffusion of curative and preventive services to all areas and especially to the least accessible regions. The Government expresses satisfaction with the ratio of one doctor per 573 inhabitants. Health education, especially for mothers, and environmental health are issues that have also been addressed. Special attention is afforded children under the age of one. Improved health conditions, especially for infants, are seen as long-term contributions to the improvement of labour productivity and to an increase in the rate of growth of the population.

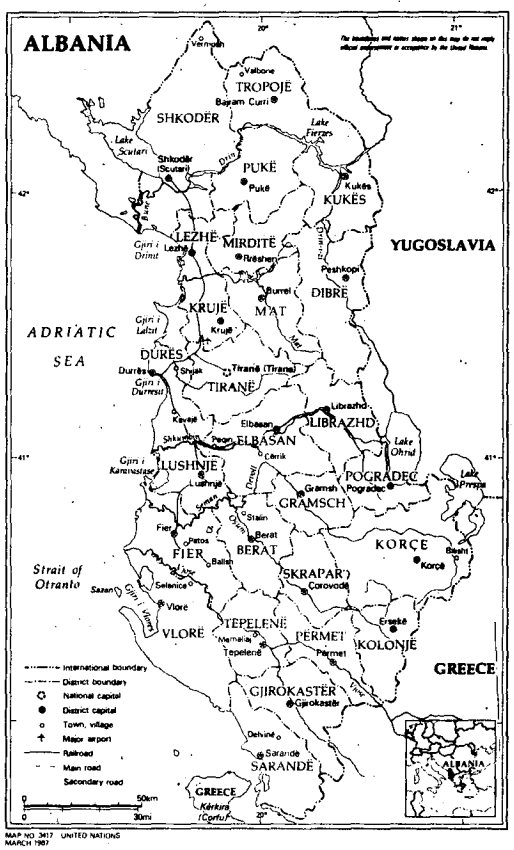
Fertility and the family: The Government has implemented measures to maintain the rate of fertility. Measures taken in 1981 in favour of mother and child, including the extension of maternity leave, are seen as contributing to the recent increase in birth rates. Along with expanding such measures, the Government is seeking to improve housing conditions and to expand immunization and health services. Special attention is given to the creation of new and expanded services for the old, and for crèches and kindergartens, especially in the countryside. Special incentives, such as the "Mother Heroine" honour awarded to mothers of ten children, support the bearing of numerous children and the rearing of large families. The sale of oral contraceptives is prohibited by law. Condoms are said to be available in pharmacies. Abortion is illegal and punishable under the criminal code by imprisonment. Information on the status of voluntary sterilization is not available, although it is referred to as a "social danger".

International migration: The Government is satisfied with the current situation and has declared that no policy exists on international migration.

Spatial distribution/urbanization: Policies concerning internal migration are designed to decelerate the trend. Migration from the rural to urban areas is to be limited through such rural development strategies as public infrastructure subsidies and development, direct restrictions and controls on industrial location, direct state investment and transport rate (and other interregional cost) adjustments. The movement of the labour force from the rural to the urban sector is controlled so as to be in proportion with growing industries, the intensification of agriculture and the specific conditions of the country. Currently, the industrial sector in rural areas is being developed. These industries are geared towards the improved use of the country's raw materials and natural resources. Of special concern is the development of a mining and forestry industry in the less developed mountain regions. Another rural development strategy is the modernization of technology used in agriculture.

Status of women and population: The Government expresses parallel goals of increasing the participation of women in the modern sector of the labour force and maintaining high levels of individual fertility. Women comprise 46.5 per cent of the work force. Information on the minimum age at marriage for women is not readily available.

Other issues: There is continued concern over the regional differences in standards of living which are recognized to exist between urban and rural areas and between the lowland (more developed) and mountain (less developed) regions. The Seventh Five-Year Plan for 1981-1985 specifies problems related to the departure of young women from mountainous zones to towns. These problems include the disproportionate sex ratio in the population 15-49 years of age, the reduction in the number of marriages and the decrease in rates of population growth of these regions.



ALGERIA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 21 718 50 611 0-14 years (%) 45.4 25.6 60+ years (%) 5.3 9.0 Rate of: 1980-85 2020-25 growth 3.0 1.4 natural increase 32.0 14.1	Population size and growth are considered unsatisfactory because they are too high. The Government considers the present growth rate as impeding socio-economic development. Concern is expressed over the imbalance between demographic and economic growth and difficulties in raising the standard of living under current growth rates.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 60.1 73.4 Crude death rate 10.7 5.0 Infant mortality 88.0 21.5	Levels and trends are considered unacceptable. The Government is concerned over high infant mortality rates, low life expectancy at birth, care for the aged and the development of primary health care centres.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.7 2.3 Crude birth rate 42.7 19.1 Contraceptive prevalence rate 7.0 (1977) Female mean age at first marriage 21.0 (1977)	Levels and trends are considered unsatisfactory because they are too high in relation to population growth. Particular concern is expressed over mother and child health and family well-being.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -1.7 0.0 Foreign born population (%)	Immigration and emigration rates are considered satisfactory and not significant. Concern has been expressed over refugees from other African countries.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 42.6 67.3 Growth rate: 1980-85 2020-25 urban 3.7 2.3 rural 2.5 -0.3	The Government considers the present pattern of population distribution inappropriate and desires major modifications between regions. Growth in metropolitan areas is considered unsatisfactory, while growth in other urban areas is satisfactory.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government maintains a policy of direct intervention to modify demographic variables in conjunction with socio-economic restructuring. The policy is to reduce demographic growth mainly by modifying fertility. Population policy also includes measures to improve health conditions and spatial distribution.

Importance of population policy in achieving development objectives: The Government considers population policy essential in achieving development goals and emphasizes the need to integrate population into development planning. Population growth is not the only obstacle to development, but it is a basic, determining factor. It is feared that, if left unchecked, population growth could jeopardize development achievements.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The first census was conducted in 1843 and was followed by regular censuses every five years simultaneously with metropolitan France. Since 1936 four censuses have been conducted - in 1954, 1966, 1977 and 1987. Numerous demographic surveys have been conducted since the 1960s to obtain more information on fertility, mortality, international migration and socio-economic indicators. A civil registration system was created in 1831 and was principally concerned with populations of large towns. Although the system was reorganized in 1970 to include more detailed demographic information, civil registration is still considered incomplete, especially in isolated rural areas. Development planning began shortly after independence in 1967. The process began with three- and then four-year plans; in 1980 the first five-year plan was initiated. The fifth and most recent plan for 1985-1989 gives high priority to the agricultural sector and self-sufficiency in food resources.

Integration of population within development planning: The Government considers it essential to develop an institutional framework to handle population development issues. The Secrétariat d'état aux affaires sociales has been solely responsible for formulating and co-ordinating population policies since 1982. Since 1970, the Ministère de la planification et de l'aménagement du territoire has accounted for demographic variables in the planning process. In 1980, the Direction générale de la planification et des ressources humaines was created within the Ministry to more specifically address demographic variables in planning. The Direction des statistiques et de la compabilité nationale, also within the Ministère de la planification et de l'aménagement du territoire, centralizes all demographic statistics. L'Office national des statistiques does sample surveys, censuses and demographic research. The Institut nationale d'études et d'analyse pour la planification is also responsible for demographic research and special surveys.

ALGERIA

POLICIES AND MEASURES

Changes in population size and age structure: The official policy is to reduce natural increase, population size and the growth rate by lowering fertility, modifying spatial distribution and adjusting social and economic factors. No quantitative targets for growth have been established. There are plans to create massive employment opportunities and raise educational levels. With regard to social security, new legislation enacted in 1984 grants retirement benefits and pensions only within Algeria to men and women with 15 years certified employment or the equivalent. Women may receive benefits before the normal retirement age of 55 if they have not had more than three children.

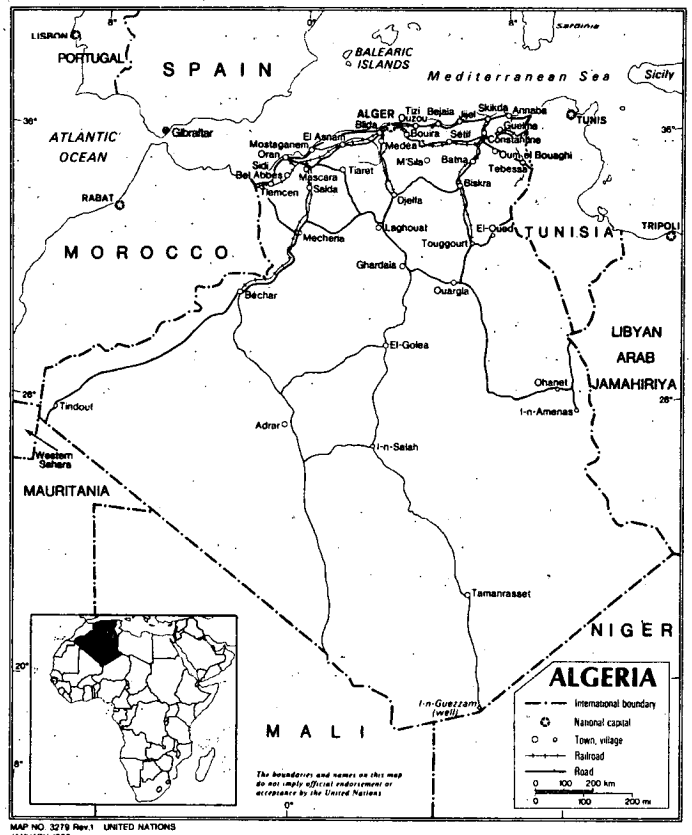
Mortality and morbidity: The policy is to reduce general and infant mortality in all regions. The improvement of maternal/child health care and social and environmental development are important goals. The 1986 National Charter states that the protection of mother and child must be assured in health policy as it will ultimately improve the standard of living. Programmes in health education, preventive medicine and hygiene have been instituted. The Government also plans to establish a system of free medical care and extend social security benefits to disabled workers. No quantitative targets for mortality improvement have been established.

Fertility and the family: The policy is to reduce fertility as a means of decreasing natural increase and to improve family well-being. Measures include expanding the family planning programme and improving the status of women. Family planning is considered to be the choice of the individual and mainly consists of promoting birth spacing and health education. The recommended time between each birth is 33 months. Maternal/child health facilities have been expanded and their number increased as part of the larger scheme to control population growth and stabilize the family. The Government emphasizes that family planning is not restricted to birth-spacing but includes the promotion of better health. Family allowances are limited to those with a maximum of four children. The Government provides direct support for information about, and access to, modern methods of contraception. Birth-spacing centres provide free contraception. A 1985 law on health protection and promotion ensures the right to abortion only for therapeutic measures when the life of the mother is endangered. Sterilization is allowed only for medical reasons. No quantitative fertility targets have been established.

International migration: There is no policy to modify current levels of immigration; however, the Government has recently requested assistance from the United Nations in dealing with famine refugees from neighbouring countries. Although there are no official policy statements concerning emigration, the Government has encouraged Algerians working abroad to return. Algeria has been a major exporter of labour. In 1973 an agreement was signed with France to limit further emigration and to facilitate repatriation. Temporary workers are now sent to Southern Europe and Western Asia. Concern has been expressed over a new law passed by the French National Assembly on 19 July 1986 which further limits conditions of French immigration. No quantitative targets relating to international migration have been established.

Spatial distribution/urbanization: The policy is to adjust spatial distribution by agriculture and rural development strategies, the relocation of production enterprises, and the development of secondary urban areas. Measures include decentralizing economic activity, promoting small and intermediate towns and regrouping rural villages into 1,000 co-operatives. A policy of regional equalization aims to develop lagging regions, such as the east and the south. Measures to adjust spatial distribution include programmes to develop road systems and air and rail links, controls on industrial location, vitalization of agriculture, land colonization schemes, public infrastructure subsidies, job training and residential controls. Targets include increasing land under irrigation to 420,000 hectares by 1989.

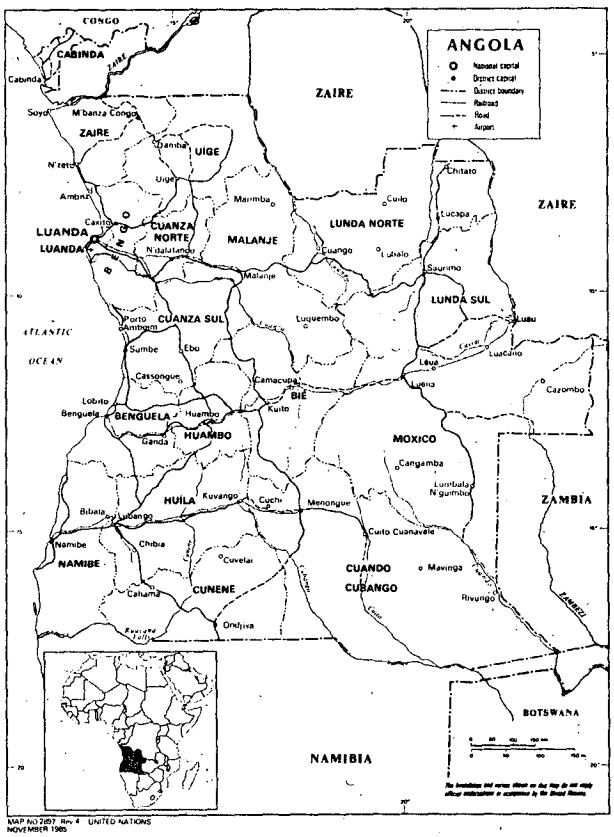
Status of women and population: The Government is committed to improving the status of women, particularly by lowering fertility. The Family Code of June 1984 specifies that the family is the essential cell of society, that the marriage contract is not a commerical contract and that women are not a commodity. No woman can be married without her expressed consent. Polygamy is allowed under certain circumstances, such as sterility or incurable maladies, and only if the husband can support the women equally. Divorce is available to both sexes and must be pronounced by a judge. Divorced women are entitled to a pension and child support. The legal age at marriage for women was increased from 14 to 16 years in 1980 to reduce fertility.



ANGOLA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 8 754 24 482 0-14 years (%) 44.6 37.6 60+ years (%) 5.0 5.4 Rate of: 1980-85 2020-25 growth 2.5 1.9 natural increase 25.0 19.3	The Government perceives its growth rate to be satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 42.0 58.0 Crude death rate 22.2 10.0 Infant mortality 148.5 72.9	The conditions of health and mortality are perceived as unacceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.4 3.6 Crude birth rate 47.3 29.3 Contraceptive prevalence rate 1.0 (1977) Female mean age at first marriage 17.9 (1960)	The fertility level is perceived as satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%)	Levels of immigration are perceived as insignificant and satisfactory, while emigration is significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 24.5 55.6 Growth rate: 1980-85 2020-25 urban 5.6 3.3 rural 1.6 0.3	The high rate of rural to urban migration is perceived as inappropriate.

Other issues: The country is rich in natural resources. Angola's economic difficulties are seen as short- or medium-term. Improved security conditions are viewed as prerequisites for implementing development plans and achieving high standards of living.



ANTIGUA AND BARBUDA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 80 125 0-14 years (%) ... ... 60+ years (%) ... ... Rate of: 1980-85 2020-25 growth 1.3 0.7 natural increase	Population growth is considered unsatisfactory because it is too high. Concern is expressed over the aging of the population structure.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy ... ... Crude death rate 5.0 ... Infant mortality	Levels and trends are considered unacceptable. Major causes of morbidity and mortality include gastroenteritis, hypertension and diabetes.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate ... ... Crude birth rate 15.0 ... Contraceptive prevalence rate ... ... Female mean age at first marriage	Current rates are considered unsatisfactory because they are too high.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate ... ... Foreign born population (%) 10.6 (1970)	Immigration and emigration rates are considered satisfactory and not significant.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) ... ... Growth rate: 1980-85 2020-25 urban ... ... rural	Spatial distribution is considered partially appropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government of Antigua and Barbuda, which became a sovereign state in 1981, has emphatically stated that it cannot be complacent about its population problems. Resources must be developed, at least on a par with population growth, to maintain the existing standard of living. Government efforts centre around controlling population growth.

Importance of population policy in achieving development objectives: The Government believes that any development programme must consider population. Special attention must be given to the size, growth and quality of population as it relates to and affects development.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The first population census was conducted in 1844. Between 1851 and 1921 censuses were conducted every ten years. The three most recent censuses were in 1946, 1960 and 1970. One was planned for 1980 but was not completed. The Government believes that censuses are essential, especially for data on health services and family planning, and in addition, that a census in Antigua and Barbuda is overdue. Vital registration is considered complete. A five-year plan was established in 1979 to cover the years 1980 to 1984; however, the level of implementation is uncertain.

Integration of population within development planning: In 1983 a population task force was formed with international assistance. Its responsibilities were to examine population trends as they relate to development and to formulate a population policy. The Government feels the need for, and appreciates, continued external assistance in population matters.

POLICIES AND MEASURES

Changes in population size and age structure: Government policy is to control population size and plan for a better life taking into consideration its aging population structure. Direct governmental intervention is reported. Programmes affecting population size mainly aim to improve the health quality of the population and provide family planning services. No quantitative growth targets have been set. Concerning social security, a pension scheme covers employed workers, but excludes family and casual workers earning below a fixed weekly amount.

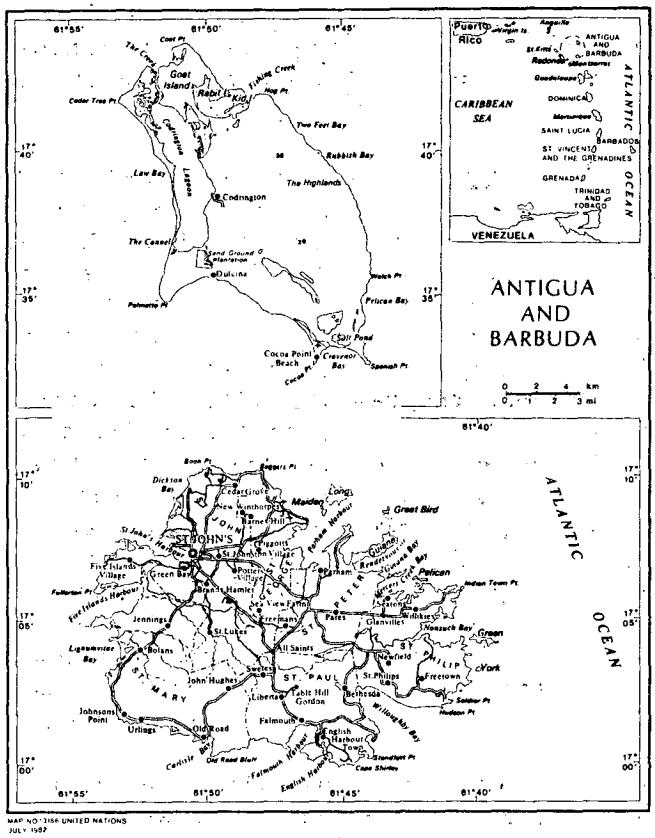
Mortality and morbidity: A draft policy focuses on the promotion of primary health care with special attention given to mothers, children, adolescents, the elderly, mentally ill, disabled and workers. Family planning is integrated into the mother and child health care facilities. A food and nutrition policy based upon the findings of a 1982 survey is awaiting formal adoption. Several government agencies and programmes have recently addressed the health situation. The Health Education Department co-ordinates committees to increase the involvement of the people in certifying health problems and generating solutions. The Ministry of Health is involved in training programmes for nurses and midwives. A new social security system provides for full medical benefits for those who suffer from hypertension, diabetes, cancer and glaucoma. National workshops are also planned to determine steps which can be taken to improve the health information system. A major cause of morbidity and mortality among children has been gastroenteritis, and as a response, the Government is promoting breastfeeding and the improvement of standards of hygiene. An immunization programme has been established to combat diptheria, tetanus, whooping cough, poliomyelitis, measles and tuberculosis. Nutrition surveillance and diarrhoeal disease control programmes also have been instituted. No quantitative targets for mortality levels have been set.

Fertility and the family: Official policy is to reduce the fertility rate and strengthen mother and child health care and family planning. The new social security system provides for maternity benefits. The maternal/child health programme emphasizes improved services for mothers and children and for ante-natal and post-natal clinics. Programmes have been established to provide day-care facilities for young children and to strengthen health and family-life education. Family planning began in the 1970s as a limited and selected programme. Recent programmes, with the assistance of the United Nations Fund for Population Activities, have been directed towards problems of teenage pregnancy (25 per cent of the births in 1984 were to teenagers). There have been mass media campaigns to reduce teenage pregnancies. Access to modern methods of contraception is permitted and direct governmental support is provided. Information on the legal status of abortion and sterilization is not readily available. No quantitative fertility targets have been set.

International migration: Although Antigua and Barbuda has become home to immigrants from neighbouring islands, no official immigration policy is reported. Emigration does not appear to be an active policy concern.

Spatial distribution/urbanization: Despite the lack of official policy statements, it appears that the Government fosters the improvement of the pattern of spatial distribution. About half of the island of Antigua is inhabitable; the Government has programmes to improve infrastructure, such as the telephone network, irrigation and educational facilities. The major employment sectors are agriculture and tourism. The Government aims to maximize its available resources to improve the quality of life.

Status of women and population: As part of the Government's desire to improve the quality of life, special programmes to improve the status of women have been established. The Government feels that there is tremendous potential in the country's female population. A Women's Bureau was established to create awareness of the importance of women. Women are accorded equal rights with men and encouraged to join the workforce. Information on the minimum legal age at marriage for women is not readily available.



MAP NO. 3158 UNITED NATIONS
JULY 1987

ARGENTINA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 30 564 47 421 0-14 years (%) 31.0 23.9 60+ years (%) 12.5 15.1 Rate of: 1980-85 2020-25 growth 1.6 0.8 natural increase 15.8 8.0	The Government considers the current population size and growth rate to be satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 69.7 74.0 Crude death rate 8.7 8.6 Infant mortality 36.0 17.7	While mortality levels are considered to be acceptable, the Government is very concerned with the stagnating of general mortality levels, particularly infant mortality, as well as regional differentials in life expectancy.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 3.4 2.2 Crude birth rate 24.6 16.6 Contraceptive prevalence rate ... ... Female mean age at first marriage 22.9 (1980)	The Government considers levels and trends of fertility to be satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 6.8 (1980)	The Government considers the insignificant levels of immigration to be satisfactory. Current levels of emigration of native borns are considered unsatisfactory and too high.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 84.6 92.7 Growth rate: 1980-85 2020-25 urban 2.0 0.9 rural -0.7 -0.9	The Government considers the distribution of population to be inappropriate, as the concentration of population in the major metropolitan area is excessive, while the southern region (Patagonia) is considered to be sparsely populated. Growth in other urban areas is seen as satisfactory.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: Argentina considers the base for an effective solution to population problems to be social and economic development. While there no longer is direct government intervention to influence either the rate of population growth or fertility, there are measures to improve the quality of life, for example health, education and economic measures. An equally important objective is to bring about a more balanced distribution of population between territories, mainly by improving economic and social conditions in certain provinces, thereby enabling them to retain population. In addition, Argentina has adopted policies to deal with the large influx of undocumented workers from neighbouring countries.

Importance of population policy in achieving development objectives: The Government is fully aware that demographic phenomena do not play a passive role in the development process and therefore warrant special attention. It is also aware that population changes are a part of social change and cannot be planned in isolation, but rather must be an integral part of social and economic planning. Population problems were initially assigned importance in the Plan Trienal para la Reconstrucción y la Liberación Nacional (1974-1977) which contained the country's first comprehensive population policy. Since the change of government in 1983, Argentina's population policy is being reformulated.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Argentina has an advanced system of data collection. It has had seven censuses since 1869 (the most recent was conducted in 1980). In addition, it has a reasonably complete civil registration and a well-developed planning system. The National Institute of Statistics and Censuses (INDEC) is the government body charged with preparing population projections for development programmes, and since 1983 has been part of the Secretary of Planning of the Office of the President. In 1985 the Government published "Outlines of a Strategy of Economic Growth, 1985-1989".

Integration of population within development planning: A National Commission for Demographic Policy (Comisión Nacional de Política Demográfica), a political body whose task was to supervise and co-ordinate the population activities of various government bodies, was established in 1974. It ceased operations shortly after the 1974 World Population Conference, was reactivated two years later, but then was subsequently disbanded.

POLICIES AND MEASURES

Changes in population size and age structure: The Government has recently changed its population policy, and no longer reports any explicit policy to modify rates of population growth. Fundamental to Argentina's population

policy is the respect for individual liberty and the basic human right of families to freely decide the number of children they want to have. The Government is also striving to increase opportunities for the participation of the elderly in all facets of social life. Under the social security system, employed and self-employed persons, as well as non-working individuals under age 55 who affiliate themselves voluntarily, are included in the pension scheme.

Mortality and morbidity: Health is considered a basic social right. Argentina pursues a primary health care strategy and considers the continued reduction of infant mortality to be an important national goal. To achieve this goal, maternal/child health activities, including prenatal care, are provided. A national programme to decrease mortality from diarrhoeal diseases combines preventive measures with treatment of dehydration and malnutrition; food supplementation programmes are carried out under the national maternal and child health programme. An emergency programme to provide food supplements to about 800,000 families is also being implemented. To meet the challenge of environmental problems, the Government has established specific legal standards, with special attention given to air pollution control. Improved work conditions, worker safety programmes and strengthening of occupational health legislation are measures taken to alleviate work-related problems. Targets are to halve the population without access to sewerage by 1990, to decrease deaths due to diarrhoea by 25 per cent and to eliminate preventable diseases by immunizing the entire population at risk.

Fertility and the family: The Government has not indicated any direct intervention to modify the fertility rate. Policies to better the health of mothers and children and to promote family well-being have been implemented. Access to effective methods of contraception is permitted, but the Government does not offer any direct support. The present Government is seeking to abolish two pro-natalist decrees of 1974 and 1977 which had required prescriptions for the purchase of contraceptives. Sterilization is not permitted. Abortion is legal on broad medical grounds. The Government provides subsidies for marriage, birth and adoption and monthly allowances for children.

International migration: Historically, Argentina has had an open immigration policy, promoting immigration from Western Europe, although it has recently received only a small number of immigrants from these countries. Specific decrees are designed to protect migrant rights. Decree No. 87 (1974) granted permanent residence to aliens and prevented their abuse by employers. In 1981, a framework was established to promote immigration and to regulate the entrance of foreigners. Recent South-East Asian refugees were permitted to extend their visas and to apply for permanent residence. Because of unemployment, however, the traditional open-door immigration policy was suspended in 1986, albeit reluctantly, in order to provide the country with time to recover from its economic crisis. A policy exists to decrease future levels of emigration. To promote return migration, Argentina created in 1984 a National Commission for the Return of Argentines Residing Abroad.

Spatial distribution/urbanization: Argentina seeks to promote major redistribution between regions. Policies have been adopted to decrease migration to the major metropolitan area, Buenos Aires; to increase migration

to other urban and rural areas and to decrease rural out-migration, particularly from the north, central and littoral regions. Although Buenos Aires occupies only 0.1 per cent of the national territory, it contains 35 per cent of the population. This is believed to constrain economic growth, as resources and commercial activities are concentrated in the Buenos Aires metropolitan area. The Government has also emphasized the urgency of the problem from the point of view of national security, given the sparse socio-economic development in frontier zones. Strategies to promote the development of lagging regions include developing basic industry, increasing the real purchasing power of individuals and providing adequate housing in under-developed regions. To decentralize industry, restrictions have been imposed on industrial location. Recently, proposals have been made to move the capital from Buenos Aires to Patagonia, a region located in the south.

Status of women and population: In 1980 the Government created an Inter-ministerial Working Group on Women which has a permanent secretariat in the Department of International Organizations of the Ministry of Foreign Affairs and Worship and works in close co-ordination with various other ministries. The Secretariat for Health and the Secretariat for Human Development and the Family have recently created two programmes in relation to women's issues: the Women, Health and Development Programme and the Programme for Promotion of Women and the Family. The minimum legal age at marriage for women is 14 years.

AUSTRALIA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 15 698 22 575 0-14 years (%) 23.6 18.9 60+ years (%) 14.5 21.9 Rate of: 1980-85 2020-25 growth 1.3 0.6 natural increase 8.3 2.8	The Government considers the current rate of overall growth to be satisfactory. Australia views population growth as an important component of national development.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 75.0 77.9 Crude death rate 7.6 9.6 Infant mortality 10.0 5.4	The Government considers current trends and levels to be acceptable. Of special concern are differential mortality rates partly due to behavioural patterns, such as tobacco smoking, alcohol consumption and traffic accidents.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 2.0 1.9 Crude birth rate 15.9 12.5 Contraceptive prevalence rate ... ... Female mean age at first marriage 23.5 (1981)	The present trend is viewed as being satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 4.9 3.4 Foreign born population (%) 20.6 (1981)	Immigration is considered significant and satisfactory. The capacity of communities to absorb large numbers of immigrants is a concern. Emigration is not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 85.5 89.5 Growth rate: 1980-85 2020-25 urban 1.2 0.8 rural 1.7 -1.0	The Government believes that the current distribution of population is inappropriate. It is concerned with the ability to deal with the past neglect of established human settlements, the pressures for structural change, emerging demographic pressures and anticipated resource constraints.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: Australia's population policies have focused on international migration, and to a lesser extent, internal migration. The right of people to freely decide the number and spacing of their children is paramount. Policies dealing with abortion and contraception are seen as moves towards facilitating this choice. Programmes influencing mortality are part of wider social policies. The integrated approach to dealing with population problems acknowledges the relationship between demographic factors and development.

Importance of population policy in achieving development objectives: The Government maintains that policies associated with the basic conditions of life are not designed to affect demographic processes, but to maintain the well-being and dignity of every resident. Australia has endorsed an integrated approach to population problems and believes that population programmes are more effective when combined with developmental strategies.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The Bureau of Statistics, established in 1905, is the agency responsible for collecting and analysing population data. In collaboration with the Population Branch, the Department of Immigration and Ethnic Affairs and other government agencies, population projections are prepared every two or three years. A National Population Inquiry was established in 1971 to examine demographic trends and their implications for policy. Censuses are conducted every five years with the most recent taken in 1986.

Integration of population within development planning: The Population Branch of the Department of Immigration and Ethnic Affairs is responsible for formulating and co-ordinating population policies. It undertakes research, prepares population forecasts, identifies implications of future population trends and provides policy advice. It also takes population variables into account for planning purposes and co-ordinates population work among government departments. In 1984 a National Population Council was established to advise the Government on, among other things, the policy implications of population trends, the impact of the global refugee situation and areas of special needs, such as migrant women.

POLICIES AND MEASURES

Changes in population size and age structure: Australia has adopted explicit policies to maintain the rate of population growth. While it does not attempt to influence natural increase through fertility policies, the Government encourages growth through immigration. Social development policies are directed at education, health services and improving the status of women.

Below replacement level rates of fertility and changes in the dependency ratios have been recognized as trends that will have important future consequences. Pressures on public expenditures for certain services, such as pensions and health care are expected to increase significantly.

Mortality and morbidity: A variety of health policies exists at both the national and state levels to maximize the well-being of the population. An extensive system of private and public medical and hospital care exists. The provision of health services is seen primarily as a state function. However, the Government subsidizes some medical, hospital and pharmaceutical services. Special assistance is given to the population identified as being "at risk" because of age, health status, financial circumstances or other conditions requiring special attention. The Government has qualitative rather than quantitative targets to improve levels of maternal, infant and perinatal mortality and to reduce deaths due to road accidents among young people. Special consideration is given to improving the level of aboriginal health to that of the population in general.

Fertility and the family: There is no policy to influence fertility levels, nor are there quantitative targets. Family planning is promised as the right of all people to decide in a free, responsible and informed manner the number and spacing of their children. The Government provides direct support for access to information on all modern methods of contraception and indirectly supports access to the methods themselves. However, Depo-Provera is not approved for use as a contraceptive. The regulation of abortion and sterilization falls within the jurisdiction of individual states and accessibility varies from state to state. Also, in certain states advertising, display and sale of contraceptives are restricted by law.

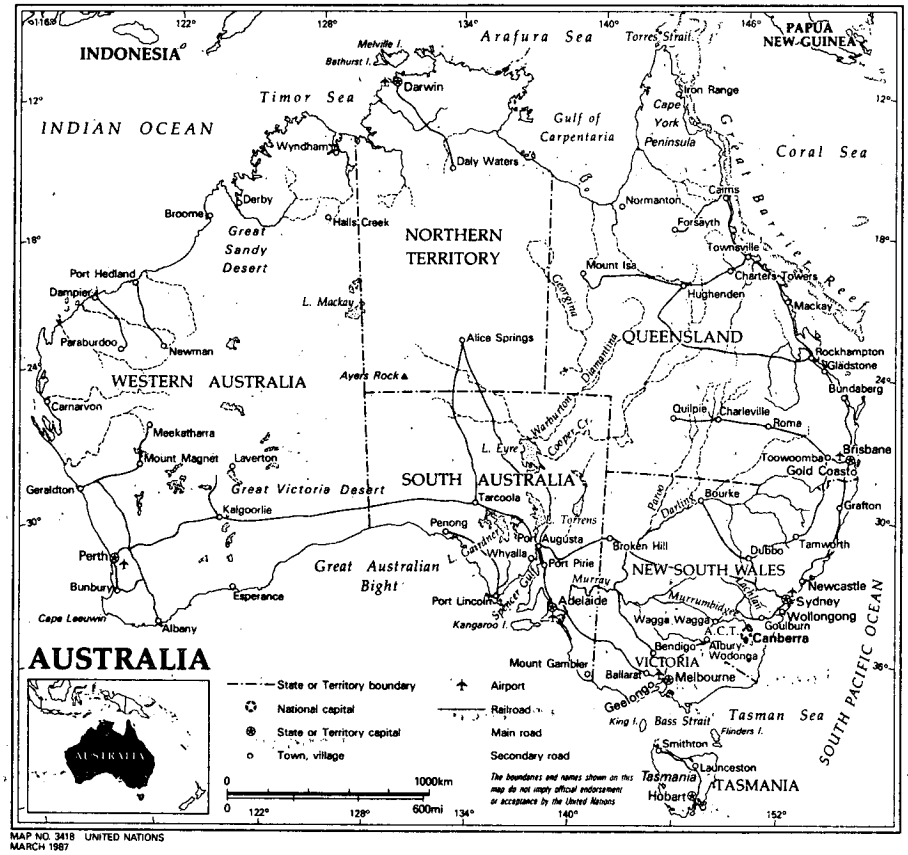
International migration: Policies have become increasingly refined with annual immigration programmes taking short- and long-term economic and social considerations into account. Policy is based on current and prospective demographic analysis and the implications of alternative levels of immigration. The recent fertility decline and an aging of the population have eased pressure to control immigration. Migrant policies seek to take into account the wish to reunite families; the impact of migration on the labour market; humanitarian commitments to refugees; the ability of migrants to settle in Australia; migrants with special skills or qualities of benefit to Australia and the capacity to absorb migrants within a multicultural society. The Government has aimed to reduce the level of migrant workers, hence a ceiling has been established which for 1985/1986 was 76,000. The intake of the refugee and special humanitarian programme has been set at 12,000 for 1986/1987.

Spatial distribution/urbanization: A policy to modify population distribution has been formulated to co-ordinate resource allocation decisions which in turn can promote balanced and sustainable growth in appropriate locations. Policies have been designed to influence the nature and location of fixed capital investments; to ensure acceptable standards in the provision of community amenities, housing and employment opportunities; to promote equality of access to social facilities and services; to conserve socially valued

environments; and to reduce wasteful use of resources. Recognizing the importance of developing its northern regions, a task force was established to co-ordinate such development. Policies to decentralize crowded urban areas include financial incentives for manufacturing and industry outside the metropolitan area, employment incentives and payroll and land tax abatements.

Status of women and population: Australia has ratified the United Nations Convention on the Elimination of All Forms of Discrimination Against Women and in 1984 proclaimed the Commonwealth Sex Discrimination Act. The full integration of women in society on an equal basis with men and the abolishment of discrimination against women are viewed as important goals. Improving the status of women is also an essential component of integrated population policies, as is the right of women to have access to family planning information and services. The minimum legal age of marriage for women is 16 years.

Other issues: In considering aid policies, the Government gives high priority to population issues. It is aware of the population problems facing many countries in the Asian and Pacific regions. The South Pacific, a region of special concern to Australia, is ready to consider proposals for population assistance from countries in this region.



MAP NO. 3418 UNITED NATIONS
MARCH 1987

AUSTRIA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 7 502 7 279 0-14 years (%) 18.6 16.9 60+ years (%) 19.8 27.5 Rate of: 1980-85 2020-25 growth -0.0 -0.2 natural increase -0.1 -2.2	Population growth is considered satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 73.0 77.1 Crude death rate 12.6 13.3 Infant mortality 12.2 5.7	The general health situation is considered satisfactory.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 1.7 2.0 Crude birth rate 12.5 11.1 Contraceptive prevalence rate 71.0 (1981/2) Female mean age at first marriage 23.5 (1981)	Although fertility levels are considered satisfactory, alarm has been expressed over the decline in fertility to below replacement level.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 3.9 (1981)	Immigration is considered significant and satisfactory. Emigration is considered insignificant and the Government views this situation as satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 56.1 69.2 Growth rate: 1980-85 2020-25 urban 0.5 0.3 rural -0.7 -1.3	The Government perception of spatial distribution is that it is partially appropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government's main goal is to lower infant mortality. Population policy concentrates on avoiding, as much as possible, regional disparities through the creation of an adequate general infrastructure.

Importance of population policy in achieving development objectives: The focus of population policy, which is of a social/familial nature, is on the consequences of population trends.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The Austrian Central Statistical Office evaluates the results of the national censuses, the quarterly micro-censuses, the statistics on national population movements and naturalizations; it does not keep continuous migration statistics. Every year the Office prepares population projections. The Institute for Demography of the Austrian Academy of Sciences is primarily engaged in research into the motivations for reproductive behaviour. The Institute also provides documentation for debates on population policies, family and social policies and for legislation and initiatives. Censuses were conducted in 1961, 1971 and 1981.

Integration of population within development planning: There is no government commission dealing with purely demographic or population policy issues. There are a number of permanent bodies, however, whose scope includes questions relevant to demography. Within the Federal Ministry of Finance there is an Advisory Council on Family Policy which is responsible for economic, social, legal and cultural matters concerning families. An Advisory Council on Labour Market Policy in the Ministry of Social Affairs is responsible for employment policy in the wider sense, especially through its sub-committee on female and immigrant employment. The Austrian Regional Policy Conference has been functioning since 1971 within the Federal Chancellery. Its main function is to work out a regional policy strategy. The Austrian Committee on Refugee Aid was set up in 1980 to provide quick and non-bureaucratic assistance to refugees.

POLICIES AND MEASURES

Changes in population size and age structure: The Government does not intervene to influence rates of population growth. The most pressing concern of the Government is the shift in the age structure towards an older population. The Government is closely monitoring the resulting economic and socio-political consequences of this shift on population development. The Government is prepared for a stationary and possibly decreasing population. Among the consequences of population aging has been its adverse effects on the social security scheme, which has encountered serious problems in financing the cost of the growing numbers of retirees.

Mortality and morbidity: The Government has identified infants as a group of special policy concern. It is hoped that infant mortality will reach the lowest level found in European countries. The reduction of perinatal and neonatal mortality are among the policy objectives; maternal/child health services, emphasizing preventive medical examinations for pregnant women and newborn and growing children are provided at centres and mobile units. Programmes for early diagnosis of such diseases as cancer, diabetes and cardio-vascular disorders and health examinations for all adults have been set up. Health education emphasizes the dangers of smoking, inappropriate dietary habits and drug abuse. Drug abuse, including that of nicotine and alcohol, is an area of special concern. Special care for the elderly and patients with chronic diseases and industrial hygiene and occupational health are also important components of health policy.

Fertility and the family: The Government has stated that its policy regarding fertility is one of non-intervention as it is fully committed to the individual's right to family planning, although fertility has fallen below the level necessary to ensure replacement of the population. Family policy and support granted to families for the raising of children is the central focus of social policy. With regard to the well-being of the family, the Government intends to achieve its objectives by providing extensive maternal and child-care programmes, allowing abortions, reducing involuntary sterility and subfecundity, distributing information on population matters and generally raising the educational level of the population. The Government also provides fiscal and monetary incentives, such as maternity leave of 16 weeks at 100 per cent of earnings. In addition, cash benefits to mothers are provided for a period of up to one year after confinement. Single mothers who cannot participate in the labour force because they must care for their children are granted emergency relief payments until the child reaches three years of age.

International migration: Legal changes in international migration policy have not occurred since 1976. Traditionally, entry policy is based largely on labour market considerations with foreign workers being recruited on an annual basis for specified employment. Mainly because of transitory regulations, the number of resident aliens who acquired Austrian nationality reached a record high in 1983. Employers must obtain a work permit to hire a foreigner, and penal sanctions can be applied against those employing foreigners illegally. The question of refugees and asylum-seekers has always been of special policy concern since historically Austria has been a country of first asylum for many refugees. The Government, in co-operation with voluntary organizations, such as the Austrian Association for Refugee Aid, helps in facilitating the integration of refugees. Housing is made available and training centres are set up to assist the refugees in acquiring practical vocational training.

Spatial distribution/urbanization: Regional development policy deals primarily with preventing the adverse side effects of urbanization and improving the structure of the economically weak border areas. To facilitate the geographical mobility of the labour force, assistance is granted to individuals who accept employment in other areas of the country. The federal Government has tended to utilize existing instruments that were first adopted for other purposes (such as the general industrial develoment fund) and to

adjust these instruments to achieve sub-regional objectives. The instruments include public infrastructure subsidies and/or development and grants, loans and tax incentives to new industries and relocatees. In addition, more individual-oriented instruments, such as housing and social services and housing resource investments and job training, have been utilized.

Status of women and population: The Equal Treatment Commission was established in 1979 by the Federal Ministry of Social Affairs for the promotion of equal opportunities and equal treatment of female workers. The Commission helps set statutory standards in collective legislation and policies of equal treatment in the interest of women in general. In November 1979, the Government appointed four additional female State Secretaries, two of which were responsible for issues related to women. Their participation in cabinet meetings permitted them to present issues at the highest levels of Government. In 1982 a special programme of the Labour Market Administration, aimed at attracting more girls to vocations with traditionally low female participation, was put into practice. The Equal Treatment Act prohibits any discrimination between the sexes in pay. Under a reform of the pension insurance scheme, new provisions were adopted on eligibility for pensions benefiting women who had interrupted their careers to raise children. The minimum legal age at marriage for women is 16 years.

MAP NO. 3413 UNITED NATIONS
MARCH 1987

BAHAMAS

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 230 358 0-14 years (%) ... ... 60+ years (%) 6.0 ... Rate of: 1980-85 2020-25 growth 1.8 0.7 natural increase 19.0 ...	The Government views the country's population growth rate as satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy ... ... Crude death rate 5.0 ... Infant mortality 23.0 ...	Conditions of health and levels of mortality are considered acceptable, although the Government's perception of average life expectancy at birth is unacceptable considering the prevailing economic and social conditions.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate ... ... Crude birth rate 24.0 ... Contraceptive prevalence rate ... ... Female mean age at first marriage	The Government perceives the current fertility level to be satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate ... ... Foreign born population (%) 18.4 (1970)	Immigration rates are considered too high and significant. Emigration rates are considered satisfactory and not significant.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 58.0 ... Growth rate: 1980-85 2020-25 urban ... ... rural	Spatial distribution of the population is considered inappropriate primarily because growth in the largest metropolitan area (Nassau) is too high.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: Although the Government has not formulated a policy concerning the rate of population growth, it desires to reduce the level of immigration. Efforts to rectify the inappropriate spatial distribution of the population include social and economic development programmes in rural areas meant to reduce urban migration.

Importance of population policy in achieving development objectives: On balance, the Government perceives immigration as having negative effects on the economic, social and cultural development of the country. The Government's population policy with respect to immigration, both internal and international, is meant to enhance the country's social and economic development.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The archipelago's first census was conducted in 1838. The latest census was compiled in 1980 following passage of a law that a census must be conducted at least every 10 years. Population projections are prepared by the Department of Statistics, established in 1968. Registration of all vital events, including births and deaths, which is required by law and is considered to be complete, is the responsibility of the Department of Statistics of the Office of the Registrar General.

Integration of population within development planning: There is no specific government agency responsible for taking population variables into account with respect to planning, nor an agency responsible for providing information on the interrelationships between population and development. Census data form the backbone of the country's development planning.

POLICIES AND MEASURES

Changes in population size and age structure: The Bahamas has no overall explicit policy with regard to controlling population growth rates. However, it implicitly tries to contain growth rates indirectly through the regulation of specific demographic variables. These include the selective control of immigration and support of family planning programmes to educate the population on methods for the timing of births. Concerning social security, the country maintains a programme that covers all employed persons including the self-employed. Also, in an effort to encourage self-care, the Government has constructed special housing units for the elderly.

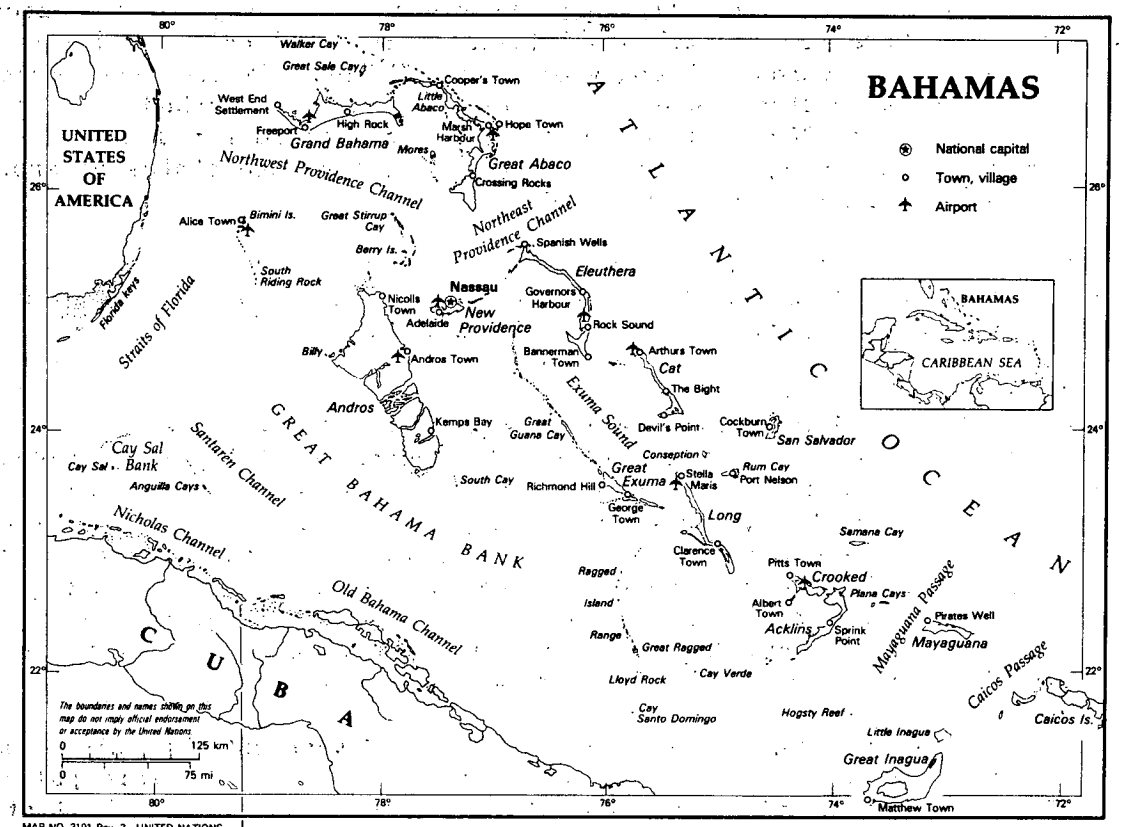
Mortality and morbidity: The country's health policy aims to provide adequate health services and improve the quality of life of Bahamians. The need for consistency in national policies for overall development is stressed. The health orientation is based on three factors: individual rights, equality and community participation. Those receiving special attention are: women and children, workers, the elderly and disabled. Special emphasis is given to maternal/child health services through a network of clinics and health centres. A public corporation national insurance programme is presently being developed. Policies have been geared towards extending health care services to all the islands. When services are absent in remote areas, a flying doctor-dentist service is utilized. In the past, emphasis was on curative services centered in New Providence; more recent policy tries to develop a network of health centres, clinics and dispensaries throughout the islands. These efforts are aimed at reducing morbidity and mortality, especially for infants and children, in remote areas.

Fertility and the family: No explicit policy exists to alter fertility levels. However, the Government does intervene indirectly in the area of contraception. There is no legal prohibition against diffusion of information or access to modern methods of contraception. Since 1974 the Government has also indirectly supported access to information and methods of modern contraception. As of 1982 a maternity benefit was payable for six weeks prior to and six weeks following confinement. Information on the status of abortion and sterilization is not readily available.

International migration: In the past, the Bahamas has been one of the main receiving countries of migrants in the region. The Government believes that migrants take jobs away from native Bahamians, and in an attempt to resolve this problem, it has instituted a policy of selective control of immigration. In addition, the Government is continuing its policy of repatriating illegal immigrants. On 2 September 1985, a treaty was signed between the Governments of the Bahamas and Haiti which stipulates that Haitians illegally resident in the Bahamas who arrived before 31 December 1980 and have no criminal record will receive legal status provided that they were working when the agreement was signed, or they are married to Bahamian citizens, or they own real estate in the Bahamas. Haiti was prepared to accept all Haitians who did not qualify for legal status under the conditions of the treaty. As emigration levels are not considered significant, there is no official policy with respect to it. No quantitative targets have been set for immigration or emigration.

Spatial distribution/urbanization: Although the Government is dissatisfied with the spatial distribution of the country, there is no explicit policy to alter it. The domination of the Capital City, Nassau, on the island of New Providence, is considered inappropriate and a few programmes have been implemented to change the situation, although no comprehensive, explicit policy is in place. Attempts to shift the urban-rural balance include location-specific public infrastructure subsidies; grants, loans and tax incentives to new industries and relocatees; housing and social services and human resource incentives and job training. The main purpose of these measures is to reduce rural to urban migration while stimulating rural development.

Status of women and population: The Government has placed a high priority on programmes related to the improvement in the status of women. Information on the minimum age at marriage for women is not readily available.



MAP NO. 3101 Rev. 2 UNITED NATIONS
OCTOBER 1986

BAHRAIN

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 432 1 075 0-14 years (%) 33.7 25.3 60+ years (%) 3.2 7.8 Rate of: 1980-85 2020-25 growth 4.4 1.4 natural increase 27.7 14.0	The Government perceives the present rate of growth to be satisfactory, although there is some concern over the economic implications of continued high growth rates.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 69.2 76.3 Crude death rate 4.5 3.9 Infant mortality 31.6 10.6	Current levels and trends are perceived as acceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 4.6 2.5 Crude birth rate 32.2 18.0 Contraceptive prevalence rate ... ... Female mean age at first marriage	Current rates are considered satisfactory. Concerns are for providing training and education for manpower development, short birth intervals, unintended pregnancies and poor maternal and child health.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 16.0 0.0 Foreign born population (%) 32.0 (1981)	Immigration rates are perceived to be significant and too high. Emigration levels are viewed as not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 81.7 89.8 Growth rate: 1980-85 2020-25 urban 4.7 1.6 rural 3.1 -0.2	The Government perceives spatial distribution to be appropriate. There is some concern that rapid changes in metropolitan areas might constrain development in the future.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: While Bahrain has no comprehensive population policy, its rapidly changing demographic situation has made many government officials aware of population issues. One main concern is the issue of immigration with respect to the fluctuating labour demand in the region and the need to provide the indigenous population with employment opportunities. Other policies relate to family welfare, spatial distribution and economic and social restructuring.

Importance of population policy in achieving development objectives: Over time, the Government has realized the importance of the relationship between demographic variables and economic expansion, particularly in relation to labour force supply. The Government is using temporary migrants to fill manpower shortages and training and educating Bahrainis to eventually fill these positions. The Government is also taking into consideration demographic trends in public investment decisions. Although there is no official explicit population policy, the Government realizes the importance of incorporating population issues into national development planning.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Bahrain has conducted six censuses, the first in 1941 and the most recent completed in 1981. There have been problems associated with the censuses, such as lack of comparability, under-enumeration and misreporting. Vital registration has not been as accurate as the censuses, but is continually being improved. The main source of population data is the Directorate of Statistics located in the Ministry of State for Cabinet Affairs since 1977. There is no central planning agency in the country; individual ministries are responsible for their own sectoral planning. Development projects usually have been incorporated into annual state budgets. In an attempt to diversify the economy, the Ministry of Labour and Social Affairs devised a Medium-Term Development Plan in 1977 for the period 1978-1982. An economic and social development plan, initiated in 1983 to cover a three-year period, was revised and extended to 1987 when government revenues declined in 1984.

Integration of population within development planning: Although there is no central planning agency to co-ordinate population policies with development plans, many sub-ministries within the Government have development programmes that take population issues into account.

POLICIES AND MEASURES

Changes in population size and age structure: Bahrain does not have a comprehensive policy to alter the rate of population growth. There are certain areas with respect to growth control in which the Government is

interested because they are major contributing factors. While fertility rates are high in comparison to those of developed countries, they are relatively low compared to the rest of the region and play only a minor role in the county's population growth. For this reason, the Government sees little need to actively pursue policies with respect to fertility to control population growth. Policies are concentrated on major issues, such as spatial distribution, immigration and labour supply. The primary population policy is related to reducing the country's dependence on foreign workers. This is achieved by limiting the number of permanent foreign workers and by training the indigenous population in modern job skills. Under the social security scheme, pension coverage is limited to persons employed in establishments of 10 or more workers and public employees.

Mortality and morbidity: Health services are well developed and provide the entire country with increasing levels of health care. Health centres have been distributed throughout the country, minimizing problems of accessibility. In 1973, the Constitution of Bahrain established as a right the free provision of health services to the entire population. An extensive network of health centres provides a wide variety of services, such as curative and preventive services, family-oriented services, community health services, immunization, family planning services, drug allocations, disease control, school health services, health education and dentistry. Through a policy of establishing decentralized health clinics focusing both on curative and preventive services, Bahrain has experienced a steady decline in mortality rates over the last few decades.

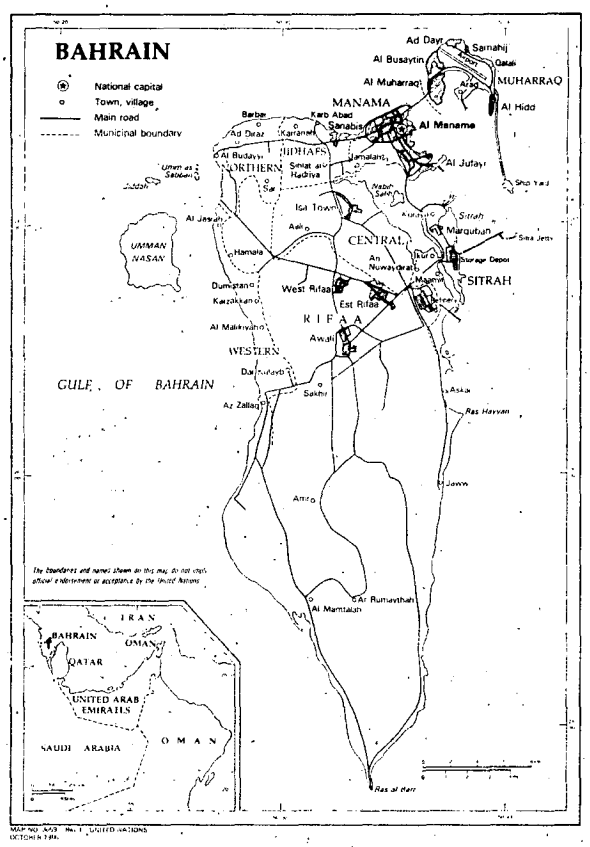
Fertility and the family: While the Government has not adopted a policy with regard to family planning, the Ministry of Labour and Social Affairs now provides advice and "family planning centres"; the Ministry of Health has made family planning services available in all health centres, maternity hospitals, post-natal clinics and child welfare clinics. The Bahrain Family Planning Association (FPA) provides family planning services and programmes to educate people on family planning methods. More recently, newspaper, radio and television have been used to reach a wider audience. In conjunction with the Government, the FPA has set up a network of Family Life Clinics which provide planning services, ante-natal and post-natal care, mother and child health services and general counselling available at health centres throughout Bahrain. The Government provides direct support for access to contraceptives, which are available free of charge in all health facilities. Sterilization is illegal for contraceptive purposes, but is available in maternity hospitals. Abortion is strictly limited and is only permitted to save the life of the mother.

International migration: Bahrain has been highly dependent upon skilled foreign workers ever since the discovery of oil. In the future, the Government would like to reduce the dependency on foreign workers, but current labour needs do not permit the country immediately to do so. One policy related to reducing the need for skilled foreign labour involves the training of the indigenous population in modern job skills. This process is not expected to be completed for several years, and until then the Government favours granting temporary work permits rather than permanent residence

permits. Emigration policy aims to reduce the future outward flow of migrants. As with immigration, no quantitative targets have been set in regard to emigration.

Spatial distribution/urbanization: Spatial development components are included in the Five-Year Medium Term Development Plan (1978-1982). The Government's spatial policy focuses on decentralization to reduce excessive population concentration in Manama and Muharraq, by establishing new, low-cost satellite housing projects in suburban areas. By improving transportation and communication services to these towns, the population can live outside the cities and commute to work. The Government has also been more active in spatial planning in the last decade and has requested assistance from international organizations for physical planning activities.

Status of women and population: In the Five-Year Medium-Term Development Plan (1978-1982), the Ministry of Labour and Social Affairs recommended several projects to improve the socio-economic status of women in order to integrate them into Bahrain's newly modernized society. Today, significant numbers of women are being educated and entering the labour force, which reduces dependency on foreign workers. Labour laws apply equally to both sexes and call for equal pay for equal work. Information on the minimum age at marriage is not readily available.



BANGLADESH

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 101 147 219 383 0-14 years (%) 45.7 28.4 60+ years (%) 4.8 7.1 Rate of: 1980-85 2020-25 growth 2.7 1.3 natural increase 27.3 12.6	The present rate of population growth is unsatisfactory because it is considered to be too high.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 47.8 62.5 Crude death rate 17.5 8.4 Infant mortality 128.2 53.4	Current mortality levels are considered to be unacceptable. Concern has been expressed over high levels of infant mortality due to diarrhoeal diseases, malnutrition, measles, tetanus and over the lack of primary health care services.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.1 2.5 Crude birth rate 44.8 20.9 Contraceptive prevalence rate 25.0 (1985) Female mean age at first marriage 16.7 (1981)	The Government considers that current levels of fertility are unsatisfactory because they are too high.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 1.0 (1974)	The Government perceives immigration and emigration levels as not significant and satisfactory, although a desire to reduce future immigration levels has been expressed.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 11.9 35.9 Growth rate: 1980-85 2020-25 urban 5.4 3.6 rural 2.4 0.1	Patterns of spatial distribution are considered to be partially appropriate. Concern has been expressed over increasing rural to urban migration and the need to reverse this current trend.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government considers that population growth is a pressing national issue and a primary obstacle to socio-economic development. To end the vicious cycle of unemployment, poverty and malnutrition, it considers that population growth will have to be contained. To achieve this goal, the Government has embarked on an ambitious National Population Programme which takes a multi-sectoral approach, integrating laws and socio-economic development programmes. Bangladesh has taken a position of intervention to reduce growth and the fertility rates.

Importance of population policy in achieving development objectives: Officially, the Government recognizes the principal socio-economic problem as being excessive population growth. Population policy is felt to be an integral component of the overall development effort. The policy includes integrated development of the health care sector and promotes the involvement of women and non-governmental organizations in the population and development sector.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: In 1974 the Bureau of Statistics was created to conduct censuses and demographic surveys. Many censuses have been taken in the region since 1881, the most recent being in 1981. Because of recent socio-economic changes, it was decided to conduct a mid-decade census in 1986. Statistical surveys, such as the 1983-84 agricultural census and the 1985 economic census, have been periodically conducted because of incomplete census coverage. The vital registration system, like the census, is incomplete. The first development plan was the Five-Year Plan (1973-1978); subsequently, two other five-year development plans were published. The most recent plan covers the period 1985-1990. The Planning Commission, organized in 1975, is responsible for formulating development plans which, in dealing with population issues, are developed in conjunction with other ministries and sub-ministries concerned with the population problem.

Integration of population within development planning: The Population Planning Section of the Planning Commission is responsible for taking population variables into account when formulating national plans. The Population Development Planning Unit, within the Planning Commission, studies the interrelationships between population and development, so that planners can take these relationships into account when formulating plans. The National Population Programme takes a multi-sectoral approach involving eight different ministries whose individual development plans are integrated within the national population policy. In 1986 a Population Office was established in the Ministry of Labour and Manpower.

BANGLADESH

POLICIES AND MEASURES

Changes in population size and age structure: The Government has formulated an explicit population policy to lower population growth rates. The current population programme is a part of the Third Five-Year Plan (1985-1990) and sets targets and dates for achievement, calling for the reduction in the rate of population growth to 2.4 per cent by 1990, 1.5 per cent by 1995 and 1.4 per cent by the year 2000. To achieve those targets, the Government has stressed improving the extent and quality of family planning services, continuing the mass media campaign of population education and motivation, integrating population programmes within primary health care and socio-economic development programmes and further improving the status of women to reduce fertility.

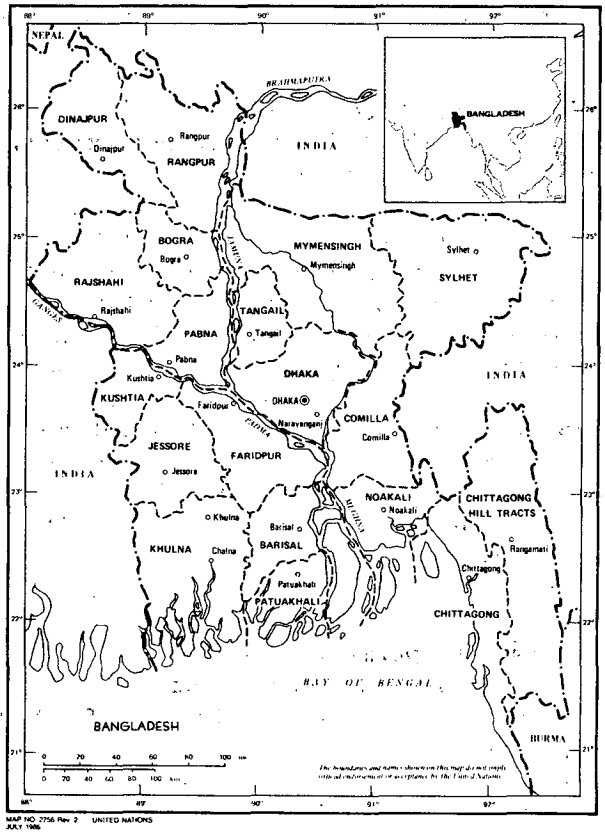
Mortality and morbidity: Provision of health care services is an integral part of both population control and socio-economic development. One of the main objectives is to provide health care to all by the year 2000, which would narrow the gap between urban and rural areas and also enable people to live more productive lives. By improving maternal/child health, the Government hopes the idea of a small family will be accepted. To achieve this end, maternal/child health service units will be further extended and expanded, emphasizing immunization, control of diarrhoea, safe delivery and breast-feeding. Much emphasis is being placed on solutions to simple health problems, such as diarrhoea or related complications, which are the most common causes of death for children under age one. Teams of health workers have been sent to rural areas to educate mothers on preparing oral rehydration salts so that these deaths can be averted. It is felt that simple ailments could be diagnosed at the community level and that community level health care should be supported. The goal is to reduce the infant mortality rate to 100 per 1000 by 1990.

Fertility and the family: The Government's fertility policy aims to reduce fertility and population growth and to improve maternal/child health and family well-being. A voluntary family planning programme has existed since the 1960s. The current programme is very comprehensive, going well beyond its original scope. It emphasizes maternal/child health, encourages improvement of the status of women and later marriage, educates people on family planning techniques and the national need for family planning and sets goals and targets related to family planning. Family planning ideals are publicized regularly and 95 per cent of the population has some knowledge of family planning; yet contraceptive use remains low. In the next five years further media campaigns will inform the public on contraceptive methods. A target of increasing the prevalence rate from 25 per cent to 40 per cent by 1990 has been set, implying that the number of acceptors must rise from the 1985 level of 4.5 million users to 10.5 million by 1990. The Government directly supports access to all modern contraceptive methods. It has set up a vast network for the delivery of family planning services by community-based field workers. The Government also provides economic incentives for practising birth control. Acceptors of permanent and semi-permanent family planning methods are reimbursed for transport costs and loss of wages sustained as a result of obtaining these methods. As of late 1985 abortion was still only permitted to save the mother's life. The Third Five-Year Plan (1986-1990) has established a target of at least 3.4 million sterilizations. Targets include a total fertility rate of 4.1 by 1990 and a net reproduction rate of one by the year 2000.

International migration: The Government does not have any official policies concerning immigration, although it has expressed the desire to lower immigration levels in the future. On balance, emigration is believed to have contributed positively to socio-economic development. Therefore, the Government would like to maintain current levels and has encouraged the temporary migration of workers to other countries.

Spatial distribution/urbanization: There is some concern that the quality of rural life will eventually contribute to a mass exodus to the urban areas. To prevent this, the Government has instituted strategies to promote small towns and intermediate cities, as well as rural development. It is feared that excessive urbanization will further aggravate the already fragile urban infrastructure and network of social services.

Status of women and population: Improving the status of women is one of the crucial elements in achieving the objectives of population policy, and several measures have been implemented to this end. Chief among these is raising the legal age of marriage. Seventy per cent of females are married by the age of 20 and, in an effort to delay the first birth, the legal age of marriage was raised first to 16 (from 14) and then to 18. The Government is also trying to encourage greater female labour force participation in an effort to improve their status. Education and general social development are also aspects of this effort.



BARBADOS

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 253 342 0-14 years (%) 27.1 20.4 60+ years (%) 13.8 20.7 Rate of: 1980-85 2020-25 growth 0.3 0.6 natural increase 9.1 5.9	The Government considers the rate of growth to be too high.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 72.7 77.1 Crude death rate 8.7 8.1 Infant mortality 14.0 5.9	Current levels and trends are considered acceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 1.9 2.1 Crude birth rate 17.8 14.0 Contraceptive prevalence rate 46.0 (1980/1) Female mean age at first marriage	Fertility rates are perceived to be unsatisfactory because they are too high.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -6.0 0.0 Foreign born population (%) 7.6 (1980)	Immigration rates are considered satisfactory and not significant. Emigration rates are considered satisfactory and are significant.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 42.2 67.7 Growth rate: 1980-85 2020-25 urban 1.3 1.5 rural -0.4 -1.1	Overall spatial distribution is perceived as appropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has recently established a task force responsible for formulating and implementing a population policy. This represents a change in approach, since in the past the country has not had an explicit population policy. The overall purpose is to lower population growth and thereby enhance socio-economic development.

Importance of population policy in achieving development objectives: The Government recognizes the reciprocal relationship between socio-economic development and population policy. Consequently, it is trying to lower population growth and upgrade health conditions to improve socio-economic development.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The country's first post-emancipation census was in 1844 and its most recent in 1980. Censuses are scheduled to be taken every 10 years. Vital statistics registration is considered to be complete. The most recently published Development Plan covers the years 1979-1983. The Ministry of Finance and Planning is responsible for plan preparation.

Integration of population within development planning: The Government accepts the view that population policy is an integral component of a socio-economic development policy. In conjunction with this, Barbados has recently established the National Population Task Force, which is responsible for formulating population policy, and comprises representatives from the Ministries of Health, Finance and Planning, Labour and the Department of Women's Affairs. Many of the socio-economic projects established in the Development Plan are based on population projections.

POLICIES AND MEASURES

Changes in population size and age structure: While no explicit policy exists to influence rates of population growth, several other measures in the areas of fertility, health and emigration have been implemented that will have an impact on growth. Special health services have been established to aid the aged population. The first of these services, established by the National Health Service in 1980, was a Drug Service to reduce the cost of prescription drugs for those 65 years and over. The coverage of the pension scheme includes all employed persons, except casual and family workers.

Mortality and morbidity: Health is an integral component of the country's development policy. During the period 1984-1988, the Government would like to fully implement the National Health Service; provide assistance to special

groups (e.g., the elderly, the disabled and the convalescent); encourage family life development in addition to family planning; introduce the development approach to management, including needs assessment, monitoring and evaluation; establish Community Health Councils and Hospital Management Committees to facilitate community involvement; decentralize services and rationalize resource allocation and use. In an effort to remove the disparities in the health care system, services are rendered free of charge. To finance the system, a 1 per cent tax is levied on all salaries. Overall improvements in education, housing and water facilities have also contributed to reductions in mortality and morbidity.

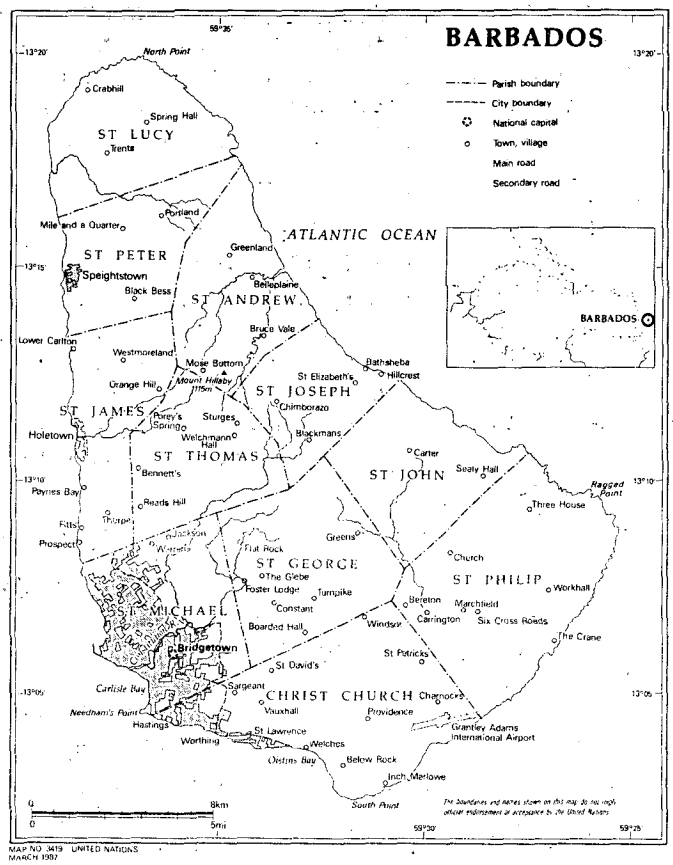
Fertility and the family: Despite relatively low rates of population growth and fertility, the Government is still concerned since the island is very densely populated. Given the possible curtailment of emigration in the future, the lowering of fertility rates will assume more importance. Family planning is an area in which the Government has been active. Over the past 30 years, various successive Governments have encouraged and supported family planning measures implemented by the Barbados Family Planning Association. This voluntary organization has received support from both the Government and the International Planned Parenthood Federation. The Government has also taken a more direct approach to family planning with the establishment of the Family Life Development Programme. Together, these programmes have educated people on the use of family planning services. Under the Comprehensive National Insurance Scheme, women enjoy a 12-week maternity leave with pay at 60 per cent of their national insurable earnings. The availability and utilization of family planning services have also greatly improved the health status of women. Abortion is illegal except where the physical and mental health of the mother is endangered, when the baby would be severely handicapped or if the pregnancy is the result of incest or rape.

International migration: The Government does not perceive immigration to be signficant and this is considered satisfactory. Recently the Government has amended immigration laws to ensure that foreign husbands of Barbadian women can live and work in Barbados without hindrance. Emigration is viewed as a safety valve in the control of population growth. In the past, many Barbadians migrated to the United Kingdom, but today a majority emigrate to the United States and Canada. The Government would like to maintain current emigration levels and trends.

Spatial distribution/urbanization: Although spatial distribution is regarded as appropriate, the country still has a comprehensive spatial strategy to slow the growth of its primary city, Bridgetown. A strategy for local development, utilizing subsidies, grants, loans and tax incentives, is offered to those who locate outside Bridgetown. Furthermore, infrastructure, communication and social services are being expanded in rural areas to entice business enterprises and people to move to rural areas.

Status of women and population: Since 1976 the Government has implemented policies to further improve the socio-economic status of women. A Bureau of Women's Affairs has been established to monitor the socio-economic affairs of women. The Government pursues a non-discriminatory policy towards women with equal pay for equal work. The minimum legal age of marriage for women is 16 years.

Other issues: The Government recognizes that an educated and informed public will promote healthy habits and is likely to accept change more readily. Therefore education continues to be a priority sector as it is seen as a vehicle for economic development, social progress and self-realization. Accordingly, the age of compulsory education has been raised from 14 to 16 years of age.



BELGIUM

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 9 903 10 054 0-14 years (%) 18.9 18.1 60+ years (%) 19.2 26.9 Rate of: 1980-85 2020-25 growth 0.1 0.0 natural increase 0.5 -0.5	The Government feels that population growth is satisfactory. There is concern over the aging of the population.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 73.5 77.3 Crude death rate 11.9 12.7 Infant mortality 11.3 5.7	Mortality levels are considered acceptable. Concern is expressed over death risks for infants and those aged 15-30 as well as road accidents, diseases of the circulatory system and malignant tumours.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 1.6 2.1 Crude birth rate 12.5 12.2 Contraceptive prevalence rate 76.0 (1982/3) Female mean age at first marriage 22.4 (1981)	Fertility rates are considered satisfactory. Concern is expressed over fertility rates that will not ensure population replacement, declining marriages and higher rates of cohabitation and divorce.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.5 0.5 Foreign born population (%) 8.9 (1981)	Immigration and emigration rates are considered satisfactory and not significant.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 96.3 98.0 Growth rate: 1980-85 2020-25 urban 0.3 0.0 rural -4.3 -0.1	This is considered appropriate, although the existence of considerable regional disparities has been acknowledged. Internal migration is not considered a problem, while attention is being given to regional variations.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has recently divided responsibility for formulating population policies between the language communities. Flemish, Walloon (French) and Brussels officials decide separately on population policy matters. The Government feels that a general policy cannot be implemented by one decision and can only be accomplished in the long run. Despite these views, measures have been taken on a national level that indirectly affect fertility and mortality rates, the family and regional development.

Importance of population policy in achieving development objectives: The Government believes that population policy is a reflection of society's development and that demographic evolution should be taken into account for planning purposes. The French-speaking community has stated that population measures should be in line with socio-economic development.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The country has conducted censuses every 10 years since 1848; the most recent census was in 1981. Since 1984 the registration of births and deaths has been delegated to the Flemish and Walloon language communities. Formal development planning has been in the form of five-year plans.

Integration of population within development planning: The Planning Bureau is officially in charge of population projections and takes demographic variables into account for planning. No parliamentary committee for population exists; however, there are national advisory councils for population matters. The Population and Family Study Centre within the Ministry of Public Health and the Family, in collaboration with university research institutes, conducts population research and assesses policy implications. It consists of two branches - Flemish- and French-speaking. The National Institute of Statistics is responsible for the collection and analysis of demographic statistics and conducts censuses.

POLICIES AND MEASURES

Changes in population size and age structure: While the Government intervenes to maintain the growth rate, no growth targets have been set. Policies are aimed at fertility rates and the overall health of the population. The Flemish and French communities are trying to establish a legal basis for a policy to create an infrastructure for aid to the elderly. While no specific policy has yet been formed, the Government has enacted measures to provide social services for the aged. Early in 1985 social benfits and allowances for the aged were improved, and in August 1985 the guaranteed minimum income for the elderly was increased.

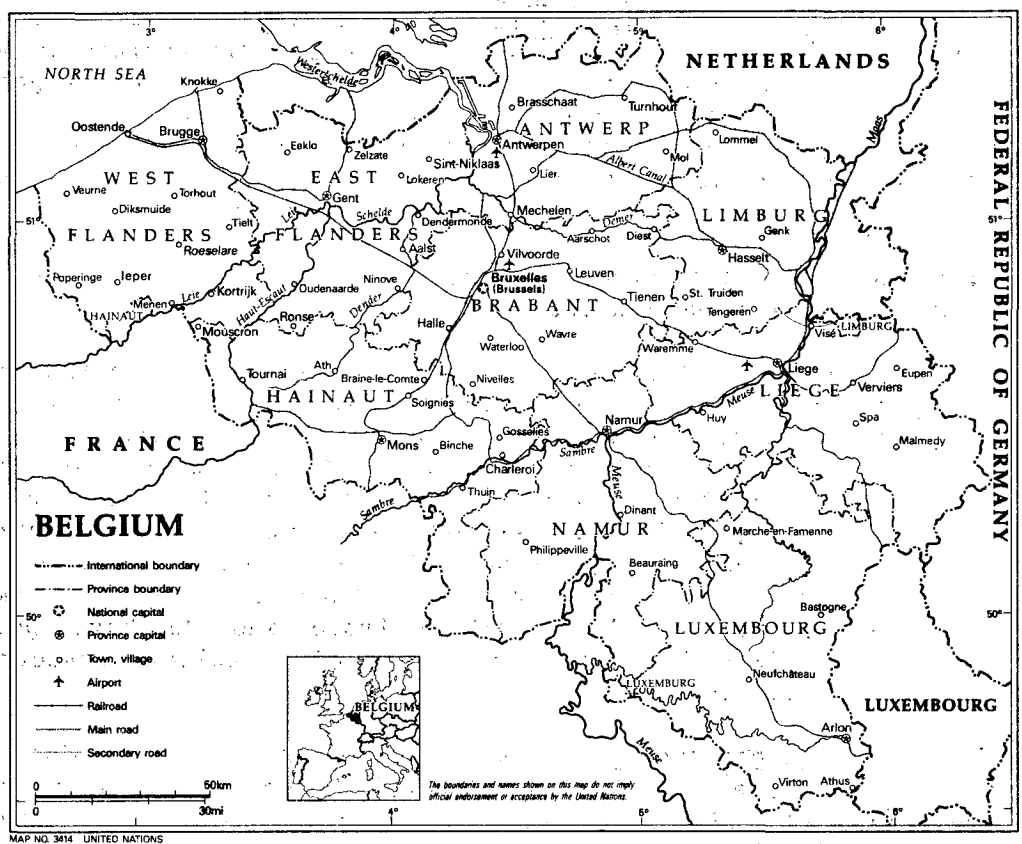
Mortality and morbidity: The national objective is to improve preventive physical, social and psychological health care. There are plans to improve primary health care by better integrating population and family health care. In response to concern over infant mortality, the Government intends to improve preventive and curative care and provide immunization. In 1982, the French community launched a public campaign to raise awareness of pre-natal risks. Attention has also been given to disseminating information on the dangers of smoking, occupational safety and traffic hazards. No mortality targets have been set.

Fertility and the family: The national Government has established a family-oriented fiscal policy; however, there are no explicit goals. Measures include family allowances which increase with the age of the child, tax reductions, creation of day nurseries, and government subsidies for housing and education. In 1984 a national parental maternity leave was extended to 6 to 12 months combined leave for mother and father. Both the Flemish and the Walloon communities emphasize measures favourable to the family and family care. In 1985, several government initiatives have indicated an increased commitment to the family. A national advisory board of family affairs was established for family policy. As of June 1985, family allowances previously only paid to young women in the home were extended to males in a similar position. Measures have also been adopted to reduce discrimination against illegitimate children. The national Government provides indirect support for information on, and access to, modern methods of contraception. In 1967 abortion was banned; medical abortions have been performed since the 1970s despite anti-abortion legislation and periodic prosecutions. The Walloon community has a more liberal view regarding abortion and advocates dissemination of information on contraception and planned parenthood and calls for such education to be conducted in schools. Sterilization is allowed only for therapeutic, medical or health reasons.

International migration: Current policy measures are directed towards controlling immigration. In the past there had been a less stringent family reunion policy, but in 1979 requirements for a class A work permit for members of migrant worker families were tightened. Class A permits are permanent and allow employment in all sectors of the economy. In June 1984 a law was passed further restricting family unification while at the same time facilitating the integration of foreigners already present in the country. Goals are to restrict entry of foreign workers from non-European Economic Community countries and to integrate and naturalize those who do have permanent residence permits. Emigration is not an active policy concern. No quantitative targets are reported.

Spatial distribution/urbanization: There is no governmental planning or regulation regarding internal migration. Both language communities support regional policies of financial aid to regions suffering from high unemployment, out-migration, out-commuting, low incomes and low growth. Measures to stimulate development in lagging regions include government infrastructure subsidies, tax incentives to new industries and those that relocate and the provision of social services.

Status of women and population: There is a general commitment on the part of the Government to improve the status of women. The French community, for example, has indicated plans to create conditions to facilitate combining motherhood with labour market activities. The Economic Reorienation Act of 1978 provides for equal treatment of men and women in regard to working conditions, access to employment, job training and professional advancement. The Government has established a number of national machineries for the advancement of women. Among them are the Consultative Commission for Women's Condition, the Commission on Women's Labour and the National Consultative Commission for Women's Professional Betterment and Reintegration in the National Economy. The legal age at marriage for women is 15 years.



DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 163 315 0-14 years (%) ... ... 60+ years (%) 6.0 ... Rate of: 1980-85 2020-25 growth 2.3 1.2 natural increase	The rate of growth is considered satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy ... ... Crude death rate ... ... Infant mortality	Levels of mortality are acceptable. Official concerns are the control of malaria and maternal/child health and the health and living conditions of the Mayan Indians.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate ... ... Crude birth rate ... ... Contraceptive prevalence rate ... ... Female mean age at first marriage	The present level of fertility is considered satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate ... ... Foreign born population (%) 8.2 (1980)	Immigration is significant and satisfactory. Concerns are immigration for permanent settlement, undocumented immigrants, refugees and asylum seekers. Emigration is significant and too high.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 50.0 ... Growth rate: 1980-85 2020-25 urban ... ... rural	The present pattern of population distribution is considered partially appropriate as the growth of urban centres, such as Dangriga, and rural areas are felt to be too low. The growth rate of the major metropolitan area, Belize City, is satisfactory.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: Given the country's small population and low population density, the national approach towards population has been cautious. Though the Government recognizes that there are sound socio-economic and health reasons for family planning, it is concerned that the general interpretation of a population policy suggests sharp limitations to population growth. In addition, Belize, which in the past encouraged immigration for economic reasons, now must deal with a large influx of refugees and migrants from neighbouring Central American countries.

Importance of population policy in achieving development objectives: The Government continues to recognize the need for a national population policy and to this end plans to create a National Task Force composed of representatives from the various ministries, religious leaders and concerned organizations to prepare a preliminary population policy for cabinet consideration.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The country has a long history of census-taking. Decennial counts of the population were taken in 1911, 1921 and 1931, followed by a census in 1946. The most recent census was in 1980. Vital registration of births and deaths is considered to be incomplete. The Central Statistical Office is the institution charged with special demographic surveys to meet planning needs. In the past, as a colony of the United Kingdom, Belize had a number of development plans whose main emphasis was to increase agricultural production. The first development plan following independence in 1981 emphasized the expansion of the economy's productive base and balanced development between urban and rural areas. The most recent development plan available is for 1980-83.

Integration of population within development planning: The Office of Economic Planning in the Ministry of Finance and Economic Development is responsible for taking population variables into consideration in the planning process. Its principle duties are the creation of economic policy and planning, project identification and evaluation. With support from the Caribbean Community (CARICOM) and other donors, Belize has participated in the Caribbean Regional Population and Development Project. This has provided the impetus to the Government to formulate and implement a future population policy.

POLICIES AND MEASURES

Changes in population size and age structure: No explicit policy exists with regard to the rate of population growth. Though it continues to recognize the need for a national population policy, the Government is concerned that "the

general interpretation of a population policy is one suggesting sharp limitations to population growth". While Belize has a small population and low population density, officials have expressed the desire to design a national population policy with objectives and levels appropriate for the demographic situation of their country. With respect to social security, a retirement pension was introduced under the terms of the Social Security Ordinance of 1979, which pays benefits to employed persons but excludes casual and family labour, domestics, those working less than 24 hours a week and military personnel.

Mortality and morbidity: Belize accepts the Declaration at Alma-Ata as "essential to accomplish the goals of good health for all by the year 2000". Its national health programme follows those principles set forth in the declaration. Priority is given to high-risk groups, such as mothers, children, low-income groups, the disabled, the elderly and those residing in underserved areas. Official concerns include the control of malaria and maternal/child health and the health and living conditions of the Mayan Indians, who have little access to medical services and have lower levels of health. Infrastructural development is seen as a major aspect of the Government's health policy. Projects include housing and road construction, electricity, water and sewerage provision. Belize considers its family planning programme to be crucial for decreasing maternal mortality and morbidity. A number of reforms have been implemented in the health sector since independence in 1981. Begun in 1974, the maternal and child health programme was expanded and an ambitious primary health care programme has been started.

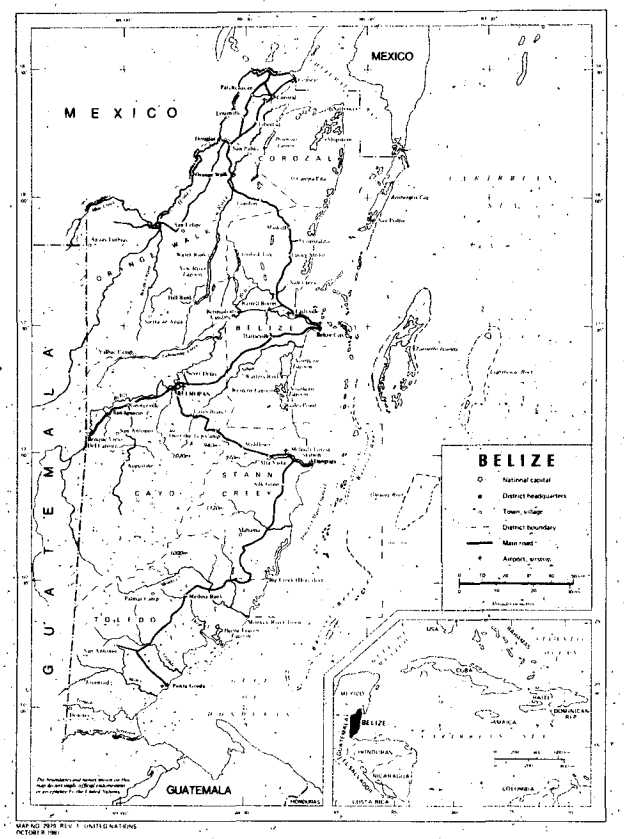
Fertility and the family: Belize has no explicit policy of intervention to influence fertility levels. The Government does not support access to information or methods of contraception, though information on methods and access to methods are permitted by law. In 1985 a three-year project was initiated to study existing knowledge, attitudes and practices in family life and birth spacing of Belizean women. The long-term objective is to strengthen the existing maternal/child health programme and to introduce for the first time birth spacing as a means of improving the health and welfare of women and their families. Information on the status of abortion and sterilization is not readily available.

International migration: The policy aims at maintaining the present level of immigration; however, no quantitative targets exist. Past population and migration policies originated from economic concerns and the agricultural development of the country. Policies encouraged immigration from other Caribbean island colonies to more sparsely populated Belize. Present policy rejects the notion that large-scale immigration is beneficial to the economy. Since independence in 1981, officials have expressed concern over large-scale immigration. Although it practices a liberal immigration and refugee policy, the new Government, in place since late 1984, is concerned with the impact of the influx of refugees from El Salvador and Guatemala on the fragile economy and its complex cultural balance. The Ministry of Home Affairs has recently taken a number of initiatives to improve the conditions of genuine asylum seekers, to ensure their safety and clarify their status. A special task

force is looking into the matter and a high level official has been appointed as Refugee Liaison Officer to whom immigration personnel must report and consult with on refugee cases. The government policy aims at reducing the future level of emigration.

Spatial distribution/Urbanization: The Government has not formulated a policy explicitly concerning population distribution, though rural development strategies and policies for lagging rural regions can be seen as measures which affect spatial distribution. Similarly, public infrastructure development, including housing, electricity and sewerage projects, influence population distribution. In the Development Plan of 1980-1983 a major goal included the promotion of balanced development between urban and rural areas.

Status of women and population: A Women's Bureau was created in 1981 and a programme of income generation for women has been established. It is intended to give special attention to women's needs in future projects. Information on the minimum legal age at marriage for women is not readily available.



BENIN

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 4 050 12 701 0-14 years (%) 46.8 37.6 60+ years (%) 4.6 4.9 Rate of: 1980-85 2020-25 growth 3.0 2.0 natural increase 29.5 20.1	Current levels and rates are considered satisfactory. However, the Government has emphasized that economic growth must keep pace with the needs of a growing population.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 44.0 60.0 Crude death rate 21.2 8.7 Infant mortality 120.1 52.7	Current rates are considered unacceptable. Concerns are high infant and child mortality, endemic diseases, poor health among the rural population, poor hygienic practices and lack of health personnel and supplies.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 7.0 3.4 Crude birth rate 50.7 28.8 Contraceptive prevalence rate 9.0 (1982) Female mean age at first marriage 18.3 (1982)	Current rates are considered satisfactory, although high fertility rates and closely spaced births are official concerns for health reasons.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 1.2 (1979)	Immigration is not significant and satisfactory. Emigration is significant and too high. Concern exists over the emigration of educated, young males.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 35.2 68.9 Growth rate: 1980-85 2020-25 urban 7.4 2.8 rural 0.9 0.3	This is currently perceived as inappropriate. In particular, the growth rate of the largest metropolitan area, Cotonou, is considered too high.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: Population problems have not been perceived in terms of size, but rather in terms of the needs of the population, such as better health services, food, education. There are policies of intervention to reduce rates of morbidity and mortality and emigration and to adjust the spatial distribution of population, as these are the Government's primary concerns. There is no policy to modify the rates of growth and fertility.

Importance of population policy in achieving development objectives: Although the Government has not formulated an explicit population policy, it has indicated that it will eventually define a population policy conceived of as a response to population levels and trends. Currently, there are many population-related policies aimed at achieving its primary development objective - to meet the basic needs of the population. The Government has not adopted a specific population policy because it lacks reliable demographic data.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: A population census was held in 1979, and demographic and fertility surveys were carried out in 1983. Vital registration is incomplete. The Second National Development Plan for 1983-1987 is currently in effect. A population analysis and training unit has been established within the National Institute of Statistics and Economic Analysis.

Integration of population within development planning: The Office of Demographic and Social Statistics of the Ministry of Planning and Statistics, formed in 1960, is responsible for making demographic projections. Since 1975, the Census Bureau has been charged with undertaking demographic surveys. An interministerial outreach committee, under the chairmanship of the Minister of Planning, Statistics and Economic Analysis, was formed to prepare for Benin's participation in the 1984 International Conference on Population and to work for the creation of a national population commission. Major efforts are being undertaken to integrate population variables as endogenous factors into its development models.

POLICIES AND MEASURES

Changes in population size and age structure: There is no policy of intervention to modify size or growth. Policies designed to modify morbidity and mortality rates and readjust spatial distribution may, however, indirectly affect the rate of population growth. In recent years the institutional framework and statistical data base needed to accurately identify demographic trends has been expanded and incorporated into development planning.

Programmes to promote literacy and to study the relationship between employment and population growth are intended to help the Government formulate more distinct policies regarding population size and growth in the future. To date, no quantitative targets concerning the size or growth of the population have been set. Under the social security system, the pension scheme covers employed persons, while public employees are included in a special programme.

Mortality and morbidity: Health policy stresses the expansion of preventive medicine and primary health care as a means of reducing morbidity and mortality levels. The primary objective is to improve the health service infrastructure, particularly in rural areas. Improving the maternal/child health system, which is part of the family health programme, is also a top priority. Specific measures carried out include the establishment of communal health centres for preventive care at the village level, water supply and sanitation programmes in rural areas and the training of para-medical personnel at the local level to control endemic diseases - all with the intention of extending coverage to poorly served areas. As specific goals, the Government hopes to extend immunization coverage to 80 per cent of the population under age five by 1988, to find ways to control malaria and water-borne diseases and to publicize oral rehydration therapy to help reduce infant mortality from diarrhoeal diseases.

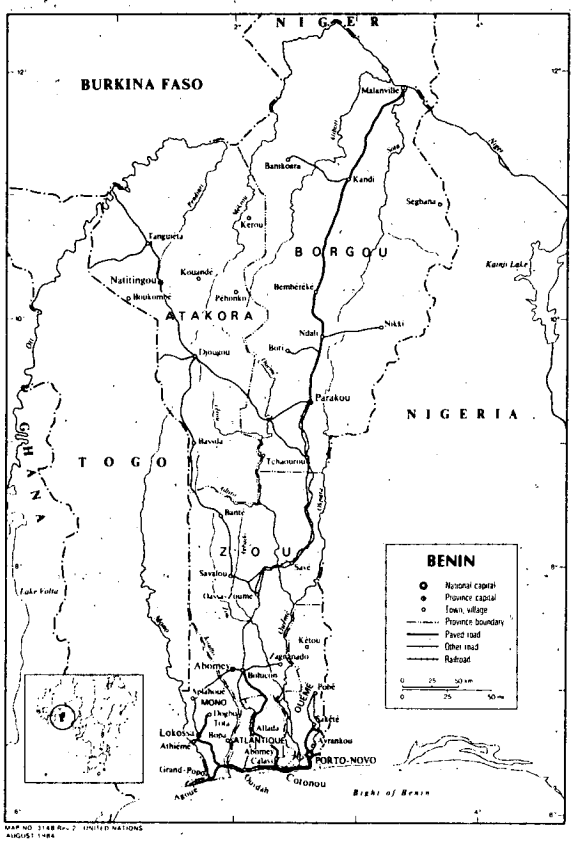
Fertility and the family: There is no policy of intervention with regard to fertility rates. However, family planning centres have been established through the family health programme, which promote child-spacing for health reasons. Family planning has also been integrated into midwives' training programmes to reach rural areas. Population and sex education are to be introduced in schools. A nationwide population/family life education programme has already begun and is being offered to young people at their work places. Access to contraceptive methods and information is not limited and indirect government support is provided. Abortion is permitted only to save the life of the mother. Legal provisions concerning sterilization are not readily available.

International migration: No official policy has been formulated with regard to immigration. Although a formal policy concerning emigration has not been declared, recent measures indicate that official policy is to reduce the level of emigration in the future, one reason being the shortage of labour in the working ages both at the national and provincial levels. Toward this end, emigrants must now receive official approval before being issued passports. Under Act No. 81-010 of 10 October 1981, a provident fund was established for nationals abroad to facilitate the permanent resettlement of emigrant workers when they eventually return to Benin.

Spatial distribution/urbanization: The Government has taken measures to adjust spatial distribution even though no official policy of intervention has been declared. To establish a new spatial equilibrium, the Government has devised comprehensive rural development strategies and has decentralized some socio-economic activities. The implied policy objective is to modify both the urban-rural and regional distribution of the population. A Land Use Commission was established in 1978 to elaborate a land use and urbanization policy and to propose methods of financing proposed improvements.

Status of women and population: As part of overall socio-economic development, the Government has emphasized improved educational opportunities for young girls. To integrate women into the process of socio-economic development, committees of women at all levels (rural, village, district) have been established. Information on the minimum legal age at marriage for women is not readily available.

Other issues: The Government has noted that a lack of basic demographic data restricts its capacity to integrate population variables into its development models. To redress this problem, several statistical surveys have been conducted over the past decade and a population analysis and training unit has been set up at the National Institute of Statistics and Economic Analysis. To resolve the problem of under-registration, several measures have been taken, including an increase in the number of vital registration offices.



BHUTAN

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 1 417 2 662 0-14 years (%) 40.0 27.4 60+ years (%) 5.4 8.6 Rate: 1980-85 2020-25 growth 2.0 1.0 natural increase 20.3 9.6	The Government considers the population growth rate as unsatisfactory because it is too low. It is felt that the low rate of growth will not equip the Kingdom with the necessary manpower for its national development plans and that it inhibits the adequate utilization of vast natural resources.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 45.9 61.8 Crude death rate 18.1 9.6 Infant mortality 138.7 61.4	Current rates are perceived as unacceptable. High priority is given to infant and child mortality. Concern has been expressed over problems of water supply and sewage, poor hygiene and the provision of health care services.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 5.5 2.5 Crude birth rate 38.4 19.2 Contraceptive prevalence rate ... ... Female mean age at first marriage	The level of fertility in the country is perceived as satisfactory. There is some concern about regional, differential fertility rates.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%)	Immigration is considered to be significant and satisfactory. The large flow of refugees into the country is a concern. Emigration is perceived to be not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 4.5 19.0 Growth rate: 1980-85 2020-25 urban 4.9 4.2 rural 1.9 0.3	The current perception of spatial configuration is that it is partially appropriate. Although the proportion of people living in urban areas is very low, there has been some concern of late over increasing rural to urban migration.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government would like to have a larger population to supply needed manpower for its labour-intensive agricultural sector, but it has no explicit policy to increase population size. By decreasing mortality, especially infant and child mortality, the Government hopes the population will grow to the desired level. Through improved education and training, the Government also hopes to fill jobs requiring skills with indigenous skilled workers rather than foreign workers.

Importance of population policy in achieving development objectives: Bhutan's development plans call for an increase in production by the country's agricultural sector. To achieve this primary development objective, Bhutan has formulated population policies to supply the required labour to that sector. The additional manpower is also expected to help tap much of the country's untapped natural resources as well as help develop many sparsely populated regions.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Prior to 1969, no census activities had been undertaken, therefore very little population data exists before 1969. In 1969, Bhutan attempted its first census, but because of physical constraints and lack of trained personnel it was conducted on an *ad hoc* basis and was thus incomplete. In 1976 the Directorate of Registration was formed and one of its tasks was to conduct Bhutan's 1980 census. A civil registration system has been recommended but has not been fully implemented. A formal system of development planning has a longer history than the census. Bhutan prepared its first development plan in 1961. Currently, the country is following the Fifth Plan (1981-1987), which is more complex and ambitious than the four previous plans, and emphasizes infrastructure development, social services and economic management.

Integration of population within development planning: In 1979 the Planning Commission, in consultation with the Ministry of Finance, was made responsible for drawing up a plan covering all sectors. The Planning Commission consists of three sections which work together to integrate population policies and development planning. One section, called the Central Statistics Organization, is responsible for gathering and providing all pertinent data needed by the Planning Cell of the Commission for drafting the medium- and long-term plans. The Planning Cell ensures the integration of population and development factors. Both one under the jurisdiction of the Planning Commission; this arrangement provides the necessary co-ordination of population policies and development plans.

BHUTAN

POLICIES AND MEASURES

Changes in population size and age structure: The Government considers population growth important so that the country will have the necessary indigenous manpower to carry out development objectives. However, Bhutan has no explicit policy to increase the rate of growth. Programmes to provide expanded services and infrastructure (e.g., health, water, sewage) and rural development schemes are expected to have an indirect effect on population growth. Information on the status of pension schemes is not readily available.

Mortality and morbidity: Reducing high mortality rates is the main policy concern related to population. The Fifth Five-Year Plan (1981-1987) has several health-related objectives including the improvement of general health by preventive measures such as health education, improved hygiene and sanitation and provision of better nutrition, the prevention and control of common, endemic and communicable diseases, and the provision of better treatment facilities and services. Efforts are being made to provide protected drinking water to both urban and rural areas. Solid waste disposal and sanitation programmes have also been undertaken as well as a Maternity and Child Welfare Programme. Through a series of clinics, this programme will provide education and health care services to new and expectant mothers. Another measure is the expansion of the immunization programme to increase the proportion of the population covered. Strategies have also been implemented to improve the health service infrastructure. The Plan calls for the addition of 10 basic health units for each year of the Plan. The District Hospital System, focusing on patients requiring non-specialized attention, is also being expanded.

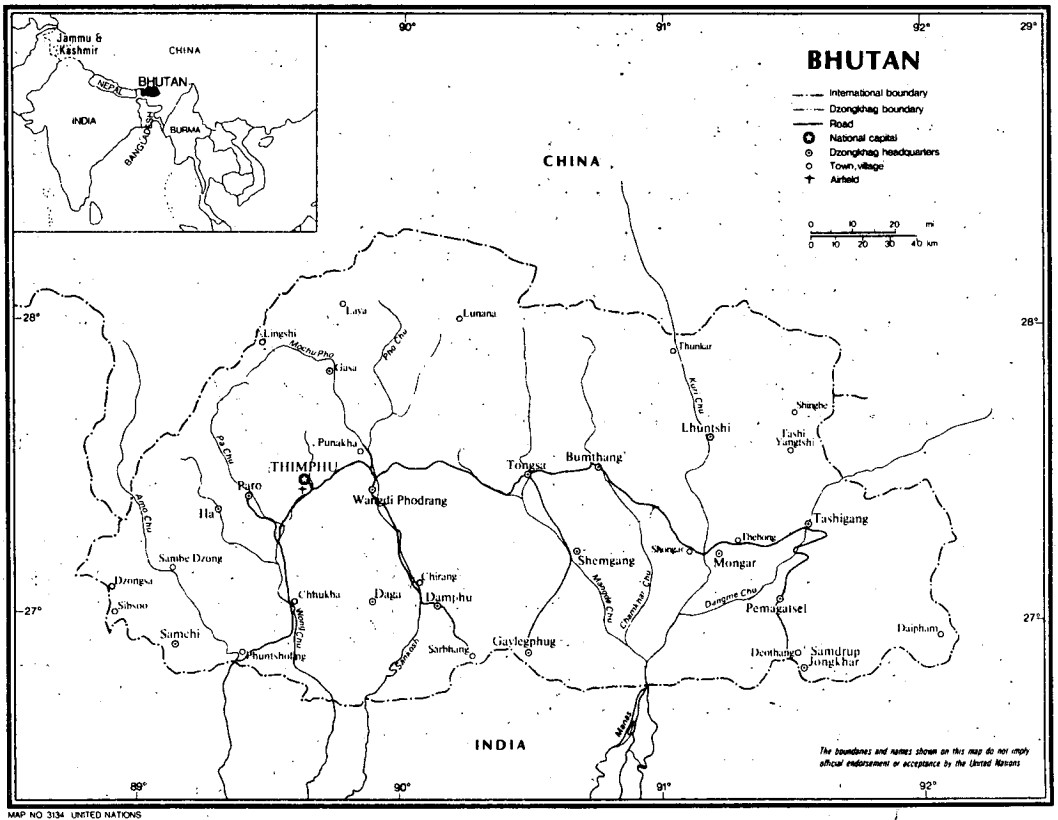
Fertility and the family: The Government has no explicit policy regarding fertility, but the introduction of the Family Welfare Programme in 1974 marked the first official intervention in this area. The programme is aimed at providing family planning services to the areas that need it the most, for example, families living in areas with high fertility and high mortality and those living in poor conditions. The programme focuses primarily on maternal/child health, including the monitoring of maternal and child health conditions so that a nutritionally balanced diet can be recommended. The Fifth Plan also recommended the creation of a Family Planning Training Centre covering all aspects of family planning. Access to contraceptives is not limited, and the Government provides direct support for contraceptives. Sterilization is legal without conditions and is often endorsed by the Government by means of cash incentives. There is no official information concerning the legality of abortion, although indications are that it is permitted.

International migration: The Government has no explicit policy regarding immigration, although it has expressed the desire to reduce the dependency on foreign workers. To attain this objective, a large proportion of the budgetary allocation for the Fifth Five-Year Plan is devoted to training the indigenous population for positions currently held by migrant workers. There is very little emigration, and the Government has no policy to alter the situation.

Spatial distribution/urbanization: With less than 5 per cent of the population in urban areas in 1980, most spatial distribution projects are geared towards rural development; however, the country has no overall population distribution policy goals. The objectives of the rural development schemes include achieving self-sufficiency in grain production, increasing farm incomes and improving the overall nutritional level of the population. There has been some concern about increased rural to urban migration lately, and the Government hopes that its programmes will slow down the increase. Another measure to further integrate the economy is an improved road network enabling more isolated farmers to reach the markets. Planning at the urban level has taken place to combat the negative consequences of urban development. The objective is to provide basic amenities, such as roads, water, sanitation, drainage and electricity.

Status of women and population: Women enjoy equal status with men; they possess property rights, have equal job opportunities and can seek divorce. No dowry system exists. Information on the minimum age at marriage is not readily available.

Other issues: Bhutan has undertaken a substantial development plan in the Fifth Five-Year Plan (1981-1987). Success in achieving the objectives of the Plan, however, depends in part on international assistance.



BOLIVIA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 6 371 18 294 0-14 years (%) 43.8 36.7 60+ years (%) 5.2 5.9 Rate of: 1980-85 2020-25 growth 2.7 2.2 natural increase 28.2 22.3	Rates of population growth are considered to be unsatisfactory because they are too low.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 50.7 67.2 Crude death rate 15.9 6.2 Infant mortality 124.4 39.9	Levels and trends are unacceptable. Major concerns are high rates of infant mortality, mortality from occupational hazards and infectious diseases, inadequate sanitation and waste disposal systems and poor nutrition.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.3 3.5 Crude birth rate 44.0 28.5 Contraceptive prevalence rate 26.0 (1983) Female mean age at first marriage 22.1 (1976)	Current levels and trends are unsatisfactory because they are too low.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -1.3 -0.5 Foreign born population (%) 1.3 (1976)	The Government reports that immigration is not significant and unsatisfactory because it is too low. The level of emigration is considered to be significant and too high.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 47.8 72.9 Growth rate: 1980-85 2020-25 urban 4.2 2.9 rural 1.4 0.4	Overall patterns of spatial distribution are considered to be inappropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: There is no direct intervention to modify population growth, although policies exist to modify fertility as a means of improving maternal and child health. The Government seeks to decrease mortality and to modify patterns of spatial distribution. It expects to improve living conditions and to achieve a more rational utilization of resources within the framework of development planning.

Importance of population policy in achieving development objectives: The Government notes that, although population policy in its broadest sense embraces all development policies, Bolivia has adopted a narrow definition whereby population policies consist of all measures intentionally aimed at influencing population trends. Accordingly, no comprehensive policies to modify demographic behaviour have been formulated in the various development plans implemented since 1952. Sectoral policies have gradually evolved to deal with the high levels of morbidity and mortality, and the unbalanced distribution of the population. Studies have been undertaken which may serve as the basis for the formulation of a comprehensive policy.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Bolivia has suffered from a lack of demographic data. For more than 25 years (1950-1975) a national census was not conducted. Only after the 1976 census did activities in the area of research and analysis take place. A new census has been provisionally scheduled for late 1987. Vital registration is incomplete. Bolivia has had comprehensive development planning since the 1950s. The Estrategía Nacional de Desarrollo y Plan Cuatrienal de Rehabilitación, 1984-1987, is currently in effect.

Integration of population within development planning: In 1978, with international support, a population policy project was included within the activities of the population department of the Ministry of Planning and Co-ordination. The project had as its objective to create institutional and methodological bases to integrate population policies within the process of development planning and public decision-making. In addition, the project aimed at improving the inadequate statistical data base.

POLICIES AND MEASURES

Changes in population size and age structure: The Government does not report any measures aimed at directly influencing the rate of population growth. However, a number of measures implemented within the sphere of social policy may have indirect impact upon the size, growth and structure of the population. Included are measures designed to improve health and sanitation and a system aimed at providing financial and other assistance to pregnant

women. Policies are also in effect to readjust patterns of spatial distribution. In general, the country has tried to resolve problems associated with population growth through economic and social restructuring, for example, irrigation projects and promoting gains in productivity. The social security system includes only employees in industry, commerce, mining, Government service, the self-employed, bank employees and the military; excluded are agricultural and domestic workers, artisans and occasional workers.

Mortality and morbidity: The Government's policy is to reduce the level of mortality and risk of disease and improve health conditions through intersectoral co-ordination and organized community participation. High priority is assigned to rapidly developing action programmes for maternal/child health care, workers' health and environmental sanitation by establishing regional operational services. The principal goals are to set up people's health councils at national, regional, district and area levels, so as to implement, develop and consolidate the participation of community organizations and to implement the Government's national health strategy. The following priorities have been identified: provision of assistance in deliveries, pre-natal care in an institutional setting, immunization of mothers and children, post-natal care for mothers and children, installation of oral rehydration units in all health areas, programmes of occupational health, control of endemic goiter and a national campaign against tuberculosis.

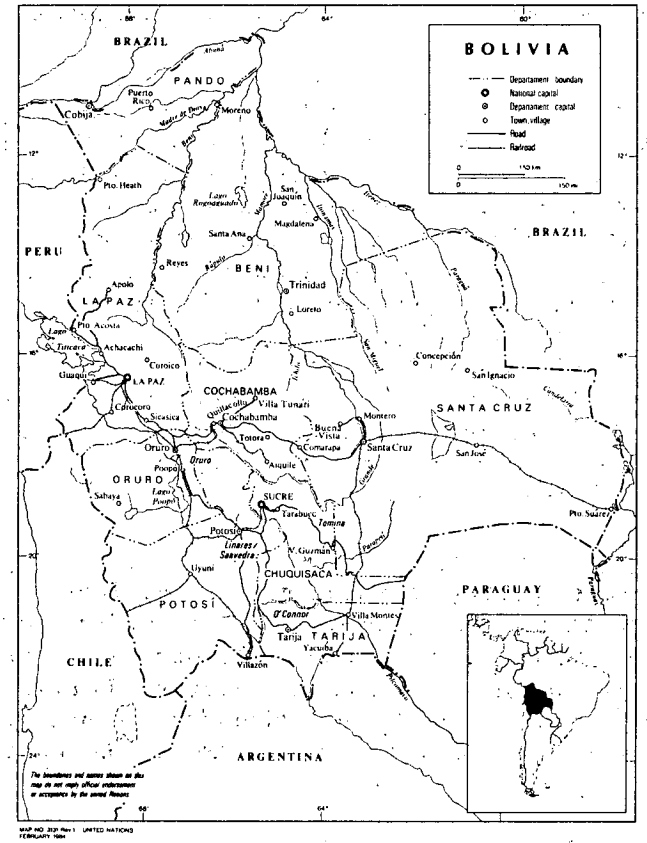
Fertility and the family: The Government has indicated that it desires to modify fertility levels chiefly to improve maternal/child health and family well-being. The Government has emphasized the need to obtain more data on fertility as a prerequisite for decision-making concerning policies dealing with fertility and the family. To this end, research has been undertaken in the area of fertility behaviour. A number of measures which have been implemented to protect mothers and new-born children may possibly stimulate higher rather than lower fertility. Pregnant women are entitled to free medical care for up to six weeks after the birth, as well as maternity leave 30 days prior to and 30 days following delivery. A number of additional subsidies are available. There is indirect Government support for access to contraception. Abortions are permitted only in certain circumstances, such as rape or incest. Sterilization is legal.

International migration: Neither an integrated body of legal regulations nor a definite and explicit policy regarding international migration has been established. However, there are agreements on specific matters, such as with Argentina on the legal exchange of seasonal labourers. Another is with Japan for the settlement of Japanese farmers in Eastern Bolivia. There are also agreements on free transit with neighbouring countries. A study of immigration by the Ministry of Planning was expected to produce guidelines for an immigration policy in 1986.

Spatial distribution/urbanization: Policies have been formulated to promote changes in regional distribution of population, in the distribution of the rural population, and in the urban-rural balance. In its 1976-1980 development plan, the Government indicated that it would fortify the

"fundamental territorial system" and areas of influence by integrated policies that: give preference to the location of key development projects, bring about a high degree of sectoral and interregional integration; construct economic and social infrastructure around the principal urban centres and provide linkage infrastructure; settle the rural population around existing nuclei that would serve as foci for the provision of basic economic and social infrastructure; re-direct migration towards areas of greatest potential and strategic importance; stimulate a greater outward movement of population from the high mountain valleys; undertake a number of colonization projects; and provide increased assistance to spontaneous colonists.

Status of women and population: The population department of the Ministry of Planning and Co-ordination has been involved in co-ordinating the work of women's organizations in the area of population. The minimum legal age at marriage for women is 14 years.



BOTSWANA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 1 107 4 151 0-14 years (%) 49.1 39.0 60+ years (%) 3.4 5.0 Rate of: 1980-85 2020-25 growth 3.8 2.4 natural increase 37.3 24.1	The Government views population growth as being unsatisfactory because it is too high. The Government has expressed concern that high population growth has serious implications for employment, strains services and infrastructure and accelerates urbanization.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 54.5 69.5 Crude death rate 12.6 4.9 Infant mortality 76.2 21.7	Mortality levels are considered unacceptable. Specifically, the health of infants, mothers and low-income groups has been identified as a problem.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.5 3.6 Crude birth rate 49.9 29.0 Contraceptive prevalence rate 28.0 (1984) Female mean age at first marriage 26.4 (1981)	The Government views levels of fertility as unsatisfactory and too high. Several problems have been perceived in relation to maternal and child health and family well-being, including short birth intervals, frequent abortion and an unbalanced age structure.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.8 0.0 Foreign born population (%) 1.7 (1981)	Immigration and emigration are considered to be not significant and satisfactory. Although concern has been expressed over the influx of refugee/asylum seekers to Botswana, new refugees are accepted.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 19.2 53.0 Growth rate: 1980-85 2020-25 urban 8.4 3.9 rural 2.9 0.9	The rural-urban configuration is considered inappropriate because of the high population concentration in certain rural areas and rapid urbanization. The Government is also dissatisfied with the overall uneven settlement and development pattern, particularly the slow rate of settlement in sparsely populated areas.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: There is no direct intervention to modify demographic variables, although there is an official policy to adjust spatial distribution. Policies aim to improve health and welfare and to indirectly modify fertility to improve family well-being.

Importance of population policy in achieving development objectives: The Government recognizes the link between high population growth, international migration and economic development. The fifth national development plan expresses concern over the impact of an increasing age-dependency ratio on standards of living.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Reliable censuses have been taken only since 1964. The latest of the three censuses was conducted in 1981. Vital registration is considered incomplete. A formal system of development planning has existed since 1966, and six official plans have been issued. Job creation and rural development are the focal points of the most recent national development plan, which covers the period 1985-1991.

Integration of population within development planning: A demographic unit at the Central Statistics Office began work in July 1985 on data analysis, estimates and projections, providing information for public and private use. In 1985 officials suggested that the Population Council, which had been created in the Ministry of Finance and Development Planning, but which is no longer operative, be revived to prepare specific recommendations regarding future population policy.

POLICIES AND MEASURES

Changes in population size and age structure: While there is no direct intervention to modify the rate of population growth, the Government is aware of the serious consequences of rapid population growth. Several measures have been taken in relation to maternal and child health and family planning programmes, which aim to indirectly influence the rate of growth. These measures include promoting overall health, reducing child and maternal mortality and morbidity, regulating fertility and curbing urbanization. Social and economic restructuring (for example, tax policies, land tenure system) are also indirectly aimed at reducing the rate of growth. The principal goal is to promote family well-being. No quantitative growth target has been established. Under the social security system, old-age pensions are limited to public employees.

Mortality and morbidity: The official policy is based on primary health care, with full community participation. Poor health is thought to be chiefly the result of poor nutrition, inadequate sanitation and housing, overcrowding and a general lack of public knowledge regarding personal health and hygiene. Since 1954, as part of the maternal/child health programme, there has been increased attention to the development of primary health care in rural areas, increasing local participation, focusing more on preventive and less on curative measures, offering comprehensive health services and improving the health referral system. Other measures undertaken include programmes in ante-natal and post-natal care, immunization, nutrition and basic education. Quantitative targets established are to reduce infant mortality to 50 per 1000 and to increase life expectancy at birth to above 60 years by the year 2000. In 1984 the Government reaffirmed its targets of having 85 per cent of all pregnant women visiting prenatal clinics and 70 per cent supervised delivery for 1985.

Fertility and the family: While there is no policy of directly intervening to decrease fertility rates, several programmes exist that aim indirectly at fertility control for family well-being. Among these are family planning programmes integrated into maternal/child health services, maternity benefits and improving women's participation in development. In general, high fertility rates are felt to increase the demand for services, thus undermining development efforts. In 1984 the Government discussed its new approach of targeting males in family planning programmes. Along with programmes to educate youth in responsible parenthood, it is hoped that this approach will modify problems associated with high fertility rates. Due to the high proportion of teenage pregnancy (about 23 per cent of girls aged 15-19) a survey on the extent of teenage pregnancy in Botswana and the implications on the provision of support services was begun in 1985 by the Botswana Women's Unit. Access to contraceptives is not restricted and receives direct government support. Abortion is permitted on broad medical grounds and sterilization is legal in practice with certain conditions. A target has been set for increasing the proportion of married women accepting family planning to 15 per cent by 1985.

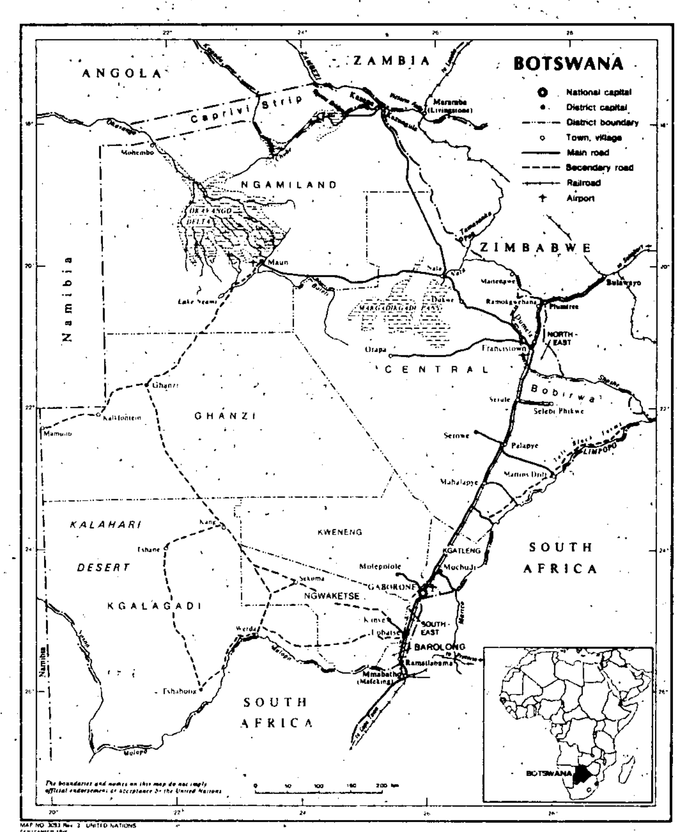
International migration: No official policy has been devised concerning immigration and in practice, limited immigration is allowed. The Government has declared that the flow of refugees and asylum seekers is of active policy concern. In 1986, the Government reiterated its policy of accepting refugees. It is estimated that, as of early 1986, there were approximately 10,000 refugees in Botswana, mainly from Namibia, South Africa and Zimbabwe. New efforts at repatriation were begun in 1986. No official emigration policy has been formulated, but the overall development policy is designed to reduce labour migration to South Africa and to absorb returning labour migrants.

Spatial distribution/urbanization: The official policy to adjust spatial distribution is based on increasing the responsibility of local governments and promoting integrated urban-rural development in the context of the National Settlement Policy to achieve balanced economic development. To stem rural-urban migration, measures have been implemented to boost agricultural production, services and resources. To cope with rapid urbanization,

especially in Gaborone, efforts have been directed towards planned urban development, growth studies and the provision of improved and expanded infrastructure services for both urban and rural areas.

Status of women and population: The Government has recognized the need to improve the status of women so that they may fully contribute their labour to the country's development efforts. The Government believes that women should be free to participate in economic and development activities and that in order to do so, there must be proper child-spacing. Efforts have also been made to place more responsibility for family planning and child raising on men by orienting family life education and family planning programmes towards males. Information on the minimum legal age at marriage for women is not readily available.

Other issues: The Government believes that the high rates of population growth are likely to adversely affect employment opportunities in the intermediate future. Thus, family planning is seen as a way of indirectly addressing the problem. Among the objectives of the Sixth Development Plan are the diversification of the rural economy, emphasizing qualitative rather than quantitative objectives and reinforcement of the role of local institutions.



BRAZIL

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 135 564 245 809 0-14 years (%) 36.4 24.6 60+ years (%) 6.6 13.8 Rate of: 1980-85 2020-25 growth 2.2 1.0 natural increase 22.2 10.0	The rate of growth is considered satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 63.4 72.1 Crude death rate 8.4 7.6 Infant mortality 70.6 29.8	Levels and trends of mortality are viewed as unacceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 3.8 2.3 Crude birth rate 30.6 17.6 Contraceptive prevalence rate 65.3 (1986) Female mean age at first marriage 22.6 (1980)	Levels and trends of fertility are satisfactory, both in relation to population growth and family well-being.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 1.0 (1980)	Levels and trends of immigration and emigration are considered not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 72.7 89.0 Growth rate: 1980-85 2020-25 urban 3.7 1.2 rural -1.3 -0.7	Patterns of spatial distribution are perceived as partially appropriate. Major concerns are the concentration of population in large metropolises, e.g., Sao Paulo and Rio de Janeiro, and the absence of growth centres to stimulate development in peripheral regions.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has not adopted an explicit policy to modify fertility or population growth. Initially, this was due to the Government's positive perception of the benefits of population growth and a large population size. Now, it is largely owing to Brazil's gradual transition to more moderate levels of fertility and population growth. The Government desires to restrict immigration, although not for demographic reasons, and to modify population distribution, largely as a means of achieving national integration.

Importance of population policy in achieving development objectives: While the topic of population has not been overlooked by the Government, which has included detailed population projections in its sectoral plans, population policy has been regarded as a sensitive issue. Although there was a new round of policy discussions in 1981, the Government remains cautious with regard to population issues. In 1984, a decree establishing a National Population Commission had been drafted, but no action had been taken as of late 1985. The appointment of a Commission for the Study of Human Reproductive Rights in 1985 may herald the beginning of a major commitment to a national population programme.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The main sources of demographic data are the nine censuses, the most recent of which was conducted in 1980. A nationwide system of vital registration was not established until 1974. Since comprehensive vital registration data are still lacking in many areas, researchers have relied on indirect techniques to derive estimates of fertility and mortality. The Brazilian Institute of Geography and Statistics (Fundaçao Instituto Brasileiro de Geografiá e Estatistíca) is the major organization responsible for collecting and analysing demographic data. Over the years, however, other government entities and agencies, including the State Government of Sao Paulo, the North-East Development Agency, and the Amazon Development Agency, have studied demographic matters. The most recent available development plan is the Third National Development Plan (III Plano Nacional de Desenvolvimento), 1980-1985. After a delay of one year the Government announced a new development plan, the country's fourth that would cover the period 1987-1991.

Integration of population within development planning: Although the National Planning Agency has integrated population factors into development planning by the use of economic-demographic models, there is no formal institutional arrangement to ensure such integration.

BRAZIL

POLICIES AND MEASURES

Changes in population size and age structure: The Government has no policy to influence natural increase or population growth, although socio-economic policies, such as employment creation, export growth, revitalization of agriculture and development of new energy resources, are expected to affect growth. Of primary concern are the regional differentials in rates of population growth. The Government has set no numerical goals, as it believes that the appropriate growth rate corresponds to the sum total of the free and well-informed decisions of those couples and individuals who plan their reproductive lives. The results of the 1980 census - indicating a gradual slow-down of population growth - are likely to reinforce this position. Nevertheless, Brazil recently implemented programmes to provide information and the means to exercise individual decisions with respect to family size, which are being incorporated into public health services at federal, state and municipal levels. Concerning social security legislation, a national pension scheme covers employed persons in industry and commerce, domestic servants and the urban self-employed, while special systems exist for students, public employees, rural workers and employers.

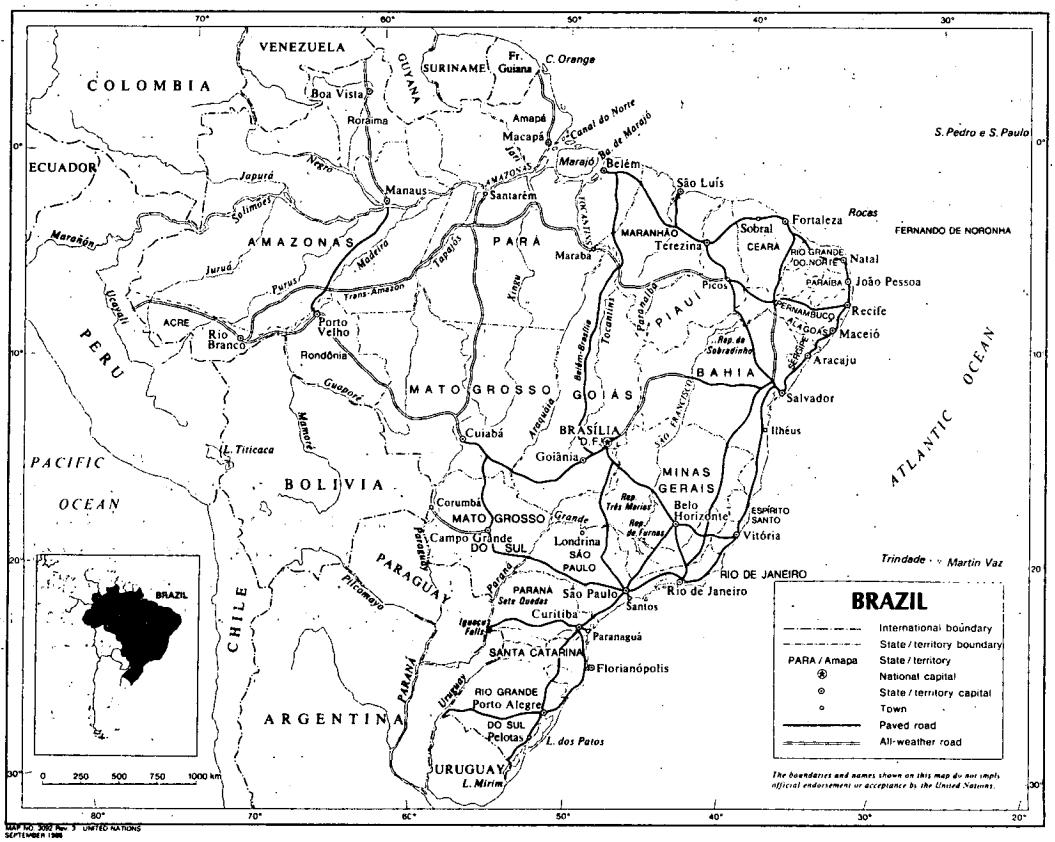
Mortality and morbidity: The Government has expressed concern over mortality differentials among different income groups and geographic areas, as well as over infant mortality, infectious and parasitic diseases and malnutrition. The Government seeks to redress inequalities in the health care system. Attempts are being made to improve resource use and allocation and service coverage. Recently, the Government's policy has been to decentralize health services while expanding the national programme and integrating federal, state and municipal programmes. The northeastern region has been chosen as a priority area both for implementing the national programme and establishing local centres. National strategies already implemented include the establishment of mini-health posts and health centres to bring basic health and sanitation activities to communities in the Northeast of less than 20,000 inhabitants. In 1979 the extension of these centres to the rest of the country was legally established as a national objective. Programmes are also underway to promote maximum utilization of existing public sector facilities and to extend coverage to rural and semi-urban areas. Basic nutrition is also of considerable concern. The Government considers that improved nutritional status depends largely on reducing the cost of basic foods and on a better income distribution. Family planning and child spacing are encouraged through programmes of maternal/child health.

Fertility and the family: In a dramatic shift from its previous position of neutrality regarding family planning, and its earlier pro-natalism, the first government-promoted family planning programme was announced in 1984. While not viewed as a panacea for social and economic problems, it is seen as an indepensable tool of development policy. The family planning programme, which is a component of a maternal and child health programme, will be implemented initially in the Northeast and then gradually extended to other areas. Currently all forms of birth control are legal, including sterilization. It is no longer illegal to advertise contraceptives. Abortion is illegal except to save the mother's life.

International migration: In 1980 the Government enacted a strict new immigration law, chiefly in response to concern over the presence of political exiles from neighbouring countries. In 1978, the Government changed its position on refugees and withdrew from the Geneva-based Intergovernmental Committee for Migration (ICM), citing Brazil's lack of need for immigrants and the ICM shift in focus from resettling European migrants to placing South-East Asian refugees. The country has never experienced large-scale emigration.

Spatial distribution/urbanization: Since the mid 1970s Brazil has stated the objective of reducing the concentration of the population of its large metropolitan areas and stimulating economic growth in peripheral regions. The National Urban Development Council mapped out a national urban development policy for the period 1980-1985. Guidelines included reducing uncontrolled growth in some metropolitan areas; guiding investment to medium-sized cities to raise their relative growth rates and initiate a process of urban deconcentration; stimulating economic activity and job creation in small and medium-sized cities; alleviating urban poverty and increasing accessibility to urban services. In late 1986, citing both national security and development objectives, the Government decided to set up small army bases along its borders as a way of drawing settlers to those remote regions.

Status of women and population: The minimum legal age at marriage for women is 16 years.



BRUNEI DARUSSALAM

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 236 369 0-14 years (%) 4.0 ... 60+ years (%) ... ... Rate of: 1980-85 2020-25 growth 3.7 ... natural increase 25.0 ...	The Government considers that its current population growth rate is satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 73.0 ... Crude death rate 4.0 ... Infant mortality 12.0 ...	Current levels and trends are acceptable as death rates, including infant mortality, are low.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate ... ... Crude birth rate 29.0 ... Contraceptive prevalence rate ... ... Female mean age at first marriage	The current fertility level is considered satisfactory. Family well-being is also perceived as satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate ... ... Foreign born population (%)	Levels and trends of immigration are significant and satisfactory. Emigration levels and trends are perceived as not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 58.0 ... Growth rate: 1980-85 2020-25 urban ... ... rural	The Government considers that patterns of population distribution are partially appropriate. There is some concern over rural-urban migration, mainly in relation to its negative impact on the agricultural sector.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has no explicit policy to modify existing fertility or population growth rates. It has formulated policies to provide health care to all by the year 2000 and to regulate temporary labour migration.

Importance of population policy in achieving development objectives: The Government has stressed the importance of integrating population policies with development plans in an effort to improve the economic, social and health conditions of the population.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The country has conducted seven censuses since 1911, the most recent in 1981. Registration of births, deaths and infant deaths is complete. Development planning has been undertaken since the early 1960s and has been aimed mainly at diversifying the economy, which is dominated by petroleum and natural gas production. The Fifth Five-Year National Development Plan (1986-1990) is currently in effect.

Integration of population within development planning: The Government has stated explicitly that it realizes the importance of integrated population and development planning. To date, it has not established a separate unit for population policy but has assigned this function to the national planning agency.

POLICIES AND MEASURES

Changes in population size and age structure: The Government has not formulated an explicit policy to modify population growth, although it has fully integrated population policies within its overall development policy. The goals of the National Development Plan (1980-1984) include maintaining a high level of employment, achieving rapid economic growth to improve the standard of living for the entire population, reducing economic imbalances between different ethnic groups and providing health care to all by the year 2000. A growing population is viewed as a means of ensuring both the country's national security and the labour force needed to carry out its development programmes. Given the country's high per capita income and high levels of social services, the Government considers that there is room for the country to absorb more people.

Mortality and morbidity: The Government considers mortality levels and trends to be acceptable, but it is still concerned with providing health care services to the entire population by the year 2000. In recent years, considerable resources have been devoted to building up a comprehensive health care system, which emphasizes prevention through various programmes, including sanitary food preparation, communicable disease control, environmental

sanitation, malaria vigilance and quarantine measures. Clinics in each of the four administrative districts provide maternal/child health care services. Anyone without access to these clinics can be serviced by flying medical teams. As a result of these programmes, it has been estimated that 90 per cent of mothers receive some prenatal care. Pilot projects to extend primary health care to remote rural areas have been planned in Tlutong and Gelait. Preventive and curative services are provided to the entire population free of charge through general hospitals located in each of the four administrative districts. When specialized treatment, which is not available in Brunei, is needed, patients are flown at government expense to countries where such services are available (e.g., Singapore, United Kingdom, Australia).

Fertility and the family: The Government has not formulated a policy to modify fertility levels or trends, nor has it sponsored a comprehensive family planning programme. The only service available to women is advice on the spacing of births. Brunei society maintains strong pro-family values. Abortion is illegal except to save the mother's life. The Government has not formulated any specific legal provisions with regard to sterilization.

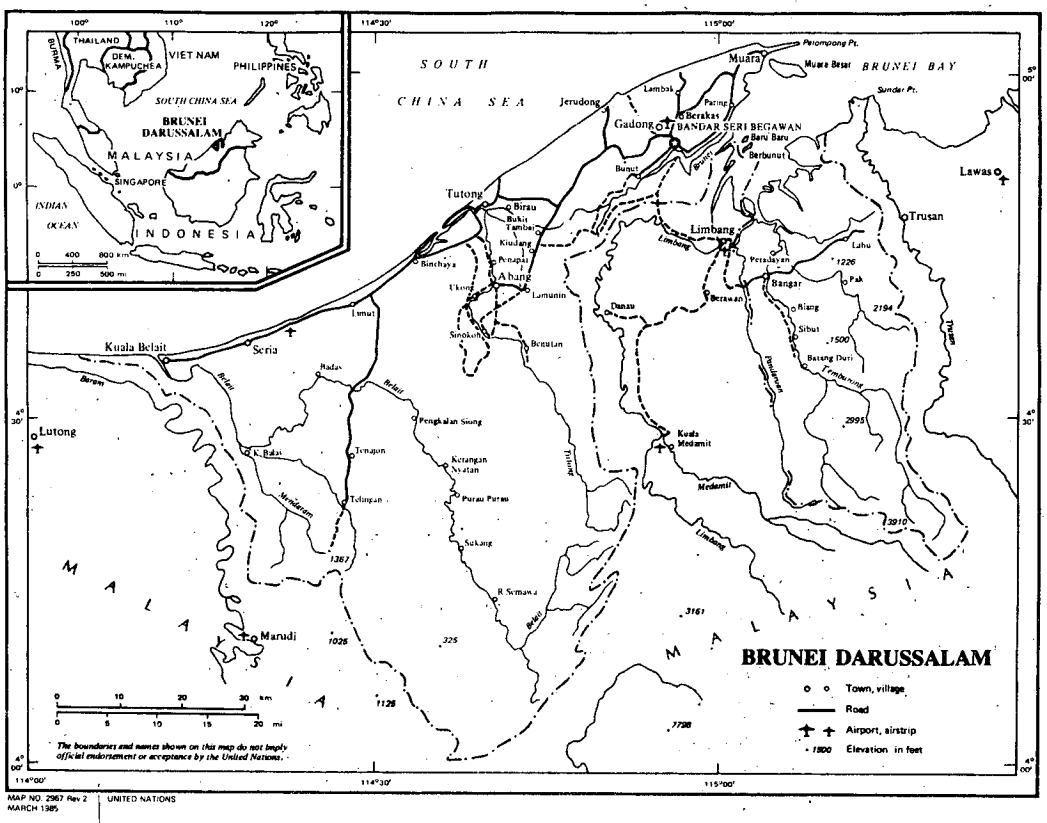
International migration: Brunei has experienced significant immigration over the years - to the point where it has had a marked effect on the country's ethnic composition. It was estimated that in 1981 36 per cent of the labour force was made up of migrant workers. The Government currently controls the number of temporary migrant workers by means of employment permits issued by the Controller of Immigration in conjunction with the Commissioner of Labour. The worker and the employer must agree upon a written contract that guarantees the prevailing wage for the type of work to be performed as well as housing, medical care and access to the courts in case a dispute between the employer and the employee arises. The law limits the length of the contract to no more than two years, after which the migrant must be returned to his country of origin at the employer's expense. Some 30,000 persons of ethnic Chinese descent living in Brunei are considered to be stateless. Under the 1979 Co-operation and Friendship Treaty between Britain and Brunei, persons with permanent residence in Brunei were given Certificates of Identity for travel purposes.

Spatial distribution/urbanization: Brunei has been urbanizing quite rapidly. Seventy per cent of the population live in the two largest centres. Although the Government perceives patterns of spatial distribution to be more or less appropriate, it is somewhat concerned by the flight of the population from the land and by the corresponding decline in the agricultural sector. In an attempt to rectify this situation, the Government has established an agricultural training centre to teach modern farming techniques. There is no explicit policy to modify patterns of spatial distribution, although a few large-scale infrastructure projects may subsequently influence it (e.g., construction of roads, a deep-sea port at Muara and a giant liquified natural gas plant at Lumut).

Status of women and population: Traditionally, women have played a subordinate role in Bruneian society, but with increasing levels of urbanization and modernization, the role of women has taken on a new perspective. There has been a growing effort to provide girls with training

to enable them to support themselves should the need arise. In 1981, 29 per cent of the total labour force was made up of women, and this proportion is likely to rise since women constitute 48 per cent of the student population. Information on the minimum legal age at marriage for women is not readily available.

Other issues: The Government is greatly concerned about Brunei's dependence on imported food; 80 per cent of its food requirements are imported. To reduce this dependency one of the objectives of the 1986-1990 Development Plan is to diversify the economy by developing agriculture, fishery, forestry and manufacturing.



DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 9 071 10 070 0-14 years (%) 22.3 20.0 60+ years (%) 17.3 22.2 Rate of: 1980-85 2020-25 growth 0.5 0.2 natural increase 4.7 1.9	The Government perceives current growth rates as too low.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 71.6 76.8 Crude death rate 11.0 11.6 Infant mortality 17.6 7.2	Present conditions of health and levels of mortality, including the average life expectancy at birth, are regarded as acceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 2.2 2.1 Crude birth rate 15.7 13.5 Contraceptive prevalence rate 76.0 (1976) Female mean age at first marriage 21.6 (1980)	Current fertility rates are considered unsatisfactory because they are too low, and higher rates are desirable.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%)	The insignificant immigration levels are considered satisfactory. Emigration, which is also insignificant, is considered satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 66.5 83.4 Growth rate: 1980-85 2020-25 urban 1.7 0.4 rural -1.8 -0.9	The spatial distribution is considered partially appropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The main goals of Bulgarian demographic policy are to maintain a moderate and stable population growth, provide for the health of individuals, enhance job opportunities and living conditions and improve the spatial distribution. Higher fertility is encouraged by creating a social, economic and psychological atmosphere suitable for a two- or three-child family and by having the State assume a greater share of the family's responsibility towards children.

Importance of population policy in achieving development objectives: Population policy in Bulgaria is an integral part of socio-economic policy and is aimed at enhancing the people's standard of living and health. Demographic problems connected with an aging population and a falling birth rate may eventually affect development. The policy is to support family formation and stimulate the birth rate. The Government opposes specific measures for population control and believes that family planning can accomplish tangible results only on the basis of social and economic progress.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The most recent population census was taken in December 1985. The key principals of development planning have most recently been expounded in 1981 by the Twelfth Congress of the Bulgarian Communist Party. The Eighth Five-Year Plan covering the period 1981-1985 is the last available plan. In March 1986 a draft of the new five-year plan was issued.

Integration of population within development planning: The Reproduction of Human Resources Council of the State Council is the Government agency responsible for the formulation and co-ordination of population policies. The State Planning Committee, established in 1945, is responsible for taking into account population variables in planning and has as its principal duties the preparation of the country's economic and social development plans. Population projections have been prepared, since 1950, by the Committee on the Integrated System of Social Information along with the State Planning Committee and certain demographic research institutions. Interrelationships between population and development are studied by the Demographic Research Laboratory of the Higher Institute of Economics.

POLICIES AND MEASURES

Changes in population size and age structure: Increased fertility levels are seen as the key to higher growth rates. Since official policy opposes direct measures for population control, improvements in the socio-economic environment are seen as the major avenue of change. The Twelfth Congress of

the Bulgarian Communist Party proposed major social welfare improvements through 1990 including reform of social security. Government policy concerning the aged includes a pension to which everyone is entitled, free medical care, medical services for preventing the degenerative processes and specialized institutions for the elderly.

Mortality and morbidity: The main priority is the prevention of disease and its complications through widespread prophylactic measures, limitation of the risk factors of living and working conditions, early detection of health problems and rapid treatment. To achieve this goal the "Gabrovo health services model" has been implemented; it is an integrated system of health care functioning on the national as well as provincial level, involving broad sectors of society in a comprehensive and co-ordinated programme of prevention, treatment, rehabilitation and health promotion. Of particular concern are mortality levels of infants and children under the age of 14 and the active population between the ages of 40-59 years, cardio-vascular ailments, cancer and traumas.

Fertility and the family: The Government believes that it is necessary to create social, economic and psychological conditions favourable for the gradual growth and stabilization of the birth rate and to achieve the goal of two to three children per family. Objectives are to modify the effect of declining fertility on the rate of population growth and to improve maternal/child health and family well-being. To achieve these goals there are measures for the improvement of the status of women, combining motherhood with women's active employment and involvement in public affairs. As of 1982, every working woman has a right to a paid 10- to 12-month maternity leave depending on birth order; paid leave of 60 days per year to care for a sick child; an unpaid three-year maternity leave with preservation of the job. Measures also include child welfare allowances and improved social benefits and care for the aged. In April 1984 childbirth bonuses and child allowances were increased and child care facilities which already catered to 82 per cent of all children were expanded. Legislation passed in July 1985 substantially raised monthly allowances for the first three children. Access to modern methods of fertility regulation is not limited and direct government support is provided through free access to information and methods. In 1983 the first locally-produced intra-uterine device was tested. Information is distributed through gynaecological consultations, by monographs and popular publications, daily newspapers and periodicals. Abortion, after being legalized in 1956, was restricted in 1968. It was prohibited for childless women except for medical reasons. In 1984 a new anti-abortion act was adopted.

International migration: Both immigration and emigration levels are insignificant and government policy aims to maintain this level. Some Yugoslav construction workers are in Bulgaria on fixed-term contracts. No quantitative migration targets have been set and no changes in either emigration or immigration laws have been reported after January 1980. Small numbers of specialized workers have been sent to other countries in the region.

Spatial distribution/urbanization: Minor changes are desirable, such as preventing population overconcentration in the metropolitan centre, Sofia, and promoting the growth of lagging regions. The Government is committed to

channelling migrants mainly to locations along the Black Sea and to dispersing industrial activity to small towns surrounding existing urban centres. Policies concerning internal migration consist of decelerating current trends. Comprehensive strategies aim at slowing metropolitan growth, promoting small towns and intermediate cities and developing rural and lagging regions. Policies designed for enterprises include public infrastructure subsidies and development, direct restrictions and controls on industrial location, direct state investment and transport rate and other interregional cost adjustments. Measures designed for the individual include improvements in housing and social services, human resource investment, job training and residential controls. Decree No. 22 of the Central Committee of the Bulgarian Communist Party and the Council of Ministers of 10 May 1982 specifies the use of incentives and disincentives for changing place of residence. Permanent arrivals in some large cities are subject to restrictions, while in regions of labour shortages, salaries are increased to attract workers.

Status of women and population: According to a statement made in 1984 by the Chairperson of the Committee of the Movement of Bulgarian Women, the supreme moral duty of a woman is to bear and raise children with the help of society. This concept is promoted by improving the living conditions of women and society as a whole. The minimum legal age at marriage for women is 18 years.

MAP NO. 3412 UNITED NATIONS
MARCH 1987

BURKINA FASO

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 6 942 20 106 0-14 years (%) 43.9 37.3 60+ years (%) 4.8 5.7 Rate of: 1980-85 2020-25 growth 2.4 2.0 natural increase 27.7 20.4	Current levels and rates are considered satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 45.2 61.2 Crude death rate 20.1 8.7 Infant mortality 150.3 74.1	Current levels and trends are considered unacceptable. Among target groups identified are children under age 15.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.5 3.6 Crude birth rate 47.8 29.0 Contraceptive prevalence rate ... ... Female mean age at first marriage 17.4 (1975)	Current rates are considered satisfactory in relation to demographic levels. The Government would like to modify fertility patterns in relation to maternal and child health and family well-being.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -3.8 0.0 Foreign born population (%) 2.1 (1975)	Immigration rates are considered not significant and satisfactory. Emigration rates are considered significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 7.9 27.3 Growth rate: 1980-85 2020-25 urban 4.7 4.8 rural 2.2 1.1	Current patterns are considered inappropriate. The growth of Ouagadougou, the largest metropolitan area, is considered too low and therefore unsatisfactory.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: There is no intervention to modify rates of population growth and fertility. In general, population concerns are related to the health and well-being of the predominantly rural population and perceived in terms of high morbidity and mortality rates, inappropriate spatial distribution and the effects of emigration patterns; population is not perceived primarily in demographic terms.

Importance of population policy in achieving development objectives: Only since the early 1980s has population policy been considered an important part of overall national development plans and the Government now expresses the need to formulate a policy that will be consistent with the country's economic situation and cultural traditions. A population policy is currently under preparation by the National Population Council.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The first national census was carried out in December 1975; a second census was conducted in December 1985. A five-year national development plan has been launched for the period 1986-1990. Vital registration is considered incomplete.

Integration of population within development planning: The National Population Council was created in January 1983 to formulate and co-ordinate population policies. The Office of Demographic Research in the Ministry of Planning is responsible for making demographic projections and surveys.

POLICIES AND MEASURES

Changes in population size and age structure: There is no policy of intervention since the Government has not perceived a need to limit population growth. Emigration has until now absorbed some of the population increase. Efforts to decrease infant mortality and recent concern with high emigration rates may, in fact, increase the rate of growth in the near future. Size and growth are perceived in relation to the spatial distribution of population and may be affected by policies that aim to redistribute the rural population. Improving the status of women, a top priority, could also influence fertility and thus population growth. Finally, socio-economic development such as agricultural programmes, an improved education system and increased employment opportunities are expected to significantly influence the rate of population growth. Concerning social security, a scheme exists under which employed persons, technical students and apprentices are included, while public employees are covered under a special arrangement.

BURKINA FASO

Mortality and morbidity: There is a policy to lower morbidity and mortality rates, particularly the infant mortality rate which was one of the highest in the world. National vaccination and immunization campaigns have been carried out to combat transmissable diseases. The improvement of maternal/child health services is also expected to reduce the incidence of common diseases. Of major concern are endemic and epidemic diseases including measles, yellow fever, polio, tuberculosis and the health problems of migrants (who bring into the country many cases of trypanosomiasis and tuberculosis). In particular, the prevalence of onchocerciasis (river blindness) in the southwestern region is considered a major constraint to development. A national sanitation programme for the period 1980-1990 emphasizes primary health care and personal hygiene education for the population. In co-operation with international agencies, the Government has carried out programmes to improve nutrition, sanitation and a clean water supply and to provide a health clinic in each one of the country's 7000 villages. By 1980 more than 7000 female birth attendants and more than 7000 male primary health care agents had been trained. No quantitative targets relating to mortality levels have been set.

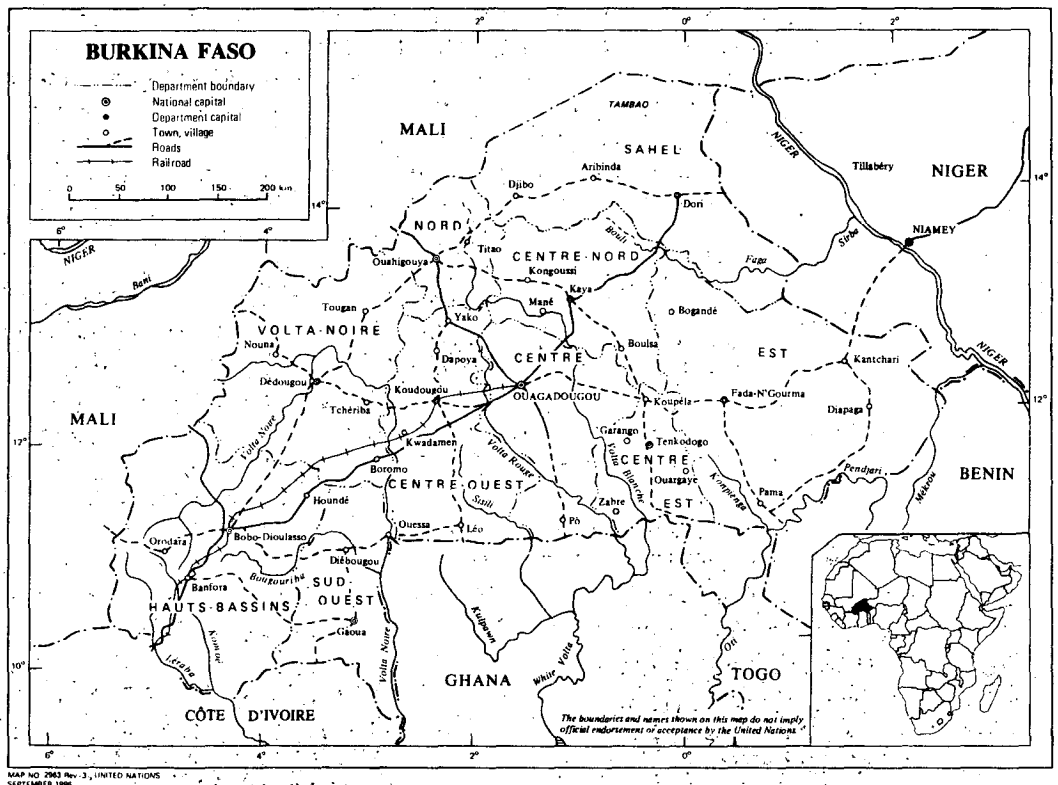
Fertility and the family: Official policy is to maintain current rates of fertility although no demographic targets have been set. A family planning programme has recently been integrated into the maternal/child health programme to improve maternal/child health and family well-being, and reduce abortion and unwanted and teenage pregnancies. Specific measures expected to affect fertility rates include measures to improve the status of women (such as equal access to education), family allowances and old age benefits. In 1982 contraceptives were available on a prescription basis. There are no restrictions to modern methods of contraception and information on their use, and indirect government support is provided. Abortion is illegal except to save the life of the woman. Sterilization is available on medical grounds and can only be performed with the husband's written permission. In 1985 the Ministry of Family Development issued a Plan of Action stating that family planning was an essential component of social welfare. Among the Plan's objectives are revising the 1920 law forbidding family planning publicity and the sale of contraceptives, integrating family planning into all health structures and introducing a programme of sex education in schools.

International migration: There is no known policy concerning immigration. Emigration policy aims to maintain the current level into the future. There is official concern, however, with the emigration of young adult males to neigbouring countries and its impact on socio-economic development.

Spatial distribution/urbanization: Policy aims at modifying the distribution of population between rural areas and between regions and at increasing migration to rural areas (particularly the southwest). Comprehensive rural development strategies are intended, in part, to make the fertile southwestern part of the country more habitable; for instance, by improving the health infrastructure and environmental conditions. Strategies include regional development policies for lagging regions and land colonization schemes. Unlike the governments of many neighboring countries, Burkina Faso is concerned not with rural to urban migration but with migration between rural areas. The relatively low population density in the fertile Volta river basin areas in the southwest, due largely to endemic health problems (river blindness), is a major concern.

Status of women and population: Improving the status of women is a top priority. The Government, acknowledging the role of rural women in agricultural production, household labour and educating children, has introduced measures to reduce female illiteracy, which currently exceeds 95 per cent. These measures include providing equal access to agricultural and educational schools for both sexes which should increase the female contribution to national, social and economic development. Women's status is expected to be indirectly improved by the introduction of sex education in secondary schools and the availability of family planning services. Information on the minimum age at marriage for women is not readily available.

Other issues: In 1984 the President of the National Council of the Revolution pointed to the drop-out rate from an educational system ill-suited to students' needs and the obstacles to agricultural development as causes of some of the country's population problems.



BURMA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 37 153 65 960 0-14 years (%) 37.6 24.1 60+ years (%) 6.7 12.3 Rate of: 1980-85 2020-25 growth 1.9 1.0 natural increase 19.4 10.0	The Government perceives its current rate of growth to be satisfactory, as the country is considered relatively under-populated.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 57.5 72.6 Crude death rate 11.0 7.0 Infant mortality 70.0 20.2	Current levels and trends are perceived as unacceptable, particularly with reference to infants, children and rural inhabitants.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 4.1 2.2 Crude birth rate 30.5 17.0 Contraceptive prevalence rate 5.0 (1980) Female mean age at first marriage 22.4 (1983)	Current levels and trends are considered satisfactory in relation to population growth, but there is some concern over its relation to maternal and child health.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 2.1 (1973)	Both immigration and emigration levels are viewed as not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 23.9 47.1 Growth rate: 1980-85 2020-25 urban 1.9 2.8 rural 1.9 -0.4	The Government perceives the spatial distribution as partially appropriate. There is some concern with the population concentration and the continual growth of urban centres.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: Population problems are not viewed in terms of controlling population growth but rather as a matter of equipping and mobilizing the population for economic growth. Emphasis is placed on a policy that both ensures a healthy population and stimulates social and economic development.

Importance of population policy in achieving development objectives: The Government recognizes that efforts to improve the social, cultural and economic status of the country are inseparable from population issues. Development objectives are felt to be closely tied to population objectives, with manpower being the most important factor.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The country's first modern census was taken in 1872 and a census has been conducted every 10 years since then, with a slight disruption during the Second World War. The most recent census was held in April 1983. In 1975 a project was initiated to improve the country's vital statistics which are considered to be incomplete. Formal development planning has existed since 1962. The most recent plan is the Fourth Four-Year Plan (1982/1983 - 1986/1987).

Integration of population within development planning: In 1974, the Government established a Central Population Commission to formulate and implement national population policies. Members of the Commission which include representatives from the Ministries of Agriculture, Education, Planning and Finance, Forestry, Health, Industry, Labour and the Central Statistical Organization, have as their objective the integration of population policies with national development policies.

POLICIES AND MEASURES

Changes in population size and age structure: The Government is confident that it can support a larger population and therefore welcomes a continued high rate of population growth. It would like a larger population in order to increase production in the agricultural sector. The Government hopes that this will improve the current economic situation. Virtually all measures that hinder accelerated population growth are frowned upon or prohibited, although no measures to directly influence population growth have been reported. Under the social security scheme, old-age pensions are limited to public employees, but the Government is planning to broaden coverage. In May 1984 the Government launched a campaign to provide needy older persons with economic, social and health care; the programme will be revised and adjusted according to the country's changing socio-economic progress.

Mortality and morbidity: For the period 1982-1986, the People's Health Plan of Burma indicates the nature, magnitude and priorities for health care problems. Five programme areas are identified: community health care, hospital care, disease control, environmental health and support services. The Government wishes to improve health services and conditions for people living in rural areas and for all mothers, children and infants. In a move to reduce the morbidity and mortality rates of these groups, a massive programme to train voluntary health workers was launched in 1984, with the goal of more than doubling the number of such workers by 1988. To improve the health status of the under-served rural areas, primary health care will be distributed at the community level by these newly trained volunteers who come from the community itself. Auxiliary midwives will also be trained to help improve child and maternal health, especially in the rural areas. Some efforts are also being made to improve environmental conditions vis-a-vis water supply and sanitation projects.

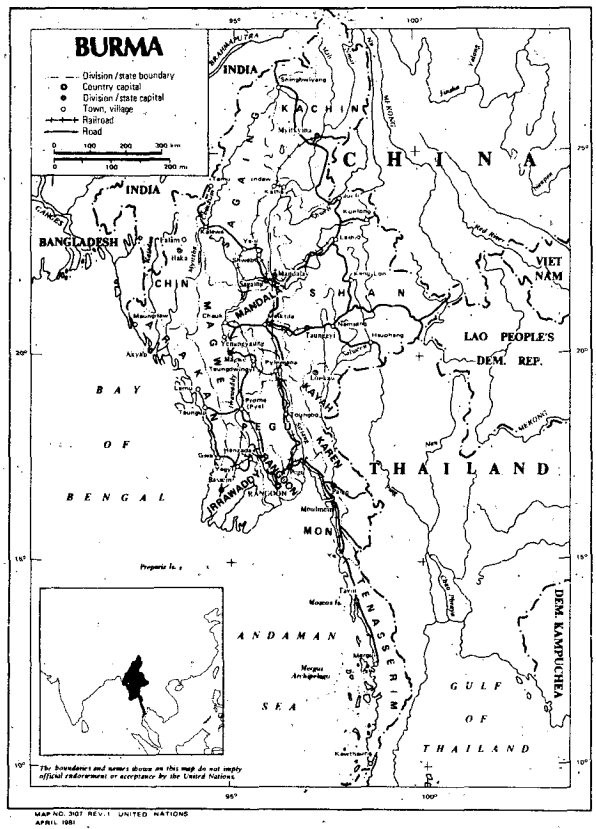
Fertility and the family: The Government is opposed to family planning as a means of regulating fertility to control population growth. The Government has taken a pro-natalist attitude, although it has recently recognized that family planning may be desirable if, but only if, it improves maternal and child health. In 1983 the Government decided to encourage mothers to space births for health reasons. Contraceptives, which are not readily available, are distributed at certain health centres for reasons of maternal health. Education of mothers on family health has also been a part of this programme. The Government has cautiously embarked on a family planning programme but in essence is still opposed to family planning practices. The importation of contraceptives is strictly controlled and the Government provides some support for access to them. Abortion is illegal except to save the life of the mother. Sterilization is legal only for medical reasons and not for contraceptive purposes.

International migration: Immigration is severely limited. In 1978 Burma signed an agreement with Bangladesh to prevent illegal border crossings. The only emigration measures taken have been to repatriate some of the Indian and Pakistani population. All tribal movements across the borders are predominantly of a temporary nature, involving only seasonal activities, and the numbers are relatively small.

Spatial distribution/urbanization: The Government has a two-fold spatial policy. First, attempts have been made to resettle the urban poor from Rangoon, the capital, and from Mandalay, to planned satellite towns. The second aim of this policy is to reduce urban in-migration through rural development schemes, the development of intermediate towns and lagging areas and the required approval of the People's Council to migrate.

Status of women and population: The Government does not accept external assistance for "women's projects" because it feels that women enjoy the same freedom and rights as men. The legal age for marriage for both sexes is 18 years.

Other issues: The agricultural sector has been experiencing gains in productivity per hectare as a result of the development of new strains of rice. Burma would like to employ its increasing population to bring more arable land under cultivation, in hopes of improving the lagging economy. The Fourth Four-Year Plan, as with the preceding Third Four-Year Plan, continues to emphasize the development of agriculture.



BURUNDI

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 4 721 11 817 0-14 years (%) 44.8 30.3 60+ years (%) 5.4 6.5 Rate of: 1980-85 2020-25 growth 2.8 1.4 natural increase 28.2 13.7	The Government considers population growth to be unsatisfactory because the rate is too high. The Government believes that over-population has been a destructive force in the country's development and adversely affects agriculture, employment, health and education.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 46.5 62.5 Crude death rate 19.0 8.1 Infant mortality 124.1 55.6	Levels and trends are considered unacceptable. Maternal and infant mortality is of particular concern. Morbidity issues are malaria, measles, influenza, tetanus, tuberculosis, polio, diarrhoea and malnutrition.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.4 2.4 Crude birth rate 47.2 21.9 Contraceptive prevalence rate 1.0 (1977) Female mean age at first marriage 20.8 (1979)	Levels and trends are considered not satisfactory because they are too high.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 2.1 (1979)	Immigration and emigration rates are considered satisfactory and not significant.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 8.2 41.2 Growth rate: 1980-85 2020-25 urban 11.7 3.4 rural 2.2 0.1	Spatial distribution is considered partially appropriate. Metropolitan, urban and rural population growth is considered too high. Rational settlement of the countryside, rural development and rural to urban migration are major concerns.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has not developed a national population policy. However, it has developed measures and established programmes to lower fertility and mortality and to adjust spatial distribution. The Government has been unable to formulate a comprehensive population policy because of the lack of reliable population data, qualified personnel and government institutions to deal with population matters. Recently, however, there have been efforts to develop an institutional framework for that purpose.

Importance of population policy in achieving development objectives: The Government acknowledges the necessity of integrating demographic variables into development planning. The leadership has emphasized the destructive effects of over-population to society and the land. The Government plans to review the rural economy to restructure it in a way that will be more compatible with both land and population resources.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The country conducted a general census in 1979 and three demographic surveys since then. A civil registration project, begun in 1980, was extended through 1985. Formal development planning has existed since the 1960s. The current five-year plan covers the period 1983 to 1987.

Integration of population within development planning: The Centre d'études démographiques pour le développment was established in 1980 to formulate and co-ordinate population policies. The Centre and the Direction générale de la planification are responsible for integrating demographic factors into socio-economic development plans. The Département de la population was created in 1967 to prepare demographic projections and to conduct special demographic surveys for use in planning.

POLICIES AND MEASURES

Changes in population size and age structure: Policy is to lower population growth as high population growth and density have hindered economic development. The dependancy ratio is also considered high. The Government plans to prepare measures to deal both with the young and the still small proportion of the aged. Government policies which indirectly influence the size and age structure of the population include measures aimed at population control, such as family planning. No quantitative targets have been set. A retirement pension plan recently has been established with an eligibility requirement of 15 years of employment.

Mortality and morbidity: Government policy is to reduce mortality and morbidity. The main policy objectives are to improve the delivery of preventive medicine, the sanitary infrastructure, health and nutrition conditions, and to lower infant mortality. In the field of health care, the Government has adopted measures to extend medical services to all regions, construct new hospitals and health centres, train qualified personnel and establish immunization programmes. In 1985, the Government announced plans to adopt a strategy with neighbouring Rwanda to combat communicable diseases and control epidemics. In the same year, the Government initiated a rural water supply project and a programme of sanitary education to sensitize the population to the use of potable water. The current five-year plan outlines goals for combating hunger and malnutrition. The Government has taken steps to achieve self-sufficiency in food production but has also asked for international aid in the light of the recent reduction in local food production and the drought. No quantitative mortality targets have been set.

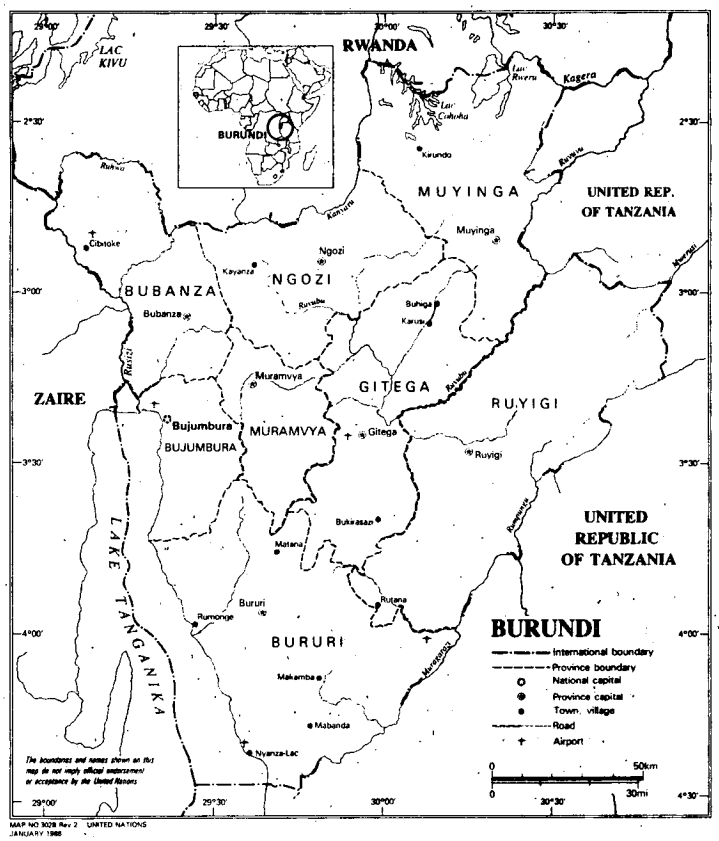
Fertility and the family: Government policy is to lower fertility rates in relation to population growth, to improve the health of mothers and children and family well-being. Family planning is a high priority, consisting mainly of encouraging birth spacing, which the Government feels respects the traditional culture and the rights and values of individuals. Measures have been taken to extend coverage of the family planning programme to rural and remote regions. Access to some methods of modern contraception receives direct government support. Abortion is allowed only for medical reasons. Information on the status of sterilization is not readily available. No quantitative targets for fertility levels have been set.

International migration: Immigration and emigration are not active policy concerns. However, the Government does plan to regulate the entry and sojourn of migrant workers and their families and refugees. Despite the lack of concern over emigration, the country has been an exporter of male labour, leaving the sex structure unbalanced. The three member states of the Economic Community of the Countries of the Great Lakes - Burundi, Rwanda and Zaire - adopted on 1 December 1985 a convention concerning the free movement of persons, goods, services, capital and the right of establishment. When ratified, nationals and their family members will have the right to enter, reside and stay in other member States and to engage in economic activities there. Quantitative migration targets have not been set.

Spatial distribution/urbanization: Official policy is to improve population distribution and to lower rural out-migration. Measures to redistribute the population include creating rural employment, constructing schools, hospitals, and health centres in rural areas, improving infrastructure in rural regions and improving transportation. The Government has also mentioned the possibility of relocating young couples from over-populated to under-populated regions. Rural development policy aims to consolidate the population into villages and create co-operative community farming. The Government feels that the first step is education, and it plans to ensure that peasants actively participate in the restructuring activities. No quantitative targets concerning the country's spatial distribution have been set.

Status of women and population: Policy is to improve the status of women particularly in relation to fertility. The Ministère de la condition féminine was established to deal with raising the status of women. While the Government has been concerned with education in general and in population matters, there has been special emphasis on the education of women. Information on the minimum legal age at marriage for women is not readily available.

Other issues: The Government believes that the country's geography has been a constraint to development. The country is land-locked, the relief is mountainous, which limits transportation, and the high-quality soil has been depleted. Although there is a tremendous potential for hydro-electric power, resources have not been sufficiently tapped, leaving the country energy-deficient. Forestry resources have also become inadequate. Although the climate is favourable to agriculture, demographic pressure and the system of land cultivation have caused the soil and vegetation to deteriorate, reducing agricultural productivity. The reduction of agricultural productivity is particularly serious since Burundi is predominantly rural and its economy is agriculturally based. Along with rural development programmes to alleviate demographic pressures, the country has sought to increase industrialization.



BYELORUSSIAN SOVIET SOCIALIST REPUBLIC

DEMOGRAPHIC INDICATORS			CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH			Population size is considered satisfactory, but concern has been expressed by the Government with regard to regional variations and labour shortages. The Government views the tremendous wartime losses from the Second World War as having profound demographic ramifications, particularly in relation to population growth.
Population:	1985	2025	
(thousands)	9 911	...	
0-14 years (%)	...	...	
60+ years (%)	...	...	
Rate of:	1980-85	2020-25	
growth	0.8	...	
natural increase	6.6	...	
MORTALITY/MORBIDITY			Mortality levels are viewed as unacceptable. There is concern over the death rates of children, especially those in the first year of life, and of the working age population.
	1980-85	2020-25	
Life expectancy	...	...	
Crude death rate	10.6	...	
Infant mortality	16.7	...	
FERTILITY/NUPTIALITY/FAMILY			Fertility levels are considered satisfactory. Particular concerns are the maternal welfare of women and children, family well-being and the ability of women to combine motherhood with labour force participation.
	1980-85	2020-25	
Fertility rate	...	...	
Crude birth rate	17.1	...	
Contraceptive prevalence rate	...	...	
Female mean age at first marriage	...	...	
INTERNATIONAL MIGRATION			Levels of immigration and emigration are considered not significant and satisfactory.
	1980-85	2020-25	
Net migration rate	...	...	
Foreign born population (%)	...	...	
SPATIAL DISTRIBUTION/URBANIZATION			Spatial distribution is considered partially appropriate. The growth of small and medium-sized cities and rural development strategies are major policy concerns. Urban growth and the stabilization of the ratio of urban to rural population are also matters of concern.
Urban	1985	2025	
population (%)	59.2	...	
Growth rate:	1980-85	2020-25	
urban	...	...	
rural	...	...	

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government believes that the resolution of population problems is through the development and socio-economic restructuring of international economic relations and the eradication of inequality and poverty. Current population policy focuses on family formation and improving the status of working women.

Importance of population policy in achieving development objectives: Demographic policies are viewed as important in determining socio-economic and cultural development.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Censuses were conducted in 1926, 1939, 1959, 1970 and 1979. Vital statistics registration is considered complete. Formal development planning has existed since the 1920s; the most recent plan is the 12th Five-Year Plan (1986-1990).

Integration of population within development planning: The government agency responsible for the formulation of population policies is the State Planning Committee of the Soviet Union which was established in 1921. The Central Statistical Board of the Soviet Union prepares population projections used for development planning in conjunction with the State Planning Committee. The Board is also responsible for preparing demographic surveys.

POLICIES AND MEASURES

Changes in population size and age structure: The Government has implemented policies to stimulate economic development, reinforce the family and adjust spatial distribution to affect population size. The policies are in response to the continuing impact of the losses sustained in the Second World War, when a quarter of the Byelorussian population died. Another concern is the aging of the population. Current policies stress the importance of providing opportunities for the elderly to continue working, since it is felt that such activity improves health and increases longevity. Strategies to rationally organize labour force participation take into account the heterogeneity of the elderly population in terms of health status and work capacity. In 1984 the Ministry of Social Welfare, the Ministry of Health, the Committee on Labour and trade unions worked out a programme to ensure the full utilization of the work capacities of all elderly. The programme includes establishing special teams, with medical and engineering specialists, to rationalize the work of older employees in enterprises.

Mortality and morbidity: The Government intends to institute measures to improve health services for the entire population with special care devoted to children. As part of the scheme to lower morbidity and mortality, there are also plans to improve working conditions and the environment. A comprehensive system of free medical care is provided by the Government. The training of medical personnel in geriatrics and gerontology has also been emphasized in the Republic's three medical institutes and post-graduate education faculties. Quantitative targets relating to mortality levels have not been set.

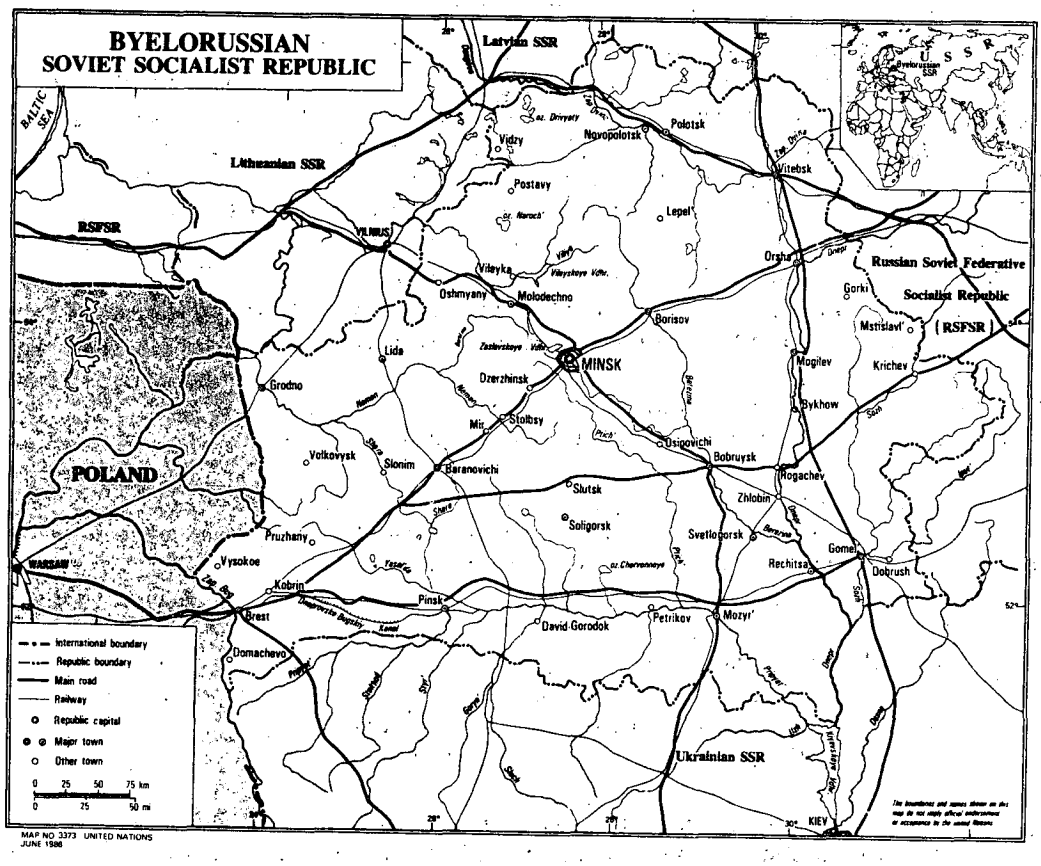
Fertility and the family: There is an official policy of intervention to maintain and possibly raise fertility rates. Particular concerns are the welfare of women and children, family well-being and the ability of women to combine motherhood with participation in the workforce. Wide-ranging measures have been instituted to improve conditions for working mothers. Plans have been proposed to extend paid maternity leave from one year to a year and a half. Allowances are available upon the birth of a child. A reduction of working hours for women with small children has been specified. The family, considered a principal element of a socialist state, is actively protected. There are plans to improve living conditions and the status of the family. In 1980 the Council of Ministers and the Council of Trade Unions adopted a resolution giving preference in granting state residential apartments to families with three or more children. The Government believes that each family should determine the number of children they will have. There is direct government support of fertility regulation. Abortion is available upon demand. Information on the status of sterilization is not readily available.

International migration: Immigration and emigration levels are not active policy concerns, thus no quantitative targets have been established.

Spatial distribution/urbanization: Policies regarding spatial distribution, internal migration and urbanization centre around the goals of promoting small and medium-sized cities and developing rural and lagging regions. Measures have been taken to regulate urban growth, improve housing services and institute residential controls. Additional measures, such as worker relocation assistance and job training, are directed towards influencing migration flows. Policies to brake urbanization include the modernization of agriculture and the introduction of industrial activities in agricultural regions in the form of agro-industrial complexes.

Status of women and population: Improving the status of women, especially working women and mothers, has been a major policy objective. Article 33 of the New Constitution adopted in 1978 guarantees men and women equal rights concerning access to education and vocational training, employment, remuneration, and promotion. Women are also covered by special labour and health protection measures. Under the labour laws, women receiving retirement pensions may continue to work if they so wish. Minimum legal age at marriage for women is 18 years; with parental permission, a woman may marry one year earlier.

Other issues: Efforts have been directed at creating appropriate employment conditions for disabled persons, including special workshops and employment at home. Policies in the health sphere have stressed the improvement of services for the elderly who are severely disabled. Another basic tenet of public policy is the protection of the environment. In order to conserve and restore the natural environment, low-cost and non-waste technologies have been introduced in the country on a wide scale.



CAMEROON

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 9 873 27 763 0-14 years (%) 43.3 34.6 60+ years (%) 6.1 6.5 Rate of: 1980-85 2020-25 growth 2.7 1.8 natural increase 27.0 18.3	The Government views the population rate to be too high.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 50.9 66.9 Crude death rate 15.8 6.5 Infant mortality 103.2 40.2	Levels and trends are considered unacceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 5.8 2.9 Crude birth rate 42.9 24.8 Contraceptive prevalence rate 2.0 (1978) Female mean age at first marriage 18.8 (1976)	As with population growth, the Government's perception is that fertility levels of the country are too high.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 3.1 (1976)	Immigration and emigration are considered not significant and satisfactory. However, refugees and asylum seekers from neighbouring countries constitute an active policy concern.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 42.4 73.9 Growth rate: 1980-85 2020-25 urban 6.7 2.5 rural 0.2 0.1	Current patterns are considered partially appropriate. The population growth rate in the largest metropolitan area, Douala, is perceived as too high. The main concern is the unbalanced population distribution between rural and urban areas and among regions.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: Official policies exist to reduce mortality and rural to urban migration, the two population issues of primary concern to the Government. There is no policy of intervention to reduce the rates of population growth and fertility. The Government has stated that while the population situation in the country is pressing, authoritarian and artificial measures to limit births are inefficient, and the problem needs to be redressed in the context of socio-economic development.

Importance of population policy in achieving development objectives: Although a global population policy has not been formulated and reducing population growth rates is not seen as a priority, the Government has recently adopted the view that high rates of population growth and fertility may hinder the achievement of future development objectives. The number of population-related organizations and activities has increased significantly in the past decade.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: While population surveys have been conducted in towns since the 1950s, the first and most recent census was carried out in 1976 and represents the principal source of demographic data. A second population census is planned for 1987. Civil registration is considered incomplete. The Sixth Five-Year Economic, Social and Cultural Development Plan (1986-1991) was submitted to the National Assembly in July 1986.

Integration of population within development planning: The National Population Commission of the Ministry of Social Affairs, created in 1985, is responsible for formulating a national population policy. A population unit has been established in the Ministry of Planning to act as technical secretariat of the Commission. The Department of Statistics within the Ministry of Economics and Planning is the main institution responsible for the collection and analysis of population data.

POLICIES AND MEASURES

Changes in population size and age structure: There is no policy of intervention to modify the size or growth of the population. However, size and growth are expected to be affected indirectly by explicit policies to reduce mortality and morbidity and decelerate the rate of internal migration. Under the social security scheme, a national pension scheme, which covers all employed persons, has been in effect since 1974.

Mortality and morbidity: Official policy is to boost life expectancy, reduce the high infant mortality rate, improve maternal and child health and improve the health of the rural population. The Government has adopted the primary health care approach. A maternal/child health training programme and a family health project were being planned in 1984. The Government has not identified any specific diseases as problems, perhaps due to the absence of adequate health statistics. There are no reliable data on the epidemiology of the most prominent diseases (measles, heart disease, tetanus, malaria). Specific measures in recent years include health education and information services, the development of preventive medicine and health services and increased training of medical personnel. No quantitative targets have been set concerning morbidity and mortality rates.

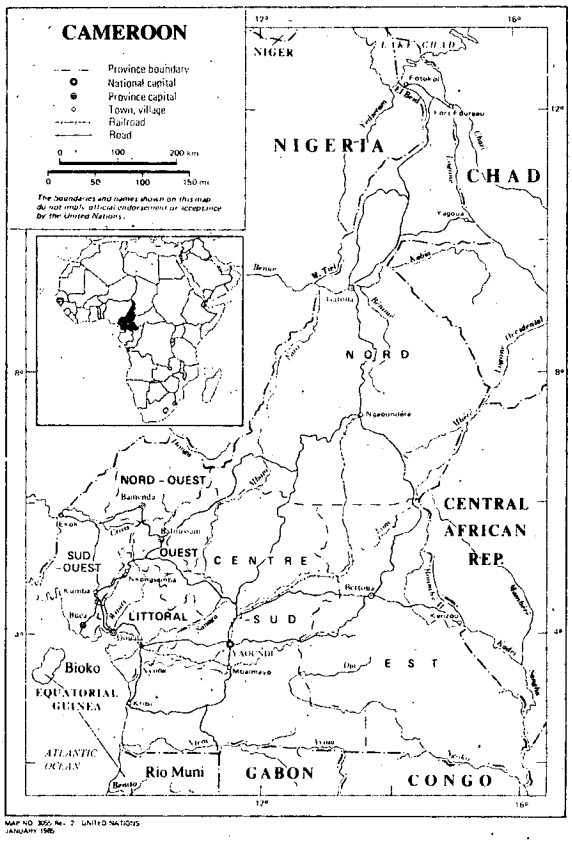
Fertility and the family: There is no policy of intervention to modify fertility rates. The Government emphasizes that the decision to have children is to be made on an individual basis with no government interference. Official policy aims to educate individuals in responsible parenthood so that they can make more informed decisions regarding ideal family size. Child-spacing is promoted to improve maternal and child health. Measures have been taken to combat sterility and low fertility, as this is believed to cause social problems and underpopulation in certain regions of the country. Some fertility-related measures, such as the provision of maternity and paternity benefits, are consistent with Cameroon's traditional pro-natalist approach. There is concern with the effects of current fertility patterns on maternal and child health and family well-being. Agencies and individuals can now practice, but not promote, family planning. The Government agreed in 1983 to open a pilot family planning clinic in Yaoundé. Access to contraceptives is not restricted, and the Government provides support. Abortion is legal if there is risk to the health of the mother, or on grounds of rape or incest. Information on the legal status of sterilization is not readily available.

International migration: As international migration is not significant, few policy statements are available with regard to immigration and emigration.

Spatial distribution/urbanization: Official policies exist to redistribute population between rural and urban areas and among regions of the country. The rural-urban balance is to be modified by policies to reduce city-ward migration, such as rural development and other measures aimed at improving living conditions in rural areas. Government policy also aims to develop an urban hierarchy compatible with the development of industry and the rational utilization of national resources by planning the location of secondary cities in relation to the country's natural resources.

Status of women and population: There appear to be three priority areas for government action to raise the status of women: education, economic status and social condition. One of the goals of the Fifth Development Plan was to encourage greater female participation in the salaried work force. Most women's programmes are organized by the Ministries of Social Affairs, Youth and Sports and Agriculture. Within the Ministry of Social Affairs, the Department of Social Development's Service of Demographic Action and Women's Development is responsible for women's development, educational support to health units of the Ministry of Health and marriage advice and pre-marriage education. The minimum legal age at marriage for women is 16 years.

Other issues: In preparing the Sixth Development Plan in 1985, the Chief of State issued guidelines that included a request that demographic factors be taken into consideration when defining the national objectives of improved training, efficient management and national defence.



CANADA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 25 426 33 261 0-14 years (%) 21.5 19.2 60+ years (%) 14.8 25.5 Rate of: 1980-85 2020-25 growth 1.1 0.4 natural increase 7.8 2.2	Current rates of population growth are considered satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 75.7 78.1 Crude death rate 7.4 10.7 Infant mortality 8.8 5.5	The Government perceives mortality levels as satisfactory.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 1.7 2.1 Crude birth rate 15.1 12.9 Contraceptive prevalence rate 73.0 (1984) Female mean age at first marriage 23.1 (1981)	The Government views current fertility as satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-27 Net migration rate 3.0 2.3 Foreign born population (%) 16.1 (1981)	Immigration rates are considered significant and satisfactory. Emigration is considered not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 75.9 79.4 Growth rate: 1980-85 2020-25 urban 1.1 0.6 rural 0.9 -0.1	The Government views the spatial distribution of the population as partially appropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government does not seek to influence population growth through natural increase. It is felt that fertility decisions should be left to the individual without government intervention. Through immigration policies the Government feels, it can properly play a role in influencing population growth.

Importance of population policy in achieving development objectives: The Government currently tries to co-ordinate immigration policy with labour market conditions.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The Demographic Division of Statistics Canada is chiefly responsible for providing information on the interrelationships between population and development. It was given this responsibility with the introduction of the Canada Statistics Act in 1918. It has also been required to prepare official population projections at periodic intervals since 1969. Censuses are held every five years; the most recent one was conducted in 1986.

Integration of population within development planning: Both the baby-boom of the post-war years and the aging of the population are being taken into account in social and economic planning at all levels of Government. No single government agency is responsible for formulating or co-ordinating population policies. Both the federal and provincial governments have agencies involved in demographic issues. Since 1978 Immigration Canada has been charged with the co-ordination and implementation of immigration policy.

POLICIES AND MEASURES

Changes in population size and age structure: The overall goal of policy is to maintain the rate of growth at its current level. Based on the conclusions of the Immigration and Population Study Group, the Immigration Act of 1976 requires that the federal government, in conjunction with the provincial governments, establish annual immigration levels taking regional demographic trends into account. In 1985 the Government released expected annual immigration levels for 1986 and 1987 (105,000-115,000 for 1986 and 115,000-125,000 for 1987). These ranges represent increases over previous levels and may help to delay the impact of population decline on Canada. For the next few years, immigration is expected to account for 20 per cent of population growth. The aging of the population is felt to pose new challenges for the Government with respect to the pension system and support services. Opportunities for the involvement and contribution of the aged to their communities are currently being explored.

Mortality and morbidity: The regulation of health care and policies is primarily delegated to the provincial governments which have been emphasizing preventive services and the need to reduce the burden of curative medicine on the health insurance system. Programmes related to specific health problems, such as cancer, alcoholism and drug abuse, venereal disease and dental health have also been implemented as well as programmes directed towards meeting the needs of specific population groups, such as mothers and children, the elderly, the needy, the disabled and those requiring rehabilitative care. Preventive and curative medical services for the native population are provided by the Federal Government through an extensive primary care network. Provincial health services are being decentralized from the regional hospital level to the community health clinic level.

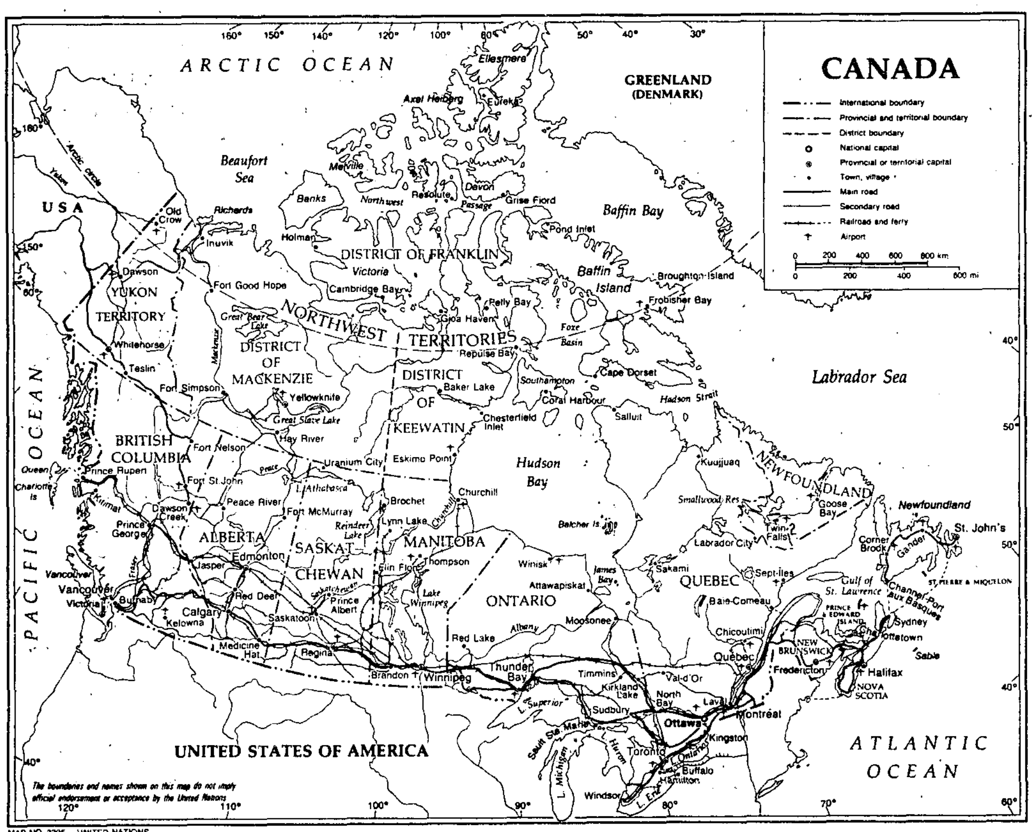
Fertility and the family: The Government firmly believes that individuals should decide the number and spacing of their children and have full access to information and services which will help them make decisions. To assist families in the decision-making process, the Government administers a family planning programme that provides direct and indirect access to methods and information regarding modern contraception. It has not set any targets for access to family planning facilities. All modern methods of contraception are permitted by law. Abortions can be performed if the life or health of the mother is in danger, which is decided by abortion committees. Because of ambiguities, the current law's restrictions on abortions are applied unevenly across the country according to the views of each individual committee.

International migration: The Government of Canada actively pursues a policy of international migration. Although no deliberate demographic policy has been formulated, immigration policy exerts a major influence on population trends and levels. The Immigration Act of 1976 stipulates that the intake of immigrants should be determined within a demographic context by the federal and provincial governments by establishing annual immigration levels. These levels are not fixed and can be modified as conditions dictate. The three categories of immigration are family reunification, refugees and business activities. In the Annual Report on Future Levels of Immigration presented to the House of Commons in 1986, the number of refugees sponsored by the Government in that year is envisaged to increase from 11,000 to 12,000. In October 1986 the Government introduced legislation to streamline the immigration process and raise from 115,000 to 125,000 the number of immigrants admitted to the country in 1987.

Spatial distribution/urbanization: The Government has no explicit policy on internal migration, although some of its programmes intended to achieve social or economic objectives have spatial effects. Some policies are meant to improve the mobility of labour between regions. Programmes such as the Manpower Mobility Programme or the National Job Bank, promote internal migration, although spatial redistribution of population is not their primary purpose.

Status of women and population: In 1984, Canada conducted its first fertility survey. The survey not only reported on fertility rates but also explored birth control practices and male/female relationships. Canadian law states that there should be equal pay for equal work regardless of sex. The minimum legal age at marriage for women varies between 12 to 16 years of age according to the province.

Other issues: Although Canada has no official population policy per se, the Government is devoted to assisting population research and planning in developing countries. The Government has tripled its support for population projects since 1974 and increased support is likely to continue, although no precise figures have been given.



MAP NO. 3395 UNITED NATIONS
OCTOBER 1986

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 326 712 0-14 years (%) 41.1 24.9 60+ years (%) 6.8 9.7 Rate of: 1980-85 2020-25 growth 1.9 1.3 natural increase 19.4 12.8	The Government perceives the rate of population growth as satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 59.0 74.3 Crude death rate 11.4 4.4 Infant mortality 74.7 14.9	Present conditions of infant and maternal mortality as well as expectation of life at birth are considered unacceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 4.8 2.1 Crude birth rate 30.9 17.1 Contraceptive prevalence rate ... ... Female mean age at first marriage	The current fertility level is perceived as satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%)	The level of immigration is not significant and satisfactory while the level of emigration is considered significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 5.3 19.5 Growth rate: 1980-85 2020-25 urban 2.5 4.5 rural 1.9 0.6	The spatial distribution of the population is perceived as inappropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has not yet formulated a national population policy, but it has indicated the need for family planning to help create an equilibrium between population and other resources. Rural development strategies are considered essential not only to reduce the flow of migrants from rural to urban areas but also to raise the standard of living of the population in general.

Importance of population policy in achieving development objectives: The Government has indicated its awareness of the necessity to formulate a population policy in line with development objectives as stated in the First National Development Plan, 1982-1985.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The first population and housing census since Cape Verde achieved independence was taken in June 1980. The vital registration system is considered incomplete. Anthropological surveys on family life education and advancement of women's programmes were also undertaken. The first national development plan covering the period 1982-1985 was prepared by the Secretariat of State for Co-operation and Planning. In this plan rural development was to receive the largest single share of investment. A second development plan, covering the years 1986-1990, was adopted by the Popular National Assembly in December 1986.

Integration of population within development planning: No institution has been identified for this purpose. However, in 1985 international funding was approved to prepare the groundwork for a population and human resources unit. The unit is expected to improve the knowledge and understanding of the relationships between population factors and other socio-economic variables, to assist in the preparation of the second development plan and to pave the way for a comprehensive population policy.

POLICIES AND MEASURES

Changes in population size and age structure: Although there is no explicit policy to directly affect population size and age structure, the Government's rural development strategies may have indirect effects. No quantitative targets have been established and there is no direct intervention reported. Concerning social security, the Government set up a new comprehensive system under Legislative Decree No. 114/82 which came into force on 1 January 1983. The scope of the new system extends to all workers dependent upon a recognized employer for their livelihood. The benefits cover sickness, maternity, disability and old-age, survivor's and family welfare.

Mortality and morbidity: The Government has indicated that the level of mortality, particularly infant and maternal mortality, is too high. The objectives as stated in the First Plan 1982-1985 are: the reduction of infant mortality rates and mortality due to infectious and contagious diseases; a broader coverage of primary health care; the improved operation of health services; and the extension of social security coverage. To achieve these objectives it has been proposed to establish, expand or modernize a number of central, regional and local hospitals and dispensaries; to make provision for the distribution without charge of medication to the poorest population groups; to establish a maternal and child health clinic; and to set up an institute for the training of para-medical personnel. Contraceptives are provided as part of a maternal and child health and family planning project in support of the Government's maternal and child health policy. The Constitution states that, "the public health authority shall have as an objective the promotion of physical and mental well-being of the people and their balanced integration in the socio-ecological environment in which they live. Public health care must be oriented towards prevention and must aim at the progressive socialization of medicine and the medical-pharmaceutical sectors".

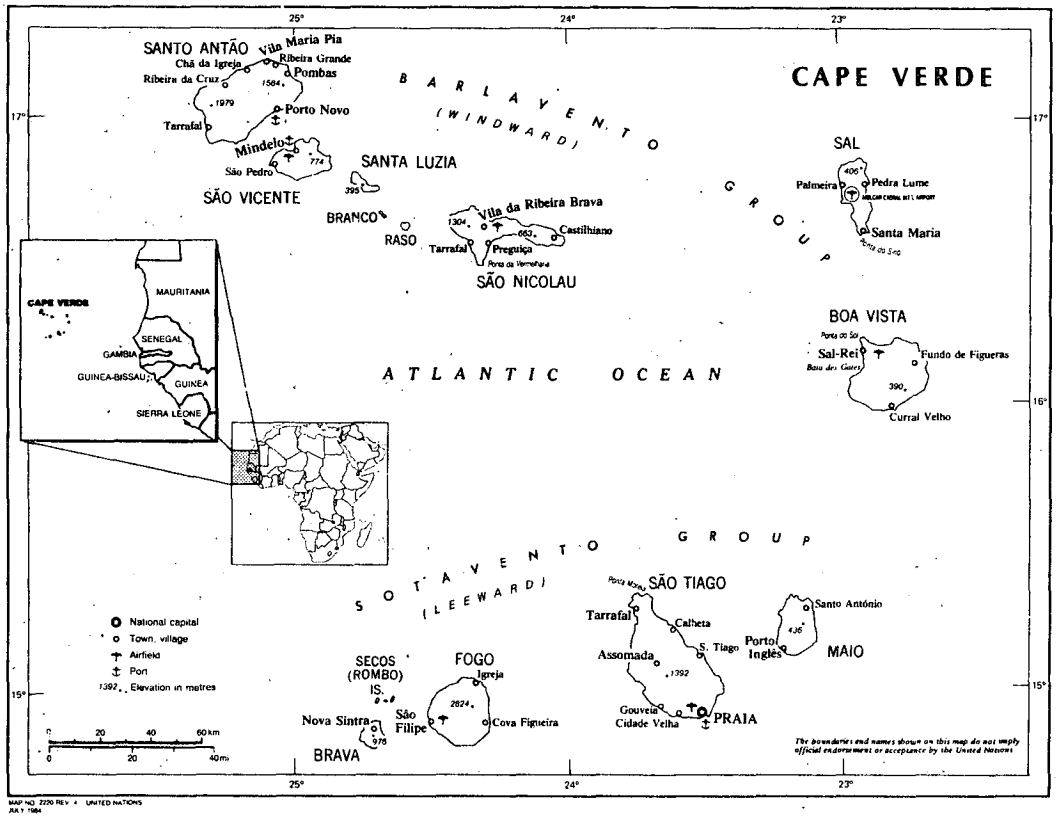
Fertility and the family: There is no official policy to modify fertility levels. However, officials have indicated that there must be a reduction in the birth rate so that the hard-fought gains in the social and economic fields may bear fruit. The National Colloquium on Sex and Family Education which took place in Praia in April 1985, expressed concern over national demographic trends and reaffirmed the need for a programme of family and sex education. The Colloquium recommended that a study of the Cape Verde family be undertaken focusing particular attention on polygamy and other factors affecting the use of family planning services, sectoral studies, review of legislation concerning age of unions and sex crimes to adapt the law to current realities and promotion of a far-reaching sex education programme. A health and social welfare programme is under the auspices of the Ministry of Health and Social Affairs. Access to modern methods of contraception is not limited, and the Government provides support for modern contraception. Information on the status of abortion and contraception is not readily available.

International migration: The Government does not report any official policies concerning either immigration or emigration. The Government places high priority on mobilizing the resources of the emigrant population for economic development. There are approximately twice as many Cape Verdeans living abroad as on the islands, and their remittances are important for the national economy.

Spatial distribution/urbanization: There is no explicit policy of intervention regarding spatial distribution or internal migration. However, the Government has indicated the need for a regional planning policy to decelerate rural to urban flows.

Status of women and population: The Constitution of 1980 provides that all citizens have the same rights and duties without distinction based on sex, race or religious beliefs. Article 83 states that men and women shall be equal under the law in all aspects of political, economic, social and cultural life. Information on the minimum age at marriage is not readily available.

Other issues: Cape Verde suffered from an almost total drought between 1968 and 1984. Long-term agricultural development is dependent primarily on tapping the country's underground water resources. Another problem affecting the agricultural sector has been the stratified, unbalanced landholding system. In 1982 an agrarian reform law was enacted to distribute to peasant cultivators, landholdings over 5 hectares (1 hectare if irrigated) that were not farmed directly by their owners.



CENTRAL AFRICAN REPUBLIC

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 2 576 6 339 0-14 years (%) 42.5 33.9 60+ years (%) 6.1 6.4 Rate of: 1980-85 2020-25 growth 2.3 1.5 natural increase 22.8 15.4	Population growth rates are felt to be unsatisfactory because they are too high. Concern has been noted that economic growth and food production are not keeping pace with population growth.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 43.0 59.0 Crude death rate 21.8 9.7 Infant mortality 142.0 68.9	Levels and trends are considered unacceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 5.9 2.9 Crude birth rate 44.6 25.2 Contraceptive prevalence rate ... ... Female mean age at first marriage 18.4 (1975)	Current rates are considered unsatisfactory because they are too high.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 2.5 (1975)	Immigration and emigration are not significant and satisfactory. Since 1984, however, the presence of Chadian refugees and asylum-seekers, particularly in Bangui, is an active policy concern.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 42.4 70.1 Growth rate: 1980-85 2020-25 urban 4.3 2.3 rural 0.9 -0.2	Present patterns are perceived as being partially appropriate. Concern is expressed for the high growth rate in Bangui and the low rate in rural areas brought about by rural to urban migration.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government does not intervene to modify population size or growth. However, policies of intervention are directed towards reducing infant and child mortality rates and adjusting spatial distribution. Population problems are largely attributed to the destructive economic and social practices of the Government in the 1970s rather than to population growth.

Importance of population policy in achieving development objectives: The Government has stated that development objectives will not be realized without a healthy population; accordingly, population policy is directed primarily at improving the health conditions of the population.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The first general census was carried out in 1975, and a second census provisionally has been scheduled for 1987. Vital registration is incomplete although there have been recent projects aimed at improving the coverage. The first development plan was a four-year plan issued for 1967-1970; the most recent plan is the three-year rehabilitation action plan for 1983-1985. An International Donor's meeting had been scheduled for late 1985 to request commitments to assist the country in financing its next development plan for the period 1986-1990.

Integration of population within development planning: No single organization exists for the formulation and co-ordination of population policies. Population projections and demographic surveys are prepared by the Central Office for Statistics.

POLICIES AND MEASURES

Changes in population size and age structure: There is no policy of intervention to modify size or growth. However, numerous measures, such as community development projects, are expected to modify size and growth in the capital and rural areas. Official policy is to improve the quality of life for the population rather than to influence its size. Towards this end, the Government emphasizes socio-economic development and intervenes to decrease the rates of infant and child mortality and modify the effects of fertility on maternal and child health and family well-being. The Government also hopes to accommodate a growing population by increasing food production. No quantitative growth targets have been established. Regarding social security, a new pension scheme was established in 1983 for employed persons with 15 years of employment.

Mortality and morbidity: Major concerns are the high rates of infant and child mortality, diseases that affect young children, poor nutritional levels, the lack of adequate drinking water in rural areas and the spread of endemic diseases. The Government has emphasized that rebuilding the health infrastructure, which deteriorated in the 1970s, is a prequisite for combating health problems. A maternal and child health programme has been developed to lower the infant mortality rate and to reduce the incidence of disease in children under age five. The family planning programme, as part of the maternal/child health and family planning department in the Ministry of Health, also has explicit health objectives, namely, to reduce the risk of maternal and child death during birth. The health system emphasizes preventive and curative care, and top priority is being given to the promotion of primary health care. Specific measures include health education programmes, the establishment of rural health centres, environmental sanitation (particularly in Bangui), the provision of safe drinking-water in rural areas and the control of prevalent diseases (e.g., blindness, malaria, schistosomiasis). An infant mortality survey, begun in 1983, is currently being carried out in selected areas of the country including Bangui. Efforts are being made to modernize and restore existing health services. No quantitative targets for mortality levels have been set.

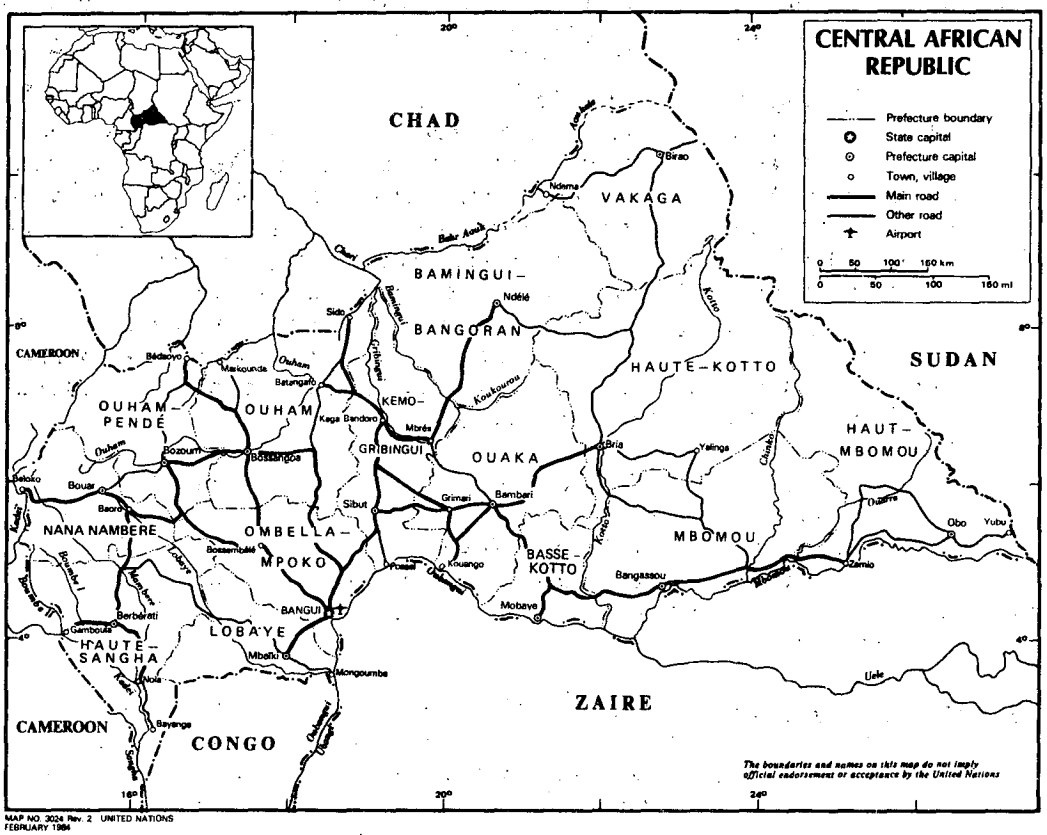
Fertility and the family: There is a policy of intervention to modify fertility rates, in order to improve maternal and child health and family well-being; the Government does not intervene to restrict the number of children a couple may have. The Government maintains that it is solely the right of a couple to determine the number and spacing of their children and that all family planning programmes must, therefore, be purely voluntary. Access to modern methods and information on contraception is permitted and direct Government support is provided. Abortion is permitted only to save the life of the mother. Sterilization is allowed for contraceptive purposes. A family planning programme began in 1978 and designed for health reasons only, has among its objectives to combat sterility.

International migration: No official policy exists concerning immigration and emigration levels and no quantitative targets have been established. The Government had encouraged the Chadian refugees in the country since July 1984 to return to their country; many began returning to southern Chad in late 1985. By early 1986 there were 25,000 Chadian refugees in the country down from a peak of 50,000 in July 1985.

Spatial distribution/urbanization: Official policy is to modify the urban-rural balance by reversing rural to urban migration. This is to be accomplished largely through community development, which is the core of the Government's programme to improve living conditions in rural areas. The rural exodus is also to be curbed by rural development measures to increase food production, provide primary education and create job opportunities.

Status of women and population: To promote the advancement of women, the Government sponsors and provides subsidies to the Union of Central African Women. Information on the minimum age at marriage for women is not readily available.

Other issues: In recent years rural agricultural development has been increasingly perceived in relation to population issues and has been incorporated into the overall population strategy. Development plans since the 1970s have stressed that if the problems of infant and child mortality and rural to urban migration are to be resolved, living standards of the rural poor must be greatly improved. In addition, the Government has recognized the connection between levels of education and development and has called for the extension of primary education as a means of overcoming many of the population-related problems of development.



DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 5 018 12 356 0-14 years (%) 42.3 34.0 60+ years (%) 5.8 6.5 Rate of: 1980-85 2020-25 growth 2.3 1.6 natural increase 22.8 15.9	Population growth rates are perceived as satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 43.0 59.0 Crude death rate 21.4 9.8 Infant mortality 142.8 68.9	Mortality and morbidity levels are unacceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 5.9 2.9 Crude birth rate 44.2 25.7 Contraceptive prevalence rate 1.0 (1977) Female mean age at first marriage 16.5 (1963)	The current level of fertility is judged to be satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%)	Levels of immigration are insignificant and satisfactory while emigration is significant and satisfactory. The brain drain, however, is viewed as a particular problem.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 27.0 62.5 Growth rate: 1980-85 2020-25 urban 7.5 2.7 rural 0.7 -0.1	The spatial distribution of the population is viewed as partially appropriate. Serious concern has been expressed over the rural exodus and population displacements caused by the war.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: Successive governments in Chad have persisted in their efforts to improve maternal and child health, the living conditions of the poorest population groups and nutrition, as well as to integrate women into the development process, lower mortality and halt the rural exodus.

Importance of population policy in achieving development objectives: While the Government has indicated that it intends to co-ordinate demographic trends with economic and social development, no explicit population policy has as yet been formulated. Although the Government has expressed concern over population policy, the only known population policy is the reduction of morbidity and mortality. The Government has emphasized that for it to use demographic variables in the formulation and implementation of development plans, valid and reliable data are necessary, which are not currently available in Chad.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The country lacks a reliable demographic data base. The only two sources of information are the 1964 demographic survey, used as the basis for population projections, and an administrative census. Although the Government has expressed interest in conducting a census, none has yet been held due to the magnitude of social disruptions. A census scheduled for 1976 was suspended. Registration of births and deaths is incomplete. A recent project to reorganize the vital registration system was not undertaken because of the unrest. The Government had indicated in 1984 that, because of the political situation, it was unable to undertake any form of demographic data collection. Population projections based on the 1964 survey data were used to formulate the Ten-Year Development Plan covering the period 1971-1980. Neither this plan nor one formulated for the period 1978-1981 was implemented. In December 1985 a Second International Conference on Assistance to Chad was held in order to provide funding so that the Government could undertake a development plan for 1986-1989. An interim plan covering the period 1986-1988 has been adopted.

Integration of population within development planning: There is no Government agency charged with integrating population factors and development planning. The Government has acknowledged the severe lack of data as a constraint to development planning.

POLICIES AND MEASURES

Changes in population size and age structure: The Government does not report any direct intervention to influence population growth rates, although measures aiming to influence mortality and morbidity, child spacing, the

status of women and rural migration may indirectly influence rates of population growth. Social security coverage is limited to employed heads of households in the public or private sector with at least six consecutive months of employment.

Mortality and morbidity: The principal health objective of the Government is the lowering of excessive mortality rates. In this respect policies and measures have been implemented in the area of preventive medicine. Primary health care services have been created. With the support of the international community, a health infrastructure has been re-established. Recent successes with an expanded programme of immunization and the training of primary health care workers have contributed to the view among government officials that a family planning component for public health-care programmes can reduce infant mortality rates. A three-year project on maternal and child health was initiated in 1985.

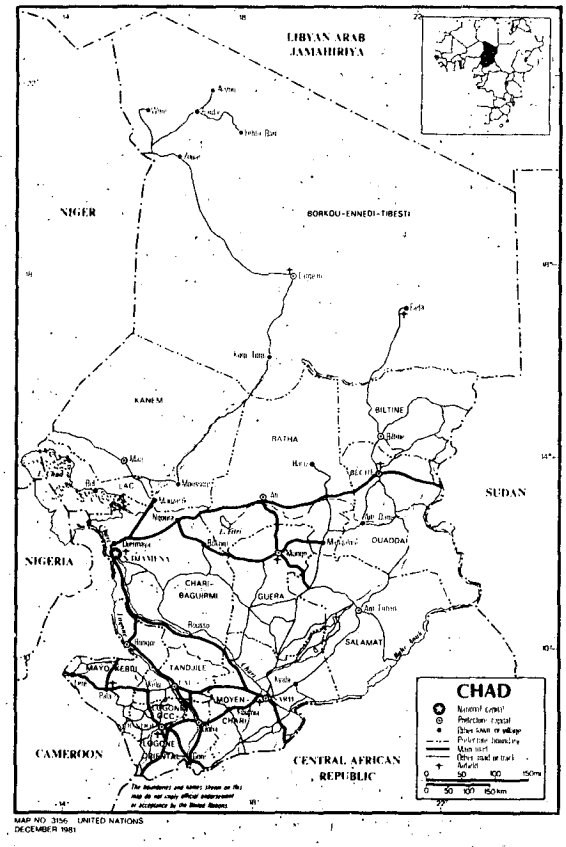
Fertility and the family: The Government does not directly intervene to influence the level of fertility as it feels that the level of fertility is a function of the country's economic and social development. In 1985 the Government modified its position and endorsed the development of a culturally-sensitive child spacing programme. A cadre of personnel is being trained to formulate and implement a programme to improve the health of mothers and infants by addressing such problems as sterility and child spacing. A 1920 French anti-contraception law, however, is still in force. Abortion is permitted only to save the mother's life. There are no specific provisions concerning sterilization. Access to modern methods of contraception is permitted and information is readily available.

International migration: Immigration is not a policy concern of the Government. Since the second half of 1985 Chadian migrants have been returning to their country. By early 1986 there were only 25,000 Chadians remaining in the Central African Republic, down from a peak of 50,000 in July 1985. Tentative moves towards repatriation of Chadians are similarly under way in western Sudan.

Spatial distribution/urbanization: The Government has indicated that while the only means of stemming the massive exodus from rural to urban areas and particulaly to N'Djamena, the capital, is to improve rural living conditions through programmes of integrated rural development, these programmes are constrained by the Government's current financial situation.

Status of women and population: The Government attaches great importance to the integration of women into economic and social development. Since the country's independence in 1960, a ministry has been charged with improving the status of women. Several national seminars have been held on that topic in an effort to assist Chadian women in identifying their role in contemporary society. There is no information available on the minimum age at marriage for women.

Other issues: The Government believes that since changes in population growth have an impact on the balance between production and consumption, the relationship between population and development must be considered in light of this balance. The Government is counting on financial and technical assistance from the international community to assist the country in achieving its goal of national reconstruction.



CHILE

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 12 038 18 301 0-14 years (%) 30.2 22.4 60+ years (%) 8.3 17.6 Rate of: 1980-85 2020-25 growth 1.6 0.6 natural increase 16.0 6.6	The Government considers the rate of population growth to be unsatisfactory because it is too low.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 69.7 74.1 Crude death rate 6.7 8.9 Infant mortality 23.2 14.4	Levels and trends are considered to be acceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 2.6 2.2 Crude birth rate 22.7 15.5 Contraceptive prevalence rate 43.0 (1978) Female mean age at first marriage 23.3 (1970)	Levels and trends are viewed as unsatisfactory because they are too low in relation to population growth.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -0.3 -0.2 Foreign born population (%) 0.7 (1980)	The Government considers immigration to be not significant and satisfactory. The overall level of emigration is considered to be satisfactory, but there is concern over the effects of the brain drain.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 83.6 92.7 Growth rate: 1980-85 2020-25 urban 2.2 0.8 rural -1.3 -1.0	The Government considers patterns of population distribution to be inappropriate mainly because of the country's sparsely populated regions and frontier zones.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government's policy is to increase population size and growth by reducing mortality and modifying fertility. The Government also aims to adjust patterns of spatial distribution, partly through colonization of the country's under-populated areas by Chilean and foreign migrants. Chile's current population policy, which represents a major departure from its preceding policies, was adopted in 1978 as part of the National Development Plan for the period 1978-1983; it was re-issued in 1979 as a separate document.

Importance of population policy in achieving development objectives: The Government's 1979 population policy emphasized the need for the State to analyse the role that demographic processes play in economic and social development, and to alert both the Government and the rest of the people to their significance. In line with this approach, Chile's official population policy aims at shaping a national consensus around pro-natalist values. The Government has stated that through its population policy it is safeguarding the deep cultural heritage of the Chilean people with respect to the conception of life. This goal is an end in itself, but it also plays a basic role in national security.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Chile has the most extensive series of data on population movements of any of the Latin American countries. Fifteen censuses have been conducted since 1835; the most recent census was conducted in 1980. Vital registration is complete. The National Statistical Institute, established in 1843, has continued in operation to the present. The National Planning Office (ODEPLAN) was established in 1939 and restructured in 1964. The Programa de Desarrollo del Estado de Chile (1983-1989) is currently in effect.

Integration of population within development planning: There is no special unit established which formulates population policies; the Government has assigned this function to the National Planning Office (ODEPLAN).

POLICIES AND MEASURES

Changes in population size and age structure: Although the Government wishes to increase the rate of population growth by reducing mortality and increasing fertility, it has a policy of non-intervention. In its 1979 population policy, the Government's position was clearly defined: even though it was desirable that Chile experience a significant growth in its population, it would not behoove the State to adopt measures and initiatives tending to decrease or increase the natural rate of growth. Further, it was the State's responsibility to ensure that natural growth reflected the number of children

that each individual family desired. To that end, the State must provide the conditions of stability and social tranquility that were necessary to dissipate uncertainty over the future; increase the opportunity for family income through general economic growth while reducing the rate of maternal and infant mortality as far as possible; avoid any pressure or coercion on sectors of the populace to induce them to limit their procreation; and maintain an adequate infrastructure of services for the promotion of health and information for those purposes. The present Government has been highly critical of the policies of previous administrations, which are considered to have contributed to Chile's rapid fertility decline. The Government has expressed concern that large regions of the country are extremely under-populated, that there is a substantial decrease in the number of births and that the aging population poses certain problems, including the potential loss of demographic dynamism. It maintains that a new moral climate will stimulate fertility and population growth. Concerning social security, in 1981 legislation revamped the national pension plan whereby mandatory coverage was established for wage and salary workers, while the self-employed received voluntary coverage.

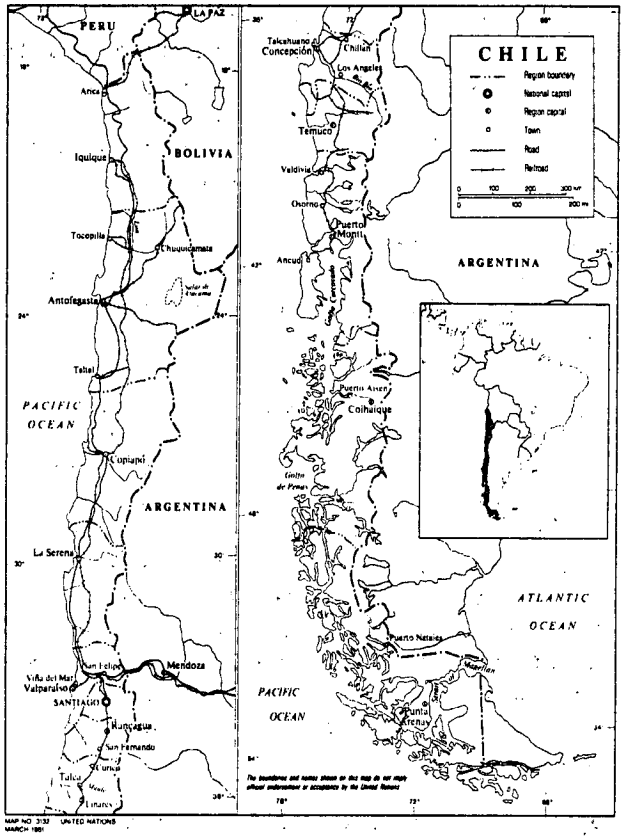
Mortality and morbidity: Health policies focus on providing preventive health services and emphasize maternal, perinatal, child and adolescent programmes as well as programmes for adults and the elderly. Strategies aim at decentralizing services and functional organizations to the appropriate levels. A high proportion of the population has access to health services. As of 1985, the network of services covering the country consisted of 198 hospitals, 265 consulting offices and 991 rural health posts. The present strategy is to extend the hours of care provided in order to maximize the use of existing facilities and resources. Community participation is being encouraged through health education activities in health care establishments and through the mass media.

Fertility and the family: The Government considers that it is not the responsibility of the State to adopt measures designed to increase or reduce fertility and that decisions regarding family size should be freely made by the family unit. The Government directly supports the availability of contraceptives and sponsors information, education and communications programmes that "dignify and encourage motherhood". A pilot project on natural family planning, conducted by the University of Chile together with the Ministry of Health, has provided services to couples in the poor areas of Santiago. As a result of the project, the Government may introduce natural family planning into the national health care system. Abortion is illegal, except to save the life of the mother. Voluntary sterilization for family planning is not permitted.

International migration: In its official population policy the Government reported that it would admit immigrants in small family groups to colonize the country's underpopulated areas. Chile's long-standing drain of professionals and the highly skilled was further aggravated by the departure of thousands after the change of government in 1973. The Government declared an amnesty in 1978.

Spatial distribution/urbanization: The Government's official population policy stipulated that incentives would be established to encourage Chileans to colonize underpopulated regions. To facilitate such colonization projects, the remote southern region would be provided with highway infrastructure, linking it with other regions of the country.

Status of women and population: Sexual equality is guaranteed by a 1976 constitutional provision. The minimum legal age at marriage for women is 12 years.



CHINA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 1 059 521 1 475 159 0-14 years (%) 29.7 19.5 60+ years (%) 8.2 19.3 Rate of: 1980-85 2020-25 growth 1.2 0.5 natural increase 12.3 5.3	The rate of growth is considered unsatisfactory because it is too high. There is concern over the eventual aging of the population as a consequence of lower fertility.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 67.8 75.7 Crude death rate 6.7 8.7 Infant mortality 39.3 11.4	Levels and trends are unacceptable; there is concern over unequal progress of health services in rural areas and insufficient training of health workers.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 2.4 2.1 Crude birth rate 19.0 14.0 Contraceptive prevalence rate 74.0 (1985) Female mean age at first marriage 22.4 (1982)	Levels and trends are unsatisfactory because they are too high in relation to family well-being and population growth.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%)	Immigration rates are considered satisfactory and not significant. Emigration rates are considered satisfactory and not significant.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 20.6 43.6 Growth rate: 1980-85 2020-25 urban 1.4 2.5 rural 1.2 -0.8	Patterns of population distribution are considered partially appropriate. The Government has expressed concern over improving the distribution of productive forces and developing small cities and lagging regions.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government believes that the resolution of population problems lies in family planning (a basic national policy), population education and socio-economic development. Major emphasis is placed on controlling population growth.

Importance of population policy in achieving development objectives: Population control is an important component of the Government's overall development strategy. Population growth should be commensurate with the country's progress and should be in accord with its resources and socio-economic development.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Three censuses have been conducted - in 1953, 1964 and 1982. The 1982 census is considered to be a complete head count and will be used to check population registers. The population Census Office under the State Council is responsible for conducting censuses. Vital registration is incomplete. Formal development planning on the basis of annual economic plans has existed since 1953. The Seventh Five-Year Plan covers the years 1986 to 1990.

Integration of population within development planning: The Population Group (PGSC), established in 1972 under the State Council, is the central body responsible for population matters. The PGSC formulates and implements policies concerning the growth, structure and distribution of the population. In 1981, the Government established the State Commission on Family Planning to supervise family planning work. Responsibilities of the Commission include implementing state policies and laws concerning family planning, formulating long-term plans for population development and organizing educational activities and scientific research.

POLICIES AND MEASURES

Changes in population size and age structure: An important aim of China's population policy is to control and limit growth. The Government notes that the rapid increase in population has constrained efforts to achieve modernization in agriculture, industry, defense and science and technology, and has contributed to a shortage of housing and consumer items and to unemployment. The Government has adopted measures concerning birth rates and fertility, morbidity and mortality, migration and eugenics. The Government has responded to concern about the aging of the population by scientifically planning adjustments in the birth rate. The National Committee on Aging, created to attend to the needs of the aged and to establish organizations for research on aging, became a permanent body in the early 1980s. In order to alleviate concerns about old age support for couples with only one child, plans have been implemented to establish a social security system.

Mortality and morbidity: Government policy aims to reduce mortality and morbidity with emphasis on preventive measures. A recent increase in life expectancy is attributed to a decline in infant mortality and the control of infectious, parasitic and endemic diseases. Morbidity issues of concern include heart disease, strokes, malignant tumours and respiratory diseases. Governmental measures include developing medical and health services, increasing the number of maternal and child health facilities and training qualified medical personnel. A system of barefoot doctors has been established in rural regions to upgrade medical services. The barefoot doctors are themselves members of the commune and participate in agricultural work.

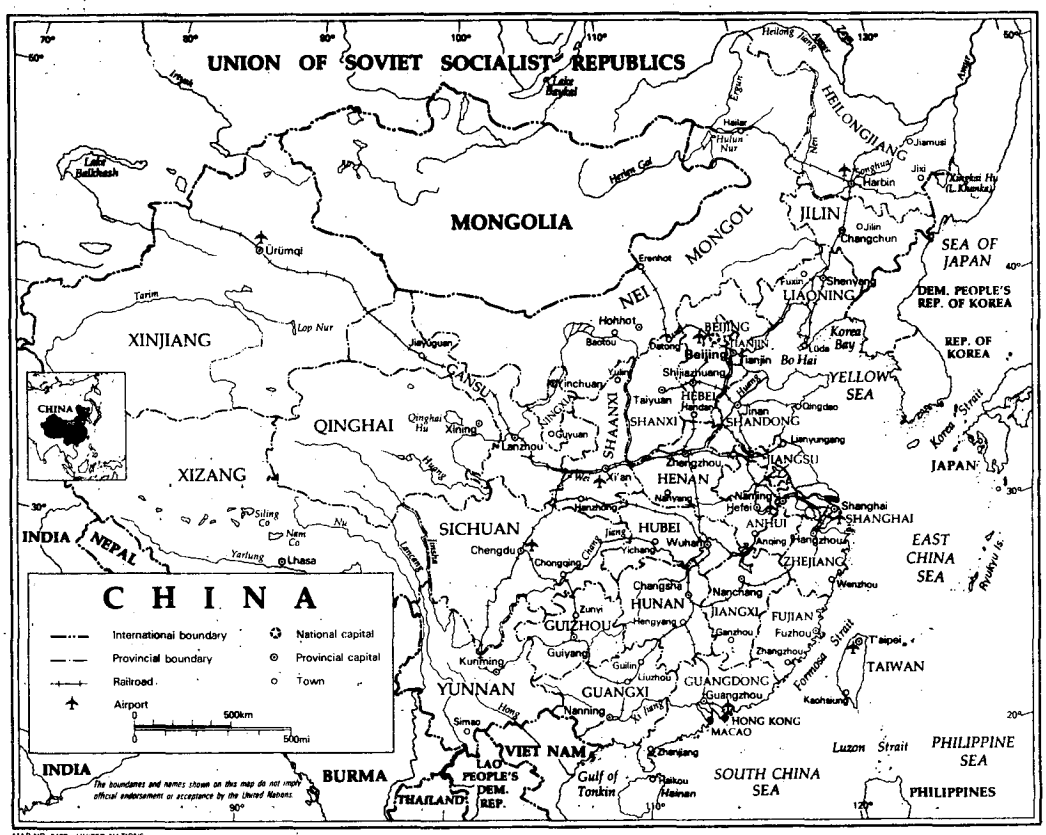
Fertility and the family: The policy is to limit fertility while ensuring healthy births. Population education and birth planning are the main aspects of the policy. The principal goals of family planning are delayed marriage, birth control and prolonged birth spacing. Both the husband and wife are expected to participate in the family planning process. The Government has advocated a policy of one child per family but has never issued a regulation limiting births. In lieu of a codified law, the Government has established a set of incentives and disincentives to persuade couples to have only one child. Parents with one child have priority for housing, receive monthly subsidies, have higher pensions upon retirement and are allowed free education for their child. Families with more than one child are excluded from the above benefits and are subject to financial penalties if they have already accepted a one-child certificate. The guidelines governing the one-child-per-family principle have recently been relaxed under certain circumstances. Minority nationalities (i.e., non-Han ethnic groups) with less than 10 million people should be allowed to have two children per couple. Immigrants from Hong Kong and Taiwan are also excluded from stringent family planning policies. Restrictions vary according to geographic region or familial composition. In the countryside, a second child is permitted when continuation of the family line is threatened or when either parent is an only child, while in urban areas a second child is permitted if both parents are only children. In some provinces, a couple may have a second child if the first is a female. The second child is allowed on the basis of proper spacing to avoid peak years. The recent family planning emphasis has been to formulate a flexible policy taking into account differing socio-economic conditions, age structures and religious beliefs. The policy of producing a healthier population is manifested in several ways. The expansion of maternal/child health centres increases available assistance for prenatal care. Pre-marriage counselling on genetics is offered to young people; persons with hereditary or congenital diseases may be prohibited from marriage. Abortion is available upon request and sterilization is permitted.

International migration: Although immigration is not considered to be significant, the policy for refugees and returning overseas Chinese is to integrate them into society. Emigration is limited by strict controls. The Government provides manpower for co-operative projects abroad.

Spatial distribution/urbanization: Between the late 1950s and the late 1970s, the dominant policy was to develop existing small- and medium-sized cities, restrict the growth of the largest cities and prevent massive rural to urban

migration. Towns with populations above 10,000, cities and towns in natural resource areas and satellite towns of major cities were especially targeted for development. Development strategies were also implemented in lagging rural regions and border areas, including such measures as infrastructure subsidies, restrictions on industrial location, migration assistance, job training, and residential controls. The location of consumer goods factories and light industries in small cities has been widely used to achieve better spatial distribution. In the late 1970s and early 1980s the restrictions on rural to urban migration were relaxed somewhat, with the goal of increasing economic growth in small- and medium-sized cities, providing additional services to urban residents, and reducing rural-labour surplus. The development of small cities is being encouraged through the dispersion of light industry.

Status of women: In its commitment to raise the status of women, the Government plans to use education to eradicate feudal ideas about women and to launch publicity campaigns to inform women of their legal rights. Free legal advisory centres have been set up in major cities. In 1980 a new marriage law, also aimed at influencing fertility rates, ensured equal rights for men and women in marriage. The bride price was made illegal and concubinage and polygamy were prohibited. The minimum age for marriage was increased to 20 for females and 22 for males. The recommended age for marriage is 25 or 26 years.



MAP NO. 3402 UNITED NATIONS
NOVEMBER 1986

COLOMBIA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 28 714 51 718 0-14 years (%) 37.2 24.9 60+ years (%) 5.9 12.8 Rate of: 1980-85 2020-25 growth 2.1 1.0 natural increase 23.3 10.2	The Government considers the rate of population growth to be satisfactory. Due to decelerating population growth in recent years, present demographic trends are now felt to be more favourable for meeting the basic needs of the population in terms of health, education and quality of life.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 63.6 71.3 Crude death rate 7.7 7.5 Infant mortality 50.0 25.8	The Government considers current health conditions to be unacceptable and is concerned over maternal, child and infant mortality, high levels of infectious and parasitic diseases, respiratory diseases and malnutrition.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 3.9 2.3 Crude birth rate 31.0 17.7 Contraceptive prevalence rate 63.0 (1986) Female mean age at first marriage 22.4 (1973)	The Government considers current fertility levels to be satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -1.8 -0.5 Foreign born population (%) 0.4 (1973)	Levels and trends of immigration are insignificant and satisfactory. Levels and trends of emigration are significant and unsatisfactory because they are too high.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 67.4 83.9 Growth rate: 1980-85 2020-25 urban 3.1 1.3 rural 0.3 -0.8	The Government considers patterns of spatial distribution to be inappropriate and desires major changes. Official concern has been expressed over the large urban concentration, particularly in Bogotá, and the urban-rural unbalance.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government does not have an official policy to modify fertility, mainly because the success of past policies and the overall modernization process have brought about a considerable decline in fertility and population growth. Many population issues are dealt with by social policies - not with the objective of affecting reproduction, but as a means of improving living conditions and enabling the population to be incorporated into the development process. The Government wishes to achieve a more balanced distribution of population and decrease morbidity and mortality.

Importance of population policy in achieving development objectives: The Government is cautious in its definition of population policy and has noted that if population policy encompasses the entire range of activities undertaken to improve the social well-being of the community, then Colombia can be said to have a population policy. Although the Government lacks an explicit population policy, its social policy focuses on integrating family concerns into employment, health and education policies and ensuring their compatibility with the National Development Plan.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Eight censuses have been conducted in Colombia during the twentieth century, the most recent being the 1985 Population and Housing Census. As a result of the 1973 census, the Government saw the need to strengthen its data processing capabilities. Historically, the compilation of vital statistics has been inadequate. Colombia participated in the National Fertility Survey in 1969 and the World Fertility Survey in 1976. A series of development plans have been issued, the most recent of which is the National Development Plan for 1983-1986.

Integration of population within development planning: The Government does not include an explicit population policy within its development plans. However, within social policy, objectives are included to reduce mortality and increase information and access to family planning services. A socio-demographic division of the National Planning Department integrates demographic variables into the planning process. In 1979 a Population Unit was established, which functions under the Social Development Branch of the Planning Department. Its main objectives are to de-emphasize population as a separate activity and to promote population activities within the context of a broader framework of social development programmes, such as primary health care, rural and urban development, education and agriculture.

COLOMBIA

POLICIES AND MEASURES

Changes in population size and age structure: There is no explicit policy of intervention with respect to population growth, mainly due to the success of past policies and the overall attainment of modernization goals, which have led to rapid declines in fertility and population growth rates. The goal of the first national population policy was the achievement of "a significant reduction in the rate of population growth through decreasing the level of fertility". Since 1968 the law on responsible parenthood has led Colombia to have one of the most far-reaching family planning (and information, education and communication) programmes in Latin America. With regard to social security, pension schemes cover employees in industry and commerce in most regions and the self-employed as well as public employees at the local and national levels. Agricultural, domestic and certain temporary workers are excluded.

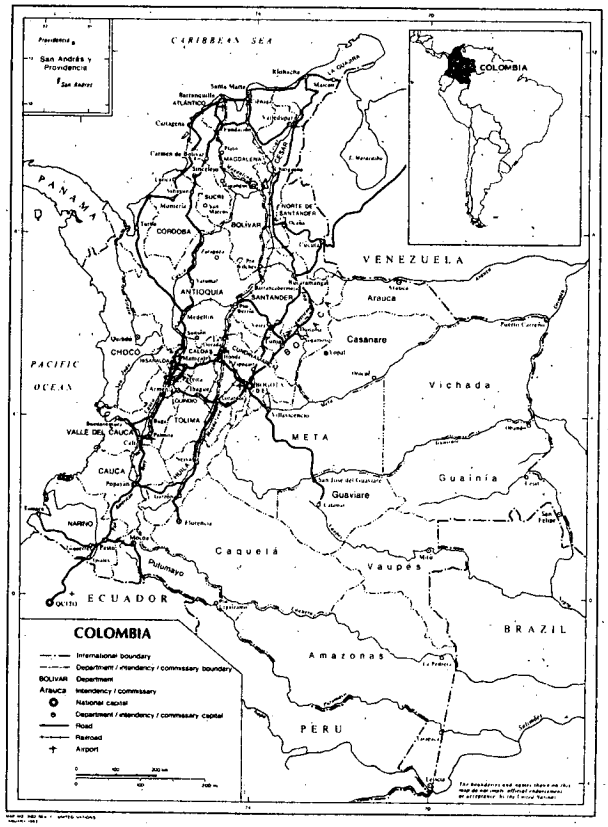
Mortality and morbidity: Though considerable progress has been made since the 1930s in decreasing the mortality rate, officials acknowledge the tremendous regional differentials between the urban and rural areas and also the high mortality rates of those living in peripheral urban areas and isolated regions. Policy is aimed at reducing the level of morbidity, particularly in high risk groups. The five policy guidelines to orient activities are: reduction of morbidity and mortality; health education and community participation; extension of primary health care coverage; organizational development and administrative modernization and active technical and scientific participation. Specific measures include intensive immunization campaigns against childhood diseases, food and nutrition programmes and oral rehydration programmes. Targets have been set to decrease mortality to the following levels by 1986: infants, 40-45 per 1,000; ages 1-4, 5.7 per 1,000; ages 5-14, 0.5 per 1,000; ages 15-44, 2.0-2.5 per 1,000; ages 45 and up, 8 per 1,000. In addition, health measures have focused on improving the situation of the elderly.

Fertility and the family: Although no explicit policy currently exists to regulate fertility levels, the Government has adopted socio-economic policies, measures and programmes which affect fertility. These include: increased schooling, expanded family planning programmes; measures to increase female labour force participation and to improve the status of women; and subsidies to promote infant welfare. Although no constitutional provisions or laws exist to establish rights to family planning services, the Government provides direct support for family planning and contraception.

International migration: No official policy exists concerning immigration. In response to large-scale emigration to neighbouring Venezuela and Ecuador, Colombia has developed policies that deal with the migratory flows across the border area. The Andean Instrument on Labour Migration is a multilateral agreement for the exchange and utilization of regional manpower. The Government has outlined objectives with respect to border labour migration. These include: regularizing and orienting migration movements in border areas, assisting deported Colombian workers from neighbouring countries, extending employment services to rural border zones and promoting means to create employment in internal and border regions. Colombia is also concerned with the exodus of skilled workers who are drawn to neighbouring Venezuela by higher wages.

Spatial distribution/urbanization: The Government has formulated a specific policy to modify spatial distribution. Its objectives include decreasing migration to the major metropolitan areas, increasing migration to other urban areas and decreasing out-migration from rural areas. The Government has included population distribution goals in successive development plans. It has employed spatial policy instruments to divert new industrial activity away from the major cities, such as a ban on foreign investment in Bogotá, Medellín and Cali and an interest rate subsidy offered on loans to firms choosing to locate outside the three main cities.

Status of women and population: The Government has undertaken efforts to improve the status of women and increase female labour force participation. The Labour Code forbids discrimination against women in terms of salaries, and the Convention Against All Forms of Discrimination Against Women was approved in 1981. The minimum legal age at marriage for women is 14 years.



DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 444 1 046 0-14 years (%) 46.1 26.3 60+ years (%) 4.6 7.5 Rate of: 1980-85 2020-25 growth 3.1 1.2 natural increase 30.5 11.8	The Government perceives the country's population growth rate to be <u>too high</u>; the rate is considered a major constraint to social and economic development efforts.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 50.0 65.6 Crude death rate 15.9 7.2 Infant mortality 88.3 31.5	The Government regards present conditions of health and levels of mortality as <u>unacceptable</u>.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.3 2.0 Crude birth rate 46.4 19.0 Contraceptive prevalence rate ... ... Female mean age at first marriage 17.7 (1980)	The Government perceives the level of fertility as <u>too high</u> and considers lower rates as desirable.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 4.1 (1980)	The level of immigration is considered <u>significant</u> and <u>too high</u>, while emigration is considered <u>significant</u> and <u>satisfactory</u>.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 25.2 53.1 Growth rate: 1980-85 2020-25 urban 4.7 2.7 rural 2.5 -0.4	Spatial distribution is considered <u>partially appropriate</u>.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has expressed concern over the country's demographic situation, and it has indicated its desire to reduce the country's population growth rate by reducing fertility. The Government welcomes population programmes in line with Islamic rules and local customs. Improving mortality and morbidity has also been stressed.

Importance of population policy in achieving development objectives: The Government has indicated the necessity of having a national population policy that is based on the fundamental values of Islam and on the customs of the people. The economic and social situation of the Comoros and the state of health of mothers and children have convinced the Government of the need for a policy of birth control. An international seminar on Islam and Family Planning was held in the Comoros in December 1984. The Seminar shed further light on the course the Government should follow concerning its population problems.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Comoros had a population census in September 1966. The most recent population census and the first since independence was taken in September 1980. The Directorate of Statistics and National Accounts in the Directorate General of Planning was responsible for the 1980 general population census. The National Census Commission, headed by the Prime Minister, had authority for the census. Each island has a regional census office that is responsible to the Central Census Office and the Governor of the island. The Employment Department, in collaboration with the International Labour Organisation, has undertaken a survey on employment. The latest development plan for the period 1983-1990 emphasizes the development of infrastructure by allocating 39 per cent of investment for that purpose.

Integration of population within development planning: Institutional arrangements to link population and development planning currently do not exist. The Government, however, has indicated that the population problem has been given serious attention and that some administrative steps have already been taken.

POLICIES AND MEASURES

Changes in population size and age structure: The projected doubling of the population by the year 2000 is seen as a serious problem drastically limiting the outcome of the economic recovery that began in 1978. The Government has stated that a country as small and as poor in natural resources as the Comoros cannot allow its population to grow unchecked, as that would create problems of food security in the medium and long term thus jeodardizing the future of

upcoming generations. Programmes are being developed to reduce population growth and strengthen the management and delivery of basic health services. Information concerning pension schemes in the country is not readily available.

Mortality and morbidity: The Government aims at improving access to primary health care and developing programmes to combat major diseases. Malaria is the main cause of morbidity, and malnutrition is another major health problem. Maternal and child health have also been given special attention. The main priority is the eradication of malaria.

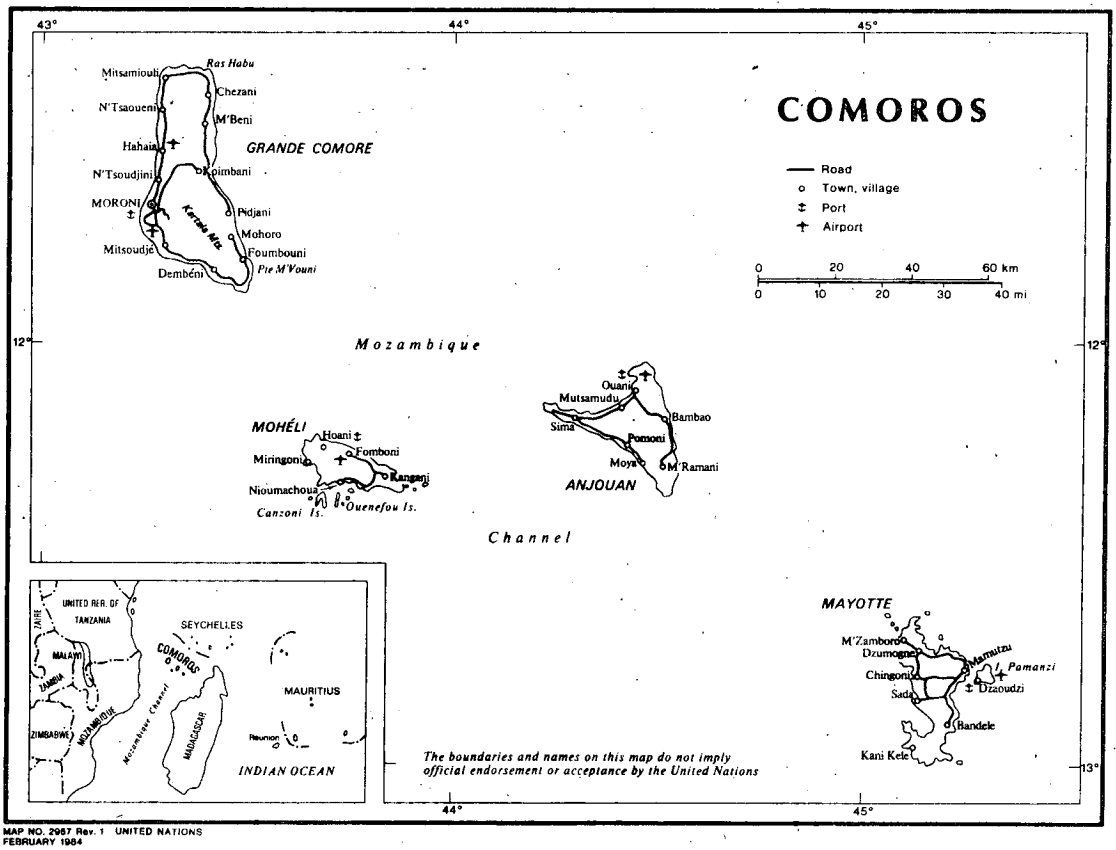
Fertility and the family: The Government believes in the need for a policy of birth control. It is also convinced that technical measures alone almost always prove ineffective and that the conscious, responsible participation of parents and the community is thus indispensable to the success of birth control programmes. Any policy in this area should be based on the fundamental values of Islam and on custom. The Government's position is that family planning must take the form of birth spacing and that abortion can be justified only on exceptional grounds, for instance when the life of the mother is in danger. In 1985 the concept of family planning was accepted by the religious authorities of the country. A fertility and contraceptive prevalence survey was conducted to plan information, education and communication activities and maternal and child health and family planning services. Access to modern contraception is permitted and information is readily available. Direct Government support is provided. Information on the status of abortion and sterilization is not available.

International migration: Although the level of immigration is considered significant, it is not currently an active policy concern. There are no readily available statements concerning policies towards emigration.

Spatial distribution/Urbanization: There is no explicit policy either to maintain or to modify the distribution of population and internal migration. However, there are rural development strategies and regional development policies for lagging regions that could have an effect on spatial distribution and urbanization.

Status of women and population: There is no government institution responsible for the status of women. However, a non-governmental organization, the Comorian Union of Women for the Liberation and Evolution of the Comorian Woman in Society was formed in June 1980. There have been debates on the status of women, particularly over such concerns as the abolition of the veil, the education of young women and the right of women to choose their own husbands. Women have considerable control over matters affecting family life and the education of their children. However, the role of women in public life is relatively small. A policy of child spacing is considered essential, not only to control births but also to improve the health of mothers and their participation in the social and economic development of the country. Activities that influence the status of women include projects for professional training as well as agricultural projects designed to strengthen rural development. The Government's Federal Centre for Support of Rural Development is also involved in such activities. Information on the minimum legal age at marriage for women is not readily available.

Other issues: The Government has stated on many occasions the need to develop agricultural self-sufficiency; the 1983-1990 plan stresses development of national infrastructure.



MAP NO. 2987 Rev. 1 UNITED NATIONS
FEBRUARY 1984

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 1 740 4 732 0-14 years (%) 43.6 34.8 60+ years (%) 5.4 6.1 Rate of: 1980-85 2020-25 growth 2.6 1.8 natural increase 25.9 17.8	The growth rate of the population is considered to be unsatisfactory and too low.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 46.5 62.5 Crude death rate 18.6 8.2 Infant mortality 81.1 28.2	Mortality and morbidity levels are felt to be unacceptable. The Government has expressed concern over high rates of infant and maternal mortality, and over high morbidity from infectious and parasitic and water-borne diseases.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.0 3.0 Crude birth rate 44.5 26.0 Contraceptive prevalence rate ... ... Female mean age at first marriage 19.6 (1974)	Fertility is viewed as too low. Government concerns are sterility, infertility and adolescent fertility.
INTERNATIONAL MIGRATION 1980-85 2020-27 Net migration rate 0.0 0.0 Foreign born population (%) 4.1 (1974)	Levels and trends of immigration and emigration are perceived as not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 39.5 66.5 Growth rate: 1980-85 2020-25 urban 3.7 2.7 rural 1.9 0.1	Spatial distribution is perceived as inappropriate with too great a concentration in one small area and too small a rural population. Rural to urban migration is viewed as unsatisfactory and too high.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government views the Congo as being underpopulated. To increase population size in the short and medium term, the Government emphasizes the reduction of mortality. More than half the population is concentrated in one small area. To prevent further concentration, the Government places particularly high priority on rural development, to help stop the depopulation of the countryside.

Importance of population policy in achieving development objectives: The Government views under-population and inappropriate spatial distribution of population as major obstacles to achieving its development objectives. It has chosen to address these difficulties by adopting explicit policies for reducing mortality and strengthening rural development.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The main sources of demographic data are the censuses of 1974 and 1984. A system exists for the registration of births, deaths and marriages, but the data are incomplete. A project to improve vital registration was initiated in 1981-1982. A variety of demographic surveys have been conducted, of the rural population in 1960, of Pointe-Noire in 1962, of Lekoumu in 1972-1973, of Brazzaville in 1975-1977 and of infant and child mortality in Brazzaville in 1980-1983. In addition there has been a national survey of employment and a national inventory of villages. The Centre national de la statistique et des études économiques is part of the Ministry of Planning and is the principal institution responsible for collecting demographic, social and economic data and preparing population projections. The Direction générale de la santé publique in the Ministry of Health is responsible for collecting health statistics. After the National Development Plan for the period 1982-1986 underwent extensive budgetary cuts, an interim investment plan for 1987-1988 was formulated in June 1986.

Integration of population within development planning: While there is no special agency that formulates and co-ordinates population policy, the Secretariat général au plan is responsible for taking population variables into account in the planning process.

POLICIES AND MEASURES

Changes in population size and age structure: In the short and medium term, the Government wishes to maximize population size. It views a young age structure as advantageous, but is nevertheless cognizant of the problems of employing young persons entering the labour market. It has no numerical targets for either age structure or population size. Concerning social security, coverage of the country's scheme is extended to employed persons and public employees.

Mortality and morbidity: Since 1976, when the Government felt it had insufficient data to evaluate the acceptability of mortality and morbidity levels, it has shifted its position and now finds levels of mortality and morbidity unacceptable. The Government has indicated a strong commitment to raising levels of life expectancy by providing primary health care to the entire population by the year 2000. The 1982-1986 development plan emphasized preventive public health measures, extension of basic health service coverage and measures to improve maternal and child health. It also included such preventive public health measures as health education, an expanded vaccination programme, surveillance and treatment of endemic diseases, control of water quality and combating vector-borne illnesses. To extend basic health service coverage to the rural areas, the Government plans to provide first aid posts in all villages, rural dispensaries in designated "central villages", integrated health centres in rural towns hospitals in the largest rural towns, and a hospital boat to serve the population living close to rivers. Maternal and child health is promoted by encouraging proper spacing between births and educating mothers in nutrition and hygiene.

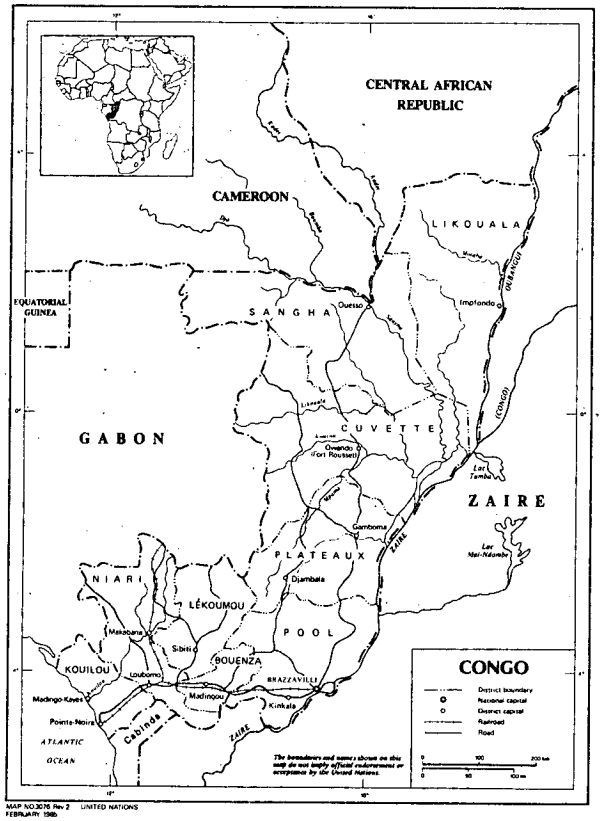
Fertility and the family: The Government is committed to improving the well-being of the family, raising the level of child survival and allowing families to choose the number of children they want. To raise fertility, the Government plans to reduce very high levels of sterility and infecundity (in excess of 20 per cent in some areas) by sharply curtailing the incidence of sexually transmitted diseases. To improve child survival by promoting a proper spacing interval between births, while also allowing families to choose the number of children they want, the Government intends to provide access to contraceptives while not promoting smaller family size. Recently the Government began directly supporting the distribution of contraceptives in a few urban health centres and has indicated plans to make birth control methods generally available throughout the country in maternal/child health clinics. The Legal Code still follows a 1920 French law prohibiting the sale of contraceptives. However, for medical and humanitarian reasons, the Government increasingly has tolerated contraceptive distribution, although surgical sterilization is still proscribed. In the late 1970s hospitals experienced a rapid increase in the number of patients admitted with complications from abortions induced by traditional means; that is believed to have provided the initial impetus for governmental acceptance of contraception and an increasing tolerance of surgical abortion in certain central hospitals on broad medical grounds. There is growing concern over adolescent pregnancy; urban surveys have indicated that about 40 per cent of schoolgirls aged 13-18 have been pregnant at least once.

International migration: The Government regards the level of immigration and emigration as insignificant and satisfactory. There has been some discussion of encouraging immigration of agricultural workers into those rural areas that have been most affected by rural to urban migration.

Spatial distribution/urbanization: The Government is dissatisfied with the country's spatial distribution, its rate of rural to urban migration and its rapid urban growth. The modern economy is concentrated in the south, where about 70 per cent of the population occupies 7 per cent of the land area. One

of the main priorities of the 1982-1986 Development Plan was to arrest the rural exodus by improving rural infrastructure and establishing growth poles in the form of 157 central villages.

Status of women and population: Under the Constitution of 8 July 1979, women have the same rights as men. The National Plan for Education forbids discrimination by sex. Traditional social organization, however, has posed significant obstacles to the actual implementation of these rights. To ameliorate existing inequities, in 1984 the National Assembly adopted a Family Code apportioning a larger share of family property to women in the case of marital dissolution and providing increased protection to the interests of women and children. Additionally, a minimum legal age at marriage of 18 years was established for women.



COSTA RICA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 2 600 5 099 0-14 years (%) 36.7 24.5 60+ years (%) 5.8 14.1 Rate of: 1980-85 2020-25 growth 2.6 1.1 natural increase 26.3 10.6	The Government views the rate of population growth as satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 73.0 75.2 Crude death rate 4.2 6.4 Infant mortality 20.2 14.2	Levels and trends are considered to be acceptable. The Government has reported that some problems remain regarding infant and neonatal mortality, as well as excess mortality among young adults.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 3.5 2.2 Crude birth rate 30.5 17.0 Contraceptive prevalence rate 68.0 (1986) Female mean age at first marriage 21.7 (1973)	The Government considers levels and trends to be satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 3.7 (1984)	The Government is concerned about the influx of refugees and undocumented migrants and considers immigration to be unsatisfactory. Emigration is unsatisfactory because it is too low.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 49.8 74.6 Growth rate: 1980-85 2020-25 urban 4.2 1.7 rural 1.2 -0.7	Current patterns of population distribution are considered to be inappropriate because more than half of the population resides in the central valley.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has not formulated a policy to modify the rate of population growth, largely because of the country's rapid decline in fertility and moderate rate of natural increase.

Importance of population policy in achieving development objectives: The Government considers population policy to be instrumental in achieving its political objectives and overall development goals. In 1979 the National Commission on Population Policy approved the terms of reference for a global population policy. Noting that it rejected the concept of a population policy focusing narrowly on fertility, the Government emphasized that its population policy was an integrated one, encompassing health and welfare programmes, policies of political asylum and policies of population distribution.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Costa Rica has one of the most comprehensive sets of population data available in the Latin American region. Nine censuses have been conducted since 1864; the most recent census was conducted in 1984. Vital registration is classified as complete. A National Fertility Survey was conducted in 1976 in co-operation with the World Fertility Survey. The last available development plan is the Plan de Desarollo for the period 1979-1982.

Integration of population within development planning: In recent years an important government priority has been the development of an institutional framework for the further integration of population factors within development plans. A National Commission on Population Policy was established in 1978 to draft a comprehensive population policy. The Commission is an inter-ministerial body with representatives from the major ministries and from the Office of National Planning and Economic Policy (OFIPLAN). A Population Department was also established within OFIPLAN in 1979 and was designated as the technical secretariat of the National Commission on Population Policy.

POLICIES AND MEASURES

Changes in population size and age structure: The Government does not advocate direct intervention to modify the rate of population growth. It believes that economic and social restructuring will result in a rate of natural increase that is compatible with development requirements, particularly since the early stages of Costa Rica's rapid fertility decline were precipitated by such factors as high levels of literacy. Although the country's rapid demographic changes have influenced the age structure, the Government reported that it was not yet concerned by the issue of demographic

aging. Under the national pension plan, employed persons in the public and private sector are covered, while voluntary coverage exists for the self-employed.

Mortality and morbidity: The Government is proud of its achievements in the health care sector. Infectious diseases, diarrhoeal diseases and malnutrition virtually have been eliminated as major causes of death; morbidity from diseases preventable by immunization (e.g., measles and tetanus) and from malaria has been greatly reduced; moreover, 95 per cent of the rural population is covered by a model programme of primary health care. Primary health care is the principal health care strategy. The highest priority is given to health promotion and disease prevention; treatment and rehabilitation is a secondary line of action. Community participation is an essential component of basic care. Ministry of Health programmes focus particularly on care of mothers, children, the elderly and the economically underprivileged. The Government allocates 7 per cent of the gross national product to health care services.

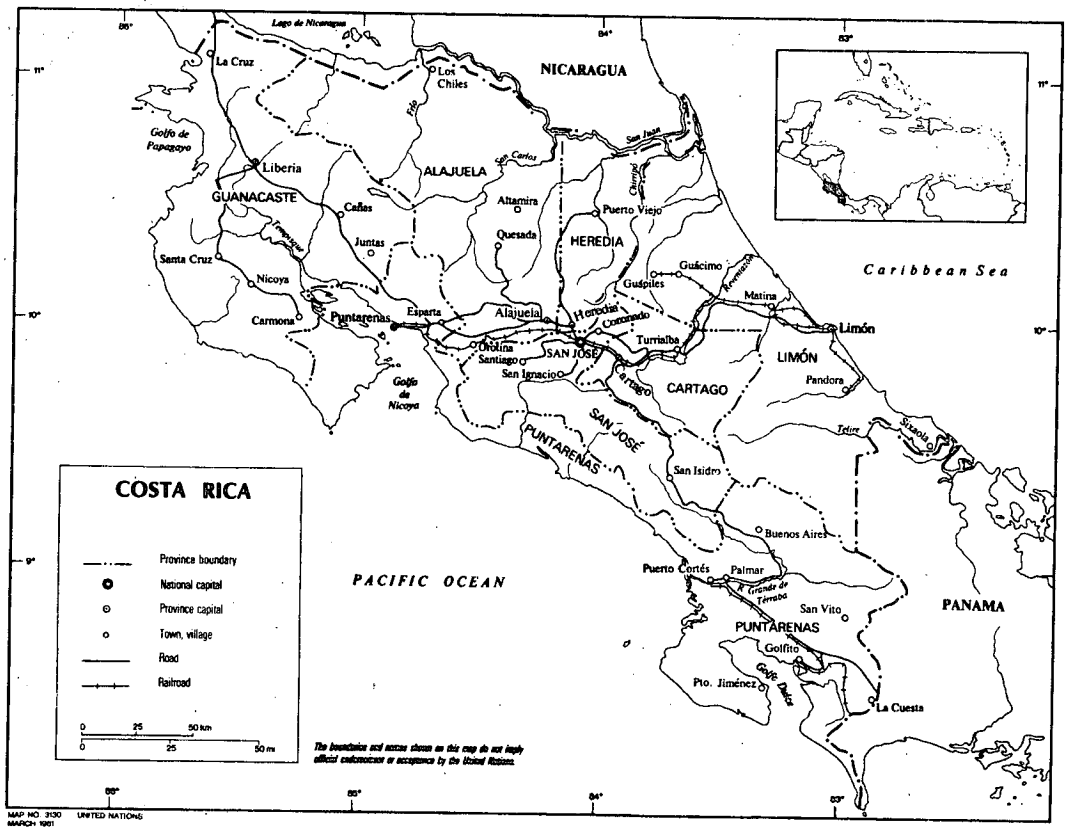
Fertility and the family: There is no policy to modify fertility. Present policy emphasizes the right of all individuals and couples to decide freely and responsibly the number and spacing of children. In addition to the early availability and wide geographical coverage of family planning services, the relative success of Costa Rica's programme has been attributed to a continually improved community-based distribution system and to the use of auxiliary personnel such as midwives to "de-medicalize" contraceptive services. The Government also places considerable emphasis on information, education and communication programmes. Sterilization for contraceptive purposes has never been explicitly allowed under Costa Rican law, although it has been increasing in popularity as a contraceptive method. Abortion is technically illegal under Costa Rican law, except to save the life of the mother.

International migration: Although the Government has expressed concern over the growing numbers of refugees, displaced persons and undocumented migrants, it reports that it will continue to maintain its generous policy of granting political asylum. However, as Costa Rica's population has grown by 10 per cent in recent years as a consequence of immigration, the Government has urged co-ordinated action by the international community to find durable solutions. In 1983, with the assistance of the Intergovernmental Committee on Migration, the Government conducted a survey of undocumented migrants and extended amnesty to them. In an attempt to promote return migration of professionals and skilled workers, the Government has passed legislation granting exemptions from import taxes on equipment and household goods. In recent years it has also attempted to match salary levels offered abroad for certain skilled occupations. However, the Government reported that it would like to maintain the current aggregate levels of emigration.

Spatial distribution/urbanization: Over the years the Government has formulated various policies to modify patterns of population distribution, including decentralization of industry (through industrial zoning and the creation of industrial parks) and the promotion of rural industries. The Government has also implemented a number of integrated rural development and

land colonization programmes which were partly designed to retain population in rural areas. The current population distribution policy involves the promotion of small rural population centres, decentralization of services and the encouragement of popular participation in local government as a means of reducing out-migration from rural areas.

Status of women and population: Costa Rica's work code prohibits women from working past midnight or in dangerous conditions, establishes paid maternity leaves and requires employers to provide breastfeeding breaks and legislates that women be granted all rights that are given to male workers. In 1973 the Government adopted a family code that amended divorce laws and established more equitable parental responsibilities. The minimum legal age at marriage for women is 15 years.



COTE D'IVOIRE

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 9 810 22 978 0-14 years (%) 45.6 34.7 60+ years (%) 4.7 5.8 Rate of: 1980-85 2020-25 growth 3.7 1.9 natural increase 30.0 18.8	The rate of population growth is considered satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 50.5 66.5 Crude death rate 15.6 6.5 Infant mortality 109.9 41.6	Levels and trends are considered acceptable. The Government has expressed concern over mortality and morbidity, particularly of children aged 0-4 and mothers.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.7 3.0 Crude birth rate 45.6 25.3 Contraceptive prevalence rate 3.0 (1980/1) Female mean age at first marriage 18.9 (1978)	Fertility rates are considered satisfactory in relation to population growth. However, there is concern over maternal and child health and family well-being. Family planning is seen as an integral part of maternal and child health services.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 6.4 0.0 Foreign born population (%) 22.0 (1975)	Immigration is considered significant and not satisfactory because it is too high. Emigration levels and trends are considered not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 42.0 70.1 Growth rate: 1980-85 2020-25 urban 6.1 2.7 rural 2.0 0.2	The spatial distribution is considered inappropriate. Metropolitan growth is considered unsatisfactory because it is too high with population concentrating in two major urban areas. Special concern is expressed over the rural exodus, creating a shortage of young men and an imbalance between regions.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government considers population problems to be very important in relation to development and believes strongly in the need for population research and the collection and analysis of population data. The Government maintains a policy of direct intervention to modify demographic variables in combination with socio-economic restructuring. Official policy is to increase population size by reducing mortality and maintaining or raising the fertility rate. Increasing the size of the Ivorian population will decrease dependence on immigration. Policy emphasis is also placed on health, welfare and spatial distribution.

Importance of population policy in achieving development objectives: The Government views population as a factor in economic and social development and considers population research to be an essential basis for socio-economic planning. It perceives population policy as an important instrument for achieving development objectives. Four development priorities targeted by the Government are the modernization of agriculture to achieve self-sufficiency, economic growth, the modernization of traditional and handicraft activities and the enhancement of human resources.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Demographic data collection began in 1955. Until 1960 the surveys focused on population structure in the primary growth centres. Between 1957 and 1975 many regional surveys were conducted. The first full census was conducted in 1975, and a second is planned for 1987. Two surveys - one medical and one socio-cultural - were conducted in 1984. Vital registration was established in 1965 and is considered incomplete. Development planning has existed since 1960. The first development plan covered the years 1967-1970 and the most recent published plan is the Plan quinquennal de développement économique, social et culturel, 1981-1985. Plans are prepared by the Ministry of Planning and Industry along with the Division of Statistics and other socio-economic organizations.

Integration of population within development planning: No single government office is responsible for formulating population policies. The Office of Human Resources in collaboration with the Division of Statistics and under the supervision of the Ministry of Planning is responsible for integrating population in development planning. The Division of Statistics, which contains the Sub-Office of Demography and Human Resources, has prepared population projections since 1946. In 1981 the National Council of Statistics was given the responsibility of planning and co-ordinating inquiries and field investigations. Within the Ministry of Health and Population, the Department of Population deals with problems of health in relation to family affairs, immigration and naturalization.

COTE D'IVOIRE

POLICIES AND MEASURES

Changes in population size and age structure: The Government's pro-natalist policy reflects the belief that the country's unused resources may require a larger population to sustain growth. The policy of "Ivorization" aims at replacing the foreign-born labour force with nationals. Policy measures are directed towards aiding the entry of Ivorians into the industrial and agricultural sectors, reducing mortality, maintaining fertility and reducing emigration and immigration. No quantitative targets for population growth or size have been set. Concerning social security, a pension scheme exists for employed persons and public employees, but excludes the self-employed.

Mortality and morbidity: To reduce mortality and raise levels of health a series of measures have been implemented to promote health care and population education. In 1983 a maternal and child health project was created specifically to address infant and maternal mortality. To raise general health standards, measures have been taken to establish a public health network, improve the hospital system and develop mobile health services. The emphasis is on preventive medicine to reinforce curative measures. The Institute of Hygiene oversees the vaccination programme and the development of potable water sources. Measures have also been enacted to improve nutritional standards by investing in food production and distribution. The 1981-1985 development plan calls for national coverage by a vaccination programme and the construction of 150 new health centres and rural maternity clinics.

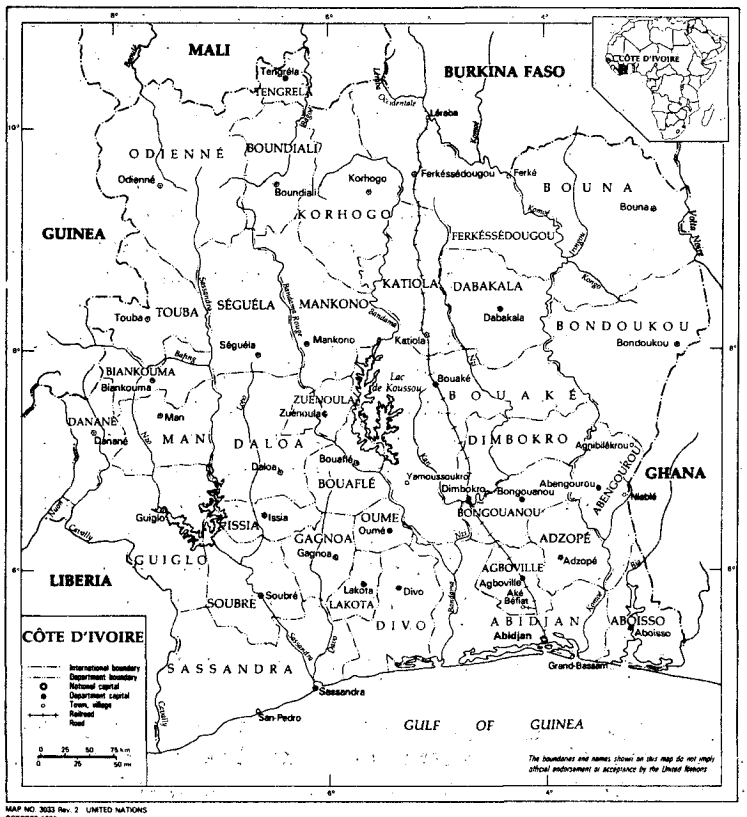
Fertility and the family: Policy is to raise the fertility rate. Measures are aimed at improving maternal and child health and the well-being of the family. Present maternity benefits are available only to women who are employed or whose husbands are employed at the time of a pre-natal check-up. This policy aims at strengthening the programme of pre-natal check-ups. The main goals of family planning are birth spacing and improving the health of mothers and children. Access to contraception is not supported or provided by the Government. Certain methods of contraception are authorized for medical reasons. In 1982 a change in the Penal Code repealed the 1920 anti-contraception law that prohibited the promotion of contraception. The revision also permits abortion to save a woman's life and legalizes sterilization if performed by a physician in "good faith" with the patient's consent. No quantitative fertility targets have been set.

International migration: Policy is to reduce future immigration despite its obvious economic advantages. The demand for unskilled labour induced the high immigration rate from African countries. The Ivorization programme introduces Ivorians into the labour force to reduce the demand for foreign labour. The Government has enacted measures to aid Ivorians in setting up small business enterprises. The National Office of Rural Promotion gives assistance to establish young farmers. The Ministry of Ivorization plans to address the problem of the small proportion of Ivorians in top management positions. The Government intends to control immigration flows so that it complements the needs of the national economy. Emigration policy aims to further reduce the already low levels. No quantitative migration targets have been set.

Spatial distribution/urbanization: Côte d'Ivoire's regional imbalances are serious, and the Government is intent on reducing disparities. The policy is to adjust spatial distribution by reducing population mobility and rural

out-migration and by promoting regional development. High population mobility is an issue, since in 1975 about 47 per cent of the population lived in a region other than where they were born. Three main policy goals are to control and modify north to south migration, the sparse settlement of the savannah zone and in-migration to large cities. Projects have included political decentralization, development of a new port and construction of a dam. To slow metropolitan growth, the Government has created a network of medium-sized towns and has focused on modernizing agriculture and subsidizing infrastructure construction. Business and industry have been promoted in inland regions to create employment opportunities. The Government has enacted measures that include direct state investment, incentives for industrial relocation, improved transport and communication systems and job training. Expanded public access to water by 1985 is also planned.

Status of women and population: Policy is to improve the status of women. The Government provides education on the risks of pregnancy, contraception and abortion. Day care centres are provided for children of working mothers. A major objective is to integrate women into the economy by raising the average level of education of the entire population and a programme of training, production, and marketing activities for women. The Ministry on the Status of Women establishes legal equality for women and provides access to employment. The minimum legal age at marriage for women is 18 years.



MAP NO. 3033 Rev. 2 UNITED NATIONS
OCTOBER 1986

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 10 038 13 575 0-14 years (%) 26.4 20.2 60+ years (%) 11.1 20.3 Rate of: 1980-85 2020-25 growth 0.6 0.4 natural increase 10.4 4.0	The Government considers the current rate of growth to be satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 73.4 75.1 Crude death rate 6.4 9.9 Infant mortality 16.8 8.3	Levels are considered acceptable. The Government has identified infants, young children, adolescents and the aged as requiring special attention. Concern is expressed over maternal mortality, heart disease and cardio-vascular diseases.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 2.0 2.1 Crude birth rate 16.9 13.9 Contraceptive prevalence rate 60.0 (1980) Female mean age at first marriage 19.9 (1981)	The Government considers current levels of fertility to be satisfactory. It has expressed concern, however, over the growing number of adolescent pregnancies, ineffective contraceptive practices among teenagers and the undue reliance on abortion, especially in rural areas.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -4.2 0.0 Foreign born population (%) 1.5 (1970)	Levels and trends of both immigration and emigration are considered to be not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 71.8 87.1 Growth rate: 1980-85 2020-25 urban 1.7 0.7 rural -1.8 -1.3	The Government considers patterns of spatial distribution to be partially appropriate and desires minor changes in the distribution of its population.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government considers demographic trends to be satisfactory and has no explicit policy of intervention to modify population growth or fertility. Population policy is based on the belief that the rate of natural increase should be determined by the impact of socio-economic changes on the decision of parents, and by improvement in mortality levels, particularly infant mortality. Cuba has achieved substantial progress in delivering health services to its population. Spatial redistribution is considered the most appropriate means for resolving existing demographic problems.

Importance of population policy in achieving development objectives: As part of its general development strategy and with the fundamental objective of satisfying the material needs of its people, Cuba practices a very defined population policy. Without specifying rates for fertility control, this policy has achieved rates of growth which the Government feels are compatible with the present level of economic development. Development strategy emphasizes the importance of integrating human factors into economic development plans, with the goal of improving and equalizing the quality of life. A high priority is assigned to the health sector, in which family planning services are fully integrated, as a means of improving maternal and child health.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Six censuses have been conducted since 1919, the latest being the Population and Housing Census of 1981. A National Fertility Survey is scheduled to be conducted in 1987. Prior to the revolution, censuses were acknowledged to be inaccurate. After 1959, data collection improved and is now considered to be complete. The Central Planning Board (JUCEPLAN) was established in 1960, and the Government has formulated national annual plans since 1962. In 1972 Cuba was incorporated into the Council for Mutual Economic Assistance, a co-ordinating body for development planning among socialist countries. In February 1986 the Third Congress of the Cuban Communist Party approved a five-year economic programme for 1986-1990.

Integration of population within development planning: The Institute of Economic Investigation, established in 1978 within the Central Planning Board (JUCEPLAN), integrates demographic variables into the planning process. It considers population dynamics in all phases of social and economic planning. There is no separate agency for population policy formation. The Institute of Demography and Censuses of the State Statistical Committee, which is responsible for providing information concerning the relationships between population and development, also prepares national population projections.

CUBA

POLICIES AND MEASURES

Changes in population size and age structure: The Government has not adopted an explicit policy with respect to population size and growth. It recognizes that there are problems associated with an increase in population; however, it sees higher productivity rather than lower fertility as the primary solution. Cuba's broad concept of population policy includes measures to guarantee employment to the entire working population, to incorporate women into socio-economic activity and to guarantee education and health services to all. The Government recognizes the close relationship between economic, technological and scientific development and human reproduction. Policies that allow for increased land productivity, such as the establishment of agricultural co-operatives and improved cultivation techniques, are believed necessary to complement any population increase. Recipients of old-age benefits include employed persons, members of some producers' co-operatives, the self-employed, members of liberal professions and the armed forces.

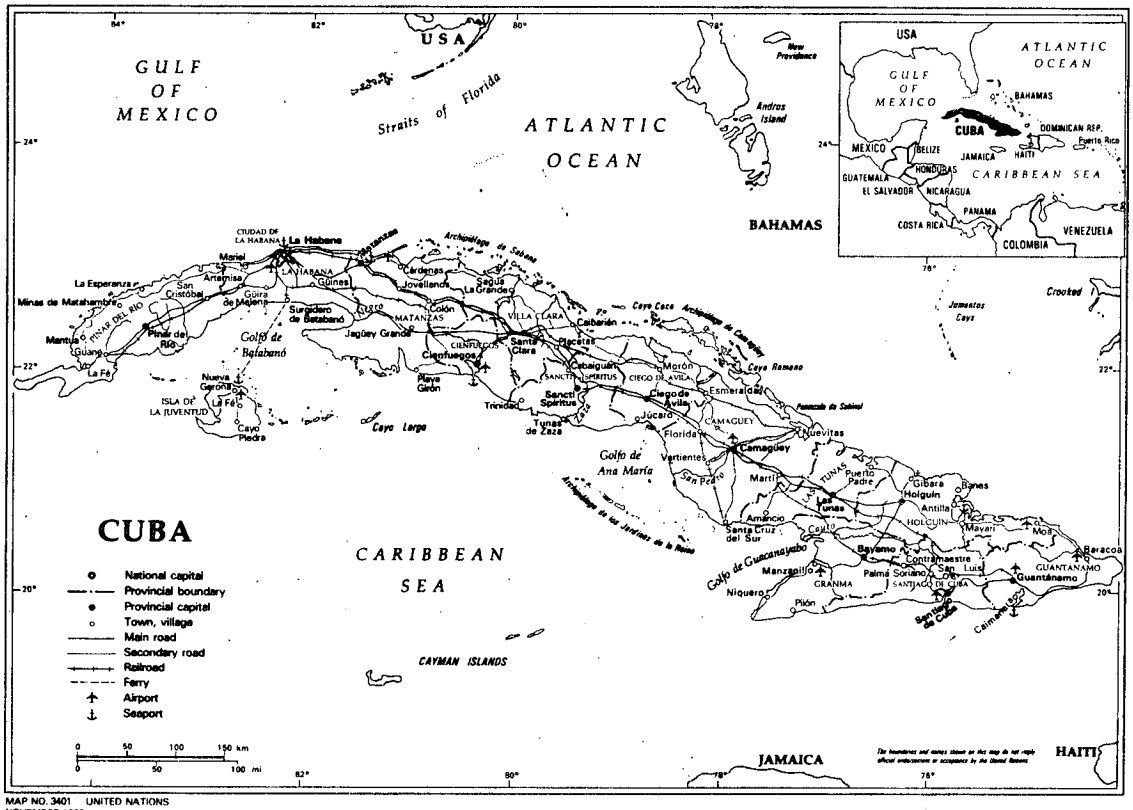
Mortality and morbidity: The Government believes that it is the responsibility of the State to provide health care to all. The principles which underly Cuba's health policy include state-controlled services, prevention and mass participation in the health care system. Factors, such as the 100 per cent literacy rate, the elimination of income differentials and the equalization of urban-rural conditions, have significantly contributed to the success of health policies. In addition, there has been an important deconcentration of hospitals and upgrading of rural health facilities. The system assigns special importance to community involvement in health education. Health policies are reinforced by educational activities that are channeled to communities through the mass media and schools. The Government also has implemented public food programmes (which provide a minimum of 2,600 calories per day to each recipient) in schools, and fluoridation and immunization campaigns. A high priority is to provide potable water and a sanitary disposal system for all urban residents by 1990 and for the rural population by 2000. A target set in 1974 to reduce the infant mortality rate to 20 per 1000 live births was achieved by 1976. By 1982 the rate was reported to have declined to 17.3 deaths per 1000 live births.

Fertility and the family: No specific policy exists to regulate fertility levels. The Government maintains that fertility is a matter for individual couples and that the State's role is to facilitate access to contraceptive methods. Access to information and contraceptives is provided directly by the Government. Family planning is an integral part of the maternal/child health programme, and is seen as a means of reducing maternal mortality, particularly from abortion. All methods of contraception are permitted and are free of charge. Sterilization is permitted only for women over 35 years of age or who have had at least three children. Abortion has been gradually liberalized and is now available on request during the first trimester for all married women and for unmarried women over age 18; single women under 18 require parental permission.

International migration: No explicit policies exist in regard to international migration. Persons seeking political or economic refuge in the country are allowed if their entrance conforms to national and international law. A large number of technicians have been granted temporary visas to collaborate with Cuba on socio-economic development projects.

Spatial distribution/urbanization: Policies exist to modify population distribution as a means of ensuring the equitable allocation of productive resources. Policies continue to emphasize the participation of less developed provinces and cities in production and industry. Disincentives directed at slowing the growth of Havana, the major metropolitan centre, include: curtailing investment that would stimulate employment and limiting the location of industry. Other measures to promote an urban-rural balance include the creation of new urban nucleii and the development of Santiago as the nation's second economic, political and cultural centre. The development of co-operatives has improved productivity in rural areas and has encouraged the process of urbanization. Declining inter-provincial migration is believed to partly reflect the scarcity of resources (especially urban housing), the character of the labour market and the egalitarian distribution of income between rural and urban areas.

Status of women and population: Women make up approximately 40 per cent of the labour force. The Government believes this is a consequence of the educational system, which has given women the possibility to enter into occupations superior to those that had been open to them in the past. The minimum legal age at marriage for women is 18 years.



CYPRUS

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 669 902 0-14 years (%) 25.4 21.2 60+ years (%) 13.4 21.9 Rate of: 1980-85 2020-25 growth 1.2 0.5 natural increase 12.2 4.7	The Government considers the present rate of population growth as too low and unsatisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 74.0 77.6 Crude death rate 8.5 9.4 Infant mortality 16.5 7.8	Levels of mortality are acceptable. The Government has identified road traffic accidents, malignancies and heart disease as areas of special concern. Primary health care is being considered as a new approach to health care.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 2.4 2.2 Crude birth rate 20.7 14.2 Contraceptive prevalence rate ... ... Female mean age at first marriage 24.2 (1976)	The long-term decline in fertility has led the Government to take the view that the fertility rate is unsatisfactory because it is too low.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%)	Immigration levels are not significant but the return migration of Cypriots is desired. Emigration is considered significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 49.5 73.7 Growth rate: 1980-85 2020-25 urban 2.5 1.1 rural 0.0 -1.3	Overall spatial distribution is considered partially appropriate. Population growth is considered to be too high in urban areas and too low in rural areas.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government's population policy objectives include the repatriation of Cypriots, a further reduction of emigration, restraining the fertility decline and a deceleration of urbanization. However, greater emphasis, has been placed on expanding the statistical base with the help of international co-operation.

Importance of population policy in achieving development objectives: The importance of integrating demographic variables into social and economic planning has recently been recognized. Specifically, the problem of low fertility, emigration and small population size have been singled out as contributing to labour shortages. The Government recognizes the importance of formulating policies to deal with these problems but feels constrained in its efforts by an inadequate statistical base. Furthermore, the Government believes that the implementation and success of pro-natalist policies are hampered by certain social trends and facets of human behaviour.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The inadequacy of the data base has been stressed repeatedly as a constraint to the formulation of population policy. Basic data collection and processing, population dynamics, including analysis and training in demographic research and the formulation, implementation and evaluation of population policies and programmes have been targeted as areas of high priority for the next decade. International technical co-operation, in the form of training, computer packages and advisory services is required. Censuses have been conducted since 1881, and the most recent census was undertaken in 1976. In February 1986 the Central Planning Committee established the objectives for the next development plan covering the period 1987-1991.

Integration of population within development planning: There is no single government agency responsible for the formulation or co-ordination of population policies, although in 1977 the Government appointed an ad hoc interdepartmental committee to deal with overall population issues. The macro-economic planning section of the Planning Bureau is responsible for taking population variables into account in planning. Its principal duties are to monitor the economy, formulate development plans at the macro level, integrate demographic variables into socio-economic planning and formulate social and economic policies including population policies. The Department of Statistics and Research in the Ministry of Finance prepares population projections and is responsible for providing information on population-development interrelationships and conducting special demographic surveys.

POLICIES AND MEASURES

Changes in population size and age structure: The Government has considered formulating a population policy, but so far no specific measures to modify population growth have been implemented, mainly because the statistical base for such a policy is inadequate. Consequently, efforts are being made to improve the statistical base by improving data collection methods, carrying out special surveys and initiating research. The Fourth Emergency Plan for the period 1982-1986 emphasizes human resource development and establishes guidelines for a population policy whose primary aim is to increase population growth. Population size is viewed as an issue of national survival. The absolute decline in population size, due to war losses and emigration after the conflict of 1974, has brought the growth rate issue to the national forefront; the scarcity of labour is a constraint to economic growth. The establishement in 1982 of a National Committee on Aging acknowledges concern over population aging. The Committee has submitted proposals to the Government for improving the conditions of the elderly in health, social welfare, income security, education and recreation, which the Government intends to implement according to national development plans and priorities.

Mortality and morbidity: The policy is to further promote improvements in health care and mortality and morbidity rates through medical, technological and public health measures as well as through improved socio-economic conditions. Measures include improving existing rural health centres as well as the creation of new ones; the provision of personnel and equipment to cover more effectively the needs of the rural population; and the reinforcement of health education programmes on prevention, including the strengthening, re-education and re-orienting of health personnel.

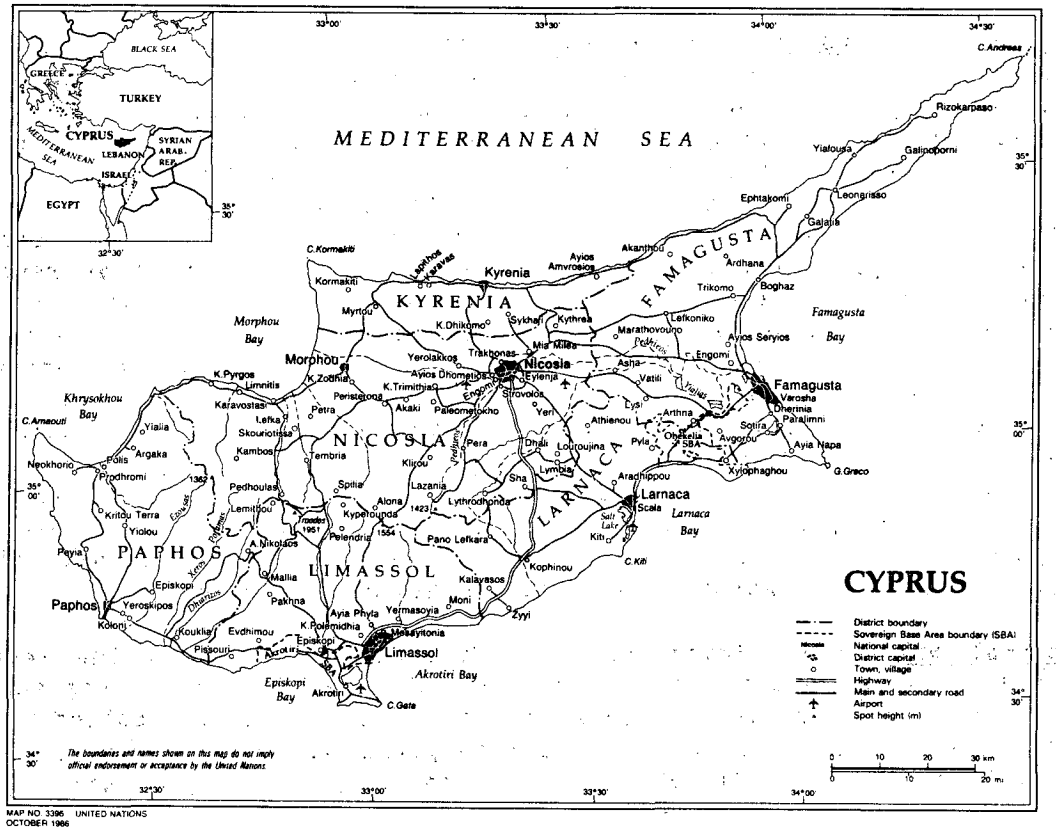
Fertility and the family: A policy exists to both modify the effect of fertility on population growth and improve maternal and child health and family well-being. The objective is to reverse the decline in fertility, although no quantitative targets have been set. Measures aim at helping women combine labour market activities with child-bearing and housework. Although the Government remains doubtful that a pro-natalist policy can succeed, given that fertility decisions are difficult to predict, it has implemented measures in the context of social policy which may boost fertility, such as maternity allowances, maternity leave of eight weeks with full pay for public sector employees, tax allowances related to family size, maternal/child health care and an extension of child care facilities, including public nurseries and kindergartens, and measures for the care and protection of the aged. All modern methods of contraception are permitted by law and the Government supports access to information and methods. Recent campaigns promoting awareness of family planning have been initiated by a series of public panel discussions and newspaper articles. Voluntary sterilization is allowed for contraceptive purposes. Abortion was legalized in December 1986 if the pregnancy threatened the mother's physical or mental condition.

International migration: Immigration policy aims at increasing the level of immigration in the future by encouraging Cypriot emigrants, including students abroad, to return. Permanent immigration of foreigners is controlled through work permits which are extended only to foreigners who possess special skills not available in Cyprus. The objective of the Government's emigration policy

is to maintain the present minimal level of emigration. Measures are taken, however, with the understanding that emigration levels are a reflection of the prevailing political situation.

Spatial distribution/urbanization: Cyprus has a policy to decelerate rural to urban migration. The Government's major strategy is promoting rural development to raise rural incomes, thereby retaining population in those areas. Measures include: the provision of housing and social services, human resource investments and job training, public infrastructure subsidies and development, grants, loans and tax incentives to new industries and relocatees, irrigation projects, price subsidies for certain crops, feeder roads and creating industrial zones in rural areas. The Government acknowledges, however, that further research is required before more concrete policies can be adopted. An agricultural research and extension project is being implemented. The Government has also indicated as one objective, the return of the refugee population to the northern part of the island.

Status of women and population: In August 1984 legislation was drafted relating to the establishment of a Cyprus Commission of Equality which will promote the advancement of equal rights and opportunities between the sexes and protect women against discrimination in remuneration, recruitment, promotion, training, transfers and dismissals on grounds of sex and marriage. The minimum legal age at marriage for women is 16 years.



CZECHOSLOVAKIA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 15 579 18 157 0-14 years (%) 24.5 19.9 60+ years (%) 16.3 21.5 Rate of: 1980-85 2020-25 growth 0.3 0.3 natural increase 3.5 2.8	The Government views its rate of population growth as satisfactory. However, concern is voiced over labour shortages in both rural and urban sectors and the age structure of the population.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 71.0 76.7 Crude death rate 12.0 11.0 Infant mortality 15.9 6.5	Present conditions of health and levels of mortality are considered acceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 2.1 2.1 Crude birth rate 15.4 13.8 Contraceptive prevalence rate 95.0 (1977) Female mean age at first marriage 21.6 (1980)	Current fertility levels are perceived as satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 0.5 (1980)	Both international immigration and emigration levels are considered insignificant and the Government finds this situation satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 65.3 76.3 Growth rate: 1980-85 2020-25 urban 1.3 4.4 rural -1.3 -0.2	The pattern is viewed as being partially appropriate. Government concerns are disparities in development between the Slovak and Czech republics, a dispersed pattern of settlement dominated by towns of under 10,000 people and a high growth rate in the largest metropolitan centres (Prague, Bratislava and Kosice).

GENERAL POLICY FRAMEWORK

Overall approach to population problems: While the Government of Czechoslovakia views economic and social development as a primary factor in the solution of problems associated with population, it also feels that moral, ethnic and humanitarian factors must be considered in any attempt to resolve these problems. The goal of population policy is to improve the age structure, state of health, level of education and socio-professional composition of the population, rather than increase population size.

Importance of population policy in achieving development objectives: In establishing the relationship between population, resources, food, energy, raw materials and the standard of living, the basic principle in Czechoslovakia remains the welfare of the population, which is a consequence of planned economic and social development. Population policy has thus become an integral part of the country's economic and social policy. The favourable demographic developments witnessed in Czechoslovakia are felt to have occurred because of the integration of population policy with economic and social planning.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Censuses have been conducted in 1930, 1961, 1970 and 1980 under the direction of the Federal Statistical Office. With the introduction of the federative state legal system in Czechoslovakia, two central statistical bodies were created for the national republics; the Czech Statistical Office and the Slovak Statistical Office share data collection functions with the Federal Statistical Office. Registration of births and deaths is considered to be complete. The latest development plan is the Eighth Five-Year Plan (1986-1990).

Integration of population within development planning: Since 1971 the Government Population Commission is the single government agency responsible for the formulation and co-ordination of population policies. The Standard of Living Department of the State Planning Commission has been responsible; since its establishment in the early 1970s, for taking population variables into account in the planning process. Population projections have been centrally prepared since the late 1950s by the Federal Statistical Office. Information on population/development interrelationships has been provided by the Czechoslovak Research Institute of the Ministry of Labour and Social Affairs since the early 1970s.

POLICIES AND MEASURES

Changes in population size and age structure: The Government seeks to maintain population growth rates at their present levels. To this end, a series of policy measures have been conceived aimed at improving the

well-being and living conditions of young couples and creating a favourable social climate for family life to foster increased child-bearing. Population growth is perceived as an important factor influencing the socio-economic development of the State because it is directly reflected in labour force resources in a given stage of development. With respect to the aged, social care for the elderly is one of the basic rights of all Czechoslovak citizens and is guaranteed by the Constitution.

Mortality and morbidity: The country's Constitution guarantees to all citizens health care free of charge. Youth, women, and the working-age population have been targeted for special policy consideration. Circulatory, cancerous and selected infectious diseases have also been earmarked. As a means of improving pre-natal preventive care to pregnant women and reducing risk factors, the Preventive Care Department of the Czech Ministry of Health has established (as of 1984) a working group of pediatricians who are devising a unified system of preventive examinations. Once this system is put into practice, the health development of every child and adolescent will be followed by regular periodic examinations.

Fertility and the family: Traditionally pro-natalist, the Government currently pursues a policy of intervention to maintain fertility at present levels. Objectives are both to modify the effect of fertility on the rate of population growth and to improve maternal and child health and family well-being. Measures include child welfare allowances, maternity, paternity and other family benefits; and the care and protection of the aged. Direct financial inducements and compensations, which were raised in 1985, include paid maternity leave of 26 weeks (35 weeks for single mothers) equivalent to 90 per cent of earnings and lump sum grants of 2,000 korunas (Kcs 14.3 = $US 1) at the birth of each child. Child care family allowances range from Kcs 200 a month for the first child to Kcs 1720 for the fourth, with Kcs 350 for each subsequent child and a supplement of Kcs 300 for each handicapped child. Since 1973, newly-wed couples are entitled to low-interest loans for purchasing and furnishing a home. Access to modern methods of fertility regulation is not limited and direct Government support is provided. Family planning programmes and compulsory education at schools concerning parenthood are reported to have been established. Sterilization is allowed for contraceptive purposes under specific laws and regulations. In 1983 it was reported that attention was being given to reforming the law on abortion and abolishing the Commission whose approval was necessary in order to obtain an abortion.

International migration: International migration is not a policy concern. Limited numbers of workers, however, come from developing countries for two- to six-year periods for vocational training. This form of international assistance is based on governmental agreements and is fully paid by the Czechoslovak Government. In recent years, the country has been partly alleviating its labour shortages by recruiting a small number of temporary labourers, chiefly from Poland and Yugoslavia.

Spatial distribution/urbanization: Policies concerning internal migration aim to decelerate basic trends and avoid labour shortages in both the agricultural and rural sectors. The Government follows strategies of small town and

intermediate city promotion, and rural development and regional development for lagging regions. Policy instruments are in the form of public infrastructure subsidies, direct restrictions and controls on industrial location, direct state investment, transport rate and other interregional cost adjustments, housing and social services, human resource investments and job training and residential controls.

Status of women and population: Women are reported to participate in all spheres of Czech society and a considerable body of legislation exists guaranteeing women full legal equality with men. The minimum legal age at marriage for women is 18 years.

Other issues: The Government believes that without economic growth it is impossible for society to develop, and thus also impossible for an effective population policy to be implemented. Long-term economic growth, however, cannot take place without societal and individual development.

MAP NO. 3411 UNITED NATIONS
DECEMBER 1986

DEMOCRATIC KAMPUCHEA

DEMOGRAPHIC INDICATORS			CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH			The size and growth rate of the population are perceived as too low; higher growth rates are considered desirable.
Population:	1985	2025	
(thousands)	7 284	12 337	
0-14 years (%)	32.5	25.4	
60+ years (%)	4.6	12.2	
Rate of:	1980-85	2020-25	
growth	2.6	0.8	
natural increase	25.8	7.8	
MORTALITY/MORBIDITY			Current mortality and morbidity levels are considered unacceptable. Due to declining nutritional standards, infant and child mortality rates are considered too high.
	1980-85	2020-25	
Life expectancy	43.4	64.5	
Crude death rate	19.7	9.8	
Infant mortality	159.9	45.4	
FERTILITY/NUPTIALITY/FAMILY			The Government perceives current fertility rates as unsatisfactory because they are too low and higher rates are desirable.
	1980-85	2020-25	
Fertility rate	5.1	2.0	
Crude birth rate	45.5	17.6	
Contraceptive prevalence rate	...	...	
Female mean age at first marriage	21.3 (1962)		
INTERNATIONAL MIGRATION			Immigration is considered not significant and satisfactory, while emigration is considered significant and too high.
	1980-85	2020-25	
Net migration rate	0.0	0.0	
Foreign born population (%)	...	...	
SPATIAL DISTRIBUTION/URBANIZATION			The spatial distribution is considered inappropriate.
Urban	1985	2025	
population (%)	10.8	30.2	
Growth rate:	1980-85	2020-25	
urban	3.5	3.4	
rural	2.5	-0.3	

GENERAL POLICY FRAMEWORK

Overall approach to population problems: Although there is no official national population policy, the Government wishes to significantly increase the rate of population growth by increasing fertility rates, reducing emigration and adjusting social and economic factors. Improving the health conditions and the spatial distribution of the population have also been among the major goals of the Government.

Importance of population policy in achieving development objectives: As the Government does not have an explicit population policy, a clear association between population policy and development issues has not been expressed. However, the Government's expressed wish to increase population size and improve the pattern of spatial distribution indicates its awareness of the importance of population policy in achieving social and economic development objectives.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: A population census was taken in April 1962; there has not been any subsequent census. There is no vital registration system. There are plans to restore the national economy, primarily by reviving agricultural production. Improving industrial production and distribution and expansion of education and health services are also among the country's major objectives.

Integration of population within development planning: Although population issues are often referred to in government statements, there is no known institution established for the purpose of facilitating the integration of population within development planning.

POLICIES AND MEASURES

Changes in population size and age structure: The Government has indicated that the current population is too small to efficiently exploit the resources necessary for national development and to defend the territorial integrity of the country. With its agricultural potential, and with modernization of agriculture and means of production, the Government of Democratic Kampuchea feels that the country could feed a population three times the present size. The policy is to build a socio-economic environment that can guarantee rapid and rational demographic growth. The Government recognizes that peace is a pre-condition for the success of any demographic policy. The Government has reported that as a result of direct and indirect effects of the political upheavals, the population has declined by about 25 per cent.

Mortality and morbidity: The high infant and child mortality, and maternal death rates have been identified as priority problems. Recently there has been a gradual transition towards an increased emphasis on child survival and

development interventions. In June 1986, a National Committee on an expanded programme of immunization was created to assume responsibility for programme planning and implementation. As a result, immunization activities were started in 11 provinces, and a plan was drawn up for the phased expansion of the programme up to 1990, with the help of the United Nations Children's Fund and the World Health Organization. The national universal child immunization goal is to immunize at least 80 per cent of all infants by 1990 against six common communicable diseases, and all pregnant women against tetanus. In addition, the Government intends to improve the network of health clinics and rural maternity centres, and to improve sanitation and the supply of drinking water. In some areas of the country more than 50 per cent of the population are seriously undernourished; the most vulnerable groups are children, nursing mothers, the sick, the widowed and the aged. Life expectancy at birth has fallen from 45 to 30 years of age, mainly due to war, food shortages, epidemic diseases and physical exhaustion from forced labour.

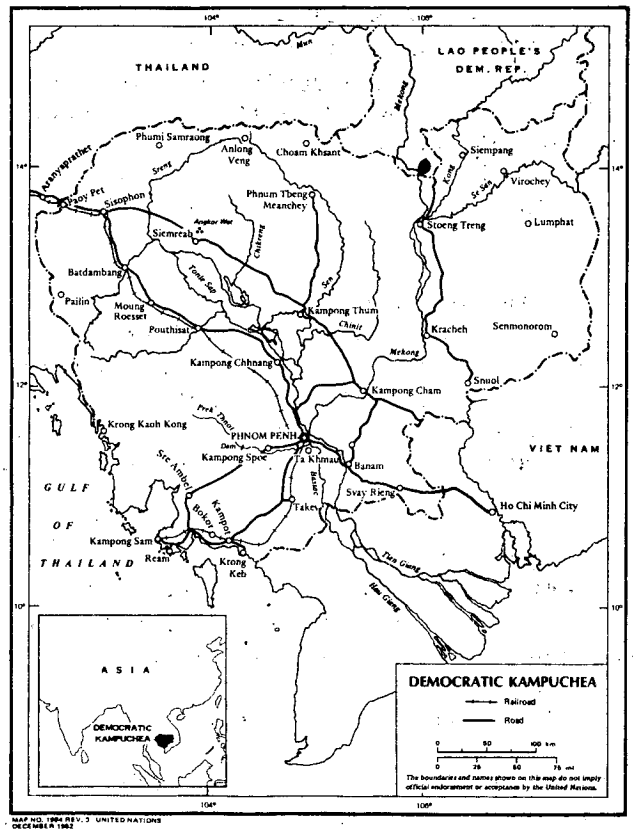
Fertility and the family: The Government believes that it is necessary to create social, economic and psychological conditions that are favourable for increasing the birth rate. Although progress in social and economic development has been limited as a result of the military conflict, the Government of Democratic Kampuchea is trying to improve nutrition, health, education, the status of women and the protection of children with the resources available to it. The Government limits access to modern methods of contraception. Information on the status of abortion and sterilization is not readily available.

International migration: The Government reports that the significant level of emigration, as a result of war and the destruction of the socio-economic infrastructure, can be halted only if peace is maintained and sustained. Several hundred thousand Kampucheans have sought refuge in Thailand and other countries. Assisted by the United Nations High Commissioner for Refugees, more than 200,000 Kampucheans have left Thailand for resettlement abroad since 1975.

Spatial distribution/urbanization: The continuing movement of the population within the national territory has been of great concern to the Government. They are not considered ordinary movements but a result of war that threatens the national integrity and identity. The main objective of the Government is to secure peace and stability throughout the country before embarking on major policies to adjust patterns of spatial distribution.

Status of women and population: In order to increase the motivation of family farmers, who are mostly women, a provincial seminar on family food production was organized in Kandal in August 1986 with the support of the Provincial Women's Association. During 1986, the United Nations Children's Fund in co-operation with the Women's Association expanded rapidly in three major areas: health and nutrition education, the production of reading materials for neo-literate women to stimulate functional literacy in the areas of health and agriculture, and income generating products. The support of women's groups has also been helpful in promoting other programmes, such as expanded programmes of immunization, family food production and diarrhoeal disease control. Information on the minimum legal age at marriage for women is not readily available.

Other issues: In the period 1983-1985 there were serious droughts and flooding which affected the country's harvests. The Government reports that the country has limited mineral resources and that development is hampered by a lack of technical expertise and mechanization.



DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 20 385 39 594 0-14 years (%) 38.7 23.6 60+ years (%) 5.7 12.5 Rate of: 1980-85 2020-25 growth 2.5 1.0 natural increase 24.6 10.4	Population growth rates are viewed as unsatisfactory because they are too low.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 67.7 75.9 Crude death rate 6.0 5.8 Infant mortality 29.7 8.3	Current levels of mortality and morbidity are unacceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 4.0 2.1 Crude birth rate 30.5 16.1 Contraceptive prevalence rate ... ... Female mean age at first marriage	Rates of fertility are considered to be satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%)	Both immigration and emigration are viewed as not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 63.8 82.5 Growth rate: 1980-85 2020-25 urban 3.8 1.4 rural 0.3 -0.7	The perception of spatial distribution is that it is partially appropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: Population problems are not approached in terms of population trends but rather in terms of improving living standards and health conditions. Policies currently in effect focus on consolidating and developing the system of free medical service, protecting women and children, eliminating unemployment and underemployment, promoting the active participation of women in all aspects of the country and providing free education.

Importance of population policy in achieving development objectives: The "juche" (self-reliance) concept, as formulated by the President of the country, provides the basis for population policy as well as for other government policies. Juche, which emphasizes the primal importance of the human being, stresses socio-economic and cultural changes to improve the standards of living. Population policy is closely linked to the overall development of the country and the requirments of the national economy.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The last reported census was held in 1944. Information is not readily available on the status of vital statistics registration. A series of development plans have guided the country's economic development and included a three-year plan for the period 1954-1956; a five-year plan for 1957-1961; a plan for the period 1961-1970, which had originally been designated as a seven-year plan; a six-year plan for 1971-1976; and a seven-year plan for 1978-1984. The Third Seven-Year Plan for the period 1987-1993 is currently in effect.

Integration of population within development planning: There is no information available concerning institutional arrangements for the integration of population variables into development planning.

POLICIES AND MEASURES

Changes in population size and age structure: The Government directly intervenes to boost the rate of population growth. In this respect, policies have been implemented to raise the standard of living, improve health, provide free medical care, guarantee stable jobs and healthy working conditions and ensure that the entire population attains a proper educational level. No quantitative targets relating to size or growth have been set.

Mortality and morbidity: The central objective underlying health policy is to achieve a standard of health for all citizens to enable them to live a productive life. The four cardinal features that characterize the health service system in line with this policy are: health services free of cost and easily accessible to all; the healthy upbringing of all children as the highest priority; the integration of preventive and curative services with

Korean traditional medicine; and the planning and implementation of health manpower development to serve the needs of the integrated health services. An adequate number of hospitals have been established in all 10 provinces, all major cities and each of the counties. Clinics have also been established in industrial districts. Medical services emphasize correct diagnosis through the use of sophisticated modern techniques. Health services have also been brought to homes and places of work through routine and regular visits by health personnel attached to the nearest hospital or clinic. All hospitals and polyclinics have a dual responsibility, which is to provide health care to those who come to the institutions and to ensure comprehensive preventive and curative service to specific population groups through the section doctor system. The section doctor system is staffed by a multidisciplinary team of doctors attached to each of the institutions. Each individual is registered under the section doctor system. Major services provided by the system include: periodic health examinations during home visits, referral services and maternal and child-health care. No quantitative mortality targets have been set.

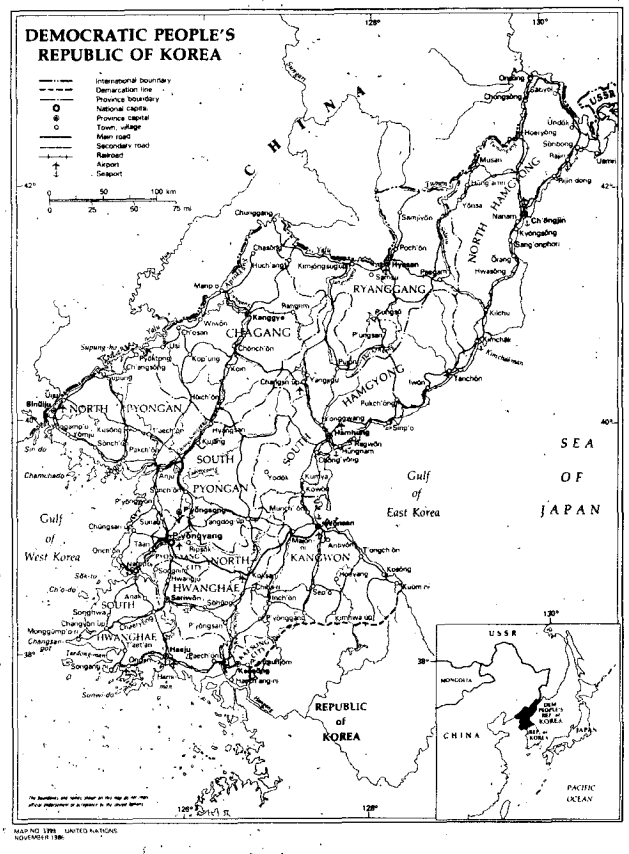
Fertility and the family: Government policy aims to facilitate women's participation in the labour force and to maintain fertility at its current level by affording special protection to mothers and children. This protection is guaranteed by article 62 of the Constitution of 1972. Among the measures to achieve these objectives are: maternity leave, reduced working hours for mothers of large families and an expanding network of maternity hospitals, nurseries and kindergartens. Section 13 of the Public Health Law of 1980 entitles women on maternity leave and their dependents to food supplies, subsidies and "a share in the distribution of incomes". The State and the social and co-operative organizations are responsible for providing such benefits. The Law of Nursing and Upbringing of Children, adopted in April 1976, stipulates that all children have the opportunity to be brought up at day or weekly nurseries and kindergartens at State expense. The Government provides direct support for contraception and access is not limited. Abortion is permitted in certain circumstances. Information on the status of sterilization is not readily available. No quantitative fertility targets have been set.

International migration: Immigration and emigration are not active policy concerns.

Spatial distribution/urbanization: The Government would like to decelerate the basic rural-to-urban trends in internal migration. In recent years, there has been a programme of land reclamation and landfill on the western coast of the country.

Status of women and population: The Government has indicated that all types of discrimination against women have been eliminated and that women now actively participate and play an important role in state activities and social life. Women account for almost half of the industrial work force and more than half of the nation's physicians and teachers. A large number of women are reported to be working in responsible government positions and economic bodies. Information is not readily available on the minimum age at marriage for women.

Other issues: The Government considers that guaranteeing the right to work and totally eliminating unemployment and underemployment are fundamental issues to be resolved in the area of population.



DEMOCRATIC YEMEN

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 2 137 5 870 0-14 years (%) 45.1 31.9 60+ years (%) 4.6 6.3 Rate of: 1980-85 2020-25 growth 2.8 1.8 natural increase 29.6 18.4	Population growth rates are considered to be satisfactory. However, the Government has expressed concern over slowly declining mortality rates and persistently high fertility rates.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 48.4 67.8 Crude death rate 17.4 6.0 Infant mortality 134.9 38.2	Current levels and trends are considered unacceptable because they are too high. Special concern is expressed over high levels of mortality and morbidity for infants, children, mothers and rural and nomadic populations.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.8 2.8 Crude birth rate 47.0 24.4 Contraceptive prevalence rate ... ... Female mean age at first marriage	Levels and trends of fertility are considered unsatisfactory because they are too high.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -2.0 0.0 Foreign born population (%)	Levels and trends of immigration are considered not significant and satisfactory. Emigration levels are considered significant and unsatisfactory because they are too high.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 39.9 67.4 Growth rate: 1980-85 2020-25 urban 4.3 2.7 rural 1.8 0.1	Spatial distribution is viewed as partially appropriate. Concern is expressed over uneven development within the country, sparsely settled rural regions and nomadism.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government feels that population issues should be viewed comprehensively within the framework of economic and social development. Population policy is linked to measures aimed at improving socio-economic conditions as a means to resolve population problems. Policies exist to raise living standards, improve health care, lower growth and fertility and settle segments of the population.

Importance of population policy in achieving development objectives: The Government believes that population policy forms part of the revolutionary class policy of the social system. Population policy is linked to social and economic development which aims to satisfy the spiritual and material needs of the population. However, it is also recognized that decreasing the fertility rate will slow natural increase and boost per capita income. A policy of population redistribution is seen as a key to attaining economic development.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Three censuses have been conducted since 1946. The 1946 and 1955 censuses were limited to the colony of Aden and are considered inaccurate. The May 1973 census was the first and so far the only population and housing census. A census was planned for 1983 but was not carried out. There are new plans for a census in 1988. Since 1973 a general civil registration scheme has existed for the entire country. Vital registration of births and deaths began in 1955 in the Aden colony but is considered incomplete. Development planning has existed since 1968. The fundamental sectoral orientation of the Third Five-Year Plan for the period 1986-1990 does not differ substantially from that of previous plans.

Integration of population within development planning: The Ministry of Planning has been responsible for development planning since 1973. The Central Statistical Office (CSO) within the Ministry conducts censuses, surveys and demographic research. The CSO and the National Committee on Population, headed by the Minister of Planning, provide information needed for development planning. The Committee is ultimately responsible for formulating a national population policy and studying the effects of internal migration on development.

POLICIES AND MEASURES

Changes in population size and age structure: While the Government's principal concern with respect to population growth is the reduction of morbidity and mortality, it recognizes that a decline in natural increase is necessary to improve per capita income. Measures that have been implemented

include improving women's education, increasing women's participation in society at all levels and expanding educational and health services for the entire population. No quantitative targets for population growth have been set. Concerning social security, plans were being developed as of 1985 to extend the scheme to all workers in the private sector and subsequently to agricultural workers.

Mortality and morbidity: The reduction of mortality and morbidity is a prime policy concern. There are plans to develop and expand health facilities, especially in remote regions, to provide more and better equipment and drugs and to train health personnel. There are plans to develop a safe drinking water system. A campaign in co-operation with the World Health Organization aims to expand the immunization programme. Health education is a major objective. The Directorate for Health Education is organizing a nationwide community health education system. A health services outreach programme has been established in rural regions with volunteer health guides in each community serving as health agents. As of 1983, 90 health guides had been trained. As part of an effort to promote child health, the Ministry of Public Health, with the co-operation of the Ministry of Education, plans to provide school health care and assume responsibility for the nutritional status of students. No quantitative mortality targets have been set.

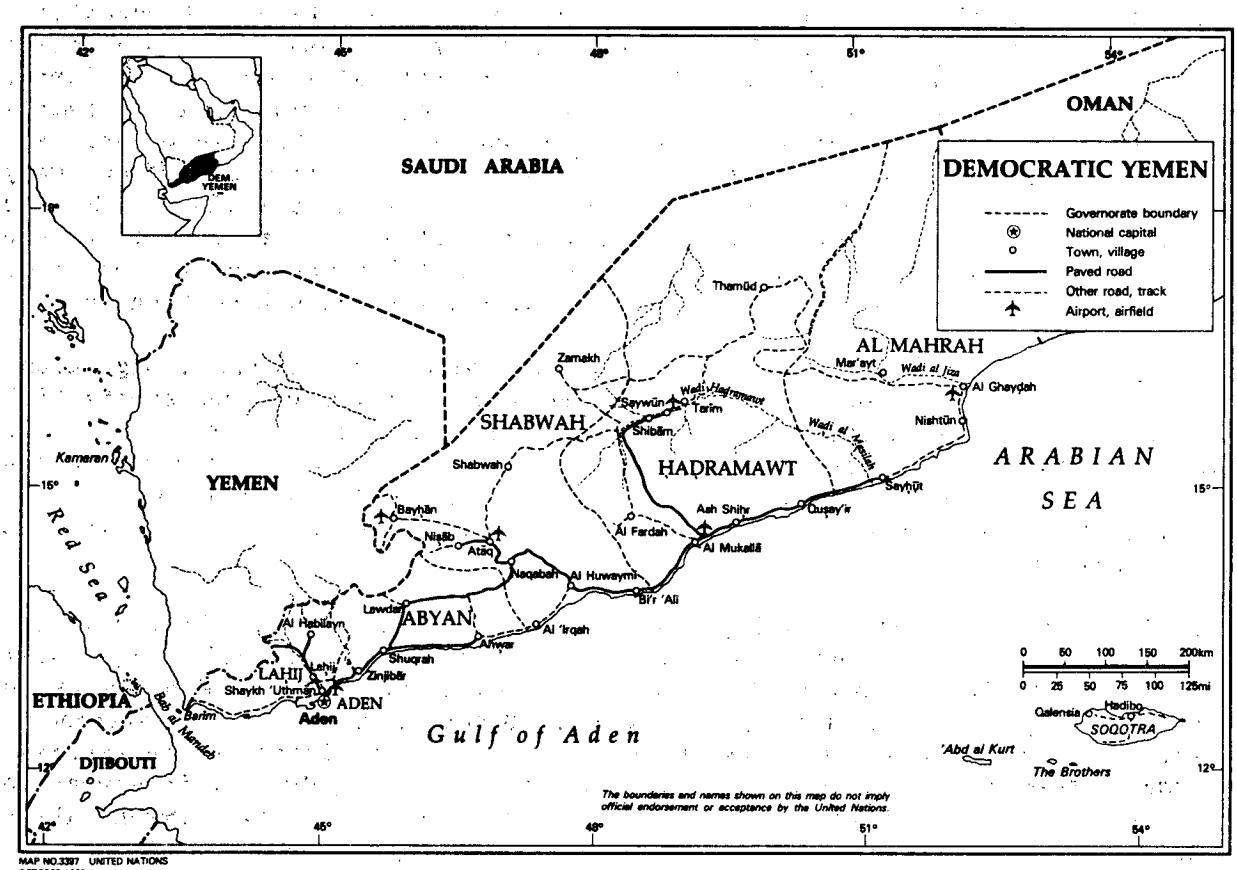
Fertility and the family: The Government recognizes that a decrease in the fertility rate is necessary in order to slow natural increase. The Government provides family planning services and population information and education. There are plans to expand facilities to rural areas, improve socio-economic conditions and raise the status of women. The official objective of family planning is birth spacing. There is a policy to make information on family planning more widely available outside urban areas. Contraceptives are provided free of charge in health centres and can be purchased inexpensively at all pharmacies. Abortion is legal for medical and social reasons but is subject to the medical advice and authorization of the local branch of the Yemeni Women's Foundation. Sterilization is allowed for therapeutic, eugenic, medical or health reasons. No quantitative fertility targets have been set.

International migration: There is no known policy concerning immigration. While emigration had been tolerated in the past because of the substantial remittances it generated, there is now official disapproval as capital investment has contributed to labour shortages, particularly in rural areas and in the field of agriculture. Official policy is to limit emigration by enacting laws which severely restrict or ban such movements. No quantitative targets have been set.

Spatial distribution/Urbanization: Official policy is to modify population distribution by resettling segments of the population, establishing rural development strategies and collectivizing agriculture. There are projects to settle the nomadic population and integrate Bedouins into the mainstream of society and the economy. A focus on rural areas is also indicated by agrarian reforms. Measures include land colonization schemes, public infrastructure subsidies, job training and the extension of transportation and communication networks. There are plans to regroup the farming population into 54 centres, to relocate the scattered rural population into settlements of at least 100

households and to resettle the fishing population into 22 centres. A policy to create more small and intermediate cities is expected to promote urbanization without depopulating rural regions. There are plans to increase housing in urban areas and to provide public utilities in municipalities.

Status of women and population: The policy is to improve the status of women and raise living standards. The Government recognizes that improving conditions for women will reduce the fertility rate. Three instruments are used to raise the status of women - the law, education and employment opportunities. In addition, the Family Law of 1974 provided for the following changes: future polygamous unions were prohibited except under specific conditions such as the first wife's disablement or infertility; conditions of divorce were equalized and divorce by repudiation abolished; the bride price was limited to 100 Yemeni dinars (YD1 = US$ 2.92 in 1985); marriage became permissible with the expressed consent of both parties. A mass literacy campaign was begun in 1972, and all educational establishments have been opened to women. Special training centres have been set up so that women can acquire new skills. The policy of increasing female participation in the work-force has resulted in female representation in most areas of employment, including industry and agriculture. The minimum legal age at marriage for women is 16 years.



DENMARK

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 5 122 4 690 0-14 years (%) 18.7 14.1 60+ years (%) 20.1 29.7 Rate of: 1980-85 2020-25 growth -0.0 -0.5 natural increase -0.6 -5.3	The Government views the rate of population growth as satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 74.5 77.5 Crude death rate 11.3 14.4 Infant mortality 8.0 5.0	Current levels are perceived as acceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 1.5 1.6 Crude birth rate 10.7 9.1 Contraceptive prevalence rate 63.0 (1975) Female mean age at first marriage 26.1 (1982)	Current rates are considered satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.6 0.6 Foreign born population (%) 3.1 (1981)	Both immigration and emigration are considered not significant and satisfactory; recently, however, the Government has been concerned by the influx of asylum seekers.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 85.9 91.8 Growth rate: 1980-85 2020-25 urban 0.4 -0.4 rural -2.2 -1.0	The overall spatial distribution is perceived as appropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has no demographic policy aimed at attaining particular objectives with respect to birth rate and population growth. Health policy aims to improve the quality of life. Measures are being adopted to develop lagging rural regions.

Importance of population policy in achieving development objectives: The Government's population policy is geared to achieving a better geographic distribution of population through a more equitable development of all areas, urban and rural.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The Statistical Office of Denmark conducted censuses in 1965 and 1970 and most recently in 1981. Vital registration of births and deaths is considered complete.

Integration of population within development planning: Population variables are taken into account when the Ministry of Industry, under the aegis of the Regional Development Act, forms its regional policies. The National Institute of Social Research is involved in gathering demographic information.

POLICIES AND MEASURES

Changes in population size and age structure: Denmark has no policy to influence the size and composition of the population. The Government's view is that family formation and child-bearing should be the prerogatives of individuals and couples. It is felt that marked changes in the age structure as a consequence of population aging will pose many new problems for society, requiring solutions of considerable flexibility.

Mortality and morbidity: The current mortality and morbidity levels are considered to be satisfactory. The Central Danish Preventive Council, established in 1980, is concerned not only with the prevention of somatic and psychological diseases but also of psycho-social diseases, which have become increasingly common. Rather than develop traditional health services, the Government plans to improve the social, physical and psychological environment. Preventive measures, which have been undertaken since the early 1970s in the areas of work environment and traffic safety, have significantly contributed to the decline in deaths associated with industrial and traffic accidents.

Fertility and the family: Danish fertility policy has consisted of adapting legislation to correspond to the common attitudes and beliefs of the population. The policy has been liberal, aimed at giving the individual

citizen the greatest possible freedom. The Government does not intervene to influence fertility. Family planning is to be integrated into primary health care. Government policy is to provide direct and indirect support to family planning programmes and to allow non-governmental family planning programmes. The Ministry of the Interior is responsible for the dissemination of information on birth control. Compulsory sex education has been introduced into all Danish schools by law. With regard to maternity leave, a pregnant wage earner may take four weeks leave prior to birth and both parents may take a total of 20 weeks leave following the birth. Since 1984 legislation has been in effect that allows fathers to take paternity leave the first two weeks after the birth of the child. Abortion may be carried out before the 12th week of the pregnancy. The law concerning sterilization stipulates that residents who are at least 25 years of age are allowed free access to sterilization.

International migration: Denmark has had a continuing net immigration in recent years, partly as a result of its policy of allowing entry to foreign workers' families. The freeze on the granting of work permits to aliens in effect since 1973, does not apply to nationals of other Nordic countries or member states of the European Communities, or to refugees. Foreign workers are accorded equality of treatment with regard to wages, unemployment insurance and education for their children. Workers from other Nordic countries are granted municipal voting rights. Denmark receives some illegal immigrants and has adopted legislation requiring that employers reimburse the authorities for expenses incurred in relation to the illegal residence and explusion of a worker. In December 1985 the Government signed an agreement with the German Democratic Republic under which the latter will not provide transit visas to asylum seekers headed for Denmark. Emigration is considered not significant.

Spatial distribution/urbanization: The Government has expressed some concern with regard to migration to the capital city, Copenhagen. In order to reach its development objectives in priority regions and discourage migration away from those regions, the Government has instituted incentives, in the form of direct low-interest loans and investment grants to private enterprise, mobility grants (to cover the costs of moving a firm to a development area) and infrastructural grants and loans. The improvement of the sub-populations and their age distribution are two factors that are considered during the selection of the priority regions. A vigorous nation-wide expansion of educational institutions has taken place to bring about better coverage.

Status of women and population: Improvement of the status of women is a special policy concern. The Government acknowledges that women's rights to good health, equal education and employment opportunities and the right to control their fertility are of prime importance if population policies are to succeeed - as well as being goals in themselves. A Council on Equality has been set up to assist in these endeavours. Women's increasing participation in the labour market can be attributed to the expansion of day-care facilities, improved possibilities for childbirth leave and the expansion of the educational system. The minimum legal age at marriage for women is 18 years.

Other issues: The Government is planning to provide a special financial allowance for children under age 10 and increased assistance to families with children under age 18. This is to be part of a broader tax reform to change the basis for calculating income tax and tax rates in favour of families with children. The law on parental authority will make it possible for parents who are unmarried, separated or divorced to exercise joint parental authority.

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 364 1 203 0-14 years (%) ... ... 60+ years (%) ... 4.0 Rate of: 1980-85 2020-25 growth 3.2 2.1 natural increase	The Government perceives the rate of population growth as satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy ... ... Crude death rate ... ... Infant mortality	The present conditions of health and levels of mortality are viewed as unacceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate ... ... Crude birth rate ... ... Contraceptive prevalence rate ... ... Female mean age at first marriage	Fertility levels are considered as satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate ... ... Foreign born population (%)	Immigration is considered significant and too high, while emigration is considered not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 77.0 ... Growth rate: 1980-85 2020-25 urban ... ... rural	Spatial distribution is considered partially appropriate. Settling the entire nomadic population is felt to be necessary in the long run.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: There is no official population policy. However, the presence of substantial numbers of refugees is a matter of great concern to the Government as it is considered to have impeded social and economic development. The main goal of the Government's health policy is to make health care available to all segments of the population in order that all may lead an active and productive life.

Importance of population policy in achieving development objectives: When the results of the 1983 census become fully available, the Government expects to use the data as a basis for formulating policies and programmes. Due to a lack of data and shortages of trained manpower, limited progress has been made in population matters. In 1986, the Government called for the formulation and implementation of national population policies and programmes that would reduce high rates of population growth in an effort to attain a balance between available resources and the needs and opportunities of the people.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The first population census was carried out in January 1983 by the Census Bureau, which is part of the Ministry of the Interior. Prior to the census, the only available demographic data had been collected between 1921-1936 and 1946-1961, and were based on demographic surveys concerning the European population only. Data collection in Djibouti is made difficult by nomadic tribes which frequently cross the borders. In addition, a growing and unchecked number of legal and illegal migrants further hamper the process. Since Djibouti's independence in 1977, the Government has endeavoured to adapt its administrative machinery to the new tasks of economic development. A small planning unit was set up in the Office of the President in July 1979 which was upgraded in September 1980 to a Planning Directorate. A law of 31 May 1982, relating to economic and social development over the period 1983-1989, outlines the Government's overall development strategies.

Integration of population within development planning: There is no institution responsible for the integration of population within development planning.

POLICIES AND MEASURES

Changes in population size and age structure: As there is no official population policy, there has not been any direct intervention to affect either population size or its age structure. However, there are some government policies and measures that may affect population size and growth. These

include efforts to repatriate refugees; reduce infant, child and maternal mortality and morbidity; and stimulate economic growth. Information on the status of pension schemes is not readily available.

Mortality and morbidity: Health policy, the Government's main priority, aims to make available to the entire population the level of care needed to lead an active and productive life by encouraging primary health care and active community participation. Emphasis is placed on preventive medicine with a target of achieving the World Health Organization's objective of health for all by the year 2000. The Government plans to progressively increase immunization coverage for all children aged 0-1 years against a number of diseases and pregnant women against tetanus. Substantial vaccination campaigns for women and children were carried out in 1985-1986 in both urban and rural areas, with the aid of French medical teams.

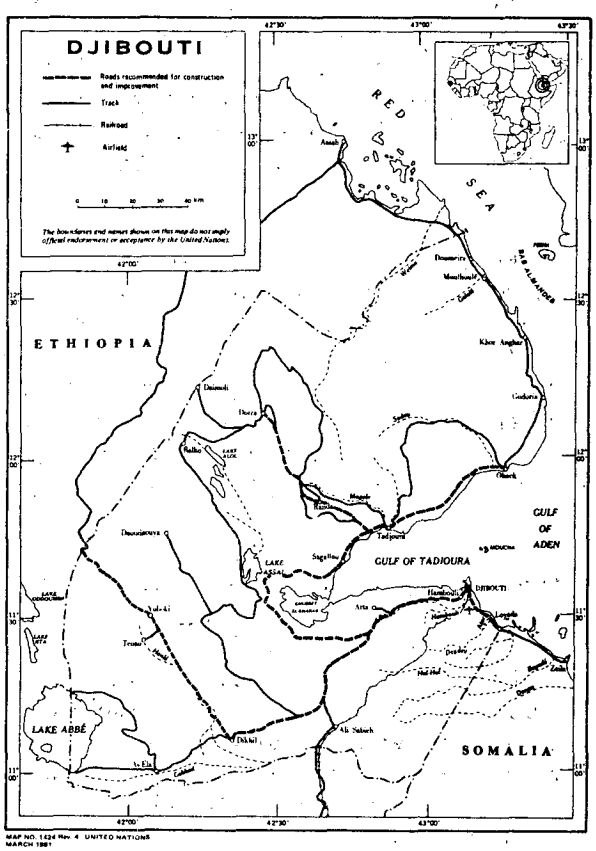
Fertility and the family: There is no explicit policy designed to affect fertility. The Government plans to strengthen maternal and child health services by increasing the number of health centres, training nurses and midwives and upgrading all paramedical staff. The strategy involves focusing progressively on the 0-1 age group, outposting nurses and midwives to peripheral health posts and continuing project support communications activities aimed at rural women. Maternal/child health posts are to be provided with basic equipment, kits, drugs, nutritional surveillance cards and basic teaching materials. The Government reports maternity/paternity benefits and other family benefits. However, these measures have not been adopted in order to influence fertility rates. Access to modern methods of fertility regulation is not limited, but the Government does not provide support to family planning. Information on the status of abortion and sterilization is not readily available.

International migration: Refugees and asylum seekers are currently an active policy concern. The policy aims at reducing the level of immigration in the future, but no quantitative targets have been set. The Government is working with its neighbours to find a solution that will reduce the number of refugees in Djibouti. During 1983 and 1984 over 10,000 refugees returned to Ethiopia under an organized repatriation programme. As of 1985, the Government reports that there were over 18,000 Ogaden refugees in Djibouti. Suspended in 1984, an organized voluntary repatriation of Ethiopians was reported to have been resumed in late 1986.

Spatial distribution/urbanization: About a quarter of the population lead largely nomadic lives in the semi-desert hinterland; the rest live in urban areas. The Government feels that eventually the entire nomadic population will have to be settled. However, spatial distribution and internal migration are not currently of active policy concern. Individual-oriented measures include housing and social services, human resource investments and job training. In 1984 an urban development project was undertaken to improve the living conditions of the urban poor in Djibouti City and to strengthen the absorptive capacity of the key agencies involved in the urban sector.

Status of women and population: A project was initiated in 1983 to support income-generating activities with a view to upgrading the skills of trainers and extension agents and developing and marketing local handicrafts, with special emphasis on extending literacy and other educational programmes to women. Information on the minimum age at marriage for women is not readily available.

Other issues: The economy is based largely on services which are provided to the port, railway and French military garrison. There are few significant mineral resources, the manufacturing sector is embryonic, and agriculture is severely constrained by shortages of both land and water. Future prospects depend largely on the country's ability to become a regional service centre and on its ability to upgrade facilities and expertise. Urban unemployment and underemployment are of growing concern of the Government. Many of the unemployed are former nomads whose herds died during the drought. Recurrent drought and limited water resources present chronic and costly problems which are accentuated by the large refugee population.



DOMINICA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 76 121 0-14 years (%) 37.0 ... 60+ years (%) 10.0 ... Rate of: 1980-85 2020-25 growth 0.7 0.9 natural increase 1.3 ...	The Government considers the population growth rate to be unsatisfactory because it is too high.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 72.0 ... Crude death rate 5.0 ... Infant mortality 11.0 ...	The Government perceives mortality and morbidity rates as unacceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate ... ... Crude birth rate 23.0 ... Contraceptive prevalence rate 62.0 (1983) Female mean age at first marriage 19.0 21.0	The level of fertility is perceived as unsatisfactory as rates are too high. The level of adolescent fertility is perceived as too high.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate ... ... Foreign born population (%) 2.5 (1980/1)	Immigration levels are considered by the Government as not significant and satisfactory. Emigration levels are considered to be significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) ... ... Growth rate: 1980-85 2020-25 urban ... ... rural	The current perception of spatial distribution is that it is partially appropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: As with the other Windward Islands, Dominica expects an increasing population growth rate in the near future due to the large number of women reaching reproductive age and the anticipated reductions in emigration. Conscious of the constraints such an increase would pose upon future economic development, the Government has adopted a policy of limiting population growth by reducing fertility. The Government wishes to avoid excessive rural to urban migration. The high level of emigration over the past 40 years has greatly reduced the rate of population growth, but this is seen as having had negative consequences because it has engendered a "brain drain".

Importance of population policy in achieving development objectives: Given the objective of substantially improving the quality of life in an economy projected to remain predominantly agrarian, the Government has adopted a policy of reducing both mortality and fertility. A National Task Force on Population was formed in 1984 in order to produce a draft national population policy for submission to the Cabinet.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Censuses were carried out every tenth year between 1871 and 1921; subsequently censuses were taken in 1946, 1960, 1970 and 1981. The registration of births and deaths has been considered to be complete for some time, although there are doubts as to the completeness of recent registration of births and infant deaths. A contraceptive prevalence survey was conducted in 1983. Dominica has not regularly issued national development plans, and the only published plan was for the period 1971-1975. In 1981 an Economic Development Unit responsible for developing sectoral projects was established in the Prime Minister's Office, but was not charged with the wider responsibility of preparing a full-scale development plan.

Integration of population within development planning: While there is no comprehensive development planning, the Government nevertheless has taken population factors into account in its policies and programmes, and in 1984 created the National Task Force on Population. As of late 1986, reports on the results of the Task Force were not available.

POLICIES AND MEASURES

Changes in population size and age structure: While the Government wishes to limit total population growth by reducing fertility rates, no targets for population growth have been indicated. With respect to social security, a national scheme covers employed persons and apprentices between the ages of 16 and 60.

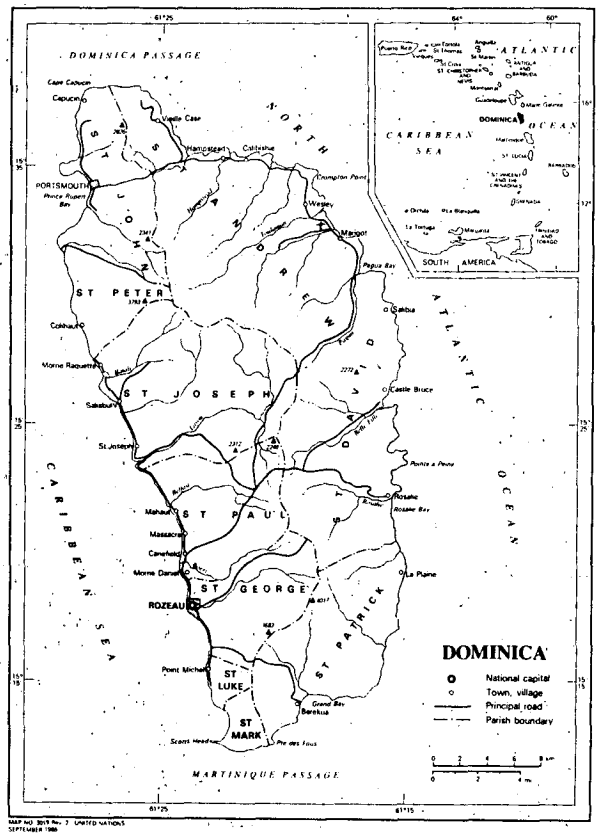
Mortality and morbidity: The Government has indicated a strong commitment to minimizing mortality and morbidity levels and is believed to have made substantial progress in this direction. Estimates from various sources indicate that life expectancy for both sexes in Dominica has risen from about 60 years in 1960 to somewhere between 68-72 years in 1985. Despite these improvements, gastroenteritis is a common cause of morbidity among children and typhoid fever is endemic. Additionally, there is a high incidence of helminthic infections, especially among children; a 1979 survey of school children indicated that 95 per cent were infected with one or more parasites, including whipworm (88 per cent) and roundworm (52 per cent). Under the National Health Plan of 1982-1987, the Government is committed to the principle of providing health care for all by the year 2000, and is emphasizing primary health care and decentralization of services, to be supported by a well-equipped main hospital. While the main emphasis is on primary health care, there is a ten-year programme aimed at rehabilitating and modernizing existing hospital facilities which suffered extensive damage in the hurricanes of 1979 and 1980, and are currently considered obsolescent.

Fertility and the family: Since the mid-1970s the Government has been supporting a family planning programme in conjunction with the Dominica Planned Parenthood Association, with assistance from international donors. Family planning services are now fully integrated as part of the maternal and child health care programme. All methods of contraception are permitted, including injectables and sterilization, and access to, and information on, the methods receives direct support from the Government. For some time, there has been considerable concern over high levels of pregnancy and childbearing among adolescents; since 1978 there have been sex education and community outreach programmes designed to reduce this problem. There is no information available concerning the status of abortion.

International migration: The Government has indicated that it would like to reduce the loss of skilled and professional manpower. Relative to its population, Dominica experienced massive emigration between the 1950s and 1980s. This is estimated to have cut in half the rate of population growth, alleviated unemployment and contributed substantial remittances to the island. There is concern about whether the receiving countries will continue to accept large numbers of migrants from Dominica and the effect this may have on population growth.

Spatial distribution/urbanization: The Government regards urban growth resulting from internal migration as one of its chief demographic problems. It perceives rural to urban migration as contributing to rising unemployment, the emergence of urban slums, inadequate housing and social and psychological stress. While no explicit measures to affect spatial distribution have been specified, the Government recently has embarked on a programme of integrated rural development which may well have substantial effects on population distribution. The programme has settled rural population on vacant government-owned lands, and provided them with credit for the purchase of land and for cash flow, inputs, extension, capital improvements and feeder road construction. Social service improvements include the upgrading of health and education services. Efforts are also being made to increase the level of agricultural exports.

Status of women and population: The Constitution of the Commonwealth of Dominica (1978) provides fundamental rights and freedoms for both sexes (article 1) and specifically prohibits discrimination on the basis of sex (article 13). In the public sector, women have held major posts, including that of Prime Minister. Information on the minimum legal age at marriage for women is not readily available.



DOMINICAN REPUBLIC

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 6 243 12 154 0-14 years (%) 40.7 25.7 60+ years (%) 4.7 11.8 Rate of: 1980-85 2020-25 growth 2.3 1.2 natural increase 25.1 11.7	The Government considers the rate of population growth to be unsatisfactory because it is too high.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 62.6 72.4 Crude death rate 8.0 6.5 Infant mortality 74.5 28.1	The Government considers levels and trends to be unacceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 4.2 2.3 Crude birth rate 33.1 18.2 Contraceptive prevalence rate 50.0 (1986) Female mean age at first marriage 19.7 (1970)	The Government considers fertility rates to be unsatisfactory because they are too high.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -1.9 0.0 Foreign born population (%) 0.8 (1970)	The Government considers that immigration is significant and unsatisfactory because it is too high. Emigration is perceived as significant and too high.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 55.7 79.6 Growth rate: 1980-85 2020-25 urban 4.3 1.6 rural 0.1 -0.6	The Government considers patterns of spatial distribution to be inappropriate.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has stated that the country's demographic problems greatly impede the process of social and economic development. There is direct intervention to modify demographic variables in combination with a policy of economic and social restructuring. The official policy is to decrease population growth, chiefly by lowering fertility rates. Although it does not have an emigration policy, the Government has acknowledged the impact of past emigration in bringing about a desired reduction in population growth.

Importance of population policy in achieving development objectives: The Dominican Republic was one of the first countries in the region to have a policy designed to reduce fertility and population growth. As of 1984 the Government was in the process of formulating a more comprehensive population policy. The Government has stated that national development plans must be carried out in accordance with the three basic demographic processes - fertility, mortality and migration.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Six censuses have been conducted since 1920; the latest was taken in 1981. Registration of births, deaths and infant deaths is considered incomplete. A National Fertility Survey was conducted during the period 1974-1976. Since the establishment of the National Planning Office in 1962, the Government has issued a comprehensive development plan for the period 1976-1986 (the latest one available). The Government continues to promote demographic research, especially into the interrelationships between population and socio-economic variables, and to make efforts to improve the national statistical system.

Integration of population within development planning: The National Council on Population and the Family was established in 1968 under the aegis of the Ministry of Health and Public Welfare. Originally focusing mainly on family planning, in recent years the Council's activities have broadened to include research, training and educational activities. The National Planning Office is the agency responsible for including demographic variables within development plans and programmes, and for taking into account the results of research conducted by the Council. A Congressional Committee on Population recently has been formed.

POLICIES AND MEASURES

Changes in population size and age structure: The Dominican Republic was one of the first countries in the region to have a policy oriented towards reducing fertility and population growth. However, the Government has yet to formulate and implement a comprehensive policy. Nevertheless, in specific

sectors, such as health, efforts are being made to influence demographic variables and considerable work has gone into developing the nation's family planning services. The Government itself has also taken some direct measures that have had a demographic impact, such as regulating external migration. No quantitative goals have been set for reducing population growth. With regard to social security, which was established in 1947, the system covers employed persons, domestic workers and workers in Government-owned corporations, while excluding white collar workers earning over 70 pesos a week, the self-employed, family labour and apprentices earning up to 5 pesos a week.

Mortality and morbidity: The Government's health policy is an intrinsic component of its development policy. Its aims are to institutionalize the planning process; improve and expand the national health service system to make it more effective, efficient and equitable; upgrade the administration and technical level of the health service network; develop critical administrative areas; and promote health research. The priority target groups are children, women of reproductive age, breast-feeding women and workers. Government programmes are oriented towards preventive medicine and community participation. In recent years the Government has trained 5,400 health workers and 550 supervisors to assist with the nation's health care programmes, and 325 rural clinics and 91 centres in the countryside have been established to guide these services. The water supply in targeted rural areas has been improved by the construction of new wells in communities where the Government is promoting health. This has been further reinforced by a programme of installing latrines in homes in those communities. The Government has set the goal of reducing general mortality to 6.3 per thousand by the year 1990 and infant mortality to 46 per thousand.

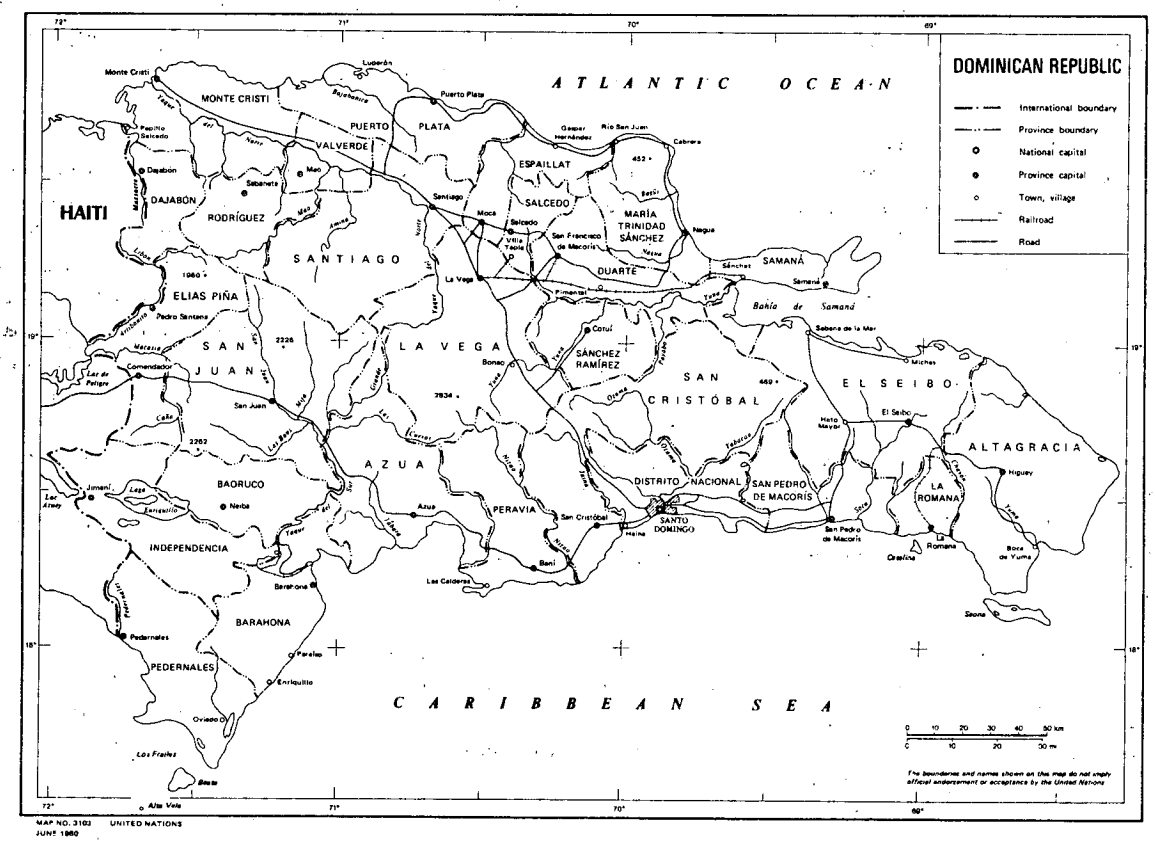
Fertility and the family: Although it is taking measures to directly modify fertility, the Government does not treat fertility reduction as an isolated event. Rather, it wishes to include it as part of a strategy geared to improving the health of mothers, children and the family as a whole. Thus, the Government has adopted a wide range of measures to achieve its goals of reducing fertility rates and improving family health. These include family planning programmes, maternity and paternity benefits, measures for the care and protection of the aged and special programmes for mothers and children. The diffusion of information and the use of all types of birth control methods are legal and receive direct Government support. Abortion, however, is strictly restricted. The Government has a goal of providing access to family planning methods to an additional 7 per cent of women of fertile age (15-44) each year from 1983 to 1986. The effort is not concentrated on any one part of the country, but rather concentrates on women lacking sufficient economic resources.

International migration: Historically, Haitian labourers have constituted the major source of immigration to the Dominican Republic. This movement was curtailed to some extent in 1965 when the Government established a National Council on Frontiers that recommended suspending Haitian immigration. In subsequent years, undocumented migration from Haiti continued, particularly during the harvest season. Although emigration is significant and is considered largely undesirable, no explicit policy has been established for

its regulation. In laying the basis for a national population policy, the Government has indicated that it intends to regulate international migration by dealing with the factors underlying these movements.

Spatial distribution/urbanization: Primacy and continuing rural to urban migration have resulted in the growth of rings of impoverished slums around the urban centres, creating an enormous unmet demand for basic services. The Government has drawn up guidelines for achieving balanced regional development and agrarian reform as a means of reducing rural to urban migration flows. Measures include the grouping of scattered rural population into small rural clusters, strenthening existing intermediate urban centres and the drafting of a master plan to regulate the growth of the principal urban centres.

Status of women and population: The Government has stated that it intends to continue to support programmes that permit women's full integration into the country's social, economic and political life. The legal minimum age at marriage is 15 years.



ECUADOR

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 9 378 22 910 0-14 years (%) 41.8 30.3 60+ years (%) 5.5 9.5 Rate of: 1980-85 2020-25 growth 2.9 1.7 natural increase 28.7 16.8	The rate of population growth is viewed as satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 64.3 72.4 Crude death rate 8.1 5.9 Infant mortality 69.5 29.3	Current levels are considered to be unacceptable. Primary concerns are high mortality of infants and children under age five, maternal and neonatal mortality, preventable and diarrhoeal diseases and nutritional deficiencies.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 5.0 2.8 Crude birth rate 36.8 22.7 Contraceptive prevalence rate 44.0 (1987) Female mean age at first marriage 21.1 (1974)	The Government considers fertility levels and trends to be satisfactory. It has been primarily concerned with promoting responsible parenthood, chiefly as a means of improving public health and not as a means of reducing population growth.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 0.9 (1974)	Immigration levels and trends are considered significant and unsatisfactory because they are too high. Emigration is perceived as not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 52.3 77.4 Growth rate: 1980-85 2020-25 urban 4.9 2.2 rural 0.9 -0.1	Spatial distribution is considered inappropriate. Concentration of population and economic activity in Quito and Guayaquil has led to saturation in some regions and underutilization of space in other areas.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government does not directly intervene to modify fertility or population growth, a position that it has maintained for many years. The Government has formulated various policies designed to adjust patterns of spatial distribution - for example, to slow the growth of the two largest cities, to channel migrants to small towns and intermediate cities and to retain potential rural to urban migrants in rural areas. Such policies are seen as a partial remedy for the problem of urban labour absorption, which the Government considers to be one of its most serious population-related concerns.

Importance of population policy in achieving development objectives: The Government acknowledges that it has not formulated a comprehensive population policy. However, it has repeatedly maintained that its overall development strategy, as well as its economic and social policies and related legislation, constitute a population policy in the broadest sense.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Ecuador has had four population censuses; the most recent was conducted in 1982. The national statistical system was reorganized by legislative decree in 1976. The statistical work of all public entities is now co-ordinated by the National Council of Statistics and Census and its technical arm, the National Institute of Statistics and Census. Vital registration is considered incomplete. The Government has undertaken a number of population surveys, including a National Fertility Survey (1979) conducted in conjunction with the World Fertility Survey. A Population Unit was established in 1982 within the Technical Secretariat of the National Development Council.

Integration of population within development planning: Shortly before the convening of the World Population Conference in 1974, the Government established a National Population Council. It remained relatively inactive, however, almost from its inception. In recent years, the Government has shown greater interest in population policy. The National Development Plan for the period 1985-1988 devotes an entire chapter to population issues. A study on the interrelationships between economic and social factors and demographic variables is currently being undertaken by the National Development Council. The study is expected to serve as the basis for the formulation of a comprehensive population policy.

POLICIES AND MEASURES

Changes in population size and age structure: For many years it has been the policy of the Government to take no direct steps to reduce population growth. The Government has repeatedly stated that reduced growth would occur as a

by-product of various structural reforms, such as raising educational levels and increasing the participation of women in the labour force. However, the Government has become increasingly concerned by the issue of widespread unemployment and underemployment, especially in urban areas. It considers that reducing rural to urban migration and promoting the growth of small towns and intermediate cities will partially alleviate the problem of urban labour absorption. Its basic strategy remains that of promoting economic growth accompanied by the creation of new sources of employment and progressive distribution of income. Under the social security scheme most employees in the industrial and service sector as well as the self-employed are covered under the pension plan. Coverage of agricultural workers is gradually being expanded on a geographic basis.

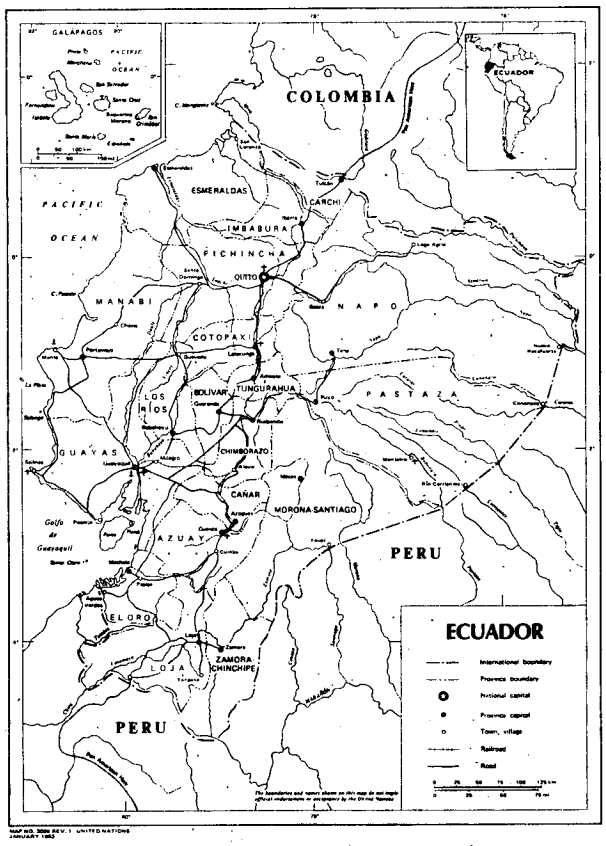
Mortality and morbidity: Ecuador's health policies give priority to comprehensive care for children under age five and to pregnant and nursing mothers. The Government also emphasizes health care in rural and urban fringe areas through promotional and preventive activities and primary health care strategies. The services of the Ministry of Health are organized according to four levels of complexity: health posts, located in settlements of up to 1,500 inhabitants; health subcentres, in settlements up to 5,000 inhabitants; urban health centres; and canton-level hospitals. The Government has promoted community participation as one of its fundamental strategies for extending coverage. It has not identified any quantitative mortality targets.

Fertility and the family: Ecuador's Constitution stipulates that it is the responsibility of the State to promote responsible parenthood, provide adequate means for family welfare and development and guarantee the right of parents to have the number of children they can afford. Nevertheless, the document makes clear that such action should be taken only as a means of improving public health, not as a means of reducing population growth. The programme currently aims at reducing maternal and infant (and particularly neonatal) mortality, preventing pregnancy among adolescents and among women over age 35 or with more than 5 children and encouraging better spacing of births. Since 1982 voluntary sterilization has been officially permitted. Abortion remains illegal. The Government has not identified any quantitative fertility targets.

International migration: The Government favours selective immigration of technicians and other skilled personnel, who are recruited through overseas consular offices. However, the Government desires to reduce illegal immigration. In 1977 it concluded a bilateral agreement with the Government of Colombia to promote fair treatment and regulate the status of undocumented workers. Ecuador also subscribes to the Andean Instrument on Labour Migation, a multilateral agreement for the exchange and utilization of regional manpower. In 1982 Ecuador entered into another agreement with Colombia, which provided for the registration and subsequent legalization of Colombian nationals in Ecuador. For more than a decade the Government has offered special customs privileges to encourage the return of Ecuadorian technicians and professionals living abroad.

Spatial distribution/urbanization: The Government's spatial distribution strategy is aimed at controlling the expansion of the two major urban centres (Quito and Guayaquil) and at redirecting migrants to small towns and intermediate cities. It also hopes to bring about structural reforms in rural areas as a means of retaining potential rural to urban migrants and to channel migrants (chiefly by means of colonization programmes) to underpopulated areas on the coast and in the Amazonian east. The major policy measures involve diverting public expenditure to intermediate cities that have shown economic potential, stimulating agriculture on the periphery of these cities and offering incentives to private investors to locate new industrial activity there.

Status of women and population: The 1978 Constitution prohibits any kind of discrimination by sex and establishes that "a woman, whatever her civil status, has the same rights and opportunities as a man in all aspects of public, private and family life, especially in aspects civil, political, economic, social and cultural". The Constitution provides protection of marriage, maternity and family assets, noting that marriage is founded on "the principle of equal rights, obligations and legal capacities of both parties". The minimum legal age at marriage for women is 12 years.



DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 46 909 90 399 0-14 years (%) 39.6 24.4 60+ years (%) 6.2 11.7 Rate of: 1980-85 2020-25 growth 2.4 1.1 natural increase 25.1 10.5	Levels and trends are considered unsatisfactory because they are too high. High population growth is seen as the main deterrent to economic and social development.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 58.1 72.7 Crude death rate 11.6 6.4 Infant mortality 100.1 24.0	Current rates are considered unacceptable. The Government has identified infants, children and mothers as target groups, and major childhood diseases and maternal health as problem issues.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 4.8 2.2 Crude birth rate 36.6 17.0 Contraceptive prevalence rate 30.0 (1984) Female mean age at first marriage	Levels and trends are considered unsatisfactory because they are too high, both in relation to family well-being and population growth.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -0.7 0.0 Foreign born population (%) 0.3 (1976)	Recent immigration levels are considered not significant and satisfactory. Emigration levels are considered significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 46.4 70.8 Growth rate: 1980-85 2020-25 urban 3.2 1.8 rural 1.8 -0.7	Overall spatial distribution is perceived as being inappropriate. The rate of population growth in Cairo and other urban areas is considered too high. There is concern with the primacy of Cairo.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: In combination with economic and social policy, the Government intervenes directly to modify demographic variables. Among its major objectives are to decrease population growth by reducing fertility and increasing emigration, to adjust patterns of spatial distribution and provide primary health care.

Importance of population policy in achieving development objectives: Egypt was the first Arab country to take an active interest in population issues. The Government considers the resolution of population problems as essential to raising the country's standard of living and achieving its development goals.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Ten censuses have been conducted since 1882; the latest was in November 1986. Registration of births and deaths is reported to be complete. The five-year economic and social development plan for the period 1987-1992 is currently in effect.

Integration of population within development planning: In 1965 the Supreme Council for Population and Family Planning was established. It is an intersectoral body, headed by the Prime Minister, with representatives from all major ministries. In January 1985 the National Population Council was established to co-ordinate all population programmes and policy activities, replacing the Population and Family Planning Board.

POLICIES AND MEASURES

Changes in population size and age structure: There is an official policy to decrease the rates of growth and natural increase by lowering fertility and infant and child mortality levels, increasing emigration and adjusting spatial distribution and economic and social factors. In particular, measures to improve women's education, create desert settlements, improve social security, modernize agriculture and use the mass media are all expected to modify population growth. The Government has established a target rate of growth of 1.0 - 1.3 per cent by the year 2000. The Government expects that a stable population of around 70 million will be reached by the year 2015. Social security coverage includes all employed persons, while a special system exists for casual agricultural workers, domestic workers and the self-employed.

Mortality and morbidity: Official policy is to provide basic and primary health care for the entire population. Preventive health measures are emphasized. Specific measures include expansion of maternal and child health centres (particularly in rural areas); provision of clean water in deprived villages; control of parasitic and infectious diseases; and the integration of

health care services with community development, education and food programmes. Popular participation is emphasized in these latter programmes. A well-developed network of health care services has been created throughout the country in recent years. However, there is still official concern with health problems related to inadequate clean water supply, sanitation and poor nutrition, in both urban and rural areas. The reduction of infant mortality has remained a primary concern. The Government's target is to reduce the crude death rate to 7 to 8 per thousand by the year 2000.

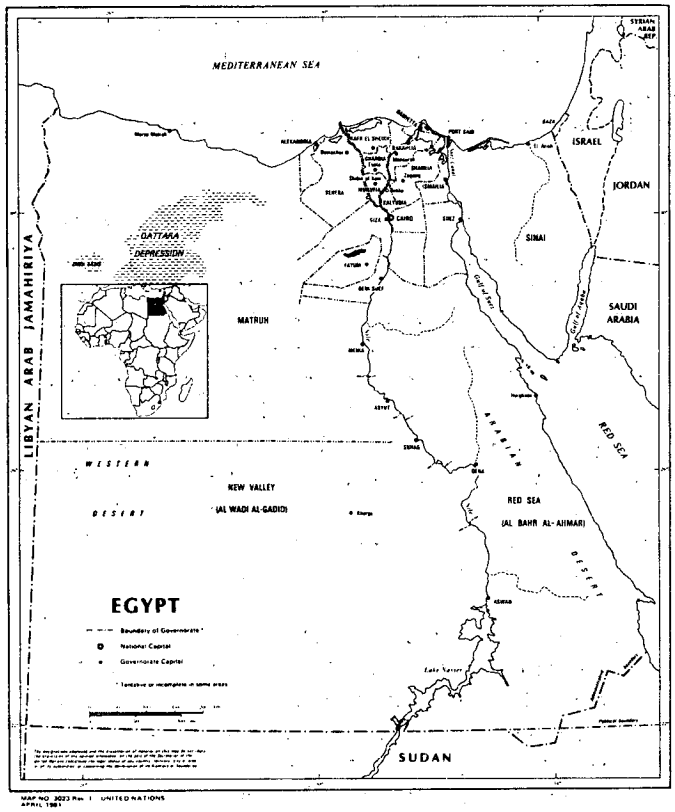
Fertility and the family: There is a policy of intervention to lower fertility levels as a means of improving maternal and child health and family well-being and modifying the rate of population growth. Specific measures include family planning services, improving the status of women and reducing infant mortality. The Government's family planning programme is well-financed and strongly supported at the highest level of Government. As of 1983 there were 3,200 Ministry of Health Clinics providing family planning services throughout the country. The Government has emphasized "positive incentives" for the practice of family planning, such as improving educational and cultural services and rewarding families who comply with official population policy. Direct government support is provided for access to and information on modern methods of contraception, although the role of the private sector in providing contraceptives is emphasized. Sterilization is not prohibited, but it is not promoted by the Government. Abortion is illegal except to save the life of the woman. A target total fertility rate of 3.0 by the year 2000 has been established.

International migration: There is no official policy concerning immigration. Egypt has been one of the major exporters of labour to the Arab world and official policy is to maintain levels constant in the future. Persons planning to work abroad are provided with information on such topics as working and living conditions in the receiving countries. Recently, the Government has sought to curb the black market of private agencies involved in emigration, as many Egyptians seeking work abroad have been victimized by these agencies. The Government anticipates that the return of many Egyptian migrant workers from the oil-producing countries of the Middle East, due to sharply decreased oil prices, will have severe consequences for the Egyptian economy; it is likely to lead to drastically reduced remittances and the need to provide jobs for the returnees.

Spatial distribution/urbanization: Official policy is to change the urban-rural balance. As more than half of the population lives in Cairo and Alexandria, the Government has expressed concern that these cities are further encroaching on agricultural land in the Nile Valley area. Specifically, policy aims at controlling the growth of Cairo and Alexandria through the establishment of new urban centres which would absorb a major part of urban residents. The expansion of cultivated land is also a major policy. Migration to these newly reclaimed areas is officially encouraged, and it is hoped that new desert cities and rural areas will accommodate 10 per cent of total population by the year 2000. The Government has attempted to curb rural to urban migration by improving rural standards of living through the promotion of small industries, agricultural modernization and regional development.

Status of women and population: As a means of lowering fertility rates, the Government has adopted measures, such as female literacy campaigns and legislation improving women's rights, to improve the status of women. However, a decree, which since 1979 required Egyptian men who wished to take an additional wife to obtain the consent of the first or other wives, was repealed in May 1985. As part of the Personal Status Law, this decree was intended to limit the abuses of polygamy. The minimum legal age at marriage for women is 16 years.

Other issues: Problems associated with the high rate of population growth include an increasing dependence on expensive food imports, a decrease in job opportunities and the burdening of the education system and housing and social services in cities.



EL SALVADOR

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 5 552 15 048 0-14 years (%) 44.6 30.8 60+ years (%) 5.1 8.5 Rate of: 1980-85 2020-25 growth 2.9 1.8 natural increase 32.1 17.8	The Government perceives the current rate of population growth as being unsatisfactory because it is too high.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 64.8 73.1 Crude death rate 8.1 5.2 Infant mortality 70.0 24.0	Current levels and trends are perceived as unacceptable.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 5.6 2.8 Crude birth rate 40.2 22.9 Contraceptive prevalence rate 47.0 (1985) Female mean age at first marriage 19.0 (1971)	Current rates are considered to be unsatisfactory because they are too high in relation to population growth and family well-being.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -2.9 0.0 Foreign born population (%) 0.9 (1971)	Levels and trends of immigration are perceived to be not significant and satisfactory. Levels and trends of emigration are perceived as being significant and too high.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 39.1 61.2 Growth rate: 1980-85 2020-25 urban 2.9 2.9 rural 3.0 0.1	The current spatial distribution of population is perceived as being inappropriate. The Government would like to decelerate current trends, which are due in part to the country's political upheavals.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government's major objective is to reduce population growth by direct intervention to modify fertility. The Government no longer has a policy to increase emigration as a means of reducing population growth, as it did in the late 1970s.

Importance of population policy in achieving development objectives: In its belief that population policy has an impact on development and that development influences the demographic situation, the Government has incorporated population programmes within successive national development plans. Recently, a new population policy (which will be followed by an action plan) was prepared and presented to the Government for its consideration in October 1986. The policy is multi-sectoral, focusing on the family as the basic demographic unit and emphasizing the reciprocal links between the family and society. Specifically, the policy focuses on the interactions between population dynamics and six major topics: health, education, spatial distribution and internal migration, the labour force, the environment and the family (with an emphasis on women, infants and the aged).

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Four national censuses have been conducted, the latest being the 1971 Census of Population and Housing. The country's most recent development plan, El Camino hacia la Paz (1985-1989), is the fifth in a series of five-year plans and includes a population and family welfare policy within its overall social development policy. A census had been scheduled for 1981 but was called off on the eve of the enumeration because of dangerous field conditions. In 1986 the census offices in San Salvador were destroyed by fire, resulting in the indefinite postponement of the census. In recent years, the vital registration system has been seriously affected by the turbulent political situation. In late 1986, the offices of the Ministry of Planning were heavily damaged by an earthquake. The Dirección de Población (Directorate of Population), which was set up in 1985 within the Ministry of Planning, is responsible for population planning, co-ordination and evaluation of population projects, as well as training and preparation of demographic inputs, including population projections.

Integration of population within development planning: In 1974, following the drafting of its Integrated Population Policy, the Government established two institutions to integrate population policy within development planning - the National Commission on Population and the Technical Committee on Population. In subsequent years, the Committee, composed of members from public and private agencies that were concerned with population issues, undertook research. The Government's recently drafted population policy proposes that a new National Commission on Population be established.

EL SALVADOR

POLICIES AND MEASURES

Changes in population size and age structure: El Salvador, one of Latin America's most densely populated countries, has adopted an explicit policy to reduce rates of population growth, involving both direct and indirect intervention. Direct measures designed to reduce the rate of population growth include programmes to improve maternal and child health and family planning programmes; indirect measures include increased employment opportunities, nutrition and immunization programmes, improvement of educational standards, a mass media campaign concerning national population objectives and further improvement of the status of women. Currently, the Government has no quantitative targets for the reduction of population growth. With respect to social security legislation, a pension plan exists for employees in industry, commerce and the public sector; self-employed, agricultural, domestic and casual workers are excluded.

Mortality and morbidity: Among the primary concerns of the Government are excess mortality among children under five, maternal health, the marginal population in urban and rural areas, the high incidence of infectious diseases and malnutrition and the large numbers of violent deaths among young adult males. The Ministry of Health has adopted a plan emphasizing primary health care through which it hopes to provide health care for all by the year 2000. To that end, the Government has been attempting to improve co-ordination between the Ministry of Health and other agencies. The Government's nutrition programme is an example of the type of co-ordination that is desired, since it integrates the efforts of the Ministries of Planning, Agriculture, Education, and Public Health and Social Welfare. The Government has not identified any quantitative targets with respect to morbidity or mortality.

Fertility and the family: Realizing that high rates of population growth hinder development efforts, the Government formulated a population policy in 1974 in an effort to reduce fertility. The comprehensive policy has utilized various indirect measures to lower fertility, such as improving educational and nutritional standards and the status of women. However, greater emphasis has been placed on direct measures. In 1968 the Government established an official family planning programme whose activities have ranged from maternal/child health programmes to family planning programmes to community distribution of contraceptives. Currently, voluntary sterilization is the most prevalent contraceptive method. Abortion is strictly restricted. No quantitative targets have been set with respect to fertility levels.

International migration: Immigration is not demographically significant, and the Government does not have any explicit policy beyond the usual visa and passport controls. Whereas El Salvador once encouraged emigration, levels have been extremely high in recent years and the Government has retracted its earlier policy. In 1985 El Salvador agreed to support the voluntary repatriation and reinsertion into society of an estimated 18,000-20,000 refugees in Honduras and to discuss projects with the United Nations High Commissioner for Refugees to alleviate the situation of over 700,000 Salvadoran migrants scattered throughout Central America and the United States. No targets have been set in regard to immigration or emigration levels.

Spatial distribution/urbanization: In the past, El Salvador sought to manage urban growth chiefly through accommodative policies and the development of infrastructure in secondary cities. Recent political unrest has largely undermined any effects of an explicit spatial policy. There are strategies to slow the growth of the primate city, San Salvador, and also rural development schemes, but these strategies have not prevented the movement of persons from the war-torn eastern region to the western region.

Status of women and population: Improving the status of women both economically and socially has been an explicit goal of the Integrated Population Policy which has been reinforced in the Government's recently drafted population policy. The minimum legal age at marriage for women is 14 years.

Other issues: The political upheavals in El Salvador have had drastic negative effects on the country's development objectives. Death rates have risen and economic development has virtually stagnated as a result. In 1986 El Salvador's President described a grass roots strategy for the country which consisted of decreasing population growth, lowering the infant mortality rate, tackling the pressing problem of malnutrition and raising literacy.

EQUATORIAL GUINEA

DEMOGRAPHIC INDICATORS			CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH			Population growth is considered unsatisfactory by the Government because it is too low.
Population:	1985	2025	
(thousands)	392	937	
0-14 years (%)	41.4	34.0	
60+ years (%)	6.6	6.8	
Rate of:	1980-85	2020-25	
growth	2.2	1.6	
natural increase	21.5	15.9	
MORTALITY/MORBIDITY			Current levels and trends are considered unacceptable.
	1980-85	2020-25	
Life expectancy	44.0	60.0	
Crude death rate	21.0	9.5	
Infant mortality	137.3	65.0	
FERTILITY/NUPTIALITY/FAMILY			Current rates are considered unsatisfactory because they are too low.
	1980-85	2020-25	
Fertility rate	5.7	3.0	
Crude birth rate	42.5	25.5	
Contraceptive prevalence rate	...	...	
Female mean age at first marriage	...	...	
INTERNATIONAL MIGRATION			Immigration rates are considered not satisfactory because they are too low. Emigration is considered satisfactory and not significant.
	1980-85	2020-25	
Net migration rate	0.0	0.0	
Foreign born population (%)	...	...	
SPATIAL DISTRIBUTION/URBANIZATION			Spatial distribution is considered inappropriate.
Urban	1985	2025	
population (%)	59.7	81.2	
Growth rate:	1980-85	2020-25	
urban	4.3	2.0	
rural	-0.6	-0.1	

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government gives population activities special priority and feels that policy should be designed in accordance with the specific characteristics of a least developed country. The Government's population programme encompasses the areas of health, education, social security, housing, labour and communication.

Importance of population policy in achieving development objectives: The present Government believes that its population must be respected and protected as it is the main factor in the national economy. Since population has a direct impact on development, the Government has repeatedly stated its belief in the necessity of solving population problems, such as low fertility, to achieve development objectives. Policy is aimed at the overall development of the nation which, in the present exceptional economic circumstances, requires international support.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The Government of Spain conducted censuses in 1932, 1942, 1950 and 1960. Since Equatorial Guinea's independence in 1968, there has been one complete census in 1983, which originally had been planned for 1981. The Government intends to conduct future censuses every 10 years. Vital registration is considered incomplete. Until independence, and during the time of autonomy in the 1960s, the Spanish Government prepared economic plans for Equatorial Guinea. The Ministry of Planning and Economic Development was created in 1982. A programme for reconstruction and reorganization, containing emergency measures, was formulated for the period 1980-1981, and was followed by a programme for economic recovery for 1982-1984.

Integration of population within development planning: The General Directorate of Statistics, created in 1980, has sole responsibility for formulating and co-ordinating population policies. The Planning and Economic Development Organization integrates demographic variables into planning. The General Directorate of Statistics is responsible for preparing demographic projections and surveys and for providing information on the interrelationships between population and development.

POLICIES AND MEASURES

Changes in population size and age structure: Government policy is to increase the growth rate through direct and indirect intervention. Between 1968 and 1979 the size of the population declined because of an outflow of population. The Government has indicated that there are quantitative targets relating to population growth, but the actual figures have not been reported. Information on the status of pension schemes is not available.

Mortality and morbidity: Official policy is to lower mortality and morbidity rates. Since 1977 international organizations have assisted in programmes of household hygiene and epidemiology and have also aided in the expansion of the immunization programme. During the period 1984-1986 emphasis was on child survival and development in the fields of health, rural water supplies, women's activities and education. With international assistance, the 52 dispensaries and the pediatric units in 14 provincial and district general hospitals were provided with additional equipment to accelerate child growth monitoring activities. A mass campaign to incorporate various primary health care services in health centres is expected to reach a target population of 100,000 people during 1987-1988.

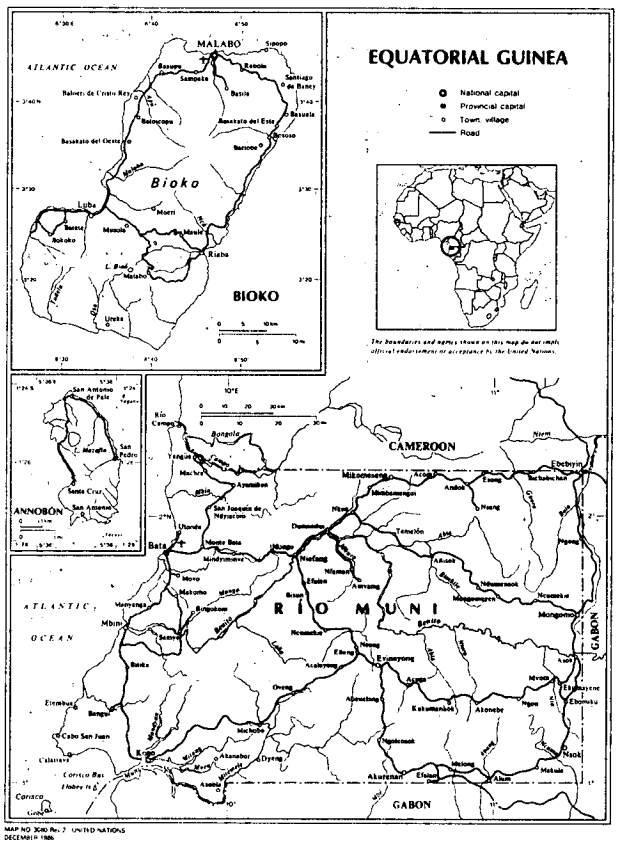
Fertility and the family: Government policy is to raise fertility and to improve the health of mothers and children and family well-being. The Government provides benefits to ensure the well-being of children; it does not provide support for the distribution of family planning methods. Information concerning the legality of abortion and sterilization is not readily available. No quantitative fertility targets have been set.

International migration: Policy favours a higher rate of immigration. The present Government considers that past immigration was favourable to economic, social and cultural development. After independence, most of Equatorial Guinea's relatively large expatriate population left the country. Between 1975 and 1979 many foreign nationals left taking with them the country's trained manpower, and entrepreneurial, professional, technical and administrative abilities. Emigration policy aims to maintain present rates. After independence, many skilled nationals also emigrated; there is now a programme for the repatriation of these nationals. No quantitative targets relating to migration have been set.

Spatial distribution/urbanization: Official policy is to develop lagging regions and reverse internal migration trends. The principal focus of the policy is rural development; however, there is an overall regional orientation because of the geographical situation. The country is comprised of a small portion of the West African mainland and two islands (Bioko and Annobón) off the coast. There is already a large road and transportation network between regions due to previous development efforts. The Government is now involved in rebuilding the public and economic infrastructure by subsidizing the public infrastructure and providing housing and social services, human resource investments and job training. The Government has requested international aid for development. No quantitative targets have been set for the country's spatial distribution.

Status of women and population: Government efforts to promote women's active participation in economic and social development, while fulfilling their role as mothers, include preparing regional, provincial and district health delegates and village advisers for the task of informing and mobilizing women in rural areas. To improve the ability of mothers to ensure their children's survival and development, the Government has established "Family Centres", where women receive instruction, training and guidance on nutrition, hygiene and maternal and child care. Information on the minimum legal age at marriage for women is not readily available.

Other issues: Between the time of independence from Spain in 1968 and the military coup d'état in 1979, Equatorial Guinea lost its position as a relatively high revenue, developed African country. One of the first measures of the new Government in 1979 was to restore land to previous owners, the majority of whom were Spanish, on the condition that they would rework the land to the benefit of Equatorial Guinea. Relatively few previous land-owners, however, accepted the offer. The Government has emphasized its commitment to improving the status of the entire population.



ETHIOPIA

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 43 557 122 285 0-14 years (%) 44.8 37.6 60+ years (%) 4.4 5.3 Rate of: 1980-85 2020-25 growth 2.5 1.9 natural increase 26.5 18.9	It is considered not satisfactory because it is too high.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 40.9 55.9 Crude death rate 23.2 11.0 Infant mortality 154.9 81.5	Levels and trends are considered unacceptable. Major concerns are high mortality levels, communicable diseases, malnutrition, inadequate environmental sanitation and the low coverage rate of the health care system.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 6.7 3.6 Crude birth rate 49.7 29.9 Contraceptive prevalence rate 2.0 (1981) Female mean age at first marriage 17.7 (1981)	Levels are considered not satisfactory because they are too high in relation to population growth, family well-being, and in particular, to maternal/child health.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -1.9 0.0 Foreign born population (%)	Levels and trends of immigration and emigration are considered not significant and satisfactory. There is concern regarding the exodus of refugees, especially from Tigray Province to Sudan.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 11.6 33.8 Growth rate: 1980-85 2020-25 urban 4.4 4.3 rural 2.2 0.8	This is considered partially inappropriate. Official concern has been expressed over the primacy of the urban system (Addis Ababa, and to a lesser extent Asmara) and the uneven distribution of population.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: There is no policy of intervention to modify fertility or population growth. Official policy is to improve the health situation and to adjust the spatial distribution of the population.

Importance of population policy in achieving development objectives: Although no national population policy has been devised, the current Perspective Plan recognizes the need to establish a comprehensive policy, and has established this as a goal during the time period covered by the Plan. The population and housing census in May 1984 is expected to provide a base from which a comprehensive and explicit national population policy can be devised. Currently, the Government has an implicit population policy embodied in programmes, such as rural development, health and education. Ethiopia has emphasized that the lack of adequate and reliable demographic data has constrained the formulation of a national population policy.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Ethiopia's first population and housing census was conducted in May 1984. Registration of births and deaths is considered incomplete. National development plans have been carried out since 1957, the most recent one being the Ten-Year Perspective Plan (1984-1993).

Integration of population within development planning: No specific institutional arrangements exist, but population issues are taken into account in the formulation of overall development policies. The Relief and Rehabilitation Commission was established in 1977 to guide the resettlement programme.

POLICIES AND MEASURES

Changes in population size and age structure: Although the population growth rate has increased significantly since the 1970s, no policy of intervention has been elaborated. Although a large majority of Ethiopia's arable land is still not under cultivation, concern has been expressed over the growing pressure on land resources in the north which is a result of the rapid population growth. The Government has indicated that it does not attribute chronic socio-economic problems, such as disease, unemployment and illiteracy, to rapid population growth, but rather to the country's previous feudal system, which featured private ownership of key economic resources. It is expected that in the long run the population situation will be affected by socio-economic restructuring, which will bring about increased literacy, improved status of women and reduced income disparities. In addition, policies to reduce mortality and adjust spatial distribution are expected to

have an impact on population growth. To date, no quantitative targets have been established. Regarding the social security system, only public employees and employees of nationalized industries are covered by pensions.

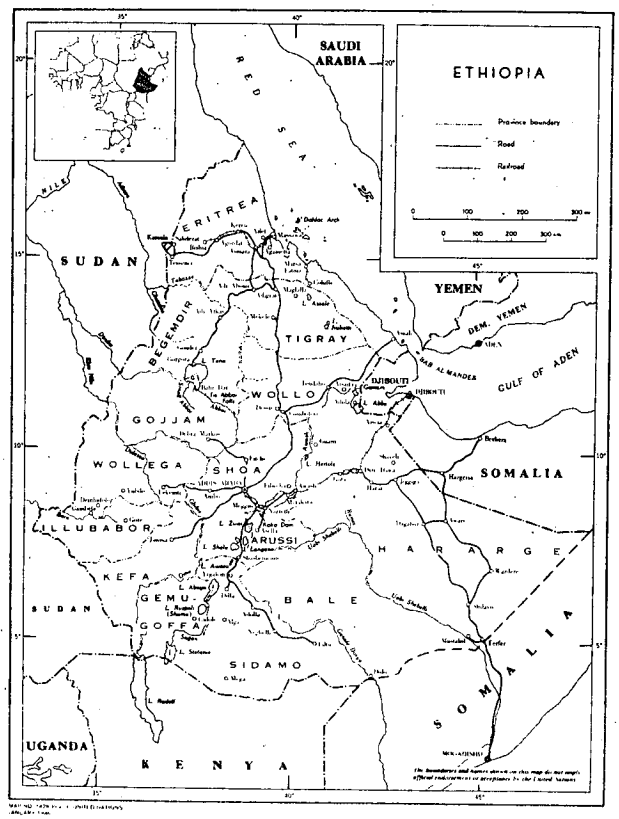
Mortality and morbidity: Official policy is to provide comprehensive health care to the entire population and to reduce general and infant mortality rates. The Government has adopted a primary health care strategy and is taking steps towards its implementation, particularly in rural areas. Specific measures include immunization and environmental sanitation programmes, the expansion of maternal/child health care services and the training of health workers at all levels. Official targets for 1984-1993 include the provision of health care services to 80 per cent of the population (lowered from an earlier target of 85 per cent by 1990); the reduction of child and maternal mortality by 60 and 50 per cent, respectively, by 1990; an increase in per capita caloric intake to 2,580 per day; and the provision of safe drinking water to 39 per cent of the population.

Fertility and the family: The Government believes that the desired level of fertility will come about automatically at a certain stage of socio-economic development, and that a population policy intended to reduce fertility is inappropriate as a means of dealing with economic or social problems. A policy of intervention exists only with respect to family well-being. Measures include maternal/child health programmes, education programmes, family planning and improving the status of women. The Family Guidance Association of Ethiopia (FGAE), a voluntary organization, provides family planning as a vital component of maternal child health care services. Its duties include training health personnel in family planning and providing family life and sex education programmes for various groups in the population. Family planning services are reported by the Government to exist in most government and private health institutions. Abortion is illegal but can be performed under certain medical circumstances. Sterilization is also illegal, but the FGAE supports voluntary sterilization with strict requirements. Access to contraception is not limited, and the Government provides direct support. No quantitative fertility targets have been set.

International migration: No policy statement is known concerning immigration. Owing to the continued influx of refugees in 1984 and 1985 from southern Sudan to the Illubabor region of western Ethiopia (the refugee population was estimated by the Ethiopian Government to be 180,000 in 1985), the difficult climatic conditions and the remoteness of the area, the United Nations High Commissioner for Refugees has provided assistance to ensure the provision of adequate food, health care and shelter to the refugees. The Government has not formulated an explicit policy concerning emigration, but it has taken measures to halt emigration by restricting exit permits and enforcing tight border controls. The Government also has negotiated with neighbouring governments to close their borders and encourage the repatriation of Ethiopians. By December 1984, 33,000 Ethiopian refugees had returned from Djibouti. Recently, the Government criticized various countries for their role in organizing what it considered to be the illegal emigration of Falashas.

Spatial distribution/urbanization: The official policy seeks to adjust the spatial distribution through resettlement of the population from densely populated regions, villagization and rural development, with the aim of reducing rural to urban migration and the promotion of growth of urban centres other than Addis Ababa and Asmara. A resettlement programme was initiated in 1984 with the target of voluntarily removing 1.5 million people from the parched north to the more fertile and less drought-afflicted regions in the southwest by the end of 1985. By 1986 an estimated 600,000 people had been moved. As of 1986 the Government's villagization programme reports to have relocated approximately 3 million peasants from their scattered hilltop farms in Harar and neighbouring provinces to centralized villages where services ranging from running water to medical care can be provided.

Status of women and population: The Government reports that it has taken concrete measures to correct previous economic and social injustices against women and to integrate them into the social, economic and political life of the country. As an example, women's organizations have been created. The minimum legal age at marriage for women varies between 12 to 15 years according to major administrative divisions, religious and ethnic groups.



FIJI

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 691 953 0-14 years (%) 37.2 20.8 60+ years (%) 5.5 17.1 Rate of: 1980-85 2020-25 growth 1.9 0.1 natural increase 25.7 6.1	Population growth is considered unsatisfactory because it is too high. There is concern over a growing urban population and unemployment caused by a high rate of growth.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 68.9 76.1 Crude death rate 5.4 7.3 Infant mortality 30.8 10.5	Levels and trends are perceived as acceptable. Concern is expressed, however, over the continuing presence of influenza, venereal disease, infantile diarrhoea and gastro-intestinal diseases.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 3.5 1.9 Crude birth rate 31.1 13.4 Contraceptive prevalence rate 41.0 (1974) Female mean age at first marriage 21.6 (1976)	Fertility levels are considered unsatisfactory because they are too high.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate -7.0 -4.8 Foreign born population (%) 2.5 (1976)	Immigration is considered to be not significant and satisfactory. Emigration is considered satisfactory and significant.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 41.2 67.4 Growth rate: 1980-85 2020-25 urban 3.1 1.0 rural 1.1 -1.6	Spatial distribution is considered inappropriate. Concern is expressed over the urban-rural balance. Growth in metropolitan and urban areas is perceived as unsatisfactory because it is too high.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has not formulated a comprehensive national population policy but nevertheless aims to control high rates of population growth and fertility. Although the Government feels that in comparison to other developing countries the growth rate in Fiji is low, there is little room for complacency, and measures must be enacted.

Importance of population policy in achieving development objectives: The Government considers that population factors and trends are integral components of development planning. Policy objectives include providing employment for the unemployed and underemployed, measuring work-force productivity and slowing the rate of the brain drain.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: The country has conducted censuses every 10 years since 1946. The most recent census was held in August 1986. Vital statistics registration is considered incomplete; under-registration of births and deaths is a long-standing problem. Formal five-year development plans have existed since the 1940s. The Ninth Development Plan for the years 1986 to 1990 is currently in effect.

Integration of population within development planning: Since the 1970s the Central Planning Office of the Ministry of Economic Planning and Development has been formulating and co-ordinating population policies. Since 1980 the Manpower Planning Section of the Macro-Economic Unit has been responsible for taking population variables into account in planning. The Bureau of Statistics of the Ministry of Finance has prepared population projections for planning since the 1950s and conducts major population surveys.

POLICIES AND MEASURES

Changes in population size and age structure: The objective of policy is to decrease the rate of growth. Measures also concern morbidity and mortality, fertility and population distribution. The stated target for population growth in the current development plan is a rate of 1.9 per cent per year. The Government had hoped to reduce the crude birth rate to 25 per 1000 persons by 1985 and to further reduce it to 20 per 1000 in the future. Concerning the country's social security system, all employed workers are entitled to pensions.

Mortality and morbidity: Government policy aims to continually improve health care. The Development Plan (1981-1985) outlines a wide-ranging health care programme. Areas of attention include nutrition, environmental and basic

sanitation, the prevention of infectious and acute diseases and surveillance of chronic and non-communicable diseases. The Government is also committed to family planning, maternal/child health centres and health education. No quantitative mortality targets have been established.

Fertility and the family: Although there is no explicit fertility policy, the Government plans to lower fertility and improve maternal and child health. Family planning receives the highest priority. Government strategy emphasizes increasing access to health services. Measures aim to make family planning community-based, rather than only clinic-based, by increasing community involvement in the planning programme. The Ministry of Health, which is responsible for all matters concerning fertility, provides technical services when necessary and monitors programmes. The target is to increase family planning coverage to 35 per cent of all women in all regions. Officials hope that by reducing the number of live births to 25 per thousand by 1990, population-related problems will become more manageable. Population education has been introduced into the school system and sex education and family life education have become part of the secondary school system. All methods of modern contraception receive both direct and indirect government support. Information on the status of abortion is not readily available. Sterilization is permitted for contraceptive purposes.

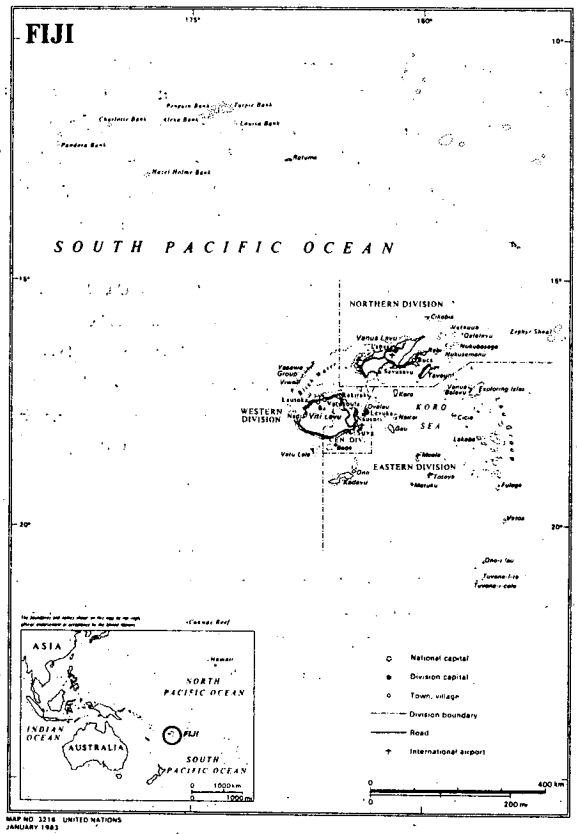
International migration: The Government feels that the lack of accurate and reliable data on international migration is a major constraint in formulating an explicit policy. Consequently, there are no official policies concerning immigration and emigration, nor have quantitative targets been established. The Government has stated that if a policy were formulated, a reduction of both immigration and emigration would probably be advocated.

Spatial distribution/urbanization: Although there is no explicit policy covering internal migration, the Government reports that policies exist to influence population distribution. The main goals are to decrease in-migration to metropolitan and urban regions and to maintain the population flow within rural regions. Development plans advocate regional development and decentralization policies to slow rural to urban migration. Measures to develop rural, inland and inaccessible regions include improving the distribution of goods and services, expanding communication networks and providing urban amenities (such as electricity, running water, better housing). The Government also plans to develop rural growth centres by increasing rural employment through the establishment of rural industries. Agricultural processing, the fishing industry and manufacturing are some of the rural industries being developed. No quantitative targets for rural growth have been reported.

Status of women and population: The Government has included the integration of women into the national development process as one of its objectives during the Eighth Plan period of 1981-1985. Although there are more than 1,500 voluntary women's groups in rural and semi-urban areas, most activities are limited in scope, content and frequency. The Government sees the need to co-ordinate, develop and enhance these activities at a national level to help improve women's lives and ensure their participation in national and community development. To this end, the Women's Interest Section of the Ministry of

Fijian Affairs and Rural Development was established. Through its divisional and district network, the Section is gradually attempting to improve facilities and opportunities for women in all spheres of work and life. The minimum legal age at marriage for women is 16 years.

Other issues: Two ethnic groups, Fijians (Melanesians) and Indians, accounted for 94 per cent of the total population in 1976 (44 and 50 per cent, respectively). While fertility and life expectancy at birth differentials are converging, differentials in infant mortality rates between the two ethnic groups are reported to persist. The Government has stated that one aim of economic development is to promote a more equitable distribution of the benefits of development.



FINLAND

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 4 891 4 994 0-14 years (%) 19.3 16.5 60+ years (%) 17.2 28.0 Rate of: 1980-85 2020-25 growth 0.5 -0.2 natural increase 3.4 -2.4	The Government considers the present rate of growth to be satisfactory.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 73.8 77.3 Crude death rate 9.9 13.3 Infant mortality 6.2 5.0	Current levels are considered acceptable in general but unacceptable for males. Issues of concern are cardio-vascular diseases, smoking-related diseases and excessive male deaths attributed to cancer, accidents and suicides.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 1.7 1.8 Crude birth rate 13.3 10.9 Contraceptive prevalence rate 80.0 (1977) Female mean age at first marriage 24.6 (1980)	Fertility rates are considered satisfactory.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 1.2 0.6 Foreign born population (%) 0.8 (1980)	Immigration and emigration levels are considered not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 64.0 83.5 Growth rate: 1980-85 2020-25 urban 1.9 0.2 rural -1.8 -1.9	Population distribution is considered to be appropriate. While urban population growth is generally deemed satisfactory, concern is expresed over high growth in the largest metropolitan area and low growth in rural regions.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government includes population policy as part of its social policy legislation. In 1980, the Government moved to obtain parliamentary and public support for the development of an effective family policy. Current measures are aimed at mortality and morbidity, promoting and supporting the family and adjusting the pattern of spatial distribution.

Importance of population policy in achieving development objectives: The Government considers that demographic policy is related to the goals of economic and manpower policies. A steady birth rate and a balanced age structure are believed essential in many fields of social activity.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Censuses are conducted every five years; the most recent was conducted in 1985. Vital registration of births and deaths is considered complete. Formal development planning, which is undertaken by the Planning Department within the Office of the Prime Minister, has existed since 1966. The current National Five Year Health Plan encompasses the period 1983-1987.

Integration of population within development planning: No single agency is responsible for the formulation of population policies. The Planning Department in the Office of the Prime Minister is responsible for taking into account population variables in planning, particularly for regional policies. The department is also responsible for preparing population projections. The research institutions chiefly responsible for providing information on population-development interrelationships are the Central Statistical Office and The Population Research Institute. Since 1956 the Social Insurance Institute has been responsible for special demographic surveys.

POLICIES AND MEASURES

Changes in population size and age structure: The Government states that it does not have an explicit population policy, measures have been instituted to reduce mortality, to promote the family and to influence population distribution. Given current demographic trends, the Government feels that population aging is likely to have an unfavourable impact on public expenditures, such as pension schemes and the health sector.

Mortality and morbidity: Health policy has been formulated in the Government's Report on Health Policy of March 1985. The aims are to reduce premature mortality and morbidity, to enhance the functional capacity of people and to promote health through social support and health policy. Within the health services system, development will focus on qualitative as well as quantitative improvements. The primary objectives are to implement and ensure

a continuous and confidential patient-doctor relationship and maintain a high level of specialized health services. A regional target for the Nordic countries of life expectancy at birth of 75 years was nearly achieved in 1982.

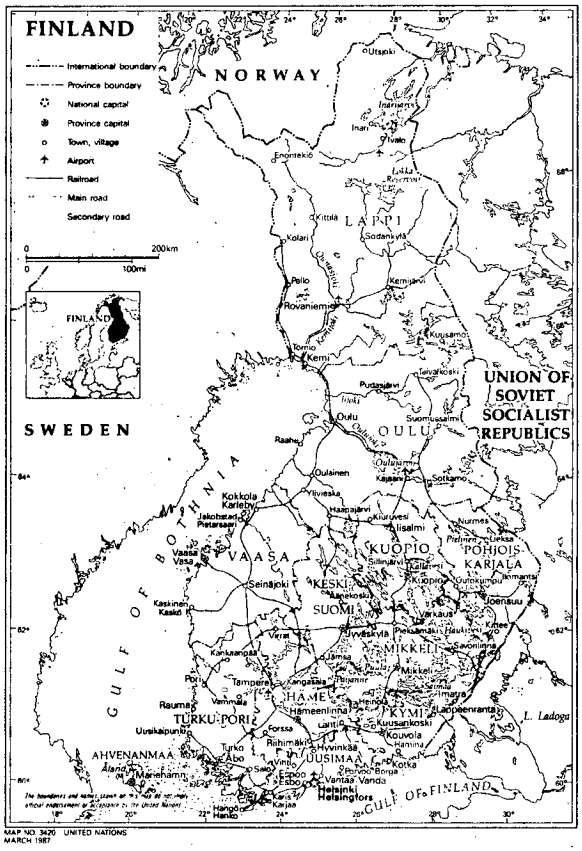
Fertility and the family: At present the Government has no official policy to modify fertility rates. A slight increase in the fertility rate has occurred, it is believed, as a result of measures taken since the Government's submission to the Parliament in 1980 of a policy report on the welfare of families. The goals of family policy include improving the position and living conditions of families and family members. In order to promote and support family formation, a series of family policies have been implemented. As of July 1981 maternity allowances are paid for 258 weekdays. Paternity leave includes 6 to 12 days after childbirth to care for the child. In addition, the last one hundred days of the maternity allowance may be transferred to the father. The Child Allowance Act of 1948 specifies child support payments for every child under the age of 16. Additional sums are paid for children under age three. In 1980, the amount of the allowances was increased. Parents are also provided with a birth grant which is either a lump sum or a maternity pack of clothing and equipment. Other measures include housing subsidies, housing loans and child day-care. Health centres provide counselling and services for family planning. All methods of contraception are permitted by law. Information and access to methods is given direct and indirect government support through private agencies. Väestoliitto, the Finnish Population and Family Welfare Federation, is a private organization offering various services related to family and child health and welfare, including counselling on sexual and marital matters. Abortion is available upon request up to the twelfth week of pregnancy. Sterilization is allowed for contraceptive purposes. No quantitative targets have been set for fertility rates or family planning.

International migration: Immigration is not an active policy concern; however, refugees and asylum seekers are a current concern. The New Aliens Act, approved in February 1983, establishes the right to appeal refused residence or work permits as well as deportation. While high rates of emigration prevailed in the 1970s, by the 1980s the rates had declined and the Government considered it insignificant. Regulatory measures are aimed at maintaining the level of emigration at a more or less constant rate in the future. No quantitative targets have been set.

Spatial distribution/urbanization: There is a policy to modify population distribution between regions. Policies have been aimed at decreasing in-migration to the largest metropolitan areas, maintaining migration levels in other urban areas and decreasing out-migration from rural areas. Two official actions, an act promoting balanced regional development (1981) and the regional population and employment target plan (1982) have been approved and adopted and include such measures as public infrastructure subsidies and development loans, industrial relocation incentives, migration subsidies, housing and social services and job training. Decentralization of government offices and employment exchange services are part of the regional policy to reduce out-migration from rural areas. No quantitative targets have been set.

Status of women and population: The Government believes that inequality between men and women in the society at large is a reflection of family life. Improving the status of women is considered an important goal. The Government has expressed the need to improve educational opportunities for women and expand male participation in all areas of family life. Family planning is considered an essential factor for improving the status of women. The minimum legal age at marriage for women is 17 years.

Other issues: The Government has indicated that population questions cannot be tackled in isolation from other major socio-economic problems and that efforts must be intensified at the national and international levels to promote a more balanced process of socio-economic development.



FRANCE

DEMOGRAPHIC INDICATORS	CURRENT PERCEPTION
SIZE/AGE STRUCTURE/GROWTH Population: 1985 2025 (thousands) 54 621 58 431 0-14 years (%) 21.3 17.8 60+ years (%) 17.7 25.9 Rate of: 1980-85 2020-25 growth 0.3 0.0 natural increase 3.4 0.3	The growth rate is considered unsatisfactory because it is too low. There is considerable concern over population aging as the Government feels it will have an unfavourable impact on the social security system and may reduce the national capacity for innovation.
MORTALITY/MORBIDITY 1980-85 2020-25 Life expectancy 74.5 77.6 Crude death rate 11.2 11.8 Infant mortality 9.2 5.2	Levels and trends are considered acceptable. However, the Government is concerned over mortality of the foreign-born population, particularly those between 5 and 14 years of age, and perinatal mortality.
FERTILITY/NUPTIALITY/FAMILY 1980-85 2020-25 Fertility rate 1.9 2.0 Crude birth rate 14.5 12.1 Contraceptive prevalence rate 79.0 (1978) Female mean age at first marriage 24.3 (1982)	The fertility level is considered unsatisfactory because it is too low. The Government is concerned over the fertility rate which is below replacement level.
INTERNATIONAL MIGRATION 1980-85 2020-25 Net migration rate 0.0 0.0 Foreign born population (%) 11.1 (1982)	Immigration levels are considered significant and too high. Emigration is considered not significant and satisfactory.
SPATIAL DISTRIBUTION/URBANIZATION Urban 1985 2025 population (%) 73.4 77.3 Growth rate: 1980-85 2020-25 urban 0.4 0.2 rural 0.2 -0.5	Spatial distribution is considered partially appropriate. Metropolitan and urban growth is considered too high, whereas rural growth is perceived as too low. Regions of particular concern are the north and south borders and rural areas in the west and southwest.

GENERAL POLICY FRAMEWORK

Overall approach to population problems: The Government has established various ministries and commissions to study population problems and their solutions. Current policy is directed towards raising the fertility rate by improving the socio-economic status of families, lowering the rate of mortality and restricting most types of immigration.

Importance of population policy in achieving development objectives: Fears have been expressed that low levels of fertility will adversely affect economic growth. At the same time, curbing immigration is seen as a means of reducing the level of unemployment.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Censuses have been conducted since 1801; the two most recent were held in 1975 and 1982. Vital registration is considered complete. Formal development planning has existed since 1945 in the form of five-year plans. The Ninth Plan covering the period 1984-1988 is currently in effect.

Integration of population within development planning: The Ministry of Social Affairs and National Solidarity and the Office of Population and Migration have been responsible for formulating and co-ordinating population policies since 1971. The General Commissariat of the Plan and the High Commission on Population and the Family have integrated population variables into planning since 1945. Their principal function is the formulation of the five-year plans. Since its founding in 1945, the National Institute of Demographic Studies (INED) has prepared population projections, demographic surveys, and conducted demographic research.

POLICIES AND MEASURES

Changes in population size and age structure: Due to the low growth rate of the native-born population and a net migratory balance of zero, the Government actively pursues a policy of raising the rate of population growth. The elderly are also a policy priority. Policy objectives include maintaining a normal environment, ensuring an adequate income, improving housing and providing infrastructure facilities and neighbourhood services. Measures have been enacted to assist the elderly in living at home instead of being institutionalized. A system of benefits has been established which provides the elderly with a housing allowance, tax exemptions and reduced costs for electricity, gas and transportation. No quantitative targets have been set for population size.

FRANCE

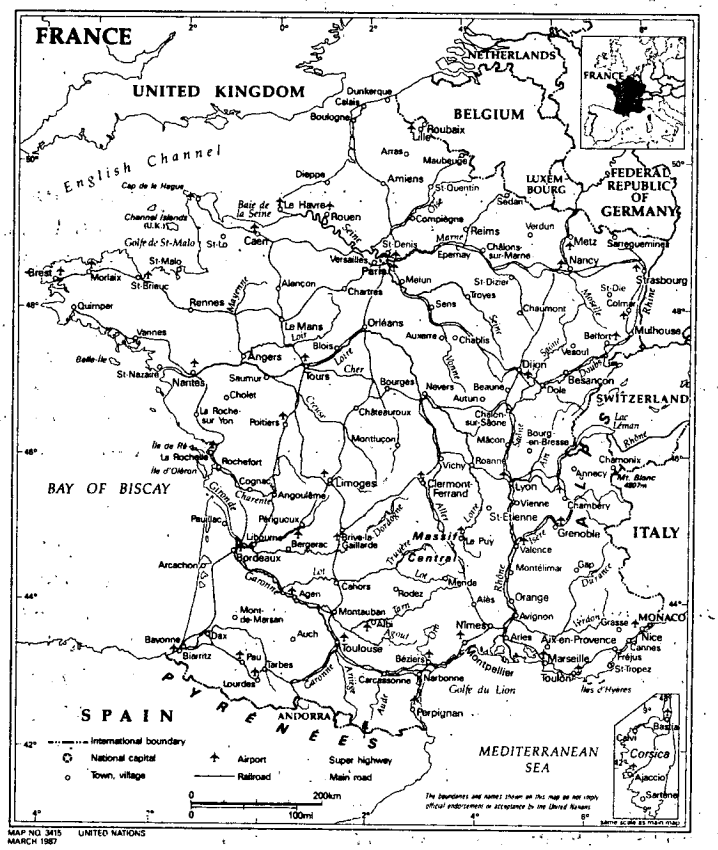
Mortality and morbidity: Official policy is to lower mortality rates and, in particular, reduce socio-economic differentials. The Government has launched educational campaigns and levied taxes to discourage the consumption of tobacco and alcohol. In addition to measures aimed at improving the health of children under 15 years, the Ministry of Family Affairs has begun a campaign of child abuse awareness. No quantitative mortality targets have been established.

Fertility and the family: The objective of fertility policy is to increase the fertility rate while ensuring the right of families to determine their own family size. The Government hopes to achieve a fertility rate of 2.1, which will ensure replacement of the population, but is reluctant to adopt a family size norm because of its belief in individual choice. As research indicates that couples are having fewer than the desired number of children, measures aim to create favourable conditions for raising larger families. The Government has established an extensive system of family benefits. Priorities under the Ninth Economic Plan are threefold: (a) to simplify the system of grants so they are more favourable to young and larger families; (b) to facilitate combining employment with family life, giving special attention to establishing more facilities for small children; and (c) to improve the family environment through urban planning and the creation of new housing and neighbourhood amenities. In 1985 paternity leave was granted in the event of the mother's death during child-bearing. Other allowances include those for young children and for parents who take a year off from work to raise their children. The Government is also considering low interest loans for young and large families of modest circumstances. The Government provides both direct and indirect support for access to information and methods of modern contraception. Abortion was legalized in 1975 and is available upon demand up to the tenth week of pregnancy. Sterilization has been permitted since 1983 for contraceptive purposes.

International migration: Although immigration is considered to have had a positive effect on economic development in the past, present policy is to halt most immigration (excepting migrants from European community members) while maintaining and integrating the established immigrant population. Current policy aims to regulate illegal workers by strengthening border controls and increasing co-operation with the countries of origin. In 1980 measures were enacted to facilitate deportation. Employers of illegal workers and those involved in their recruitment were liable for fines and prison terms. New visa requirements were also set for nationals from certain countries. The change in Government in 1981 modified the focus of immigration policy. A system of amnesty "regularization" was begun in mid 1981. Three major groups were exempted from expulsion - minors, those born in France and those who entered France before 10 years of age. Although the Government had encouraged return migration for several years, only in 1984 was a system of repatriation assistance and a lump-sum unemployment grant formalized. Two types of residents' permits were introduced in 1984 to differentiate between short- and long-term residents. In June 1986 the Government proposed legislation further tightening border controls and facilitating procedures to expel foreigners without visas. Although emigration is not an active policy concern, the Government tries to protect the rights of the estimated one million French nationals living and working abroad.

Spatial distribution/urbanization: The objective is to improve the pattern of population distribution through decentralization and regional economic development. Agricultural modernization aims to improve areas of rural depopulation. The goal of new town development is to restructure suburban and rural areas by creating new employment, housing and services and by reducing commuting and easing transport problems. The Government has created a system of incentives and disincentives to increase industrial development in lagging regions. Incentives include decentralization allowances, regional development grants, loans and tax exemptions. Disincentives include the imposition of additional taxes to discourage firms from locating in the Paris region.

Status of women and population: Measures to improve the status of women have been linked to measures affecting fertility and the family. A Ministry for Women's Rights is responsible for women's issues. In 1983 the Cabinet approved a Bill making it illegal to portray women in a degrading light in advertisements, pictures or press articles. In 1985 the Government prepared a law to equalize financial rights of both marriage partners. In general, under the legal system, the principle of equality of the sexes has been accepted both in marriage and parenthood. The minimum legal age at marriage for women is 15 years.



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Except for the indicators mentioned below, the source of the demographic estimates and projections is World Population Prospects: Estimates and Projections as Assessed in 1984 (United Nations publication, Sales No. E.86.XIII.3). Additional information on demographic estimates and projections may also be found in the companion publications Global Estimates and Projections of Population by Sex and Age (United Nations publication, ST/ESA/SER.R/70) and The Prospects of World Urbanization, Revised as of 1984-1985 (United Nations publication, Sales No. E.87.XIII.3). For several countries, recent political upheavals have had considerable impact on their demographic phenomena. Therefore, the demographic estimates and projections cited for such countries should be used with caution.

It should also be noted that the estimates of international migration are the most problematic of the demographic estimates due to the shortage of appropriate data. Even more uncertain are the projected rates of international migration, shown in this publication for the period 2020-25. As international migration is influenced greatly by social, economic and political conditions in countries of origin and destination, projecting future trends in international migration is a highly risky undertaking. In the United Nations projections, it is assumed that the volume of net migration will progressively move to zero as time passes except for those countries for which the evidence strongly suggests a continuation of current migration levels for a considerable time into the future (for example, Australia, Canada, Mexico and the United States).

Replies from Governments to a United Nations questionnaire entitled "Fifth Population Inquiry Among Governments: monitoring of Government perceptions and policies on demographic trends and levels in relation to development", where received, constitute important sources for the individual country narratives. (Annex II lists those countries that have responded to the five questionnaires.)

Figures on the contraceptive prevalence rate are from the Wall Chart on World Contraceptive Use, 1987 (United Nations publication). The reader is advised to consult the country-specific notes given below for deviations from the standard age group of 15-49 years of age for the contraceptive prevalence rate. Information on national pension schemes has for the most part been taken from Social Security Programs Throughout the World-1985; Research report No. 60, (Washington, D.C., United States Department of Health and Human Services, Social Security Administration, 1986). The female mean ages at first marriage are from World Population Trends and Policies: 1987 Monitoring Report, United Nations publication, (forthcoming). The source for the minimum legal age of marriage for women is Patterns of First Marriage: A Synthesis, United Nations publication (forthcoming).

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* Contraceptive prevalence rate is for ages 15-44.

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* Foreign-born population: 1981 census as cited in Government reply to United Nations Demographic Yearbook questionnaire.

** Contraceptive prevalence rate is for marriage cohorts of 1974 and 1978. Foreign-born population: data are reported by nationality rather than by place of birth. 1981 Census data as cited in Government reply to United Nations Demographic Yearbook questionnaire.

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* Contraceptive prevalence rate is for ages 18-44.

** Contraceptive prevalence rate is for ages 20-44.
Foreign-born population: 1982 census data as cited in Government reply to United Nations Demographic Yearbook questionnaire.

ANNEXES

Annex I

GLOSSARY

Contraceptive prevalence rate: percentage currently using contraception; usually based on married or sexually active couples with women in the reproductive age.

Crude birth rate: the number of births in a year per 1,000 mid-year population.

Crude death rate: the number of deaths in a year per 1,000 mid-year population.

Dependency ratio or age dependency ratio: the ratio of the combined child population under 15 years of age and adult population 65 years and over to the population of intermediate age per 100.

Foreign-born population: persons born outside the country or area in which they were enumerated at the time of the census.

General fertility rate: the annual number of births divided by the mid-year population of women aged 15 to 49 years multiplied by 1,000.

Gross reproduction rate: a measure of the reproduction of a population expressed as an average number of daughters to be born to a cohort of women during their reproductive age, assuming no mortality and a fixed schedule of age-specific fertility rates. More specifically, it is the sum of age-specific fertility rates for the period multiplied by the proportion of the total births of girl babies.

Infant mortality rate: the probability of dying between birth and age 1 multiplied by 1,000; commonly calculated as the number of deaths of infants under one year of age in any given calendar year divided by the number of births in that year and multiplied by 1,000.

Life expectancy at birth: a life-table function to indicate the expected average number of years to be lived by a newly born baby, assuming a fixed schedule of age-specific mortality rates.

Mean age at first marriage (females): the average age at which women marry for the first time.

Median age: the age which divides the population into two groups of equal size, one of which is younger and the other of which is older.

Natural rate of increase: the difference between the crude birth rate and the crude death rate, expressed per 1,000 mid-year population.

Net migration: the difference between gross immigration and gross emigration.

Net migration rate: the difference between gross immigration and gross emigration per 1,000 of the mid-year population.

Net reproduction rate: a refined measure of the reproduction of population expressed as an average number of daughters that a cohort of newly born girl babies will bear during their lifetime, assuming fixed schedules of age-specific fertility and mortality rates. In other words, it is the measure of the extent to which a cohort of newly born girls will replace themselves under given schedules of age-specific fertility and mortality rates.

Rate of growth: the exponential average annual rate of population growth, expressed as a percentage.

Sex ratio: the number of men per 100 women.

Survival ratio: the probability of surviving from one age to an older one; it is often computed for five-year age groups and a five-year time period.

Total fertility rate: the sum of the age-specific fertility rates over all ages of the child-bearing period; if five-year age groups are used, the sum of the rates is multiplied by 5. This measure gives the approximate magnitude of "completed family size", that is, the total number of children an average woman will bear in her lifetime, assuming no mortality.

Urban population: population living in areas defined as urban by national authorities.

Annex II

List of countries replying to the First, Second, Third, Fourth and Fifth Inquiries

COUNTRY	First Inquiry	Second Inquiry	Third Inquiry	Fourth Inquiry	Fifth Inquiry
Afghanistan	-	-	+	-	+
Albania	-	-	-	-	-
Algeria	-	-	+	-	+
Angola	..	..	..	-	-
Antigua and Barbuda	..	..	..	..	..
Argentina	-	-	+	-	+
Australia	+	+	+	+	+
Austria	+	+	-	+	+
Bahamas	..	..	-	+	+
Bahrain	..	+	+	-	+
Bangladesh	..	..	+	+	+
Barbados	..	+	+	-	-
Belgium	-	+	+	-	-
Belize	..	..	..	..	+
Benin	..	+	+	+	+
Bhutan	-	-	-	-	-
Bolivia	+	-	-	-	+
Botswana	..	-	+	+	+
Brazil	-	-	-	-	-
Brunei Darussalam	-	-	-	-	-
Bulgaria	+	+	+	+	+
Burkina Faso	-	-	+	-	-
Burma	-	-	-	-	-
Burundi	-	-	+	+	+
Byelorussian Soviet Socialist Rep.	+	-	-	-	+
Cameroon	+	-	-	-	+
Canada	+	+	+	+	+
Cape Verde	..	..	-	-	-
Central African Republic	-	-	-	-	+
Chad	-	-	+	-	-
Chile	+	+	+	-	-
China	+	-	-	-	-
Colombia	+	+	+	+	+
Comoros	..	..	+	-	+
Congo	-	-	+	-	+
Costa Rica	-	-	+	-	+
Cote d'Ivoire	-	-	-	+	+
Cuba	-	-	-	-	+
Cyprus	+	+	+	+	+
Czchoslovakia	+	+	+	+	+

Democratic Kampuchea	..	+	-	-	-
Democratic People's Republic of Korea	-	-	-	-	-
Democratic Yemen	-	-	+	-	-
Denmark	+	+	+	+	+
Djibouti	...	..	..	-	+
Dominica	..	..	..	..	..
Dominican Republic	-	+	+	+	+
Ecuador	-	-	+	+	+
Egypt	+	+	+	+	+
El Salvador	-	-	+	-	+
Equatorial Guinea	..	-	-	-	+
Ethiopia	-	+	-	+	+
Fiji	..	+	+	-	+
Finland	+	+	+	+	+
France	+	+	+	+	+

Note: A plus (+) means reply received.
A minus (-) means reply not received.
Two dots (..) mean not applicable because country neither a United Nations Member State nor an observer at the time of the inquiry.

كيفية الحصول على منشورات الأمم المتحدة

يمكن الحصول على منشورات الأمم المتحدة من المكتبات ودور التوزيع في جميع أنحاء العالم . استعلم عنها من المكتبة التي تتعامل معها أو اكتب إلى : الأمم المتحدة ، قسم البيع في نيويورك أو في جنيف .

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