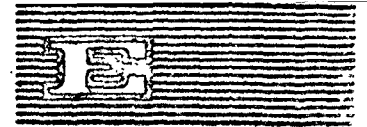


UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



LIMITED

E/LACCY/NR/L.9-Resumé
20 September 1965

ORIGINAL: SPANISH

LATIN AMERICAN CONFERENCE ON CHILDREN
AND YOUTH IN NATIONAL DEVELOPMENT

Jointly sponsored by the Economic Commission for Latin America, the Latin American Institute for Economic and Social Planning, and the United Nations Children's Fund, in co-operation with the International Labour Organisation, the Food and Agriculture Organization of the United Nations, the United Nations Educational, Scientific and Cultural Organization, and the World Health Organization

Santiago, Chile, 28 November to 11 December, 1965

SUMMARY
of

the Report Prepared by the Government of Bolivia

Introduction.

A good statistical service is lacking, and there are no complete studies on the death rate of children and youth, though one is presently being prepared by the Health Planning Bureau.

Nearly 65 per cent of the country's total population lives in rural areas. It is estimated that the population under 15 years numbers 2,000,000 and that 70.5 per cent of this age group lives in rural areas. The country's total population numbered 4,120,500 people in 1963.

The infant mortality rate has dropped from 35 per cent in 1950 and is now estimated at 14.13 per cent, the ratio being higher in rural areas than in urban centres.

Within the framework of the National Development Plan there is a Public Health Plan which includes a study of public health conditions with special reference to birth, mortality and morbidity rates. Health and hygiene programs, campaigns against communicable diseases, the building and equipment of hospitals and health centres, and a program for improved nutrition are also included.

/Education is.

Education is also regarded as an essential, under the National Development Plan, and there are programs to increase literacy campaigns, and campaigns for the training of workers, as well as programs for the building and equipment of schools, re-examination of school curricula, etc.

Improved housing, water supplies, sewage and urban paving are also a part of the social programs.

Particular attention is given to the development of services for children and youth, such as orphanages, day nurseries, homes, readaptation centres, etc.

Health.

The main causes of child mortality are early childhood diseases, tuberculosis, cardiac complaints, pneumonia and bronchitis. A 1964 study established that the most frequent causes of mortality of infants (under 1 year of age) are acute respiratory diseases, digestive diseases and malnutrition, congenital weakness and prematurity, and infectious diseases: pertussis, smallpox and measles.

The Health Planning Bureau has compiled statistics on the availability of medical and paramedical personnel, number of public health centres per district, number of hospital beds in maternity and children's hospitals, for 1964.

There are 1.032 physicians in the country, which gives an average of 2.4 physicians per 10,000 inhabitants.

Paramedical personnel, including graduate nurses, nurses aides, midwives, dieticians and nutrition experts, total 1,316 giving a ratio of 1.2 graduate nurses and 2.3 nurses aides per 10,000 inhabitants.

Over 80 per cent of physicians practice in La Paz giving a ratio of 1 to 1,460 whereas in the rest of the country the ratio is 1 to 16,000 inhabitants.

An average ratio of 5 physicians per 10,000 inhabitants would mean an immediate shortage of 2,060 physicians for the whole country. In order that the whole of the country could have adequate nursing care 4,120 nurses and an equal number of nurses aides would be required.

Hospital beds are also inadequate in number in proportion to the country's requirements.

The 1963-64 Health Plan was only 37 per cent completed, on the average, largely due to the lack of foreign financing. The total program had an estimated cost of US\$7,162,650 of which only US\$2,632,800 was available.

By June of this year the 1965-66 Health Plan was 9 per cent completed and it is estimated that it will be 18.3 per cent completed by December 1965. The estimated cost of this plan amounts to US\$36,639,300 of which US\$25,355,800 will be locally financed and US\$998,400 is to come from abroad; the balance is still to be financed. However, 75.4 per cent of the total sum will go to current operations and medical care and only the balance will go to specific projects.

Nutrition.

In this field there are no up to date trustworthy statistics, so the 1950 Census figures and their projections are still used.

Surveys carried out in the field have established that the diet throughout the country is deficient in animal proteins, calcium and riboflavin. Over 5 per cent of the population suffers from goiter and anemia is common.

In rural areas particularly surveys have shown insufficient growth and weight of children and youth. The First Conference on Nutritional Resources proved that dietary deficiencies are due to ingrained taboos and poor eating habits as well as to economic factors.

Efforts are being made to overcome the problem through educational campaigns, through an effort to replace the growing of potatoes and other carbohydrate-rich products by protein-rich grains and by fodder designed to increase meat and dairy production. There are also plans to promote food industries. In this area, school breakfast and school lunch projects are also designed to overcome nutritional deficiencies.

Education.

There is a significant shortage of educational facilities at all levels.

Pre-primary level. Only 9 out of every 1,000 children between 4 and 5 years of age attend kindergarten in the urban areas. In rural areas there are no facilities of this type.

Primary level. On the average, 52 out of every 100 children between the ages of 6 and 14 attend primary schools, there being no facilities for the remaining 48 per cent. The rate is higher in urban areas (96.9 per cent) but drops in rural areas (38 per cent).

Middle level. This level comprises general secondary education, girls trade schools, industrial schools, rural normal schools, and commercial schools. Of every 100 youths aged 13 to 19 only 17 enroll in establishments at this level.

Higher education. This includes university colleges, urban normal colleges, military and police academies and the seminaries. Of every 100 youths aged 19 to 25 years only 7 enroll at this level.

Both primary and middle level schools in urban areas work on a 3 or 4 shift basis (morning, afternoon and night) due to the shortage of school buildings. The same lack of facilities leads to the rejection of 80 per cent of University candidates.

The school drop-out level is high: 94 per cent in rural primary schools, 72 per cent in urban primary schools, 89 per cent in the middle level and 93 per cent at the level of higher education.

Learning by rote is the rule, curricula are old fashioned and ill-adapted to modern requirements and national needs and there is little or no vocational guidance. Primary schools provide little more than literacy; technical education takes no note of national needs and present or future employment possibilities, and the same can be said of the Universities. Nevertheless, all these problems are given consideration in the National Economic and Social Development Plan.

Protection, Welfare and Legislation.

In general, there is no specific legislation for the protection of minors; applicable provisions are to be found in the 1883 Civil Code based on the Napoleonic Code, in the Criminal Code, in the Labour Code and in the Social Security Code.

The Dirección Nacional de Menores takes charge of orphans, abandoned children, etc. Since 1948 it has a school for Social Workers, which is not only an establishment for higher education but also provides diagnosis and treatment for minors, etc.

There are also Church and charitable institutions which are entrusted with the care of minors, rehabilitation and recreation programs, etc., but no special legislation exists.