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Marie Stopes 1880–1958

*Hall, Ruth (1977): *Marie Stopes: A Biography.* Andre Deutsch, London (Price: £5.95).

Ruth Hall's biography of Marie Stopes carries out a delicate and complicated enterprise so well that I found it compulsive reading. The purpose of this comment is to offer some professional suggestions which might help us to understand and to sympathise with Marie's behaviour in her exceptionally difficult circumstances. Nothing was easy for her. Her parents, intellectuals both, were sexually incompatible, her mother incapable of physical companionship, her father starved but unrebelling. One treated her so harshly that her childhood was blackened by a crippling sense of inferiority, the other allowed his emotional deprivation as a husband to find an outlet in exaggerated affection for his daughter. Between them they taught her nothing of human sexuality.

Up to the age of 18 Marie's school life was dismal, reflecting her home atmosphere, but at that age a teacher's discovery of her unused talents put fire to her sleeping ambitions and her life was transformed by her own indefatigable energy. Fossil botany was her choice of subject, at that time unique for a woman. Her first triumph was the London BSc. After only two years study at University College she won her degree in the two subjects, botany and geology. This victory was a cornerstone; she was 22. Munich came next, a doctorate after university regulations had been changed on her behalf, then a lectureship in Manchester, a research scholarship in Tokyo, and finally an MSc London in 1905 – the youngest Doctor of Science in Britain. In pathetic contrast to these victories, Marie's emotional life was an unbroken record of failure. Crippled by her ignorance of sex, she had no judgment, but was implacably determined to marry. This she accomplished with Dr. R. R. Gates in 1911 in Montreal. She could not have done worse; Dr. Gates was impotent. It took years of continual failure for Marie to realise that the situation was hopeless; her virginity was still unchallenged. Convinced at last, she left her husband in 1914. How to find the way to freedom? Lawyers gave her no help, so with characteristic thoroughness she began independent researches. At the British Museum she read all the books on sex in three languages and so, at last, became thoroughly informed. She did the same for English law and solved the puzzle by realising that a nullity suit was the only feasible exit. From a physician she was given a certificate that she was a virgin, and she filed her suit – but had to wait another two years before it was heard in 1916.

Dating from her teens Marie's dreams of her future always contained the certainty that she would become famous, world renowned. The dreams contained no limitations, the certainty was an absolute. Perhaps this fixed picture of herself was an early symptom of the megalomania which had taken indisputable possession of that part of her mind by 1928. Her academic reputation as a fossil botanist was unrivalled, but that world was too limited to provide world fame. A wider, more universal, base was necessary. After her escape from the failure of her marriage her extensive reading gradually showed her exactly what she sought. She would teach the world how successful marriages should be managed and, further, how a brilliantly happy sexual experience could avoid unwanted pregnancies. This last necessity was perceived rather dimly until she met an American, Margaret Sanger, the notorious 'birth control' expert and a trained nurse, who was in London in 1915. Recognising a powerful disciple, Margaret Sanger willingly showed Marie all she knew at that date of the mechanics of contraception.

The plan was complete – the book needed several years of thought and re-writing but was eventually published by A. C. Field in 1918. *Married Love*, short and cheap, conquered London and spread round the world – Marie had become world famous.

Finding a publisher had not been easy, backers were few, but luckily Dr. Binnie Dunlop, secretary of the Malthusian League, implemented his sympathy by introducing Marie to H. V. Roe, a broadminded rich young engineer. His interest in the plight of poor women had already been aroused and in giving financial support to the publication of *Married Love* he hoped that public sympathy would create an atmosphere favourable to the carrying out of practical 'birth control' clinics for the poor.

What can be said about that book now? In chapter 8 of her biography Ruth Hall describes the chief arguments with sympathy and discrimination. Clearly she separates the courage of a 37 year old virgin who genuinely wishes to save potential victims from the muddled sentimentality and unsupported statements concerning sexual physiology which later became characteristic of Marie's professional teaching. The book is long out of print. I had trouble in borrowing a copy. When I read it early in 1918 my knowledge and experience of gynaecology were mainly academic,

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but were enough to expose the flaws in many of Marie's would-be 'medical statements'. This necessarily critical attitude, however, did not dim spontaneous admiration and sympathy for the writer's main objective, sexual happiness for wives and husbands.

In 1977 I thought it my duty to re-read Marie's gospel and let it make a fresh impression. The FPA Library kindly lent me their only copy dated 1931, the third impression of the twentieth edition, completing 725,000 copies. Twelve countries produced translations. I decided to take it in one gulp, settled down and read straight through 157 pages. As the pages slipped by, an unexpected impression slowly formed itself. Considered involuntarily in the light of forty-five years of daily grappling with almost the same problems, the book began to feel like science fiction in reverse. How could a person strictly and successfully trained for many years in a subject as minutely exact and true as the search for angiosperms in coal possibly let herself offer to the world the many unfounded gynaecological statements and imaginary charts which are scattered through the book? This is one of the puzzles of Marie's complicated mentality. She was unable to doubt her own ideas. But that her writings, sentimental, over-emphasised, inaccurate from the position of present knowledge *did* startle the world and stimulated thousands of bewildered people to wake up and ask questions they had not dared to think about, is an important fact of social history.

Dr. Binnie Dunlop's introduction of H. V. Roe to Marie Stopes brought together two people who quickly convinced themselves they were 'made for each other'. Marie was 37 and Roe 39. They married secretly in 1918, Marie's financial future at last secured by handsome settlements both for herself and for her new main interest, the establishment of 'birth control' clinics. This time Marie's long-frustrated hopes were fulfilled; the marriage was consummated, and its future looked perfect. Later that year, in Lands End Hotel, a fateful meeting took place. My husband had been invalided out of the RAMC in which he was a captain and I had been ordered to take him and our first baby to Cornwall for recuperation during the autumn. So late in the season we three were at first the only guests in the hotel.

Not long after we were settled another couple arrived, Mrs. and Mr. Humphrey Stopes-Roe. The four of us quickly made friends. I realised the identity of Mrs. Roe, and she was pleased to find a woman gynaecologist. After a few days of talk, exploring each others points of view, Mrs. Roe told me that she had brought the complete typescript of her next book, to be called *Wise Parenthood.* Without preliminaries she handed the bundle to me, saying "Will you read it and give me your comments?" Remembering my mixed impressions of *Married Love* I replied "Yes, if you will allow me to take out all the nonsense".

"Hm", she said, then heartily, "I want your opinion. Erase anything you disapprove of." Surprised and relieved, I accepted the responsibility. When I handed back the considerably mutilated script I was prepared for storms. None came. Marie's ability to accept criticism was alive and practical; my comments were allowed. The book was published in November 1918. Its very mixed reception is fully descibed in Ruth Hall's chapter 9.

Experiences in the next two years gradually altered Marie's circumstances. Instead of being recognised and praised as a Heaven-sent deliverer of women from their marital and excessive child-bearing miseries, Marie, naively astonished at the intensity and variety of opposition her second book aroused, found that, in personally conducting her defences and answering thousands of letters, her time was over-filled. Scientific work had to stop. She resigned her lectureship at University College and dedicated herself to thinking and planning the next practical step to implement her now fixed intention of helping poor mothers and wives.

In 1920 she and her husband financed and opened the first birth control clinic in the British Empire. It was called the Mothers' Clinic for Constructive Birth Control. The public opening of the new clinic for poor mothers and the publicity given to it by Marie's various pamphlets provided a focus for many-sided opinions, not only of the general public but also of many well known public personalities. The number and variety of hostile pronouncements are fully described in Ruth Hall's chapter 10. The next year, 1921, saw the beginning of a battle for supreme leadership in 'birth control' matters, which lasted, with increasing bitterness and unreason, for the rest of Marie's life.

The Malthusian League, after an open-air campaign in the Walworth district of South London lasting three weeks, instituted its own clinic in the area. Local inhabitants were furious and they expressed their disapprobation on the opening day by attacking the building with eggs, stones, and apples, and shouts of abuse. The presence of a second clinic for the poor, one this time under the charge of a physician, provided a new field of disagreement, the choice of method and appliance. At that date no research had been started in contraception but two different shapes of the essential barrier to be inserted into the vagina had been invented. The Malthusian League chose the diaphragm. Marie invented her own cervical cap. There was no contact between the two clinics, each considering that the other's method was dangerous for the patients.

The active presence of the other 'birth control' clinic in London stimulated Marie's obsessive wish for personal publicity. She edited her own periodical, the *Birth Control News*, and wrote most of the numbers herself. Public interest was aroused, especially among the official religious bodies. Roman Catholic opposition was total; the Anglican position was hesitating. General public opinion wavered and lively discussion on both sides was general. Details of the widely differing opinions and their energetic expressions are fully described in chapter 11.

In March 1922 Dr. Halliday Sutherland,

a convert to Roman Catholicism, published his attack on 'birth control' from what he called the Christian doctrine point of view. The core of his argument was that teaching 'birth control' to the poor was a heartless experiment on people who were helpless to resist. Just before publication of his book he enlarged his argument in an article in the *Catholic Times*, and there he described 'birth control' as a class conspiracy against the poor: "if workers reduce their numbers, they reduce their voting strength." Marie had an advance copy of the book and this descent into politics was not to be endured. Mr. Roe wrote politely to Sutherland asking him to come to a Constructive Birth Control meeting and debate the question with Marie. Sutherland refused. Marie had her chance at last and in May she issued a writ for libel against Sutherland.

That preposterous libel case! It began in February 1923, and lasted for nine days. Having read the shortened version in chapter 11 three times, it is impossible to believe that even in the contemporary state of ignorance, the long bullying examinations of the plaintiff could be held as relevant to the issue being tried. In the whole nine days the defendant did manage to produce one piece of evidence which supported his accusation, and that was the letter Marie had sent to Dr. Haine at Walworth suggesting that he might use the 'gold pin' method on the two patients accompanying the letter. Her words clearly stated that the method was experimental. In the prejudiced mind of the Lord Chief Justice, Lord Hewart, he may have used that one piece of proved evidence to justify his finding in favour of Sutherland. The ambiguity of the jury's four answers to the questions put to them by the judge and their implied dissatisfaction with Hewart's finding provided unlimited opportunity for public comment. Neither litigant was satisfied but Marie had fulfilled her dream. On the whole, public sympathy and admiration were for her. Sales of her books increased enough almost to embarrass the publishers. Sympathetic letters from the public were too numerous to be answered separately.

But the defendants, representing Roman Catholic attitudes, were not satisfied. Sutherland appealed to the House of Lords.
In November, 1924, five law lords, three of them over 80 years old, heard the appeal. Their decision was predictable; by the proportion of four to one their verdict supported Dr. Sutherland. Marie's reactions were ambivalent; satisfaction at her popularity, and recognition that the Catholic Church was implacably against her, produced a contradictory amalgam in her mind that lasted all her life.

The enormously enlarged publicity, admiration and recognition by a number of socially important people stimulated Marie to a degree of activity which could be considered manic. While the various stages of the legal battles were in progress she directed her energies towards a wider public than the publishing of books could command. Film and theatre audiences had no limits; they too had to be won and charmed into sharing Marie's aims. Her first film, *Maisie's Marriage*, written with astonishing speed, was blatant propaganda, melodramatic, sentimental, accurately pitched for the delight of cinema audiences. After some modifications by the Film Censors' Board it was produced and ran successfully. That wasn't enough. A play was necessary. *Our Ostriches* was written at the same speed and opened at the Royal Court Theatre in November 1923.

In spite of this output of energy her dearest wish was at last fulfilled; she became pregnant. Having lost her first child through unskilled use of the then popular 'twilight sleep' method which resulted in a stillbirth, this time she meant to be certain. She was 43, caesarean section was her choice, and her son was unique and perfect. Throughout his infancy and childhood she regarded him as another field for her dominance. It is perhaps not without significance that in the meant-to-be ecstatic photo of motherhood, Harry's head and eyes are turned markedly away from his mother. Perpetual obedience to such a despotic and unreasonable relationship could not last: by the time he became a student at Imperial College Harry was in rebellion.

Meanwhile Marie's fame as an infallible guide to happy marriages had spread to Russia, India, and Africa. In 1928 I re-enter Marie's life story. My husband and I were unable to return to our medical missionary university in Shantung, China, because of changes in local conditions. As a jobless gynaecologist I had to find and decide upon a new field of interest which would be of national and eventually of worldwide importance. Away in China I had heard nothing of the melodramas Marie had created, so it was independent thinking which decided me that over-fertility among poor mothers was a removable source of poverty, and therefore that scientific control of fertility was the desired goal. Was anything in that direction being done already? Remembering Marie Stopes's interests, I decided to investigate her activities. My visit to the Whitfield Street Clinic is recorded on page 260 in my own words spoken to the authoress of the biography. The shock of surprise at the changes in the personalities of Marie and her husband in the ten years since I had been with them in Cornwall aroused my professional attention.

As I knew none of the happenings, public and private, which had startled the world between 1918 and 1928, nor any whisper of the notorious court cases, the new pictures of Marie and her husband, so sharply demonstrated during my visit were an immediate challenge. The two pathological labels for Marie, paranoia and megalomania, presented themselves unmistakably by her behaviour, tone of voice, and claims of perfection for her own invented method of contraception.

Knowing that criticism or argument would be useless, I had to be content with demonstrations and explanations of clinic procedures to assure my professional conscience that no patient would be harmed by obedience to Marie's instructions. The new Humphrey Roe was not a puzzle and he is fully and

sympathetically described in the biography.

During 1928 and 1929 I continued looking for and finding more clinics already established independently of each other in various parts of the country. They were organised on a charity basis and staffed by a combination of physicians and nurses and voluntary helpers. A few points on page 268 need correcting and amplifying. A simultaneous feeling had developed among these new clinics that it was time to join together and form a single body which would become a national authority. It is recorded in the second paragraph on page 263 that Marie Stopes proposed the setting up of such an association. This was not so, and would have been against her passion for leadership. What happened was that Margaret Pyke and four or five others began collecting names of likely people who would come together and think out the new enterprise. Mine was one of the names. I answered Mrs. Pyke's letter as described on page 268. Six of us assembled in 1930 – not including Marie – sat round a table and succeeded in producing the first draft of a plan for co-ordinating the existing separate centres into a whole. We called the new body the National Birth Control Association (NBCA) and were lucky in having Lady Denman as chairman and Lord Horder as president.

It was this nucleus that Marie was invited to join at my insistence. The others were nervous. I said: "Wait quietly and you'll see matters will work themselves out." So Marie was put on the committee and invited to all the meetings. She attended regularly. As the agenda was worked through an item would come up that she felt was in her province, and she began to teach us all her way of whatever it was. We all listened politely and silently, and when she stopped talking the chairman went smoothly on with the next item. Gradually Marie had to realise that there would be no arguments, and that her views were having no effect, though everyone was friendly to her. This silent reception was new to her and most unwelcome. In 1933 she resigned from the committee and the Association; alas – in her mind – the NBCA had become another bitter enemy.

Although I had foreseen this result I was sad about it and, as occasion arose, took trouble to keep in touch with her. Now, thirty-five years on, is it possible to look back and to make some assessment of what the family planning movement in England meant through Marie Stopes? As the only survivor of the original six, and an active member of the FPA till 1975, I can appreciate what we were saved and give recognition to the aims we had in common. Marie Stopes and her association, the CBCS, sparked into flame the violent opposition and latent hostility of the general public at that time to the novelty of her open discussion of sexual questions. We, in the infant NBCA, had nothing to endure. We were left alone, even by the medical profession, to grow quietly by ourselves. Marie's dream of free family planning advice for everyone asking for it has become reality, as part of the obligations of the NHS. Her life story, with all its melodramatic and contradictory behaviour patterns, can now be seen as a case history. An intellectually gifted individual, handicapped by two uncommon and incurable forms of insanity, megalomania and paranoia, was forced to behave with complete egocentricity. Breast cancer was a predictable end to a life as disturbed as hers. She died alone and unloved – but in perspective we can give her memory the distinction and gratitude it deserves.

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Advertising of Contraception

In spite of the Department of Health and Social Security (DHSS) policy that all relevant members of the public should be fully informed on family planning, the British *Family Planning Association* (FPA) estimates that 1.7 million fertile and sexually active women use no reliable contraceptive method. New means of communicating information on family planning to these women are required.

Information about family planning reaches the public in a variety of ways. Leaflets and other publications are widely distributed free-of-charge by the Family Planning Information Service operated by the FPA for the Health Education Council (HEC). The advice given in women's magazines is valuable, and information by word of mouth from individual to individual is very important. Such methods of spreading information are well utilised on the whole. On the other hand, the possibilities of using *modern advertising techniques* for this purpose are very restricted. Posters issued by the FPA, the HEC, Brook Advisory Centres and others, displayed in clinics and elsewhere, doubtless have some effect, and the HEC conducts occasional family planning film advertising campaigns in cinemas and advertising in the press and on commercial radio.

The financial resources for the above types of family planning advertising are small. Experience has shown that advertising of family planning must be sustained over long periods if it is to be effective, but such continuity is not possible with the funds available at present. There is no reason to think that the present advertising is reaching the deprived sections of the community which are most in need of the services.

A distinction must be made between advertisements for contraceptive services and advertisements for contraceptives; both are of value and both are hampered by undesirable restrictions. If companies producing contraceptives were allowed to advertise effectively on television, radio, in newspapers, magazines, on hoardings, in public transport etc., there is no doubt that information about family planning would be transmitted to many people who do not get the information at present. The needy

sections of the public are denied these sources of information because of the advertising codes of the Independent Broadcasting Authority and of the Advertising Standards Authority, by the attitudes of individual bodies which control advertising, and the attitudes of publishers. Misguided policies in this respect are widespread. Advertisements for films, alcoholic drinks, cigarettes, cosmetics and other products are permitted to use a heavily sexual type of motivation, while advertisements in far better taste for contraceptives are rejected, often on the grounds that the public would be offended by reference to a subject which "may be highly embarassing in the family circle".

It would seem to be necessary to balance any temporary offence caused by reference to a subject which has not been advertised in the past against the needs of a deprived section of the population which is difficult to reach in other ways. It seems likely also, that the offence that would be caused to a general public accustomed to the sexual content of other advertising and articles in the press has been and is being much exaggerated.

The contraceptive pill is an "ethical product" for advertising purposes, and individual brands of oral contraceptives therefore cannot be advertised directly to the public, but only to the medical profession in its press. It would seem possible, however, for a group of oral contraceptive manufacturers to advertise the method in general, or for a particular purpose. For example, the FPA recently published a statement advising women to consult their physicians about the advisability of using the low-dose pill in preference to the high-dose pill, and it would have been advantageous to the public if manufacturers had been able to advertise in this respect. It is estimated that 3 million women in Britain are using the pill. If the Government accepts the recommendation of its Working Group on Oral Contraceptives (1976) to make the pill more widely available, there is a prospect that the method will cease to be an "ethical product".

The IUD (intrauterine device) is used by a comparatively small number of women in Britain (about 400 000) and the margin of profit for manufacturers is so small that it is unlikely to produce much advertising.

The diaphragm, too, is used by a small number of women (about 250 000) though its use has increased recently. Again, the numbers and profit margins are so small that it is unlikely that the method would produce any mass media commercial advertising.

Spermicidal jellies, foams etc. are estimated to be used by themselves by 150 000 couples, apart from the 250 000 who use spermicides with diaphragm. This method might well produce commercial advertising in the mass media, to the benefit of the public, since the combination of diaphragm with spermicide is much more effective than either method used alone.

The condom has an estimated 2.5 million users, and would doubtless be more advertised than any other method. Since it is widely available to the public, easy to use and more effective than most methods, especially if used together with a spermicide, the public benefit of advertising which would reach particularly needy parts of the community would be very considerable.

If commercial advertising through the mass media for the pill, for spermicides and for condoms were permitted (with appropriate aesthetic standards), it is the view of the FPA and other organisations that a sustained and motivational type of information would be available which would significantly contribute to implementing the DHSS policy in this respect. At present, that source of information is denied to the public.

The Independent Broadcasting Authority (IBA) administers a code of TV advertising which at present does not admit the commercial advertising of contraceptives, on the grounds that it would be found offensive by a large section of the public; it does not object to the advertising of *family planning services*. The Chairman of the IBA wrote to the President of the Brook Advisory Centres in 1976 that she "could not hold out any current prospect of a change in the IBA code's distinction between services and commercial products in this field". The IBA code of practice also governs commercial radio advertising, and is similarly applied. The HEC advertised contraceptive services on *Radio Luxembourg* in 1977, and has met no opposition to advertisements with wording similar to that rejected by some national newspapers.

Commercial advertising in the press is guided by a code of advertising practice approved by the Advertising Standards Authority (ASA). In a discussion with the FPA in October 1977 the ASA made it clear that they did not wish the code to obstruct commercial advertising of contraceptives in the press which would be of value to the public, and of a type which would conform with acceptable standards of taste. However, the ASA pointed out that their code was for the guidance of constituent parts of the press, and that practice within the code is not mandatory. If an individual publication refused a contraceptive advertisement on grounds that it was against the code, then the ASA could intervene to deny this if it believed that to be the case. But if a publication refused an advertisement because of its own policy, the ASA has no power to intervene. The ASA code of practice is believed to apply also to poster and hoarding advertisements.

British Transport appears to operate its own advertising standard practice, which has recently improved as regards contraception. In Edinburgh, Brook Advisory Centre advertisements have been accepted for display on buses. London Transport accepted advertisements for condoms for the first time in October 1977.

The Business Telephone Directory refuse advertisements from a charity in the field of contraception, but has accepted a similar advertisement from other bodies.

Advertisements for contraceptives which have been rejected by various media in the past have been extremely innocuous in themselves, without the overt sexuality in advertisements for certain drinks, films etc., and doubtless would continue to be so if they were more widely displayed. It is the subject, not the contents, which seems to have caused rejection in most cases.

The advertising of contraceptive services, as distinct from brands or types of contraceptive, usually has to be more overt in its message. Posters etc. showing young people in clearly romantic or intimate moods or situations have produced some opposition, but it is

generally agreed among those who practise in advertising that this sort of impact is necessary in order to attract and communicate with young people and others. Ironically, it is more likely that the HEC and other bodies involved in family planning information, will meet opposition or rejection of their advertisements on the grounds of their contents, than commercial advertisers of contraceptives. Recently a simple but striking HEC advertisement for the responsible use of contraceptives, with a caption beneath the outlines of two pairs of feet seen from below, was rejected by *The Sun* and the *Daily Mirror*, despite research showing that such approaches are effective.

The most common reason advanced for the rejection of contraceptive advertisements is that the public would find them offensive. Yet public opinion research would seem to show that only a small proportion of the public would be in the least upset. In 1972, a National Opinion Poll survey found that 60% of the British public thought that the Government should pay for publicity campaigns for contraception. Commercial advertising by London Rubber Industries on poster hoardings and on racing cars has produced only one or two individual complaints, and much approval. In Australia, an attitude survey carried out in November 1975, showed that 67.3% found the idea of contraceptive advertising on television acceptable. In the USA, television advertisements for condoms produced some protests, but after a week of continuing advertising protests ceased, and the advertising gained approval. The American advertisement showed a young couple discussing contraception in a responsible way. It is likely that a similar type of advertising in Britain, would produce a similar reaction from the public.

It is evident that there is a considerable need among the public for better information about contraception which can best be communicated by commercial advertising. In meeting this need, the advertising of responsible attitudes and different forms of contraceptives are equally important.

The above article is based on a background briefing paper produced by the FPA in January 1978.

The Implementation of Sex Education in Yugoslavia

The introduction of school sex education in Yugoslavia has developed rather slowly. The subject was first treated systematically in the People's Universities (Adult Education Centres) within the so-called "School of Life". Here lectures were given for students and parents by pedagogues, psychologists, physicians, sociologists and others, with group and individual counselling.

A major step forward was made in 1969 when the Federal Assembly passed the 'Resolution on Family Planning', which in part reads as follows: "Sexual upbringing and education should be included in all aspects of the work of all institutions dealing with general upbringing and education; teaching programmes should be elaborated for all regular school curricula, bearing always in mind the age and psycho-physical development of children and youth, and the different school levels and types of school".

Between 1969-1974 the concepts and contents of teaching programmes were elaborated, and sex education was included in the new curriculum of elementary schools in Boznia-Herzegovina Croatia, Macedonia, Slovenia and Serbia; it was partially included also in Montenegro.

The implementation of the teaching has varied among republics in extent and approach. Differences reflect variations in socio-economic and cultural development, and traditions in the republics, as well as different attitudes among professional cadres involved in the work. The implementation also depends on the interpretation of the function of the elementary school, and on possibilities for training teachers.

The most significant progress in implementing sex education has been achieved in Slovenia and Croatia whose teaching programmes have been extensively analysed. In Croatia sex education was introduced experimentally in some schools while a programme was still being elaborated and refined. The experimental classes were observed by teachers, psychologists, physicians who adapted and altered the programme to produce a definitive programme, which was then included in the school curriculum.

Sex education is integrated in the school curriculum as part of certain subjects (nature and society, biology, the sessions of the pioneer class communities) and is not taught as a separate subject. The curriculum contents are taught at three levels. In the first three classes children are given an overall knowledge of issues relating to sexuality, which are of interest to children already at pre-school age (eg. birth of the child, the differences between boys and girls). Children in classes 4–6 are prepared for puberty and enabled to accept changes in a calm and realistic manner without emotional crises. In classes 7 and 8, when the pupils have already reached puberty, the task of sex education is to help them assume correct attitudes regarding the expression of sexuality, sexual drive, different forms of juvenile love, family planning, and problems and conflicts which can arise during the process of sexual maturation.

In spite of the fact that sex education has been introduced as a compulsory part of the elementary school curriculum, it is still not entirely implemented, mainly because of inadequate professional training of teachers for this work. We have managed, through specialised seminars, to train only part of the teaching staff. At these seminars they have acquired the necessary information to professionally interpret certain aspects of sex education for young people. On the other hand, not all schools have been in a position to organise training for teachers in sex education, and some are reluctant to start this work. In some schools resistance is encountered from certain teachers to the introduction of sex education in the curriculum. Some are convinced that it is not necessary to

provide sexual information to children, and some even assert that it is harmful, stimulating premature interest in matters of which they have no experience, and thus inciting young people to a premature sexual activity. These factors have led to plans for the introduction of this subject into the curriculum of teacher training institutions.

The family planning department of the Institute for the Protection of the Mother and the Child, in Zagreb, has surveyed elementary and secondary school teachers' views on sex education. This research was aimed at obtaining a fuller insight into the extent to which teachers in Croatia have accepted the introduction of sex education as a compulsory part of the curriculum in elementary schools. In the survey 462 teachers were questioned in 51 elementary and secondary schools in Croatia. The results of this research were published in the collection of studies for the consultative meeting organised by the *Family Planning Council of Yugoslavia* on the theme 'The Tasks of Higher Education in the Humanisation of Relations between the Sexes', held in Split 1975.

The Zagreb School Television programme has produced three series for young and pre-school children: 'Mother gave Birth to Me', 'The Difference between the Sexes' and 'Conception'. Similar programmes havee been produced by TV centres in other republics and provinces, notably the Ljubljana and Belgrade television centres.

The Zagreb School Radio has also made five programmes for students and elementary school teachers: 'Changes in Pre-puberty and Puberty', 'Advantages, , Problems and Difficulties in the Process of Maturing', 'Love and the Sexual Drive in Man', 'Maturity for Marriage' and 'The Insight into Sexual Life'. These programmes are intended to support the subjects dealt with in classes 5–8. A teacher's handbook and the radio and TV programmes have contributed to a rapid penetration of sex education into our elementary schools.

Teachers are also significantly helped by relevant literature from other republics and provinces, especially Slovenia, and by foreign literature. A bibliography was published in 1976 on the theme 'The Upbringing of Youth for Human and Healthy Relations between the Sexes, for Harmonised and Responsible Relations in Marriage and in the Family', consisting of Yugoslav and foreign references.

We are, unfortunately, not in a position to provide in this article a comparative review of developments and achievements in the field of sex education in the different republics and provinces, for we have been unable to conduct such research up till now.

It can be seen that the complete implementation of sex education in our elementary schools is a longterm process, which will primarily depend upon the level of the teachers' education and their motivation for this work. However, it should be emphasised that sex education in the elementary school is accepted by a large number of educators as an integral part of young people's education, and that it is gradually being implemented more fully.

Definitively elaborated curricula contents at secondary and higher education level do not yet exist in all the republics and provinces, although intensive work is being undertaken towards this end. For example, in the Republic of Croatia, a basis for this work was provided for by the research conducted on the sexual attitudes and behaviour of secondary school youth. This research was conducted by the Institute for the Protection of the Mother and Child in Zagreb in 1972-73 and the results were published in *Archives for the Protection of the Mother and the Child* (Vol 17 No 6 1973). This research demonstrated that the introduction of sex education in secondary schools and schools of higher education was indispensable. Subsequently, a group of health and education experts elaborated a sex education programme for secondary schools and schools of higher education, with special reference to problems of adolescents. The programme should have been introduced in the 1975/76 school year, but changes in the teaching system delayed its implementation. However, experimental work on education was introduced according to the planned programme in two secondary schools in Zagreb in the 1975/76 school year, in order to test the above-mentioned programme.

The results of this work represented the basis for a project: 'The Assessment of Sex Education and Family Planning in Secondary Schools', (see *Regional Information Bulletin*, Vol 6 No 2 April 1977).

This short review on the introduction of sex education into general education in Yugoslavia, points to a gap between the real need for such an education and its actual implementation. The *Family Planning Council of Yugoslavia* and the republic and provincial councils and boards dealing with these problems attach great importance to the realisation and continuing implementation of sex education in our schools, and intend to strive to achieve its integration in young people's education.

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Note: The Europe Region is currently collecting information in different countries on the gaps between regulations and practice in the teaching of sex education in schools, and some findings will be published in the October 1978 issue of the RIB.

Legal Abortion Mortality

On 27 April 1978, the implementation of the Abortion Act 1967 in Britain (England, Scotland and Wales) is ten years old. (See also the article on the United Kingdom in the January 1978 *Regional Information Bulletin* Supplement on *Legal abortion in Europe).* During those ten years (1968-78), over one and a quarter million legal abortions were associated with about 120 deaths: a mortality ratio of 10 ± 2 per 100 000 abortions. Over the same period, the total mortality associated with pregnancy was 21 ± 1 per 100 000 births. (All mortality ratios include 95% confidence limits).

Some deaths associated with legal abortion are not attributed to the operation. For example, in the period 1968-75, there were nearly 970 000 legal abortions, to which the Registrars General attributed 64 deaths (7 ± 2 per 100 000 abortions). Confidential enquiries into maternal deaths also attributed some deaths to legal abortion, differing in detail from the Registrars General. A few deaths not notified with the abortion were attributed to the operation (in 1968-73, six deaths out of 650 600 legal abortions: 1 ± 1 per 100 000).

During 1968-74, British legal abortion mortality fell in three distinct phases: high (1968-9), medium (1970-2) and low (1973-4); as *Table 1* shows.

Table 1: Notified legal abortion mortality by period: Britain, 1968-74.

Period	Notified abortions	Notified deaths	Mortality ratio (per 100 000 abortions)
1968-74	821 085	86	11 ± 2
1968-69	83 541	21	27 ± 11
1970-72	392 412	47	12 ± 4
1973-74	345 132	18	6 ± 3

Table 2: Legal abortion mortality (ratio per 100 000) by gestation period and sterilisation: Britain, 1968-73 (*number of deaths*).

Operation	Gestation weeks		
	ALL	Under 13	13 & over
ALL	13 ± 3 *(83)*	8 ± 3 *(40)*	29 ± 9 *(43)*
Abortion only	7 ± 2 *(41)*	4 ± 2 *(17)*	21 ± 8 *(24)*
Abortion + sterilisation	55 ± 17 *(42)*	51 ± 21 *(23)*	66 ± 29 *(19)*

The following analysis is confined to Britain (England, Scotland and Wales) between April 1968 and December 1973, when 650 600 legal abortions were associated with 88 deaths: 14 ± 3 per 100 000 abortions. 83 of these deaths were either notified with the abortion (whether or not attributed to the operation), or unnotified but attributed to abortion by confidential enquiries. For these 83 deaths, information is available on the woman's age, parity and gestation period; the technique of abortion; and whether sterilisation was performed concurrently. The numbers of abortions in each category have been estimated from published and unpublished data.

In Britain in 1968-73, legal abortion mortality was largely determined by whether sterilisation was performed; and by the duration of pregnancy at the time of abortion, as *Table 2* shows.

Further analysis is therefore mainly confined to abortion without sterilisation. Legal abortion mortality increased slowly during the first trimester, then rapidly, as *Table 3* shows.

Table 3: Legal abortion only mortality (ratio per 100 000) by gestation period: Britain, 1968-73 (*number of deaths*).

Gestation weeks	Legal abortion only mortality ratio
ALL	7 ± 2 *(41)*
Under 9	4 ± 3 *(3)*
9 - 12	5 ± 2 *(14)*
13 - 16	13 ± 7 *(11)*
17 & over	62 ± 33 *(13)*

Legal abortion mortality was lowest among women aged 20-29 years, increasing before and after, as *Table 4* shows. (Standardisation for gestation period or parity hardly affected the relative risk by age).

Table 4: Legal abortion only mortality (ratio per 100 000) by age: Britain, 1968-73 (*number of deaths*).

Age (years)	Legal abortion only mortality ratio
ALL	7 ± 2 *(41)*
Under 20	11 ± 6 *(13)*
20 - 29	5 ± 3 *(12)*
30 - 39	10 ± 6 *(12)*
40 & over	23 ± 19 *(4)*

Parity (previous live births) exercised little independent influence on abortion mortality, bearing in mind the tendency for parity to increase with age, as *Table 5* (compare *Table 4*) shows.

Table 5: Legal abortion only mortality (ratio per 100 000) by parity: Britain, 1968-73 (*number of deaths*).

Previous live births	Legal abortion only mortality ratio
ALL	7 ± 2 *(41)*
0	5 ± 3 *(14)*
1	12 ± 8 *(7)*
2	10 ± 7 *(8)*
3 & over	15 ± 8 *(12)*

Independently of gestation period, the technique of abortion influenced the mortality risk considerably. In increasing order, hysterotomy, hypertonic saline, and abortifacient paste, were the most dangerous techniques, as *Table 6* shows. In the first trimester, aspiration and curettage (D&C) were equally safe; in the second trimester, curettage was the safest technique.

Technique also influenced, but did not fully explain, the higher mortality risk of abortion with sterilisation. Abdominal techniques (hysterotomy and hysterectomy) evidenced the highest mortality ratios; while aspiration was the safest technique, as *Table 7* shows.

Table 7: Legal abortion with sterilisation mortality (ratio per 100 000) by technique: Britain, 1968-73 (*number of deaths*).

Technique	Legal abortion + sterilisation mortality ratio
ALL	55 ± 17 *(42)*
Aspiration	38 ± 25 *(7)*
Hysterotomy	65 ± 24 *(28)*
Curettage	81 ± 71 *(3)*
Hysterectomy	115 ± 93 *(4)*

According to confidential enquiries, the main causes of legal abortion mortality were infection, pulmonary embolism, and complications of general anesthesia. In England and Wales in 1968-72, eight deaths were attributed to complications of general anesthesia during 451 686 legal abortions: a mortality ratio of 2 ± 1 per 100 000 abortions.

When evaluating the high mortality associated with legal abortion in Britain, the following points should be borne in mind:

1 The relatively high incidence (7½% in 1974) of concurrent sterilisation, often still performed by abdominal hysterotomy.

2 The former use of highly dangerous techniques, notably abortifacient paste.

3 The significant incidence of second trimester abortion (20% in 1974).

4 The routine use of general anesthesia.

5 The previous ill-health of some women, whose deaths are generally not attributed to abortion.

If 95% of legal abortions were performed on *healthy* women, in the *first* trimester, by *aspiration* (or curettage), *without* sterilisation, and under *local* anesthesia, then the overall mortality ratio would hardly exceed 2 per 100 000 abortions. (Legal abortion mortality risks of this order of magnitude have characterised recent experience in Eastern Europe, Scandinavia, Japan and North America.) There is reason to hope that the experience gleaned in the first decade of the Abortion Act 1967 will inform practice in the second decade (1978-88).

Table 6: Legal abortion only mortality (ratio per 100 000) by technique: Britain, 1968-73 (*number of deaths*).

Technique	Gestation weeks		
	ALL	Under 13	13 & over
ALL	7 ± 2 *(41)*	4 ± 2 *(17)*	21 ± 8 *(24)*
Aspiration	4 ± 2 *(10)*	3 ± 2 *(6)*	15 ± 12 *(4)*
Curettage	4 ± 3 *(8)*	4 ± 3 *(6)*	7 ± 7 *(2)*
Hysterotomy	39 ± 30 *(5)*	54 ± 54 *(0)*	49 ± 37 *(5)*
Saline	106 ± 75 *(6)*	353 ± 353 *(0)*	114 ± 81 *(6)*
Paste	152 ± 89 *(10)*	251 ± 202 *(4)*	142 ± 101 *(6)*

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No Children – No Future?

Demographic development hardly ever becomes a topical subject; in political terms it is of a long-term nature, and is a thankless field of activity for politicians. However, the demographic fact of very low birthrates, seen in a historical context, is increasingly featured in the media in several European countries. Usually the reason is that sporadically someone utters his deep concern and predicts short-term effects, in order to gain some political point from the subject, often at the cost of the seriousness of the argument.

The development of birth-rates is a many-sided subject whose complexity should be taken seriously and not be carelessly disposed of. Apart from the need for research into the possible consequences, there must also be analysis of the causes, for which, however, adequate instruments are lacking. Only on a methodical basis does it seem sensible to discuss measures to influence reproductive behaviour.

The scientific department of the South-German Radio has, within its limited scope, seriously tried to do justice to the complexity of the subject. 13 lectures presented in a special programme in autumn 1977, have now been published*. Fertility development is not just dealt with as a national question; the introductory lecture, by Hermann Schubnell, already deals with the subject at a European level, and another lecture discusses the effects of transnational labour migration (Hans-Joachim Hoffmann-Nowotny). Demographic developments in Romania, France and the Netherlands are presented by Vladimir Trebici, Gerard Calot and Dirk J van de Kaa, and are compared with developments in the Federal Republic of Germany (Karl Schwarz). Further articles discuss economic aspects (Hilde Wander), the infludence of housing structures (Paul Jost), aspects of a possible population policy (Max Wingen and Klaus Maier) and personal determinants in achieving desired family size (Hans W Jürgens).

The connection between family planning and fertility development is dealt with in another article (Jürgen Heinrichs) whose central argument is that neither high nor low birth rates should be used as an excuse to subject family planning activity to aims of population policy. Additionally, the question is raised whether population policy (a political activity which aims at a change in reproductive behaviour) is consistent with the democratic ideal.

This book does not offer a consistent analysis of the causes and consequences of a decreased birth rate, but assembles a discussion of different scientifically and politically relevant viewpoints, without aiming at a final conclusion. This series of lectures serves as a useful introduction to discussion on the development of birth rates. Based on these it should be possible to promote a level of discussion which prevents over-hasty statements and judgements. A central topic is only hinted at – Hermann Schubnell quotes from the poem "Patriotisches Bettgesprach" (Patriotic bed-talk), by Erich Kastner: "Whoever isn't born won't be unemployed".

Jürgen Heinrichs
Starnberg

*Lutz, Franke and Jürgens, Hans W (eds) (1978): *Keine Kinder – Keine Zukunft?:* Zum Stand der Bevölkerungsforschung in Europa (No Children – No Future?: on the present state of population research in Europe): Boldt-Verlag, Boppard am Rhein.

Publications

Council of Europe, (1978): *Family Planning.* Strasbourg

The Report is the fruit of the discussions of a Working Party on Family Planning established in November 1975 by the European Public Health Committee.

The terms of reference for the Working Party were to study reasons for the failure of some of the existing programmes in Council of Europe member states, and to make proposals on the training of personnel and the establishment of appropriate services, with particular emphasis on the public health and medico-social aspects.

The introduction to the Report stresses the fact that "family planning is an important task for public health authorities in today's society, connected as it is with the individual's health, personal relations and the quality of life", and refers to the Council of Europe *Resolution* on Family Planning of November 1975, which is appended to the Report.

The Report is divided into five main sections: planning a programme; planning and provision of services; education and training of personnel; public information and communication; evaluation.

The Report is available in English and French from the Council of Europe, 67006 Strasbourg Cedex.

United Nations (1977): *The Changing Roles of Men and Women in Modern Society: functions, rights and responsibilities:* SOA/ESDP/1977/2. UN, New York.

This is the 2-volume report of a seminar organised by the UN Division of Social Affairs at Geneva as part of the European Social Development Programme, held in Groningen, Netherlands, in March/April 1977 (see *RIB* Vol 6 No 2 April 1977).

Volume 1 of the Report consists of a brief introduction and the texts of five background presentations on the following topics: women's progress within social development; current changes in the roles of men and women; recent changes in women's situation in Europe: a critical evaluation; strategies for change: goals and tools; strategies for change: interrelationships and models.

Volume 2 consists of the full text of the main background paper, based on information provided by different European countries on the status of women and the interaction of the changing rights, roles and responsibilities of women with those of men; and a summary of the seminar conclusions and findings. The seminar, attended by delegates from 19 European countries, endorsed the statement: "Every couple equally, and every individual, has the right to decide freely and responsibly whether or not to have children, as well as to determine their number and spacing, and to have information, education and means to do so", and added that family policies must be based on the recognition of the importance for society that parents have enough opportunity and resources of time and income for bringing up their children.

The Report is available in English and French from the UN Division of Social Affairs, Palais des Nations, 1211 Geneva 10.

IPPF Europe (1978): *Ethical Aspects of Abortion: Some European Views.* IPPF Europe, London.

In April 1978, the Region published the report of its Working Group on Abortion Ethics, which met in December 1976 (see *Regional Information Bulletin*, January 1977). In June 1977, the Regional Council agreed to publish the report. Copies are now available from the Regional Office, price £2.50 (*plus postage*).

The reports of the 1973 Regional Working Group on Abortion, and of the 1974 Regional Working Group on Abortion Counselling, published as *Induced Abortion and Family Health: A European View* (1974) and *Abortion Counselling: A European View* (1976), are still available from the Regional Office, prices £1.50 and £1.00 (*plus postage*) respectively. Alternatively, all three reports may be ordered for £5.00 (post free).

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