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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

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SUMMARY

of

the Report Prepared by the Government of Ecuador

Introduction

The 1962 census shows a total population of 4 476 007 of which 1 612 346 is urban and 2 863 661 is rural. Children under 14 years constitute 45% of the total population. The rate of population growth is 30 per thousand in 1960; the rate of growth of urban population being 45 per thousand, and of rural population, 19.2 per thousand. Approximately 37% of the population is economically active, agriculture at present providing work for over half of the economically active population. There is considerable unemployment and underemployment. There is undernourishment at the average diet comprises 1826 calories as against a recommended 2 200 to 2 500 calories per day for Ecuador. The highest deficiency is in proteins of animal origin.

The strength and organization of family life differ considerably between rural and urban areas; in the former it is a well organized strong social unit which provides some protection for children, though the precarious economic situation often requires that the children work, resulting in non attendance at school. Sub-urban families, constituted by migrants from rural areas, on the contrary, are not at all strongly integrated; there is virtually no family life and illegitimacy is rife. Urban families, of an acceptable economic level are smaller, and reasonably well integrated, providing the best environment for childhood development.

/Education

### Education

The 1962 census shows a literacy of 66 3% of the population over 15 years of age. Subsequent literacy campaigns in rural areas have increased this ratio.

With regard to primary schooling, 1963 figures show that 14% of the children lacked school facilities. A considerable proportion of children do not complete their studies, and many fail to pass from one grade to another. 54.8% of primary teachers lack a teaching degree. Rural schools only have 4 grades as compared to 6 in urban primary schools.

Secondary education leading to higher studies, teachers training or the training of technicians had a total registration of 95 978 students in 1963. Too great a proportion of these students choose academic studies to the detriment of the country's need for technicians. A high percentage of secondary students fails to be promoted from one grade to another and many do not graduate. 70% of teachers at this level are not trained teachers, there are few laboratories or facilities for practical work and the educational system in itself is ill adapted to modern life.

Higher education is provided by 15 establishments which in 1963 had a total enrollment of 11 500 students.

At all levels of education there are both fiscal and private establishments.

### Health

The death rate for 1963 was 12.9 per 1 000 inhabitants. In many cases no physician is in attendance at the time of death; in 1963 only 33% of deaths were certified as to cause by a medical practitioner.

The infant mortality rate in 1963 was 94.6 per thousand. Diarrhoea and gastro enteritis would appear to be the main killers, but this is difficult to establish as 2 thirds of such deaths are not certified by a physician.

The death rate of the 1 to 4 years age group is also high, and largely due to infectious and parasitic diseases, of which tuberculosis is the greatest killer.

In the 5 to 14 years age group the death rate is approximately 10 times greater than in the United States, mainly due to tuberculosis, though accidents and heart diseases are also important causes of death.

The death rate and morbidity are largely due to lack of proper water supplies and sewage systems, which facilities are only available to 14% of the total population.

/Hospital facilities

Hospital facilities are minimal; a total of 10 400 free hospital beds for the whole country, that is, 2.25 per thousand inhabitants. The greater part of such facilities are in Quito and Guayaquil.

There are 232 dispensaries throughout the country many of which lack staffing and facilities.

In the whole country there are only 1 770 physicians, mostly practicing in Quito and Guayaquil, and there are not more than 274 hospital nurses, and only 18 public health nurses. Sanitary inspectors, midwives, dieticians, laboratory technicians, and other skilled health personnel are in even scarcer supply.

### Purposes and Objectives of Existing Programs.

#### Welfare

At present welfare work is done by state departments (mainly the Ministry of Social Security and Labour) and by private philanthropic organizations. Specialized units provide the following services:

Family assistance directed to the maintenance of the family group. This includes a technical school, a savings and loan co-operative, the control of the work of minors and a program of "Family restaurants" providing meals at low or no cost to students, young workers, the unemployed, etc.

There is also a system of day nurseries and children's homes, the latter providing elementary education.

Health Centres. These are directed toward family education in health and hygiene, with particular regard to anti-alcoholic and anti-venereal campaigns and the control of clandestine prostitution. These collaborate in preventative medical services.

Legal Care of Minors. This collaborates with the Juveniles Courts and carries out activities designed to prevent juvenile delinquency.

Both fiscal and private social worker's training schools are under government supervision.

There is a special medical service attached to day nurseries and children's homes.

The country also has re-education centres both for boys and for girls and a Physical Recovery Centre in the mountains.

/Social Security

### Social Security

In this respect the objective of the General Development Plan is to provide social security for all, with particular regard to insurance for old age, widows and orphans, housing loans and maternity subsidies.

### Nutrition

The general Development Plan aims at increased and improved food production and better marketing methods, food processing industries, etc., all of which are designed to improve the nutritional level.

### Housing

The goal of the 10-year Development Plan is the building of 113 000 urban dwellings and 35 500 rural dwellings. The objective is largely to provide housing for low income groups. State action therefore is largely directed to the erection of "social value" housing, that is of a cost not greater than 80 000 sucres for a dwelling for a family comprising 8 people. Financing includes IDB and AID loans.

### Education

The goal is to raise the literacy level from 67.1% to 80.4%. The adult education program not only includes literacy campaign, but also the provision of primary education and the facility for adults to complete their academic, professional or technical education. The program in general includes preparation for greater participation in civic and community life.

At the Primary school level the goal is to attain 99% registration of school age children by 1973. This will require 12 100 new teachers in addition to 178 supervisors. New school rooms are to be built and existing ones repaired. The program also includes the establishment of 6 grades in rural schools, improved training for teachers, more realistic school curricula and the provision of ancillary facilities such as school breakfasts and luncheons, medical care, scholarships, etc.

At the middle school level registration is to include 125 000 new registrations, and changes directed to preference for technical education. This will require 45 000 new teachers, and the building of 1 700 new school rooms, plus equipment and laboratories.

This level of education is to comprise 2 cycles, each lasting 3 years; the first is to provide a general level of culture; the second, which will be divided into streams will provide academic education or technical training with particular emphasis on the latter. All programs are to be realistic and in keeping with the requirements of modern life.

The goal of the Higher Education program is to attain an increase in registration of 12 900 students; at this level preference is to be given to professions connected with production.

/Health The

## Health

The main goals are directed to the provision of public health services throughout the country, with particular attention being given to basic curative and preventative services, and to the reduction of the high morbidity and mortality rates, particularly with regard to infants. It is hoped to increase life expectation from its present 50 years to 55 years, and to lower the infant mortality rate by 50%. Adequate personnel at all levels is to be trained, basic services are to be provided for mothers and children and drinking water and sewage are to be provided to not less than 90% of the urban population and 24% of the rural population.

## Policy and Planning of Services for Childhood and Youth

Ecuador's Economic and Social Development Plan assigns particular importance to childhood and youth.

Educational Planning is under the Ministry of Education, which in collaboration with the relevant division of the National Planning Board has prepared an educational program. This program in 1965 was allocated to 10.8% of the National Budget.

Health planning is entrusted to the the Ministry of Social Security, Labour and Health which works in coordination with the National Planning Board's relevant division. Resources for this purpose are limited, being 2% of the budget.

Nutrition and employment are both closely connected with the Agricultural Development Program.

Social Welfare, entrusted to the Ministry of Social Security, includes programs directed to childhood and youth with particular regard to health and hygiene. This same government secretariat is responsible for the drinking water and sewage projects.

