INTRODUCTION.

Brazil has an area of 8,511,965 sq. Kms. and a total population of 70,799,352 according to the 1960 census. Population density varies considerably. 54.29 per cent of the population is rural, and 41.85 per cent of the population is under 14 years of age.

The birth rate is approximately 40 per thousand (1960 census) and the death rate which at the time of the census was 18.5 per thousand is thought to have dropped to 13 or 14 per thousand. Infant mortality is estimated at 136.13 per thousand. Average life expectation at birth is estimated to be 53 to 55 years. The rate of population growth is approximately 3 per cent per annum.

The average per capita annual income is approximately US$261 (at the official rate of exchange).

Migration from rural to urban areas and the changing way of life due to industrialization has brought about a change in family life weakening its structure.

/ There is
There is a serious housing shortage estimated at 1 million houses, which figure would increase considerably if consideration were taken of insanitary dwellings which should be replaced.

Health.

There is a shortage of medical personnel: 4.1 physicians and 1.2 trained nurses per thousand inhabitants. The situation is not helped by the fact that most medical practitioners and nurses tend to congregate in the major urban centres.

The State and International agencies are acting in cooperation in order to increase the number of professionals and medical technicians and to encourage physicians to settle in outlying areas.

Hospital facilities, largely concentrated in major cities, are insufficient for the country's needs. The total number of hospital beds in 1959 was 233,505 giving an average of 3.3 beds per thousand inhabitants.

The average diet provides insufficient calories and is mainly deficient in animal proteins, vitamins, iron and minerals.

Drinking water supplies and sewage systems are also insufficient: only 18 per cent of dwellings having the former and 14.8 per cent the latter.

Malaria is well on the way to eradication, and diseases such as schistosomiasis, hookworm disease, filariasis, yaws, undulant fever, trachoma, Leischmann's disease, leprosy, tuberculosis, Chagas disease and other endemic diseases are being gradually brought under control, though they are still serious causes of childhood and youth morbility.

Diarrhoea and enteritis are the major causes of disease and death in childhood.

Despite regular prophylactic inoculations, measles, pertussis, diphtheria and polio take heavy toll of childhood and youth.

Parasitic infestation is prevalent.

There is a serious milk shortage (11 million litres per day).

Education.

The illiteracy rate is high: 49 per cent of the population over 15 years of age.

Registrations decrease considerably from primary school upward and the school drop-out figures are high.
At the pre-primary level there is only capacity for 19,200 children in 3,320 kindergartens, though the children in this age group number over 5.5 million.

**Primary schools.**

Brazil has 14.2 million children between the ages of 7 to 14. Schools are insufficient in number and inadequate as to facilities. Graduate teachers are in short supply, their training is often ill-adapted to modern methods and their salaries are low. The curriculum also needs revising in the light of modern educational requirements and the country's needs. Funds for this level of education are insufficient but a 1964 law has made it mandatory for enterprises to pay a tax equivalent to 2 per cent of the minimum wage per worker as a contribution to primary schools. ("Salario Educacao")

**Secondary schools.**

These provide a first or basic cycle and a second cycle leading to higher education, teaching, accounting, technical training, etc. This level also includes industrial schools. This level of education suffers the same problems as the primary level.

**Adult education.**

Includes not only literacy campaigns but also supplementary education designed to complete the primary education of adults.

**Higher education.**

The country has 33 universities which have a considerable registration, too high a proportion of which is in the so called liberal professions to the detriment of the country's need for experts and technicians.

**Social and Economic assistance to students.**

This includes scholarships support of homes for students, student restaurants, supplementary nutritional programs for school children, and medical and hospital facilities.

**Teachers Training.**

Considerable attention is given to this field and UNESCO has provided valuable assistance. Great efforts are being made to improve the level of educational personnel and their training with particular emphasis on scientific subjects.

/ Measures adopted
Measures adopted for the solution of the problems of Children and Youth.

These are carried out at the federal, state and municipal levels.

Health.

The Ministry of Public Health, which receives 3.77 per cent of national income has several departments and agencies which work in fields directly connected with childhood and youth. Among other activities we may mention:

The national campaign against tuberculosis, including the support of dispensaries, distribution of tuberculin and BCG vaccine, support of specialized hospital wards and sanatoria, etc.

- Venerable disease control.
- Typhoid fever control.
- Diphtheria, pertussis and tetanus inoculations for children.
- Smallpox vaccination.
- Campaign against polio including the distribution of Sabin vaccine.
- Schools for nurses and nurses aides.
- Hygiene and health education.
- Campaigns against Yellow fever, Chagas disease, filariasis, hookworm, schistosomiasis, hookworm, hydatidosis, tracoma, undulant fever, and other endemic diseases.

- Supply of powdered milk (and incentives for the establishment of powdered milk plants) and dietetic campaigns for children, pregnant women and nursing mothers.

- Training of public health personnel.
- Maintenance of health units.
- Digging of public wells for public water supplies.

Welfare.

Nurseries for workers' children are compulsory for enterprises having over 50 women workers but this provision is not always respected. In general nurseries operate largely to care for the children of domestic servants.

- Protection of Minors. This is now entrusted to the Fundacao do Bem-Estar do Menor, directly under the Presidency of the Republic, which endeavours to protect minors either by assistance to their families or through placement in "substitute" homes.

- Family Protection. There are 4.7 million workers of all types and levels who contribute to the social security system; this provides pensions for disability and old age or length of service, subsidies in the case of disease or childbirth etc. The social security institutions also provide medical and hospitalization assistance.
Low income families having 8 or more children under 18 years of age receive a family allowance, though at present this is ridiculously low.

Social security institutions and other financial agencies grant long term loans for the purchase of homes.

Some efforts are being made in the field of family planning.

P.T.A. associations are active as are organizations and clubs providing parent guidance, and homemaking training for mothers.

The Legião Brasileira de Assistência is very active in the health and welfare fields.

Youth Organizations.

Scouts, Young Men's Christian Association, Catholic Action groups, "4 Clubs" and similar organizations are widespread and encouraged.

International Collaboration.

Brazil has welcomed the co-operation of International agencies such as UNICEF, UNESCO, WHO, FAO, USAID, Alliance for Progress, etc. and of private organizations such as the Ford and Rockefeller Foundations, Peace Corps, etc. Many countries have provided scholarships as a part of technical co-operation agreements.