

IPPF EUROPE

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Contraception in Europe

The *Regional Information Bulletin* (April 1977) drew attention to an excellent review of contraceptive usage in 10 member-countries in Europe (Belgium, Denmark, Finland, France, Hungary, Netherlands, Poland, Turkey, UK and Yugoslavia), between 1966 and 1972¹. On the basis of information submitted recently to the Regional Office by six member-associations in Europe (Belgium, Denmark, Italy, Poland, Sweden and UK), the following summary has been compiled.

Much as in the UN (*circa* 1970) review¹, most data on the *current* use of different methods of contraception are based on representative sample-surveys of married women under 45 years of age. Few countries survey *all* women aged 15-44 years, regardless of marital status; husbands of women aged 15-44 years; or men aged 15-44 years. The only direct comparison between the responses of husbands and wives related to samples of parents of (different) legitimate births in England and Wales in 1973², as given in *Table 1*.

Table 1: Contraceptive method (%) currently used by parents, by sex: England and Wales, 1973.

Method	Fathers	Mothers
ALL	106	105
<i>Nonappliance:</i>		
Withdrawal	11	8
Rhythm	2	3
<i>Barrier:</i>		
Condom	25	23
Cap	2	2
Spermicide	2	1
<i>IUD:</i>	5	6
<i>Hormonal:</i>		
Oral	44	43
<i>Surgical:</i>		
Sterilisation	4	7
<i>None:</i>	11	12

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Another direct comparison was possible in England and Wales in 1975: between mothers of legitimate births, and ever-married women aged 16-40 years^{3,4}, as given in *Table 2*.

Table 2: Contraceptive method (%) currently used by mothers, and ever-married women 16-40 years: England and Wales, 1975.

Method	Mothers	Women
ALL	101	101
<i>Nonappliance:</i>		
Withdrawal	4	5
Rhythm	1	1
<i>Barrier:</i>		
Condom	27	18
Cap	3	2
Spermicide	1	1
<i>IUD:</i>	7	6
<i>Hormonal:</i>		
Oral	42	30
<i>Surgical:</i>		
Sterilisation	7	14
<i>None:</i>	9	24

A recent (Foreningen for

Familieplanlaegning, unpublished) sample of pregnant women reported a similar pattern of methods last used, as given in *Table 3*.

Table 3: Contraceptive method (%) last used by pregnant women: Denmark, 1977/8.

ALL METHODS	100
<i>Nonappliance:</i>	
Withdrawal	1
Rhythm	1
<i>Barrier:</i>	
Condom	37
Cap	5
Spermicide	6
<i>IUD:</i>	8
<i>Hormonal:</i>	
Oral	30
<i>Combined/Other:</i>	4
<i>None:</i>	8

In Sweden in 1977 (Riksförbundet för Sexuell Upplysning, unpublished estimates), women aged 14-45 years used contraceptives as given in *Table 4*.

Table 4: Contraceptive method (%) currently used by women 14-45 years: Sweden, 1977.

ALL METHODS	100
<i>Barrier:</i>	
Condom	20
<i>IUD:</i>	19
<i>Hormonal:</i>	
Oral	31
<i>Surgical:</i>	
Sterilisation	2
<i>Other:</i>	3
<i>None:</i>	25

Married, Dutch-speaking women aged 16-44 years in Belgium in 1975/6 were using hormonal contraceptives to a similar extent, but nonappliance methods considerably more frequently, and barrier contraceptives commensurately less, as given in *Table 5*. As an example of changes with age, oral contraception was prominent among the younger women, nonappliance methods among the older women.

Table 5: Contraceptive method (%) currently used by married, Dutch-speaking women 16-44 years, by age: Belgium, 1975/6.

Method/Age	16-44	16-29	30-44
ALL	112	106	113
<i>Nonappliance:</i>			
Withdrawal	33	22	40
Rhythm	16	10	19
<i>Barrier:</i>			
Condom	7	6	7
Spermicide	1	1	1
<i>IUD:</i>	3	3	3
<i>Hormonal:</i>			
Oral	32	43	25
Injectable	1	1	1
<i>Surgical:</i>			
Sterilisation (wife)	6	1	9
None:	13	19	8

In Italy in 1976/7, the main method of contraception used, as stated by a representative sample of people aged 18-64 years⁶, is given in Table 6.

Table 6: Main contraceptive method (%) used by people 18-64 years: Italy, 1976/7.

ALL METHODS	113
<i>Nonappliance:</i>	
Withdrawal	29
Rhythm	9
<i>Barrier:</i>	
Condom	16
Cap	1
Spermicide	3
<i>IUD:</i>	3
<i>Hormonal:</i>	
Oral	22
None/Not stated:	23/7

In Poland in 1972, a large proportion of married women aged 16-49 years reported using no contraception, and the majority of the remainder used nonappliance methods, with some differences between urban and rural residence⁷, as given in Table 7.

Table 7: Contraceptive method (%) currently used by married women 16-49 years, by residence: Poland, 1972.

Method	ALL	Urban	Rural
ALL	107	109	107
<i>Nonappliance:</i>			
Withdrawal	30	28	32
Rhythm	21	24	16
<i>Barrier:</i>			
Condom	10	13	6
Spermicide	2	3	2
<i>Hormonal:</i>			
Oral	2	2	1
None:	43	39	50

More detailed information on specific countries is available from the member-associations, at the following addresses:

Belgium: BFGSO/FBPFES, Rue Bériot 41, 1030 Brussels.

Denmark: Foreningen for Familieplanlaegning, Aurehøjvej 2, 2900 Hellerup.

Italy: UICEMP, Via Eugenio Chiesa 1, 20122 Milan.

Poland: Towarzystwo Planowania Rodziny, ul. Karowa 31, Warsaw.

Sweden: RFSU, Box 17006, Rosenlundsgatan 13, 104-62 Stockholm 17.

UK: Family Planning Association, 27-35 Mortimer Street, London W1N 7RJ.

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6. Fabris, A. & Davis, R. (1978): *Il mito del sesso (The myth of sex)*: Mondadori, Milano.
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Fertility Trends and Planned Parenthood

Introduction

World population is characterised by increasing population in less-developed countries, and by static or decreasing population in many developed countries. Increasing population in less-developed countries is mainly due to decreasing mortality, while fertility remains high; and decreasing population in developed countries is mainly due to low fertility, and already low mortality. Effective fertility regulation has achieved preferred family size at the individual level.

In the face of decreasing fertility and population, warnings have been voiced in many countries, observing the problems of zero population growth, below which population decreases in the long term. In Europe, a number of features characterise fertility behaviour, regional, social and political differences playing only a subordinate role:

1. The trend towards two-child families.
2. Early marriage, with fertility confined to the first six years of marriage. Birth-intervals have increased, and pregnancy in women over 30 years is less frequent.
3. Marital fertility is the main determinant of the birth rate.

The life cycle of the average European woman may be summarised as follows: marriage at 22 years, first child born at 23 years, last child born at 29 years, first grandchild born at 46 years, and death at 75 years. In spite of this relatively uniform behaviour, recent developments have increased differentiation within Europe: particularly in Eastern Europe, birth rates have risen again; the fertility of women under 20 years is increasing in many countries; and social class-specific fertility is no longer uniform.

The main features of reduced fertility in all countries include alternative life-styles, the child's position in society, the family situation, and the desire for children and planned parenthood. In the past, a conscious decision was required *not* to have a child; today, a conscious decision to *have* a child is required. Possible

influences on this decision, particularly from the point-of-view of planned parenthood services in particular countries, were discussed in Vienna on 6-8 October 1978, in the course of a German-speaking, subregional working group meeting, convened by the IPPF Europe Region, and entitled 'Planned parenthood in low birth rate countries'.

'Family-policy' measures

In various European countries, politicians have a clear concept of reproduction rates and family size, and may attempt to increase birth rates by 'family-policy' measures, for example, prohibiting abortion on demographic grounds. On the other hand, the sub-regional working group reaffirmed couples' freedom to decide on the number and timing of their children, and rejected any attempt to regulate the availability of fertility regulation services, as an instrument of population policy.

'Family-policy' measures are used in almost all European countries. However, the extent to which such measures influence the individual decision to have a child is debatable. It is dubious whether material incentives to have children are effective in the long term.

In Europe, the main 'family-policy' measure is financial assistance to families with children. Moreover, there has been an increase in measures enabling the mother to look after her child without losing her job, and these may cover the father in some European countries. In addition to these measures, young married couples may enjoy credit on generous terms for accommodation, furniture, etc. For example, in the German Democratic Republic, repayment of such credit is partly or wholly waived if three children are born within eight years. Less far-reaching measures exist in other socialist countries and even capitalist countries.

According to sociological research, it is doubtful whether the number of children can be influenced, though it is difficult to determine 'desired family size' precisely nowadays. For the time being therefore, such 'family-policy' measures enjoy no scientific support.

The effect of women's employment

A connection is frequently made between decreasing fertility and the number of women in employment. It is true that more women with few children take up employment than other women. However, this fact should not be overestimated; since around 1910, only the form, not the proportion, of women in employment has changed: the move from agriculture to industry, trade and services, the change from working within the family to being an employee. At the same time, there was an increasing separation of home from work, and the obligation to work specific hours, whereas working within the family allowed the mother to work and look after her children at the same time.

Children no longer represent any financial value to their parents. Moreover, between children and parents there now lie various institutions, such as schools and training centres. The subregional working group were of the opinion that the financial situation greatly affects women taking up employment, and foresaw political conflicts in attempting to force women out of work. However, it remains uncertain whether, even if women returned to their homes, this would increase the number of children, or the desire to have children.

In the Federal Republic of Germany and other European countries, the woman's educational standard affects differential fertility; religious affiliation or urban/rural residence no longer affects the number of children. In the German Democratic Republic, the desire to have children is encouraged by harmonising working life and home life. Some working group participants doubted whether a housewife could find any meaningful fulfilment solely in the home today.

The subregional working group regretted the lack of discussion on women who initially give preference to their career over their children, but who later regretted this. Planned parenthood should make it possible for working women to make their decisions on the timing and number of pregnancies

according to their own priorities.

The fertility effect of living conditions
The accommodation situation is an important consideration affecting the desire to have children. In general, accommodation is expensive, but standards have improved recently. Not only available living space, but also the possibilities of social relationships are of great importance. Although there has been little research on any relation between accommodation and family size, living conditions cannot be measured objectively, since subjective criteria are of paramount importance.

The Vienna subregional working group on 'Planned parenthood in low birth rate countries' concluded as follows:

"We, the participants in a working group of the Europe Region of the International Planned Parenthood Federation, adopt the following standpoint with regard to fertility trends and planned parenthood:

1. Planned parenthood as the right to determine the number of one's own children, and the time of their birth, is inherently justified. Attempts to use social, economic or political grounds to restrict the fundamental right of peoples or of groups of people freely to determine the number of their children are incompatible with the recognised code of human rights. Planned parenthood, organised through appropriate means and services, constitutes social progress, contributing to self-determination in a central field of human life.
2. Individual decisions on the number of children are influenced by a whole series of personal and social factors. These include material working and living conditions, traditions, expectations and ideas concerning self-realisation. Access to planned parenthood information and methods has no direct influence on this decision.
3. The timing and frequency of pregnancy and birth may, however, be influenced by the use of planned parenthood methods. The essential purpose and objective of planned parenthood is to subject the timing and frequency of births to

Humanisation of Relations Between the Sexes in Yugoslavia

At a seminar on the Humanisation of Relations between the Sexes, organised by the Family Planning Council of Yugoslavia (FPCY) in Ilizda/Sarajevo, 8-10 November 1978, the Region was represented by David Nowlan and Julian Heddy.

The seminar, the latest in a series organised by the FPCY in different Republics and Provinces since 1972, brought together FPCY workers and tertiary level educators from faculties of education, psychology and physical education to discuss the integration of humanisation of relations between the sexes into the curricula of the respective faculties.

The seminar was introduced by Nevenka Petrić, FPCY President, who pointed out that there should no longer be any argument about the need to include humanisation of relations between the sexes as a part of any educational curriculum. That had been resolved 20 years ago by a series of resolutions and statements at conferences of the Communist League of Yugoslavia, and was incorporated in the Federal Constitution. The task of the seminar was to discuss how it could be achieved.

In the opinion of the seminar organisers, it could be achieved by giving appropriate information directly to young people themselves, and by equipping their teachers to deal with the subject. The seminar participants were invited to examine the extent to which this subject had already been integrated into the curricula, and to consider the experience of teachers already involved and the effect of this education.

Progress had been made, but much more needed to be done. Mrs. Petrić stressed especially the need to train student teachers and psychologists. Girls were still "channelled" into becoming cooks, while boys were channelled into the more "chivalrous" professions. Yet Engels had written that the degree of women's emancipation in a society was a natural measure of common emancipation.

The achievement of this emancipation depended on generating conditions which enable people to exercise the right to decide freely on childbirth. The revolutionary followers of Marxist

ideology had always and consistently indicated that there could be no socialism without freedom and equity for all - especially for oppressed workers and women.

There must still be a struggle against traditional, patriarchal and conservative attitudes in society based on a view of women as inferior beings. An academic contribution to a recent television programme had indicated that the primary role of women was maternity - a statement reminiscent of the old Austro-Hungarian "three Ks": Kirche, Kinder und Kuchen.

Nevenka Petrić emphasised that Communist League of Yugoslavia had reiterated at its conferences the class essence of Marxism and the ideal of equality between the sexes, and she provided a detailed analysis of Marxist and other writings in support of her main thesis.

A few random quotations from other contributors and discussants will hopefully give some of the flavour of the seminar discussions:

"The subject of humanisation of relations between the sexes must be included more in educational programmes. But, as Marx has pointed out, relations between the sexes are conditioned by the economic situation of the community. Research by students in Skopje has shown that very little information is available through the schools on this subject - most information comes from friends or through the media. The students believe that the schools should be the primary source of information. Other research has shown that the child's 'first reader' is very conservative in this matter". (Professor of education, Belgrade University)

"During the war there was no social difference between men and women, because all fought together. But many reverted to their old ways after the war. Now, with a series of educational programmes on the humanisation of relations between the sexes in military academies, we are trying to return to the equality which existed during the war". (Representative of the Ministry of Defence in the FPCY)

"There is no need to introduce a special humanisation programme. It should be

self-determined planned action. Effective and acceptable methods should contribute to the achievement of the desired number of children - no more, no less. This includes the use of appropriate measures in cases where children are desired but where the desire is unfulfilled. Planned parenthood supports in many ways the wellbeing of parents and children.

4. Demographic trends are the results of a variety of social processes. Demographic trends as well as their causes and consequences should be carefully analysed. Deficiencies in social and family policies thereby revealed are to be corrected, in the interest of the affected sections of the people.

5. There is no justification for linking planned parenthood to a decrease or increase in the population. Any attempt to use planned parenthood in the service of dubious political measures must be rejected, on principle. The number of children born in a society may be regarded as too high or too low, and the economic, political and social conditions connected with this birthrate may be capable of being influenced and may be amenable to political action. Any attempt to make planned parenthood an object of these politics cannot and may not be permitted".

Members of the Working Group:

Adolf Beck, Austria
Henk Brandenburg, Netherlands
Karoly Czerian, Austria
Freddy Deven, Belgium
Predrag Drobnyak, Yugoslavia
Jürgen Heinrichs, Federal Republic of Germany
Elisabeth Jandl-Jager, Austria
Jarl Lindgren, Finland
Karl-Heinz Mehlan, German Democratic Republic
Karin Reis, German Democratic Republic
Joan Rettie, IPPF Europe
Josef Schmid, Federal Republic of Germany
Elke Thoss, Federal Republic of Germany
Stephen Trepetchov, Bulgaria.

Pro Familia: A Programme for Future Development

dealt with in the course of all teaching”.

“Many women go through periods of neurosis, because they cannot satisfy all of society’s expectations of them.”

“The longest revolution in society is that which is aimed at changing a patriarchy. There will be no real change in relations between the sexes until men change fundamentally.”

“There should be no polarisation of women’s problems as distinct from men’s problems. There is no distinction between their problems.”

“The problem of humanisation of relations between the sexes cannot be solved in seminars – it can only be resolved over generations.”

“There is not only the problem for the woman who finds conflict between the demands of work and of motherhood. There is the larger problem of how society deals with the problems of such conflict.”

“The number of children a woman has determines the class to which that woman will belong – not the category of work she does or other factors.”

“The differences between Yugoslav regions can represent as much as 50 years of development. In some villages girls are still taken out of school to help at home, while boys are taken out only when they do not work. This represents discrimination against girls for whom school attendance is seen only as a privilege.”

“We are now on the frontier between two epochs. Men’s epoch is now finishing and we are on the edge of the human beings’ epoch. This is the great social revolution.”

“Woman is not asking for a sexual identity but for her place in society.”

Nevenka Petrić concluded: “The task is already accomplished at the political level in terms of documents and statements. It remains to implement equality and humanisation of relations between the sexes. The message must now be that there should be an exchange of information and experience between different faculties throughout the country”.

David Nowlan and Julian Heddy

Fundamental aspects of Pro Familia’s future development have for some time been intensively discussed at all levels of the organization. At the 1977 Federal Meeting, a draft document, *Perspectives for the Development of Pro Familia Activities*, was presented for deliberation (Pro Familia Informationen 1/77).

Several statements on this draft were taken into account by the Governing Board in elaborating a new draft, which was presented at the 1978 Federal Meeting. At that meeting the following resolution was passed: “The Members’ Assembly accepts the draft document *The Work of Pro Familia: basis for a programme for its future development*, as amended by the Assembly, as a basis for the development of concrete work programmes at all levels of the Association.” The wide-ranging nature of the discussion process and the variety of viewpoints, proposals and demands will be comprehensively documented in a report, which will become available in March 1979.

1. Why a statement on programmes?
Pro Familia’s tasks are stated in its constitution. It has a distinct concept and an established practice, which is realised to a growing degree; nowhere is it considered that its work is already accomplished, or that it has become superfluous. Pro Familia regulates the organization of its work and the process of decision-making according to well-functioning rules. Although its public reputation and its opportunities to exert influence are limited, these have been recently enhanced. Pro Familia has a distinct task, which is necessary and which is recognized. In spite of shortcomings, problems and difficulties there are no signs of an existential crisis of the organization.

However, even if this positive characterization is accurate, it by no means renders superfluous an attempt to investigate and assess the present situation and trends in activities. Any truly valid clarification of the tasks of an organization can only be made through an understanding of changing social conditions, and of consequently changing requirements.

Understanding means recognition of those factors which are significant for the association’s activities, and

assessment of their relative weight. At the same time, outside influences have to be controlled through an autonomous determination of one’s own tasks. Only in this way can a membership organization preserve its identity.

Scientific, cultural, political, economic and social development influence our tasks, foremost in the field of fertility regulation. Contraceptive methods, which have for years been more or less relied on, are increasingly being questioned today. Infertility treatment is still inaccessible and insufficient; the legal aspects of artificial insemination by donor are unclear. The high incidence of unwanted pregnancy demonstrates the limitations of effective prevention. Unusually low birthrates may lead to the establishment of a misleading relationship between planned parenthood and birthrates; yet they clearly demonstrate how difficult planning parenthood, having children and being a child have become in our society.

The integration of sexuality, reproduction and planned parenthood in a self-determined plan of life are effectively inhibited by deficient sex education in the family and at school. Often there is a wide gap between guidelines and pedagogic practice, and guidelines in themselves do not support an emancipatory management of sexual needs and potential.

Competition and requirements of efficiency increasingly influence schools and other educational facilities; they are also beginning to affect family relations and many fields of private existence. Professional qualifications, mobility and uncertainty of employment largely determine working conditions; youth unemployment is widespread. In our counselling activity we encounter the numerous effects of these societal factors on family and partner relationships.

Changing influences on our working conditions require us to enter a stage of reflection, in which we compare our own ideas about our task with actual social requirements. This laborious process, which we have initiated in a discussion of our work perspectives, may be unending, but is certainly unavoidable. If we do not ourselves determine the

future development of our work, it will be dictated by others.

2. Principles of sex counselling and planned parenthood

Sexual behaviour and personal needs and abilities which are influenced by human sexuality impinge on many areas of daily life; they must not be isolated and mystified and thereby deprived of their important reality. Changes in attitudes to sexuality, partner relationships, family structures and sex roles are a manifestation of social developments, and are predetermined. While they can only marginally be influenced by counselling, it is nevertheless necessary to identify the effects of such changes on counselling by analysing them.

From the start, counselling must include the social conditions in which sexuality is realised. Differences in socialization and in living and working conditions influence attitudes towards and the handling of one's own sexuality and that of others. To recognize and acknowledge this is the prerequisite for success in all forms of counselling. The individual is offered numerous and often contradictory interpretations of the meaning of sexuality and its role in partner relationships, marriage and family. Interpretations are presented in the family, at school, by the church, at work, and in the markets of goods, services and opinions.

In our counselling we meet people who are formed by these interpretations. Yet one interpretation cannot be replaced by a different one to guarantee a happy life. A successful joint recognition of processes which may cause conflicts and bring about illness facilitates a choice between alternatives. The principle of our work is not to replace one outside influence by another but to contribute to the self-determination and the emancipation of the individual.

3. Future developments in different fields

Most Pro Familia work consists of directly contacting individuals and groups of individuals, but the forms of cooperation will always vary according to the individual situation. The realisation of development trends in practice is subject to the prevailing

conditions in different places. Furthermore, these trends are differently assessed within our own organization, and some of them are highly controversial. Therefore the following statements should not be understood as a prognosis or as plans to be applied under all circumstances. Rather they indicate the principal points in a discussion process, the subject of which is the further development of the work of Pro Familia.

3.1 Counselling

The term counselling broadly includes counselling talks with individuals, couples and small groups, in which one or more persons trained as counsellors participate, and which take place not only at special counselling centres but also at other places. The focal point of counselling must be preventive work in the widest sense of the word. It is a process of learning how to handle questions, conflicts and problems.

Fertility regulation is traditionally to the fore in our counselling activity. Counselling to prevent unwanted pregnancy and sub- and infertility counselling rank equally. Normally, it should not be necessary to consult a special counselling centre in order to obtain reliable contraceptive services. Appropriate sex education, combined with advice from health personnel, should suffice to ensure information and the provision of different methods, taking into account their side-effects. Therefore, it is our task to contribute to the adequate training of health personnel. Specific problems which arise can be dealt with by competent professionals in specialised counselling centres. An unfulfilled wish for a child often requires the close cooperation of several institutions, the improvement of which has to be promoted.

Individual, couple and small group counselling for those with psychosocially caused sexual problems is increasingly important. Any counsellor should be able to undertake such counselling and, if necessary, provide the client with access to appropriate therapy. Moreover, we cannot avoid drawing people's attention to the social causes of this growing need for counselling.

Pregnancy conflict counselling, which is a legal requirement for obtaining an abortion, burdens and complicates our counselling activities. Most abortions are the result of a failure of contraception. On the one hand, repeated unwanted pregnancy should be prevented through intensive counselling; on the other we must resist obstacles to our preventive work caused by the burden of pregnancy conflict counselling, which should also be assumed by other institutions.

The forms of counselling will change to some extent. In several places, small group counselling is quite successful, and will complement and, to some extent, replace individual counselling. Training of staff will have to be increased to enable the centre to become a place where different forms of communication are possible, or from where such forms can be organized. Together with other organizations, a network of counselling institutions can be developed which may have different focal points with regard to contents and method of work, but which, together, comprise a counselling resource which can be acknowledged and accepted by the general public.

3.2 Sex education

The preventive orientation of our activities requires an education within the family, at the kindergarten, at school and out of school, which aims at the satisfactory development of sexuality. (Our ideas on this are detailed in the "Theses on sexual pedagogics").

The out-of-school sphere offers wide scope for our activities. Models have already been established which, if successful, may be taken over by other groups and institutions and integrated in their work. Persons working in the out-of-school sphere, eg. educators, therapists, personnel in children's homes, trainers, are given the opportunity to understand their own behaviour and shown how a humane handling of sexuality can be included in young people's development.

3.3 Education and Training

Anyone who has a formative influence on the development of young people should be able to include the field of sexuality in the education process. Ability to work in the field of group

counselling is an important consideration in the education and training of staff. Training should be offered to the very persons who do not participate in the counselling work in the narrow sense, namely parents and teachers; yet institutional boundaries prevent us from offering training to these people. In order to be able to offer training to people working in the educational and social fields, we need more equipment and staff. The training should be organized in an 'Academy for sexual counselling and planned parenthood', which should systematically collect, evaluate and assemble experience from different fields of work. It would also develop work programmes, and stimulate cooperation with existing training institutes.

4. Development of international cooperation

Twenty-five years ago, Pro Familia became a founder member of the International Planned Parenthood Federation (IPPF), which today unites nongovernmental planned parenthood associations from 90 countries. From the start we have taken for granted international cooperation, exchange of experience and mutual assistance across national borders. Counselling, information, education and training have been and are influenced by developments resulting from international cooperation. In each of our fields of activity, influences and standards from outside operate, although adaptation to national and local conditions is normally necessary.

Counselling of migrant workers is an obvious field of international cooperation. For years, sister organizations in different countries have drawn our attention to the counselling needs of foreign workers and their families, and especially of young people. Their experience is important in bridging linguistic and cultural differences. This field of cooperation will be strengthened, bilaterally and at the IPPF Europe Regional level, where the needs of migrant workers have been discussed for some time.

Exchange of experience within the IPPF Europe Region is capable of further concretisation. The *Regional Information Bulletin* is published in German, and is a useful instrument of

mutual information. One focal point is the compilation of comparative information in specific fields, eg. the legal and practical aspects of abortion, the scope and practice of school sex education, the social situation of different groups of young people.

Means of contacting groups of the population who can only be reached by special counselling efforts have also been discussed within the Europe Region for years. Attention was early on drawn to the needs of handicapped people. A working group has investigated and compared the experience of several member associations in implementing information and counselling projects aimed at specific groups.

Future developments in international cooperation will depend on paying greater attention to the experience in other countries, and in examining their importance for our own work programme. On the other hand, we are expected to evaluate our own experience and make it available in appropriate form. Through cooperation within the IPPF, Pro Familia has achieved some international esteem which, however, carries obligations.

5. Pro Familia as a membership organization

The opportunities for Pro Familia members (whose number will increase considerably in the future) to engage in the tasks of their association are far from exhausted. The association can still improve dissemination of information on the development of its work. Active participation, however, is primarily at the local level. Cooperation with other institutions, the organization of group work, and the field of public relations offer many opportunities.

A strong and informed membership also facilitates Pro Familia's activities which go beyond the work of the counselling centres. Besides its practical importance at the local level, a stronger identification by members with their association and its tasks is also politically important. A strong membership assists the preservation of the independence necessary to conduct our activities freely.

Members' Assembly, Pro Familia Hofeismar, May 1978

Irish Bill on Contraception

A new Bill on family planning was presented to the Irish Parliament in December by the Minister for Health.

The most significant provisions of the Bill would appear to be the availability of contraceptives (including condoms) on medical prescription only, and the restriction of their sale to pharmacies.

The Minister, according to the Bill, may "license" centres (if he is satisfied that such license is in the public interest and accords with a public need) at which contraceptive advice may be provided. Such centres would be obliged to include advice on the so-called "natural" methods. Penalties envisaged for infringement of the Bill's provisions range from fines of up to £5000 to imprisonment for up to 12 months.

The Bill would empower the Minister to assist the 8 regional health boards to establish clinics advising on rhythm methods of contraception. A clinic wishing to advise on other methods would require the specific consent of the Minister.

Contraceptives would only be sold to a person with a prescription or "written authorisation" signed by a registered medical practitioner, who must be satisfied that the person has sought the contraceptive "*bona fide*, for family planning purposes, or for adequate medical reasons, and in appropriate circumstances".

The Minister has said that the Bill did not envisage access to contraception for unmarried persons, and that he believed that a physician who prescribed a contraceptive for a single person would be liable for prosecution after the Bill became law.

Other provisions of the Bill govern the import of contraceptives, for which importers or manufacturers would require a license issued by the Minister, and the advertising and display of contraceptives, which would be prohibited (except insofar as current regulations are perceived as

countenancing such advertising and display).

The Bill removes from the present Irish Censorship of Publications Act all mention of contraception and contraceptives, and repeals Section 17 of the Criminal Law (Amendment) Act of 1935 which sought to prohibit the import, sale and advertising of "unnatural" means to prevent conception.

The Bill reiterates the existing absolute legal prohibition of abortion and further prohibits the import, sale, manufacture and advertising of anything deemed to be abortifacient.

A "conscience clause" in the Bill envisages the exemption of a physician or pharmacist from providing any type of contraception.

All 17 sections of the Bill are subject to subsequent modification by a series of as yet unspecified Ministerial regulations which may be applied at any time after the Bill becomes law.

Publication of the Bill followed a series of consultations between the Minister and interested parties, including the Roman Catholic Bishops, the Anglican Church, the Trade Union movement and the Irish Family Planning Association (whose clinics, it is unofficially believed, may be licensed).

David Nowlan, medical correspondent of the Irish Times, and an IFPA member, comments:

Some form of Family Planning Bill was inevitable in Ireland as a result of the 1973 decision of the Supreme Court, which ruled that prohibition of the import of contraceptives to Ireland was unconstitutional. The previous coalition government had presented one such Bill to parliament — largely on the grounds that it would control the import and distribution of contraceptives — but the proposed legislation was defeated when the Prime Minister himself, and a few other

members of his *Fine Gael* party, voted against the Bill at its final stage — presumably on the grounds that they did not want contraceptives to be made available at all. No such political contretemps is likely to be permitted by the *Fianna Fail* party when the present Bill comes to the vote (the *Fianna Fail* government has the largest parliamentary majority in Irish political history). It will be important to see what can be done by way of amendment as the Bill goes through both houses of the Parliament. But some legal authorities are already arguing that the new Bill's provisions may prove unconstitutional, and that the real action will commence after enactment when the first case comes before the courts.

The "conscience clause" in the Bill may well give rise to extreme difficulties in the provision of advice or supplies in certain parts of Ireland, and there is no provision in the Bill which would allow the remedy of such geographic deficiencies. Neither, incredibly in a Bill which would give total control over family planning to physicians, is there any provision to ensure that physicians who engage in the provision of contraceptive services should be adequately trained in the relevant skills or technology. Most Irish physicians have received no training whatever in family planning, and the only training courses available are provided by the Irish Family Planning Association.

Should this Bill pass, unamended, through the Irish parliament, it seems fair to say that Ireland would enjoy the most repressive legislation against contraception of any European country. There seems every prospect that the number of Irish women coming to Britain for abortion will increase further for, despite legislative, cultural and religious repression, Irish women have learned that unwanted pregnancy is neither desirable nor tolerable.

Recent PPA Publications

Since the publication of RIB Supplements (October 1976, January 1977) on information and education material published or distributed by member associations in Europe, the following more recent material has come to the attention of the Regional Office:

Foreningen for Familieplanlaegning (Denmark)

FF: Hvis hun/har vill vaere helt sikker (1977). 8-page leaflet on sterilisation, intended for older schoolchildren and those who visit contraception clinics. Free-of-charge.

FF: Fristen er 12 uger (1977). 16-page manual covering the script of the film of the same title. Intended for teachers. (Available in English translation: *The limit is 12 weeks*). Free-of-charge.

FF: Du vokser and Vokse videre (1978). Revised editions, with new layout, of 4- and 6-page leaflets intended respectively for boys and girls aged 10–12, and boys aged 14–16 years. (Available in English translation: *You are growing and Still growing*). Free-of-charge.

Mouvement Français pour le Planning Familial (France)

MFFP: Apprenons à faire l'amour (1978). Ed. Maspero, Paris. 60 pages. Price 7F.

MFFP: La Contraception (1978). Cassette-Services, Paris. 40-minute cassette on methods. Price 32F.

MFFP: Clémentine et la contraception (1978). Ed. Savelli, Paris. 60-page comic-strip designed by 3–18 year-olds. Price 20F.

MFFP: Les interruptions de grossesse: colloque international du MFFP (1978). Ed. Tierce, Paris. Women and physicians speak about their experience and research on medical and psychological aspects of abortion to enable women to control their own body and sexuality. Price 25F.

Pro Familia: Deutsche Gesellschaft für Sexualberatung und Familienplanung e.V. (Federal Republic of Germany)

Pro Familia: *Der Kinderspiegel* (1978). 4-page newspaper/poster featuring reprinted articles, with photographs and drawings, on different aspects of childhood emphasising in particular the need for adults to understand that children are sexual beings. Includes a list of sex education literature for adults and young people. Free-of-charge.

Bundeszentrale für gesundheitliche Aufklärung: *Das Baby* (1978). BGA, Köln. 60-page multicolour magazine produced by the Federal Health Education Centre in cooperation with the Ministry of Youth, Family and Health. The magazine, addressed to young parents, covers various topics related to infant care and development. Free-of-charge.

Mouvement Luxembourgeois pour le Planning Familial et l'Education Sexuelle (Luxembourg)

MLPFES/UNIAO: *Un Enfant Naitra: Droits-Conseils-Informations* (1978). 15-page booklet published in French, German, Italian and Portuguese jointly by the Luxembourg PPA and the organisation for immigrants' welfare. Intended for immigrants, the booklets provide basic information on maternal health and welfare, including family planning. Free-of-charge.

Associação para o Planeamento da Família (Portugal)

APF: *Planeamento Familiar*. In September 1978, the APF commenced publication of a quarterly bulletin (16 pages, price 15 escudos), in a print-order of 3000 copies, liberally illustrated. The December 1978 issue reports on the international course on planned parenthood for health

personnel, held in Lisbon in October–November 1978, jointly by the Director General of Health, the International Children's Centre, and the WHO Regional Office for Europe; and gives a partial translation of the September 1978 IPPF leaflet, *About the Pill*. The bulletin is available from the APF, Rua Artilharia Um, 38, 2.º, Dto, Lisbon 1.

Riksförbundet för Sexuell Upplysning (Sweden)

RFSU: *Alla spelar balla* (1978). 5-part slide-tape series with 132 slides and 25 minutes playing time. Describes different group situations among young people and adults, between whom the series aims to stimulate discussion. A teacher's manual contains examples of questions which may arise in discussion. Price Skr. 350 (strips), Skr. 520 (slides).

RFSU: *RFSU Statistik* (1978). Revised edition providing facts and figures on population, sexual behaviour, abortion, STD, sexual crimes etc. Price Skr. 20.

Family Planning Association (UK)

Worldwide Pictures Ltd.: *Loving and Caring* (1978). 16 mm. colour film, 5 parts, 3 reels. This new educational film, sponsored by the *Family Planning Association* (FPA) and the *Health Education Council* (HEC), takes a realistic look at teenage relationships. It illustrates familiar pressures and problems in scenes involving a teenage couple, their friends and their parents. The film aims to stimulate discussion in youth or school groups on responsibilities and personal relationships.

The first part of the film opens with the teenage couple arguing about having sex, as the girl resists the boy's line of persuasion: "This is your big chance to prove you love me!". In the second part the boy discusses sex

with his mates, and in the third part the girl receives conflicting advice from two schoolfriends. The final parts show a stormy scene between mother and daughter, followed by a scene in which the girl's parents discuss their concern.

The film does not provide any answers, but sets out frankly the difficulties surrounding teenage relationships and the problems which young people and parents have to face in coming to terms with sexuality. It is intended for use in small groups where a responsible person can steer the discussion and give guidance, when necessary.

The film has already been well received and evaluated in four schools (North London, Bristol, Newcastle-upon-Tyne and Birmingham). One pupil wrote: "Looking at and watching the film made talking about relationships and sex a lot easier. Seeing it in real life made it more realistic and interesting and much easier to talk about". And from a teacher: "The children apparently appreciated the opportunity to discuss sexual matters openly and in a relaxed fashion with their teacher. Many of them – surprisingly many – are unable to do so with their parents".

Copies of *Loving and Caring* are provided with teacher's notes and will be loaned free-of-charge to schools and youth groups. Alternatively copies of the film can be purchased from the FPA or HEC, price £190.00 (or £40.00 for each part).

Wendy Smith: *Campaigning for Choice* (1978). Family Planning Association (FPA Project Report No. 1)

This 48-page illustrated booklet, the first in a proposed series of FPA occasional publications, reviews the role of media-based publicity in promoting contraception. The first part of the booklet contains recommendations and sections on individual decision-making, the search for criteria and campaign design. The

remaining two-thirds is devoted to case studies and examines the impact of 11 projects in Britain, ranging from comic strips to cinema campaigns to community projects, and 4 projects in other countries (USA, Korea, Dominican Republic and Netherlands). The author concludes that "to be of maximum benefit, all family planning campaigns must be properly and professionally designed, adequately funded, backed up by efficient services and fully evaluated". In her view the Dutch (*Rutgers Stichting*) youth campaign came closest of the 15 projects reviewed to fulfilling the desirable criteria for a successful campaign. The author cites some of the obstacles in Britain to the transmission of public information on contraception. (For a more comprehensive review see FPA Memorandum on Advertising of Contraception in the *Regional Information Bulletin*, Vol 7 No 2, April 1978).

The publication is obtainable from the Family Planning Association, 27-35 Mortimer Street, London W1N 7RJ. Price £1.00.

Family Planning Council of Yugoslavia (Yugoslavia)

The FPCY has published the following conference proceedings:

FPCY: *The role of high schools and universities in the humanisation of relations between the sexes* (1977).

FPCY: *Tasks of pedagogic academies in the humanisation of relations between the sexes* (1978).

FPCY: *Legal aspects of the realisation of the constitutional right to decide freely on childbirth* (1978).

FPCY: *The role of the medical schools in the humanisation of relations between the sexes* (1978).

The proceedings, in Serbo-Croat, are free-of-charge.

Regional Publications

In December 1978, the Region published a booklet entitled *Basic Fertility Regulation for Health Personnel* (16 pages: £0.50 + postage). Conceived as one means of changing physicians' attitudes towards helping people to regulate fertility, this booklet provides essential information on all methods of fertility regulation (abortion, contraception, sterilisation and infertility) for both physicians and other health personnel.

In June 1978, members of the IPPF Europe Regional Medical Committee commented on the original draft booklet. Having incorporated these improvements, the published booklet acknowledges that it could well be improved further in the future, in soliciting readers' comments on this first edition. First published in English, the booklet has already been translated into Spanish, in which language it will be published early in 1979. Other language editions are under consideration.

In January 1979, the Region published the report of a Travelling Working Group on its visit to five countries (France, FRG, Poland, Sweden, UK), entitled *Approaches to Selected Groups* (105 pages: £3.00 + postage). Welcomed by the June 1978 Regional Council meeting as a model outcome of the activity of this first Regional Travelling Working Group, this publication evaluates both the successes and the failures of IPPF member associations in these five countries, in approaching the different groups including young people, immigrants, military personnel, people in prison and other 'marginal' groups. A German translation of this report will be published shortly by the IPPF member association in the Federal Republic of Germany: Pro Familia, Cronstettenstrasse 30, 6 Frankfurt/Main 1.

Joan Rettie retires

After 22 years as Regional Secretary, Joan Rettie retired on 31 October 1978.

Before joining the IPPF secretariat, Joan had worked during World War II as information research assistant at the UK Foreign Office. Having taken time off to have two children, she worked as a volunteer at the UK FPA North Kensington Clinic, later moving in 1960 with Helena Wright to the Walworth Clinic where she continued her voluntary work until the late '60s.

In 1956 Joan became Regional Secretary of the IPPF Europe, Near East and Africa Region, whose President was then Elise Ottesen-Jensen, one of the IPPF founders. In 1957, Conrad van Emde Boas became Regional President. Since then Joan has served under Agnete Braestrup (1964-70), Thorsten Sjövall (1970-74) and the present Regional President (Denys Fairweather).

In 1964, member associations in sub-Saharan Africa separated from the triple Region, and in 1971 the Middle East and North Africa Region was constituted separately. Joan Rettie's period as Regional Secretary saw IPPF membership increase in Europe from 4 to the present 20 associations.

The April 1979 issue of the *Bulletin* will include a personal view by Joan Rettie on planned parenthood developments in Europe during her period as Regional Secretary, 1956-78.

Julian Heddy, who joined the Regional Office in 1967 as Regional Information Officer, has been appointed Acting Regional Director for one year.

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