SUMMARY
of
the Report Prepared by the Government of Guatemala

Introduction.

The country's total population numbers 4,304,100 inhabitants; the average family comprises 5.3 persons, i.e., 3 children. The population in general is young: 2,300,000 are under 20 years of age.

The death rate is the highest in the American continent; the general mortality rate being 17 per thousand the infant mortality rate being 80 per thousand. In the 1 to 4 years age group the death rate is 40 per thousand which means that 49 per cent of the country's total deaths per annum affect this age group.

Average life expectation at birth is under 45 years.

The rural way of life predominates; a very high proportion of the population lives either in rural areas or in small villages of less than 1,000 inhabitants. The modern way of life is largely concentrated in Guatemala City.

Family life is traditional in nature, children being kept rigidly in their place; the situation tends to change in urban centres where radio, cinema and television are available; this allows city children to be better able to adapt to modern change than their rural contemporaries.

Housing.
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A high proportion of rural dwellers live in one room shacks, whilst many urban dwellers can be found in miserable shanty towns.

In 1962 the housing shortage was estimated at 781,631 dwellings, of which approximately 257,631 were needed in urban areas and 524,000 in the rural districts. To this must be added that 25,000 more houses are required annually, due to population growth, and that 72.96 per cent of existing dwellings are structurally inadequate whilst 90 per cent of them lack toilets.

At the end of 1962 only 42 per cent of urban dwellers had piped water in the buildings, whilst in rural areas only 13 per cent of the population had public water supplies.

Only 29 per cent of urban dwellers have sewage facilities; the latrine program raises to 44 per cent the proportion of urban dwellers who have some type of excreta disposal facilities. Only 2.3 per cent of rural dwellers are thus protected.

Health.

The most important causes of death and morbidity are gastroenteritis, influenza, pneumonia, intestinal parasites, pertussis, measles and other infectious and parasitic diseases.

There is a great shortage and poor distribution of medical and paramedical personnel.

In 1961 there were 719 physicians of which 79.5 per cent lived in the Guatemala City district and most of the balance could be found in other urban centres. This means that in the Guatemala City district the ratio was 1 physician to 1,075 inhabitants, whilst in the district of El Quiché the ratio dropped to 1 physician per 120,906 inhabitants. The average national ratio was 1 physician to 5,365 inhabitants.

That same year the country had 153 dentists equally inadequately distributed: 1 to 4,781 inhabitants in Guatemala City, 1 to 230,996 in El Quiché; the national ratio was 1 dentist to 24,040 inhabitants.

There were 831 registered nurses of which only 450 were in practice, mainly in hospital and health centres in Guatemala City and other urban centres.

Only 25 per cent of the country's 18 sanitary engineers were engaged in activities connected with their profession.

Other health personnel in 1961 was constituted by 32 veterinarians, 98 sanitary inspectors, 154 nurses aides, 30 laboratory technicians and 7 statisticians.

/Nutrition
Nutrition

The average diet is 20 per cent deficient in calories, 15 per cent deficient in proteins, 51 per cent deficient in fats, 78 per cent deficient in vitamin A, 52 per cent deficient in vitamin B, etc. Deficiency of animal proteins is the major single item, the average diet being 60 per cent below minimum requirements of animal protein.

Malnutrition is particularly serious in children after weaning. Malnutrition exists to some degree in 48 per cent of deaths of children under 5 years of age in rural districts.

Education.

The school age population (7 to 14 years) is approximately 19.4 per cent of the country's total population.

The 4 to 18 years age group is 38 per cent of the country's total population.

Most of the school age population can be found in rural areas where such children tend to work rather than attend school. In 1962 only 23 per cent of these children enrolled in school, and only 19 per cent actually attended. In urban areas absenteeism is lower (18 per cent) but no less significant.

Of the country's total school age population in 1962, 394,947 enrolled at various levels, which meant that 74 per cent (or 1,122,167 children) did not enroll in school. This means that only 1 out of every 4 children has educational opportunities.

Pre-primary level. In 1962 only 5 per cent of children in the appropriate age group enrolled, which meant that over 350,000 children did not attend kindergartens.

Primary level. Of 622 teachers at this level only 262 (46 per cent) were graduate teachers.

At this level, for children 7 to 14 years of age, only 44 per cent of the age group enrolled; average registrations have increased 1.2 per cent per annum over the last 10 years.

There is a high proportion of school drop-out and of failures. Only 18 per cent of children who enroll in the first year of this level graduate from primary school. From 1953 to 1962 there was an 80 per cent drop-out. This, added to 63 per cent of school age illiterates outside the school system, and 19 per cent of children who failed to pass from one class to the next, all points to serious deficiencies in the Guatemalan primary school system.

Middle level. This level covers children aged 13 to 17. It includes a basic or general education cycle of 3 years duration and a second 2 or 3 year cycle which either leads to higher education or provides vocational training.

/In 1961
In 1961 enrolments in the first class of this level were only 7 per cent of the enrolments in the first class of the primary level. Drop-outs are also considerable: 60 per cent in the first three year cycle of this level.

Efforts are being made to adapt training to vocations and employment possibilities and to modernize both the approach and the trades and techniques taught – this is particularly emphasized in rural areas where agriculture is modernizing.

Welfare and Protection of Minors.

These activities are entrusted to the Secretaría de Bienestar Social which has collaborated actively with the formulation and implementation of the country's economic and social development plan. One of its activities has been the creation of the "Tribunales de Familia" (family courts) which deal with all family problems, guardianship and protection of minors, etc.

The Economic and Social Development Plan.

The country has prepared a 5 year Economic and Social Development Plan for 1965-69. Great importance is given to social development.

The Plan includes a 5 year Educational Development Plan. Under it efforts will be made to extend elementary education to all the school age population and to lower school drop-out figures; to carry out literacy campaigns and campaigns for the training of workers, etc. The middle level is also to be expanded and improved, with particular attention being given to vocational training.

Special attention is to be given to training teachers, with a view to eliminating non trained teachers from the system.

Industrial training is to be entrusted to two establishments: the Instituto Técnico Vocacional of Guatemala City, established with UNESCO sponsorship, and the Instituto Técnico Vocacional de Mazatenango, due to the cooperation of the Government of the Federal Republic of Germany. New centres will be set up to train skilled workers.

Training in Agriculture and Forestry is provided at the Escuela Nacional de Agricultura in Villa Nueva and at the Escuela Nacional Forestal, respectively. There is also a Faculty of Agricultural Science at San Carlos University.

The Plan includes a program for the development of trades, with particular regard for the importance of such activities in the economic status of the indigenous population.

Other goals of the Development Plan in the social field refer to increased health facilities (hospital bed, health centres, immunization campaigns, training of medical and paramedical personnel, etc.), waterworks and sewage disposal systems, etc. Efforts will also be made in the housing field, in order to remove shanty-town dwellers from their present hovels and settle them in low cost housing to be built in accordance with the Development Plan. There is also a rural housing program.