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Member Association Staff Meeting

In a new venture, the Regional Office organised 27–28 January a meeting which brought together staff members from 13 associations. The meeting, originating from a request by the Dutch Association, was designed to enable the secretaries of the associations to exchange information and views on a variety of subjects of mutual interest at national and Regional level, and to obtain a closer understanding of the way in which Regional policy was formulated, its administrative implications for Regional Office staff activities, and their working relationship with national association secretariats. On the first day, the Regional President and other Executive Committee members were also present.

On the second day, at which staff only were present, the following were among the points discussed:

Information/Communication: it was generally agreed that there was room for improvement in this area. The difference between IPPF Regional and Central requests for information, the origins of these requests and the ultimate use, if known, of such information was clarified.

Publications: participants brought to the meeting copies of up-to-date publications produced by their associations. Some of the material provoked lively interest, and participants agreed to exchange publications on a routine basis in the future.

Projects: it was noted that many associations were conducting similar projects, eg. information/counselling for young people, and that greater cross-fertilisation of ideas could be achieved by the communication of reports, survey findings, etc. bilaterally and at the Regional level by the publication of articles in the *Regional Information Bulletin.*

Perhaps the topic of greatest common interest was that of planned partenthood information services for migrants. It was agreed that associations in countries, both sending and receiving migrants, should be in closer contact. Thus the Turkish Family Planning Association, through the Ministry of Labour would endeavour to contact migrant workers and Turkish social workers before they left Turkey, and the association in the German Federal Republic would endeavour to contact them upon their arrival. The Swedish experience was noted, not the least the difficulties which have been encountered, and the mistakes that have been made. It was hoped that cooperation between national associations and their governments might lead generally to improved services for migrants in receiving countries. At Regional level, government attention might be directed to the valuable role which an association could play in the wider context of concern for the social conditions of migrant workers.

Volunteers: it was noted that volunteers are still active in some countries eg. Belgium and Britain. The advantages of volunteers included commitment; disadvantages included occasional unreliability in fulfilling obligations.

Most association activities appeared to pass through stages of pioneer work by voluntary workers, continuation of work by paid staff and eventual handover and integration of eg. clinic services into national health and community services. Associations generally, or particular activities within associations fell into different categories.

Clinic Finances: this subject was relevant to only a few associations; most received government support, while some relied on income from the sale of contraceptives. It was noted with interest that the sale of contraceptives by the Irish Family Planning Association was illegal, but that clients tended to donate voluntarily more than the value of contraceptives.

Relations with governments: it was agreed that national associations whose governments provided funds to the IPPF, were responsible for initiating and maintaining contact with their governments to ensure that they were fully informed of any negotiations between their governments and the IPPF. Insofaras associations' attitudes towards their governments' social policy, including population policy, was concerned, only the Finnish association appeared to have a close working relationship with its government. There was general agreement that a principal task of an association was to safeguard the rights of the individual to contraception and, where appropriate, abortion services, whatever population policy a government might have. A population policy, broadly interpreted as a policy for planning to meet the social needs of the population based on its known or projected size, could be pro- or anti-natalist, or neither.

Relationships between staff and policy making bodies: ways in which a closer working cooperation could be achieved at both national and Regional level, between staff and volunteers was discussed.

All participants considered that the meeting had been valuable, and that an annual meeting of national association and Regional Office staff in the future would be worthwhile.

In this issue

Three Regional meetings—a staff meeting, a meeting with European donor government representatives, and a working group on abortion counselling—are reported on.

Norman Rea gives an account of a sex education meeting organised by the IPPF Middle East and North Africa Region.

Janet Evanson describes the origins and development of the FPA *Grapevine* project for young people.

European Donor Government Meeting

The matter of associations' contacts with their governments, in particular in those countries whose governments provide funds directly or indirectly to IPPF (Belgium, Britain, Denmark, Finland, German Federal Republic, Netherlands, Norway and Sweden) has been frequently discussed at Regional Council meetings in the past few years.

In 1973, representatives from all European countries, including those where there are no IPPF members, were invited from either social/ health ministries or foreign ministries to attend a meeting with Regional Council members in Turku, Finland. The policy and actions of the social affairs/health ministries domestically, and of the foreign ministries with regard to international planned parenthood assistance, including aid to IPPF, were discussed. At the meeting it was agreed that some positive steps to promote contact might be taken at Regional level.

At the 1974 meeting of the Regional Council, attention was drawn to the conflict that sometimes exists between government domestic and foreign policies with regard to planned parenthood, and how this conflict appears both generally and within the IPPF. It was suggested that associations might draw their governments attention to this discrepancy. It was recognised that while funds for planned parenthood services nationally and for planned partenthood assistance to other countries come from different budgets, nevertheless that there should be some consistency in government policy.

A further step in expanding awareness of these questions and establishing a closer relationship between IPPF donor governments and the IPPF Europe Region was taken in December 1974. The Regional President and the Regional Treasurer met informally with the government representatives from Britain, Finland, Norway and Sweden (representatives from the German Federal Republic and the Netherlands had expressed interest but at the last moment were unable to attend) who were in London on the occasion of the annual meeting between donor government representatives and IPPF Central Office staff. Professor Fairweather (Regional President) gave a brief summary of the objectives and activities of the IPPF Europe Region. Dr Heinrichs (Regional Treasurer) added some points, and the government representatives raised a number of questions. It is to be hoped that the member associations will follow-up these discussions at a national level, thus fulfilling their dual role as national associations and as members of the worldwide Federation.

Regional Working Group Meeting on Abortion Counselling

At the request of the June 1974 Regional Council meeting, a Regional Working Group on Abortion Counselling met in the Zuiderziekenhuis in Rotterdam (Netherlands) on 10–12 December 1974, exactly one year after the meeting of a Regional Working Group on Abortion, held in Brussels (Belgium), whose report was published in November 1974, entitled *Induced Abortion and Family Health: A European View* (see October 1974 *Regional Information Bulletin).*

Participants came from Austria, Belgium, Britain, Denmark, France, German Federal Republic, Netherlands, Norway, Poland and Yugoslavia. Abortion counselling is only beginning to be practised in European countries by various people, including social workers, physicians and other health personnel, and by people without any formal qualifications. In France, group discussion among women seeking abortion appears a promising approach.

The primary aim of abortion counselling is to assist a pregnant woman to reach her own, fully informed, decision on whether or not to continue pregnancy. The Working Group emphasised that abortion

counselling should be freely available, but should *not* be an obligatory condition of securing permission for abortion, as was contemplated in certain countries legalising abortion.

The request for abortion presents an opportunity to discuss both previous and subsequent contraception, and any sexual problems. The extent to which parenthood or adoption are real alternatives to abortion (especially early in pregnancy) will depend on legal, financial, cultural and personal considerations. Uncertainty, affecting the quality of the information available, still prevails about the long-term effects (e.g. subsequent fecundity and pregnancy outcome) of even first trimester abortion.

A distinction was drawn between psychiatric sequelae to abortion, and the incidence of guilty feelings, which counselling might attempt to alleviate. The relief of guilt presupposes that the woman ceases to regard her abortion as a wrongdoing, at least in relation to the possible alternatives open to her.

A draft report on the meeting, prepared in the Regional Office, will be circulated to participants for amendment. The final report will subsequently be circulated to the Regional Council for consideration at its annual meeting in June 1975.

Sex Education in the MENA Region

It is unusual for the *Bulletin* to publish a report relating to another IPPF Region, and some explanation may be required as to why this report appears. Until 1971, Europe and the Middle East and North Africa (MENA) formed a double Region. Representatives from countries which now form part of the MENA Region participated in the Regional Council Seminar on sex education held in Baden/Vienna in 1970. At the Regional Council meeting in Beirut in 1971, the separate Regions were formed, and Regional Information and Education Committees were established. There have, therefore, been links between MENA and Europe for some years. Years of collaboration had developed bonds of friendship with colleagues in the MENA region, and it was felt that some news of what was happening in that Region would be welcomed.

The MENA conference on sex education, held in Beirut in December 1974, was attended by representatives of Britain and Sweden who acted as resource participants. There was no suggestion that Sweden and Britain could provide sex education models which could be transferred to the Region—on the contrary, the emphasis was on the peculiarity of the two models—but it was anticipated that an awareness of general problems, information on programme implementation and curriculum developments, and the definition of objectives would stimulate discussion. It was also felt that European colleagues would be interested in the general conclusions of the conference and to observe the progress of the debate on sex education in another IPPF Region.

The conference objectives, outlined by Dr Isam Nazer the MENA Regional Director, were: to exchange and compare Regional and national experiences; to formulate aims, contents, priorities and target groups of sex education; to examine the relationship between sex education and planned parenthood; to identify the roles of the PPAs in sex education; and to outline Regional strategy.

A paper from Dr Farrag (Egypt) on 'Sex, Society and the Individual' outlined the power of human sexuality as a force affecting physiology, development, sensitivity and demography, a force to be both understood and respected if it is to be harnessed to our benefit. Sex education was seen as the key to this understanding; the principles on which it should be built were a faith in the free play of critical determination, and the need for the common good. Dr Farrag considered that Islamic culture supported these general principles and, importantly, supported sex education.

Dr Boethius (Sweden) described the development and implementation of sex education in Sweden. He illustrated a specific sex education programme and demonstrated how, even in a supposedly permissive country, conservative attitudes had resisted sex education and the strategies of introducing a programme.

My paper examined the theory and practice of sex education in Britain, and considered questions of whether classes should be mixed or segregated, the age at which the subject should first be taught, whether the subject should be integrated with other subjects or taught separately, the role of voluntary organisations, and the need for clarification of objectives.

The papers were followed by a day's discussion of a micro-study of sex education in schools—the influence and role of education authorities, curriculum design, inservice training schemes for teachers, and the role and influence of television and radio. Mr David and Mr Lambert (Britain) and Mr Malek (Lebanon) led the discussions.

In another session the conference examined the role of voluntary organisations, following papers by Mr Hadjistephanon (Cyprus) and myself. The Cyprus experience indicated the major role played by the PPA as an opinion moulder, and often also as a provider. My paper analysed the role and interrelations of various bodies involved in sex education in and out of schools, and the change agents involved. The British FPA was examined as a case study, particularly in terms of training schemes and the production of materials.

The main papers were followed by short accounts of country experiences. In *Afghanistan*, sex education is confined to small groups of medical students; some married women attending family planning clinics or those visited by health or social workers may also be given a little

basic sex education. In *Cyprus*, a little more sex education is provided in schools (biology) and by the FPA, and educationalists are elaborating a comprehensive school programme. *Egypt*, too, is beginning to develop sex education programmes with some projects which appear to be well supported, although official opposition to any enlightened sex education persists. *Iraq* has had no public discussion of sex education, but contacts have been made between the Ministry of Health and the FPA, which promotes sex education for mothers by social workers and training courses for student health personnel. The FPA has also contributed sections on contraception, puberty, marital and family responsibility to a book on home economics. In *Jordan*, there are few sex education activities. In the *Lebanon*, some basic courses in a few high schools for girls have been developed, though Christian schools are outside the central education system.

The American University of Beirut is examining the needs and attitudes of young people and will hopefully produce a curriculum designed for the Lebanon. In the *Sudan*, sex education has scarcely begun, though the FPA is trying to undertake some activities. *Syria* appears to be moving towards sex education, but in terms of practical activities only some instruction in the sociological and religious aspects of sexuality is given in higher education and for children over twelve years.

Tunisia has led the field in sex education in the Region. Initially, in a small project in some secondary schools sex education was introduced via home economics. In 1969, a seminar for teachers and educationalists recommended a pilot project to introduce family planning concepts into third year biology, elements of genetics, sexuality and contraception, in the seventh year. This was introduced in 1970. These urban projects appeared to be successful, and in 1971 it was thought that the rural situation needed examination. A government commission recommended integrated sex education in schools, teachers were trained, materials designed and researched and the programme "Family Education and Educational Life" was implemented. In spite of a lack of wholehearted support, wherever the programme has been introduced it has proved acceptable and popular. The experience is being monitored by the Commission so that new programmes can be initiated.

Discussion was wide-ranging, covering theological, cultural, social and linguistic aspects (eg. translation of the term sex education) the role of mass media, women's emancipation, curriculum design, strategies of implementation, the role of various government and voluntary agencies, the relevance of 'Western' programmes to the Arab world, and what 'sex education' includes.

The final draft of the proceedings, agreed unanimously, strongly supported the provision of better sex education to meet individual, family and social needs. Discussion had indicated four broad interrelated categories of aims and objectives, which included both cognitive and affective elements: personal, interpersonal, social and remedial. At the personal level, the aim was to contribute to the total healthy development of the individual in physical, mental, emotional, sexual and socio-cultural spheres by providing knowledge and understanding of biological, medical, religious, ethical, psychological and socio-cultural aspects of sexuality in relation both to individual and interpersonal behaviour, to social and economic development, and to sexual health and hygiene. Sex discrimination was deplored and the equal rights, dignity and human value of both sexes, and the relationship between sex education and the emancipation of women, were recognised.

At the interpersonal level, sex education was to provide a framework within which caring, understanding and loving relationships were enhanced, and the responsibilities of these relationships accepted, and to enable an individual to make responsible choices in interpersonal relationships. The social aims of sex education were to develop individual moral and ethical standards, particularly, but not only, at a time of cultural transition and social change, to enhance the value of family life and citizenship, and to encourage responsible parenthood and a realization of the equal value of both parents and both sexes.

The remedial aim was to remove misplaced shame, ignorance, fear, misconceptions and misinformation about sexuality, to eradicate sexual taboos, malpractices and complexes and sexual exploitation of all kinds. Of particular interest, in view of recent discussion in the Europe Region, was the inclusion of a clause pleading that the needs of the mentally and physically handicapped should not be ignored.

Concerning the age at which sex education should be introduced, the conference agreed that this was a continuous process from the early years, but that in schools at present the best hope was for pilot projects, preferably with sex education integrated in the curriculum, although some preferred a special subject to be devoted to it also. Teacher training was thoroughly discussed, as was the role of mass media and traditional and folk media in informing parents and the general public, and the critical role of PPAs in initiating schemes, generating public discussion and pioneering pilot schemes.

Finally, the conference discussed the term sex education itself. There was no universally acceptable title for sex education—it was considered that the term might antagonise people who did not understand its aims— but it was unanimously accepted that there was an educational domain which involves biological, medical, religious, ethical, psychological, sociocultural and emotional components of human sexuality, and that sex education could be identified as one aspect of a range of educational programmes in, eg. health education, biology, emotional and family life education, education in personal relationships. The particular nomenclature and variance in content was a matter for national or local conditions. Some felt that the term sex education might be used to avoid ambiguity, but a majority wished to use a term which encompassed important aspects of personal relationships eg. human understanding, family life and human feelings.

This brief summary cannot convey the flavour of these discussions—the splendid stories in Arabic, the sayings, the humour, the seriousness, the total feeling of engagement.

It was an exciting conference, a pioneering venture and one it was a privilege to attend. We look forward to hearing about developments in this field from our colleagues in the MENA Region.

Norman Rea
Vice Chairman, Regional Information & Education Committee

Grapevine – Community Sex Education Project

Background
At the 1971 FPA National Conference a young man intervened to explain why so many young people were staying away from contraceptive clinics. Shortly afterwards, at the invitation of the FPA Director, I initiated a brief pilot study aimed at discovering direct from young people how they saw the situation, and what they would like to do about it. A social studies placement student joined me in the project, and together we set out to meet as many key people as possible who represented in some sense the ideas and attitudes of the young people in whom we were interested, or who were working amongst them as social workers or youth workers.

We became interested in detached youth work as a means of making contact with young people who are not attached to institutions such as youth clubs, and we studied a number of youth project reports. We were also greatly interested by self-help schemes involving young people in other parts of the world.

In January 1972, after a three and a half month survey, we put forward our recommendations for a community sex education project which was eventually to be known as *Grapevine.* These recommendations were accepted by the FPA National Executive Committee, which agreed to underwrite a pilot action/research project for 2 years. The main aims were to discover effective ways of making health and sex education, in the widest sense, available and acceptable to those young people who do not of their own initiative seek information and advice from "establishment type" organisations; to identify, test and co-ordinate ways of involving young people in this work; and to report on results with recommendations for a model (or models) which could be adapted for other areas.

The proposal to involve young people in detached youth work with peer groups in order to circulate reliable information about health and sex relationships was initially greeted by many people with scepticism, and by some with alarm. But the *Grapevine* idea merely built on an existing process–since research eg. by Schofield (1) had shown that young people obtain most of their information on sexual topics from their peers. The plan was to recruit and train young people from indigenous networks in the community so that in future the information in circulation would be more accurate than the misinformation which abounded, and would include positive information about local sources of help.

(1) The Sexual Behaviour of Young Adults, Allen Lane, 1973.

From the first, *Grapevine* bracketed health and sex education together, and added abortion counselling and all other aspects of sex relationships on which young people might need help; it would be necessary to relate sexual information to feelings, and to the ways in which young people experience their sexuality and the pressures on them. In the months leading up to July 1972, consultation and planning gathered momentum. Although *Grapevine* was conceived as a non-medical project, it was envisaged that it would bring to light medical and psychiatric problems, and therefore a consultant psychiatrist at one of the University of London hospitals was invited as an external supervising consultant.

The two adjacent inner London Boroughs of Camden and Islington were selected as the area for the project, both having excellent public health and social services and offering a free contraceptive service to residents; both were also well served by special clinics. Among those consulted were people prominent in youth work, counselling and the use of young volunteers, as well as colleagues in FPA and Brook Advisory Centres. It became clear that the essential skills and experience needed by the team included detached youth work, group work, counselling, and the involvement, training and support of young volunteers in self-help schemes and unstructured situations. The supposition that the facts and philosophy of health and sex education could be learned by staff members *after* joining the project proved to be correct. The first two full-time workers to be appointed were a voluntary work organiser and a youth and community officer. A part-time counsellor was appointed to work with the project. Later, a field officer was appointed with special responsibility for young people in the black communities, and the number of part-time counsellors was increased to four.

Volunteers
The first two groups of 'catalyst' volunteers joined the project in the summer and autumn of 1972. Catalyst volunteers are seen as the pioneer types who respond to the challenge of getting new ideas off the ground. They were not a genuine peer group, in terms of educational achievement and social class background, to the indigenous young people among whom they would be working, and the major point of interest throughout the experimental period has been the degree to which it has been possible to shift towards a more representative group. In a sense they were the 'guinea pigs' to be put through the pilot workshop training (on which they were later invited to comment); they chose the name *Grapevine,* designed the first leaflet, and carried out a survey of the areas in order to discover where the local young people were to be found. *Grapevine's* recruitment policy is self-selection. This is not only in tune with the philosophy of peer group self-help, but is also believed to be the most realistic way of moving in the direction of an open group whose members can between them related to all kinds of young people in the the community.

Of the 172 young people who started a workshop training before 30 November 1974, 78% completed it and 70% went on to make a work commitment. The average length of service is 8½ months and the average time worked each week is 3¾ hours. At the beginning of 1975 there were 78 active volunteers.

The task
The task for which *Grapevine* is training young volunteers is a combination of detached young work and peer group health and sex education. The volunteers work mainly in an unstructured community setting, among people of their own age group and without the protection of an "official" role. Professional community workers normally receive far more preparation than this, and yet they seldom receive any health or sex education in their present training. Many professional workers pale at the thought of attempting what *Grapevine* volunteers do as a matter of course! It is against this background that any assessment of *Grapevine* workshop training must be seen.

Workshop training
Training objectives of the workshop, which all volunteers attend on first joining the project, can be summarised as enabling volunteers to develop their personal style of approach to contact work; raising their level of understanding of community and detahced youth work; and equipping them with basic factual knowledge on contraception, pregnancy, abortion, VD, masturbation, homosexuality etc., the procedures in contraception and special clinics, and the local services for young people which are recommended by *Grapevine.* They also see films and visual aids currently used in health and sex education programmes, and are encouraged to discuss their suitability for community work. The workshop provides many opportunities for informal group discussion and exchange of ideas regarding attitudes, values, relationships, pressures on young people etc. Modification of workshop training has been directed at getting the volunteers out to work sooner—usually within 3 weeks—well supported by the young professional workers and experienced volunteers. Ongoing training with a view to developing the skills and sensitivity of volunteers continues throughout their time with *Grapevine* and is an important area requiring further development.

Contact
The *place* where *Grapevine* workers meet young people is only of academic interest. The important factor is the quality of the relationship and whether it facilitates good commun communications, the passing on of reliable information, befriending, crisis intervention and counselling as necessary. Most *Grapevine* work takes place outside the Centre, in places where young people feel at home (pubs with music, the street, cafes, etc.). *Grapevine* workers talk about "contacts" not "clients" and are careful to avoid any implications of dependency or sickness among those using its services.

A "contact" is defined as a fruitful verbal exchange between two people—2,131 contacts were recorded in the first 21 months of community work, of whom 1,867 expressed a need of some kind. By November 1974, the level of contact *by all means* had risen to 812 in 18 working days (333 telephone calls, 32 walk-in counselling cases, the remainder being young people met outside the Centre). In addition to the 2,131 recorded *individual* contacts, *Grapevine* worked with 470 youth club members met *in groups* (January to August 1974) and 751 Fifth and Sixth Formers met in school groups, May to November 1974.

Needs
The needs expressed by young people using *Grapevine* and the outcomes, where known, are recorded. The ratio of sexual needs to others is 63.9% for telephone contacts compared with 45% for face to face contacts. 51% of the 1,867 needs recorded in the period to 31 August 1974, required information or help on sexual topics.

Grapevine's early operational decision that the volunteers should be responsive to *any* need expressed by a young person has been vindicated by the requests for help in other matters eg. employment and accommodation.

Counselling
Grapevine's approach to problem-solving and counselling has to be practical and geared to meeting the expressed needs of young people. The volunteers appreciate that some of the young people whom they meet have personal difficulties of a kind which call for professional help, and in these cases it is their role to involve a *Grapevine* counsellor or field officer as soon as possible.

Media coverage
The press has generally taken trouble to represent *Grapevine* fairly, and to understand its insistence that no journalist can be allowed to go out into the work situation. There have, of course, been exceptions when a newspaper has printed a misleading and sensation-seeking article. Two BBC fims have been made about *Grapevine*—a TV Doctor programme in January 1973, and an 'Open Door' programme in October 1974.

Cost
In its first year of operations, *Grapevine* cost £10,000, including £500 spent on equipping the Centre. Subsequently, additional staff were hired as the work expanded. Some £10,500, plus use of premises, is the present estimate for first year running costs of a new *Grapevine* Unit. This figure allows for the salaries of two full-time field officers, part-time secretarial help, fees to supervisors and part-time counsellors, training, research and promotional costs, and office running expenses. It does not include the staff time and travel costs of the project manager and other *Grapevine* personnel involved in supervision and training of the new *Grapevine* Units.

Assessment of *Grapevine's* cost-effectiveness must take account of the human costs (and costs to the State) involved in every unwanted baby whose mother cannot love it, or whose circumstances make it impossible for her to give it a secure home. Other factors to be considered are *Grapevine's* effectiveness in preventive work in the fields of community health and mental health, and in crisis intervention; also its effectiveness as a detached youth project, in terms of quality and quantity of contacts with target groups and the use made of professional and volunteers skills.

Grapevine concentrates its main efforts on reaching groups of young people who are not normally seen by young people's information, advisory or counselling services (unless the young person has been referred by eg. social worker) and results cannot therefore be compared meaningfully with the majority of these services, as they are not touching the same problems. There is, therefore, no sense of rivalry between *Grapevine* and sister services such as FPA Young People's Advisory Clinics, Brook Advisory Centres and London Youth Advisory Centres. There is a mutual understanding of the complementary nature of the services offered, with the emphasis on *Grapevine* as an interpreter and bridgebuilder.

The *Grapevine* report on the experimental period (price 50p including postage) will shortly be available from the Family Planning Association, 27/35 Mortimer Street, London W1.

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