

# IPPF EUROPE

## Regional Information Bulletin

Vol 3 No 3 July 1974

### IPPF Europe Annual Report 1973/74

**Principles for IPPF Europe activity**  
At the 1974 annual meeting the IPPF Europe Regional Council (RC) reaffirmed three basic principles as the foundation upon which to plan the future:

- encouraging the development of planned parenthood associations (ppas) as nongovernmental coordinating bodies, bringing together individuals, representatives of different professions and organizations in each country, with governmental cooptation.
- urging ppas to exert pressure on their governments to provide planned parenthood education and services in health, social and education structures, and for appropriate legal changes.
- stimulating the advancement of knowledge of human sexuality and its influence on the wellbeing of the individual and society.

In agreeing the basis for activities in 1975, these principles were viewed in terms of the following:

1. The majority of European governments have now recognized their obligation to meet people's demands for fertility regulation services. These demands include not only contraception, but legal abortion. Few governments can ignore the widespread practice of illegal abortion and, even in those countries where liberalization of abortion laws is unlikely, more positive measures facilitating fertility regulation, or at least a tacitly permissive attitude, are being adopted or can be hoped for.
2. Governments in Europe are becoming aware of the implications of the downward trend in birth rates

### In this issue:

The IPPF Europe annual report, and the main features of member association reports for 1973. The report includes matters deliberated by the Regional Council at its annual meeting held in Belgium, June 1974.

Reports on the Regional Medical Committee, and the Regional Information and Education Committee meetings.

Brief reports on two seminars — on *Fertility Regulation and Social Work* and on *Population Education*, held in conjunction with the Regional Council meetings.



**WORLD POPULATION YEAR**  
The full text of the statement on *Population Growth and Social Development* issued by an international working group in connection with the World Population Conference.

throughout Europe since 1965. The danger exists in Europe, as well as in some "developing" countries, that governments with pronatalist objectives will restrict fertility regulation facilities. A major task for the European ppas now is, therefore, to seek to counteract, by information and education, arguments that contraception and abortion services reduce birth rates. The view that such facilities should not be provided in certain European countries on account of their low birth rates, or that they should be promoted in "developing" countries on account of their high birth rates, should be contested.

3. The IPPF Europe Regional Council asserts its concern for the rights of the individual, and considers that a broad spectrum of psychosocial influences affect sexual behaviour and thus fertility trends, although little is known about the relative weight of these influences.

European ppas will need to watch the influence of these attitudes and arguments both within and outside the associations, and to seek to educate their proponents and the public at large to a clearer understanding of these matters by:

- encouraging a broader outlook within ppas, so that they may be aware of the pressures and restrictions existing in relevant fields, and of the need for the associations to think beyond the limited scope of their own advice centres.
- emphasizing that the promotion or restriction of fertility regulation services on anti- or pro-natalist grounds is a political act which is not only based on false assumptions, but is also inconsistent with the equal rights of peoples all over the world to regulate their own fertility.
- publicizing reports indicating that psychological and social factors influence fertility trends, and that knowledge of the interaction of these factors is slight.
- emphasizing that contraception and abortion are means of fertility regulation, and not themselves determinants of family size preferences, or of fertility trends.
- encouraging a closer cooperation of governments with ppas, not only in national affairs through, for example, ministries of health and social welfare, but also internationally, one aim being to prevent associations or governments adopting one policy nationally and another internationally.
- drawing attention to commercial interests in the promotion of fertility regulation.
- promoting recognition of the importance of happier human relationships, in particular the sexual content of such relationships, and the role of the IPPF in this field, and further promoting humanitarian considerations, including the encouragement of social reform,

leaving political implications of population to governmental organizations.

With the aim of achieving a better understanding of these matters, and in order to promote a humanitarian approach by the IPPF in Europe and globally, the Europe Region will organize working groups/seminars on selected topics, bringing together representatives of national ppa councils, other organizations and government representatives.

#### Practical activities

The translation of these principles into practical activities was reflected in the proposals of the Regional Information and Education Committee (RIEC) and the Regional Medical Committee (RMC) as stated in the reports of the meetings of those committees (see below), and in other proposals emerging from the RC meeting, in the annual RC seminar and the seminar of the RC with the social workers. The proposals included:

- a seminar or working group on the needs for and practice of solving emotional problems in planned parenthood services.
- a seminar or working group for representatives of associations in countries where problems are encountered with the law, church or state, to exchange views on how such problems might be overcome.
- a meeting of one staff member from each member association and Regional Office staff, one day with the Regional Executive Committee (REC), one day for staff only.
- a study of people's motives for wanting children, and a particular number of them, including none.
- a study of the relationship between planned parenthood and population.

**Trends and developments in Europe**  
Each year member associations present an annual report to the Council. Extracts from the 1973 reports are given below:

#### Member Countries

**Austria** (*Österreichische Gesellschaft für Familienplanung*) – ÖGF has always pressed for more comprehensive planned parenthood facilities in order to limit abortion. This has resulted in the establishment of 23 clinics, in cooperation with the State Secretariat für Familienpolitik und Familienplanung, the majority of which are in existing medical institutions. It is expected that the number will reach 50 by the end of 1974, and that these will all be supported by the State by the end of 1975. The ÖGF will play a coordinating role, mainly in connection

with clinic staffing. By law, gynaecologists, psychologists and social workers are an obligatory part of planned parenthood clinic staffs.

Oral contraceptives are available on prescription only, but are not generally difficult to obtain. Orals are obtainable free of charge, for special cases, in the pp clinics (gifts in kind from pharmaceutical firms). Contraceptive counselling is not covered by health insurance, and therefore prescriptions for orals are often provided by physicians without counselling. In some provinces the problem is solved by the local medical board raising funds to pay physicians for counselling. IUDs are used increasingly, but are not covered by insurance, nor do the manufacturers supply them free-of-charge for social cases. Diaphragms are rarely used; condoms are freely available from vending machines. It is not difficult to obtain means of fertility regulation except perhaps in some remote rural areas, but it is still difficult to obtain adequate advice on the method of choice.

**Belgium** (*Fédération Belge pour le Planning Familial et l'Éducation Sexuelle/Belgische Federatie voor Gezinsplanning en Seksuele Opvoeding*) – The Federation's centres are mostly active in the field of public information and sex education. The Federation lends its technical and scientific support to the creation of centres, particularly in disadvantaged regions. Several members of the Federation are members of ministerial committees and working groups on different aspects of contraception. The Federation has called for the liberalization of the abortion law. All the Federation centres offer counselling to women with unwanted pregnancies. The IPPF Europe document *Legal Abortion in Britain* was circulated to all Members of Parliament. The government realized the need to modify legislation and preferred to conciliate on contraception rather than to liberalize abortion.

In July 1973, the article in the penal code relating to publicity for contraception was repealed. The Minister of Health thereafter announced a public information campaign on contraception to which 26,000,000 Belgian Francs would be allocated. So far nothing has emerged from this announcement, apart from some modest grants for basic training of educators and lecturers. A Royal Decree of 9 July 1973 included contraceptives among other medical articles, and regulated their sale (condoms and diaphragms excluded). Another Royal Decree on 12 July enabled centres to sell contraceptives without profit. While these initiatives give cause for

satisfaction, they have nevertheless failed to promote progress due to the fact that the government has no real policy with regard to contraception.

The Government gives no financial assistance to the national Federation office, although some funds have been available for specific centres from the Ministries of Public Health and Culture and from some municipalities.

Published studies show that 95% of fertile couples practise some form of contraception. Those wishing to obtain advice have limited possibilities in the hospital services, from private doctors and the few centres of the Federation. All consultations for contraceptive advice are reimbursed by social security. Condoms and diaphragms are sold only in pharmacies (their cost is reimbursable by social security). Spermicides are sold in pharmacies, and IUDs are obtainable in pp centres, hospital clinics and from physicians.

**Britain** (*Family Planning Association*) – The FPA agreed, in September 1973, a statement of aims and objectives for 1973–77 closely following the decisions of the IPPF Anniversary Conference of October 1973. These included training for all members of the health team; sex education courses for FPA speakers and teachers; extension of a youth advisory service aimed at training young volunteers to help their own age group; research into improved methods of delivering planned parenthood services; collection and dissemination of information about government planned parenthood services, with a view to maintaining and improving standards.

Planned parenthood became a part of the National Health Service on 1 April 1974. Subsequently, not only contraceptive advice but also contraceptives were included free-of-charge in the NHS. Area health authorities started taking over the 1,000 FPA clinics from December 1973. As the clinic services are transferred to the NHS, the FPA budget will shrink. The FPA hopes to obtain funds through its Population Countdown campaign and its sales company – Family Planning Sales Ltd. The government is contributing nearly £200,000 to FPA training activities in 1974/75. The Conservative government announced the appointment of a Minister for Population Affairs. In 1974 this responsibility was passed to the Leader of the House of Lords by the Labour government.

**Denmark** (*Foreningen for Familienplanlægning*) – FF continues an advertising campaign in buses, trains and suburban newspapers. Sales of contraceptives have increased, and negotiations with the Swedish association (RFSU) on sales of condoms

in Denmark were initiated at the end of 1973.

Advice on contraception is available to anyone over the age of 15 without the consent of parents, from general practitioners, a pp clinic or Mothers' Aid contraception clinic. General practitioners make a small charge, clinics do not, but in all cases the contraceptives have to be paid for. Condoms are on sale in many types of shops throughout Denmark.

**Finland (Väestöliitto)** – Väestöliitto activities were mainly focussed on measures for developing population and family welfare policy. Its efforts were concentrated on its responsibilities as a family organization, emphasizing the need to develop support to families with children. In a statement to the Minister for Social Affairs and Health, Väestöliitto expressed the view that there should be a law covering social welfare of families and infants rather than for child protection. The central position of families and the importance of stable human contacts were emphasized. In a statement to the central board of schools, Väestöliitto advised that sex education should be part of a wider subject covering family education. All political parties have programmes for population and family planning policy, and all have been advised by Väestöliitto.

At the end of 1972, the report of a working group set up by the Ministry of Social Affairs and Health supported the implementation of children's allowances, taking into consideration that the income level of young couples is low, and that the initial investment in the home must be made simultaneously with the establishment of a family. Although the motivations of the Committee are based on the principles of social justice and aspects relating to population policies, the proposal seems a reasonable measure in the context of a sharply falling birth-rate, which is considered an impediment to the development of the country.

A survey on the sexual life of the Finns found that only 3% of the Finnish population did not know about contraception, and that only 13% have never used contraceptives (this does not mean however, that contraceptives are used regularly). The most frequently used contraceptive is the condom; the use of the IUD is increasing rapidly. The high number of abortions in Finland (23,039 in 1973) indicates that people are not successful with contraception, and that abortion appears to have become a means of fertility regulation.

**France (Mouvement Français pour le Planning Familial)** – The most important change was that the militants,

those working at the grass roots, became responsible for the MFPP. The MFPP resists the domination of specialists, and tries to diversify activities in its information and consultation centres, attempting a collective approach to problems instead of the individual approach, and a more effective collaboration with workers whether organized and trained, or not.

The MFPP wishes to make the association open to anyone who for any reason wishes to participate in the fight for sexual liberation and fundamental changes in society. The MFPP considers that attempts to broaden its activities must not be sacrificed to financial dependence on any source of funds. This has an important bearing on relations with the government.

The MFPP denounced the present legal situation in France concerning contraception and abortion, and considers that the decision to practise abortion, albeit illegally, in its centres will improve its image with the population as a whole and with women in particular, even if this makes the issue less acceptable to the government, the authorities and even to some physicians. An interesting result of these changes is that whereas for many years MFPP membership had been decreasing, in the current year the numbers have increased.

The MFPP has difficulty in obtaining government approval of its medical consultation centres. The government created a National Council for Sex Education and Information on which other organizations are represented, but not the MFPP. The decision of the government resulted in the MFPP having improved contacts with many organizations.

**German Democratic Republic (Ehe und Familie)** – The task of EFA during 1973 was to secure the total integration of planned parenthood into the public health service. However, the need for increased and improved advisory services and to create a wider basis for advice became evident. Many of the hitherto existing marriage and sexual counselling (MSC) centres now deal with conflicts of partnership, sexual questions, problems of sterility and of contraception. Efforts are being made to integrate routine contraceptive advice into general welfare. The trend of government policy is always to emphasize equal rights of women in private and family spheres, as well as in occupational life. Ministries and public organizations support the idea and practice of planned parenthood. The staff of the MSC centres are paid by the Ministry of Public Health and the Ministry of Social Affairs. EFA has no budget of its own.

Contraceptive advice and services are available in urban and rural districts for everyone. A physician is legally obliged to offer contraceptive advice to a woman after abortion; social workers conduct follow-up. All female methods of contraception are free-of-charge, the costs being covered by social insurance; only the condom must be paid for.

**German Federal Republic (Pro Familia-Deutsche Gesellschaft für Sexualberatung und Familienplanung)** – Pro Familia's main objectives are to obtain public recognition, to represent the association internationally, and to organize training programmes. This is mainly done through committees concerned with the different fields, with usually one staff member implementing the agreed activities. At the end of 1973 Pro Familia was asked by the Minister of Youth, Family and Health whether it would be able to open five model clinics, within three months, in connection with the liberalization of the abortion law. In spite of the small staff in the main office, Pro Familia was able to meet this request. In preparation for the liberalization of the abortion law, Pro Familia increased training for social workers and other staff members of clinics to provide abortion counselling, in addition to the medical and psychological counselling already provided. This part of the work will be particularly supported by the government.

The new abortion law includes an obligation for counselling. The government had announced that DM 5,000,000 would be available in 1974 for the opening and running of 50 model clinics. Part of this support would be given to Pro Familia for three years. Thereafter the clinics will be taken over and subsidized by the Länder. The Länder have been told by the government that they will have to provide 25% of the cost involved. This decentralization resulted in conservative Länder governments rejecting support for clinics where abortion counselling would be offered.

Pro Familia has been financed reasonably within the framework of the model clinics but the problem of obtaining a subsidy for the national office remains. The organization of model clinics places an extra burden on the national office, but it is uncertain whether meaningful financial support is forthcoming.

**Ireland (Irish Family Planning Association)** – The IFPA had a year of consolidation in the clinical field, and began to expand information and education activities. Early in 1973, a sub-committee was appointed to consider the policy trends of the IFPA.

The report of this committee, accepted by the Executive Committee, listed the long-term aims as: integration of planned parenthood into government health services; education of the public; youth services; provision of training facilities for health personnel; public information on the wider implications of fertility regulation i.e. other than individual welfare.

It is IFPA policy to treat free-of-charge all those who are entitled to free government medical services. The availability of information on fertility regulation is extremely limited. Women's magazines, which are widely read throughout the country, are the most accurate source of general information. Persons living within the Dublin area have no difficulty in reaching the clinics. However the rest of the population (50%) is dependent on the attitudes of the local physician. The ratio of physicians to patients in the country areas is very low, thus if a local physician is unprepared to prescribe even oral contraceptives, the population is totally deprived of family planning advice. Many persons reach the Dublin clinics after journeys of up to 10 hours, presenting emotional anxieties. There has, however, been an improvement in the nationwide situation in 1973, and a great public debate in the country on contraception. The government policy and legal situation was fully reported in the January and April 1974 issues of the *Regional Information Bulletin*.

**Italy (*Unione Italiana Centri Educazione Matrimoniale Prematrimoniale*)** – UICEMP's main policy is to continue the struggle, using all progressive forces in the country, to obtain the abolition of the law which prevents public information on planned parenthood. UICEMP maintains continuous contact with other groups and works for the improvement of the activity of the existing centres, the establishment of new centres in those towns and villages where a nucleus of qualified personnel already exists, the organization of training courses for members of the health team, sex education for students and families, and the training of teachers in sex education.

The government has still not adopted a position on planned parenthood, or on the repeal of legislation against planned parenthood information activities. Other legislation which renders persons who advise on or conduct activities leading to the temporary regulation of procreation by instrumental means (diaphragms, IUDs) or hormonal contraceptives, liable to prosecution, remains in force. Thus the position of Italian physicians is paradoxical because contraception is permitted, yet they could be punished for contributing to its implementation by contraceptives.

The campaign for the liberalization of abortion conducted by feminist organizations for the past two years has favoured the cause of contraception. Even in traditionalist circles it is now considered a remedy for abortion, and the concept of planned parenthood is accepted and discussed at all levels. In the region of Emilia Romagna the socialist and communist administration is organizing a modern welfare system which will include planned parenthood services free-of-charge in hospitals. Finance is a constant problem for UICEMP. Some municipal aid is available for centres.

**Luxembourg (*Mouvement Luxembourgeois pour le Planning Familial et l'Education Sexuelle*)** – After the IPPF Europe Regional Council Seminar with government representatives in 1973, the Minister of Public Health invited representatives of MLPFES to visit him. He expressed the view that planned parenthood should be integrated into the national health service, with the association keeping its autonomy. The Ministry of Public Health would cover all financial needs. In order to extend services, a budget of 3,000,000 Belgian Francs was submitted, to include planned parenthood in preventive medicine. A grant of 100,000 Belgian Francs was received in 1974, and 1,500,000 is expected in 1975. MLPFES is financed by such grants and membership fees, donations and sales of contraceptives. Information services are available to urban areas, but insufficiently to rural areas. The situation is, however, improving.

**Netherlands (*Rutgers Stichting*)** – In 1973 the RS developed a four-year plan for its activities, covering the following fields:

1. Planned parenthood, in its widest sense, including, for example, sterilization and artificial insemination by donor, information and education, particularly for non-professionals, students, youth clubs etc. Government aid for these activities was anticipated.
2. Preventive medicine e.g. cervical smears, VD tests in clinic services.
3. Psychosocial services – people with sexual problems visited the clinics in increasing numbers. The government had helped increase the number of clinics providing this service. The staff worked in a team consisting of a physician, a social worker, a psychologist/psychiatrist.

The government showed a keen interest in planned parenthood activities, and the RS had close contact with the Ministry of Culture, Recreation and Social Work which financed an important part of its activities, and with

the Ministry of Health.

A state commission published a report on population at the end of 1973, which included a number of recommendations aimed at intensifying planned parenthood services. These recommendations were made with a population limitation policy in mind. At the hearing of the state commissions, which will be held during 1974, the RS will emphasize that planned parenthood and population policy in its view are not necessarily linked. The RS considers that the primary duty of an association is to enable and motivate people to have children at the time when they want to have them.

The budget provided an expenditure of almost 5,000,000 dutch guilders for 1973, 45% of which was in subsidies, 50% from fees and the sale of contraceptives, 5% not covered. For contraception, people in the Netherlands go to their physician or to RS clinics, of which there are 60 throughout the country. Since 1972, contraceptives needing medical supervision (orals, diaphragms, IUDs) have been available free-of-charge to people compulsorily insured under the Sickness Fund Act (about 70% of the population). RS clinics participate in the scheme and can prescribe contraceptives free-of-charge. However, this did not lead to an increased use of effective methods. Approximately 25% of the fertile female population of the country use effective methods of contraception; the remainder use either less reliable methods, or none at all.

Sterilization is not prohibited, and becomes daily more popular. Vasectomy on an outpatient basis is available throughout the country; female sterilization has been available for many years. Induced abortion is still an offence, but in practice no legal proceedings are instituted as long as a justified medical indication is given. Women from abroad can also have outpatient abortions. The RS has close contacts with outpatient abortion clinics. In 1973, approximately 20,000 Dutch women had abortions in outpatient abortion clinics or in general hospitals. The RS is actively engaged in abortion counselling.

**Norway (*Norsk Forening for Familieplanlegging*)** – The NFF received financial support from the Ministry of Social Affairs and the Bureau of Health, particularly for sex education courses.

**Poland (*Towarzystwo Planowania Rodziny*)** – TPR's policy is to influence the campaign in the field of sex education and preparation for family life taking place outside its own activities. The government, despite a pronatalist policy, is making no change

in the law on abortion or contraception. Longer maternity leave after the third child, and grants for families, especially those with handicapped children, were increased. The Ministry of Health created commissions in 1973 on population and family health. The TPR is represented on both bodies as a full member.

**Portugal** (*Associação para o Planeamento da Família*) – 1973 was a difficult year for the APF but some meetings were arranged with nurses and physicians, and it had been possible to open some planned parenthood centres attached to MCH centres and the departments of gynaecology and obstetrics in the main hospitals.

**Sweden** (*Riksförbundet för Sexuell Upplysning*) – RFSU continued its activities in areas concerning sex education in schools, and the development of contraceptive guidance, through education of midwives and through specialized advice on sexual problems of clients of the two RFSU clinics where a team of health workers is engaged in offering advice on these topics. Commissions on sterilization and sex education are expected to publish reports in summer 1974. RFSU is mainly financed by the profits of its sales organization.

**Turkey** (*Türkiye aile Plânlaması Derneği*) – One of the basic TAPD activities is to conduct planned parenthood information and education services, giving priority to expanding maternal and child health. Government bills are in preparation to integrate planned parenthood within MCH services under one directorate in the Ministry of Health, and to legalize abortion. The TAPD receives grants from the government and from activities of its voluntary members.

**Yugoslavia** (*Federal Council for Family Planning*) – Federal Assembly resolutions on the administration of medicaments and on training were implemented. Most of the FCFP finances were supplied by social organizations, the remainder by the Executive Council of the Federal Government and from republican and provincial bodies belonging to the FCFP. During the year temporary restrictions were introduced with regard to abortion for a woman with one child. The government hopes that when contraception is practised more frequently, the restrictions will be altered.

#### *Nonmember Countries*

**Czechoslovakia** – Since July 1973, abortion has been restricted for women with one child or none. Oral contraceptives and IUDs are widely

used. The population has been increasing since 1970, and is still increasing, as a result of economic and housing measures.

**Hungary** – In October 1973, the government accepted a population policy legislation, which includes economic considerations and family assistance (family allowances, child care allowances, the establishment of children's institutions, kindergartens, and improved housing conditions). Measures for the health of the family include considerations to increase the use of contraceptives, making them more easily available within the social security system and encouraging the establishment of special centres in Budapest and other large towns, and the inclusion in general health services of such facilities in smaller towns and villages. Premarital counselling is now obligatory for every couple under 35 years of age.

Oral contraceptive use increased by 50% in the six months since October 1973, and abortions were reduced by 40% during the first four months of 1974. The birth rate is expected to be raised to 18–20 per 1,000 during the second half of the year. This is not however a real increase in fertility. The expected mean family size in 1966 was 2.2 and is now 2.1. This indicated that the expected family size for those around 35 years of age and younger was unchanged, even after the new legislation.

**Spain** – Planned parenthood activities in Spain continued to be restricted. An outstanding event was the fourteenth national meeting of the Spanish Society for the Study of Fertility and Sterility in 1973 which had unanimously agreed: that a report be prepared for the government suggesting more realistic legislation relating to fertility regulation; that public authorities be appraised of the need for adequate sex education at all levels.

The forthcoming publication of the new journal *Reproducción* will be the first step in expanding information in the field of fertility regulation.

#### **Regional Council Business**

##### **1. Regional Accounts**

The 1973 audited accounts for the Region were approved.

Attention was drawn to the fact that as a result of the centralized system agreed by the Management and Planning Committee in October 1972 (the Europe Region disagreeing) grant payments were now sent by the IPPF Central Office to grant receiving organizations direct, and that report and budget application forms were requested for direct submission to the Central Office.

##### **2. Regional Executive Committee (REC) report to Regional Council**

The activities of the Region and the actions of the REC on behalf of the Council during the period since the 1973 RC meeting were set out in the REC report to the RC, which was approved by the Council, and in the reports of the RIEC and RMC Executive Committees which were accepted.

The REC report covered Regional affairs, IPPF Central affairs, and affairs requiring the particular attention of the Council.

##### **2.1. Regional Affairs**

**2.1.1** The Council noted that three seminars/working groups had been held: *Seminar for francophone youth journalists*, Bad Homburg, German Federal Republic, November 1973; *Abortion working group meeting*, Brussels, December 1973; *Working group with International Association of Schools of Social Work*, London, March 1974.

**2.1.2** *Publications* included the reports of the three subregional youth journalist seminars held in 1973, in English, French and German; *Legal Abortion in Britain* (1973); *Regional survey on the Legal Status of Contraception, Abortion and Sterilisation in European Countries* (1974). (During the course of the meeting, the Council agreed to publish the report of the abortion working group – *Induced Abortion and Family Health: A European View.*)

##### **2.1.3 Sales activities of member associations in Europe**

The REC had sent a circular to the RC during the year on this matter after some misunderstandings and difficulties had arisen. After discussion, it was agreed that the Regional Council, while understanding that its recommendations on sales activities had no binding effect on national associations, until they had discussed and agreed with them, nevertheless recognized that contraceptives should be made cheaply and easily available in the Region. On the other hand, keeping in mind the autonomy of national associations within their boundaries, the Council agreed that marketing and sales of contraceptives by sales agencies affiliated either to the IPPF centrally, or to a national association, should not be allowed, – without the full and acknowledged agreement of the national association of the

# Regional Information and Education Committee

Representatives from 16 member associations attended the annual meeting of the Regional Information and Education Committee (RIEC) which was held on Thursday 6 June, under the Chairmanship of Mr Jørgen Hornemann (Denmark).

1. The report from the Regional Information and Education Executive Committee to the RIEC, reviewing activities undertaken during the past year, was adopted.
2. The I & E Sections of the 1973 annual reports from national associations to the Regional Council were received. Attention was drawn in particular to the following activities:

*Austria* – the ppa had initiated a series of sex education lectures for young men trade unionists.

*Finland* – the ppa had produced a population kit for school use.

*France* – Dr Pierre Pouwels said that one of the reasons why the Mouvement Français pour le Planning Familial had not produced a report was that it felt that the IPPF had failed to give it the support which it considered it merited in the face of its present difficulties with the French Government. Specifically, the MFPPF objected to an article that had appeared in the April 1974 issue of *People*, as it considered that it should have been consulted before publication and invited to give its view of the present situation with regard to planned parenthood and sex education in France.

In connection with the MFPPF objection to the article which had appeared in *People*, the difficulties which can arise when articles giving offence or causing embarrassment to IPPF member associations appeared in IPPF publications were discussed. It was agreed that articles describing in detail the planned parenthood situation in a particular country should be submitted to the association before publication, in order to avoid such difficulties. It was agreed that good contacts with the association, or with an individual working within the association, were essential for this purpose.

*German Federal Republic* – the ppa was evaluating IPPF and Regional member associations' I & E material.

*Ireland* – the ppa was cooperating with the national mental health association in the field of sex education.

*Italy* – the ppa was concentrating on

country concerned.

## 2.2. Central Affairs

In reporting their actions as regional representatives on Central Committees, the REC confirmed that they had put forward to those committees the RC opinions as expressed and agreed by the RC in 1972 and 1973 concerning: moral and financial responsibility in the IPPF; IPPF structure and status; staff; reporting; policy on population control/human relationships; national and Europe regional policies, trends and activities; opinions on the IPPF centrally.

The Council reaffirmed its support of the decisions taken in 1972/73 by the Council regarding these matters (as reported in the September/October 1973 issue of the *Bulletin*).

The REC reported that it had recommended to the Governing Body (GB) that the GB should meet annually (instead of biennially) and that the meetings should be preceded by a GB seminar. The REC had also recommended that a survey of IPPF committees and their functioning should be undertaken. This proposal had been accepted, and a group set up to discuss the question will consider the proposal for an annual meeting of the GB.

The Council was pleased to note from the REC report that many participants from all parts of the world at the IPPF Anniversary Conference had expressed views similar to those of the Europe Regional Council, regarding the need for the IPPF to show concern for the individual and humanitarian aspects of planned parenthood.

Regarding World Population Year and Conference, the Council noted that a statement would be issued by the IPPF at the Conference, and regretted that while they had received information on the Year and the Conference, they had not received information about IPPF participation in the Conference until the Council meeting, and that it would not be possible for the Council to express its opinion on the draft statement.

## 2.3. Affairs for the attention of the Council

In the last section of the report, the REC had formulated five questions and had urged the Council, if possible, to discuss these questions with their national executive committees or councils, and to voice their opinions.

2.3.1 Are the associations in those countries which already give funds to the IPPF centrally in direct contact not only with the health and social affairs departments, but also the foreign affairs departments of their governments?

2.3.2 Do they ever discuss at national level if and how IPPF money could be better spent at the international level?

2.3.3 What is the significance of the present emphasis throughout the IPPF to influence and involve youth, when, as was pointed out in a paper presented to the IPPF Anniversary Conference, the majority of the committee members at regional and central level are over 50?

2.3.4 What measures does your association take in order to make the IPPF as an international organization better known in your country?

2.3.5 What measures do you consider might improve the present image of the IPPF?

The majority of representatives of associations in countries whose governments give funds to the IPPF acknowledged that they had been remiss in not communicating with the department of their government concerned with the distribution of such funds, and recognized that this omission should be rectified. One Council member considered that the governments might give money as part of a policy towards "developing" countries with which the national association of the donor country might not be in agreement.

Another member, speaking with regard to questions 4 and 5 posed by the REC, said that measures that might improve the present image of the IPPF could well be: democratization of the organization, as the Region had been urging, and reasonable management – further discussion on financial management was necessary. Before publicity could be given to the IPPF, it was necessary to know what the voice of the IPPF was.

## 3. Elections

Dr Thorsten Sjövall, the retiring Regional President was elected IPPF Vice President for Europe, succeeding Lady Tewson, who had retired from that office.

The Regional Executive Committee was elected: Prof Denys Fairweather (Britain) President; Madame Kina Fayot (Luxembourg) Vice President; Dr Jürgen Heinrichs (German Federal Republic) Treasurer; Prof Lykke Aresin (German Democratic Republic); Prof Mikolaj Kozakiewicz (Poland); Prof Kauko Sipponen (Finland).

Regional Representation in central committees was agreed as: the REC in the GB; the Regional President in the Management and Planning Committee; the Regional Treasurer in the Budget & Finance Committee; the Chairmen of the RIEC and RMC in the CIEC and CMC, respectively.

sex education activities aimed at migrant groups.

*Luxembourg* – the Roman Catholic church appeared to be softening its attitude towards planned parenthood – a change which had been reflected in recent press articles.

*Poland* – the ppa and Ministry of Education were cooperating in introducing the new secondary school subject entitled “preparation for family life”; the ppa had successfully opposed a change in the abortion law; there had been widespread coverage of sex education in the official paper *Trybuna Ludu*.

*Turkey* – research was being undertaken into opinions on sex education; educators had been trained for community work; the ppa was developing indigenous planned parenthood material particularly for use in rural areas.

*Yugoslavia* – the right to decide on the number of children was now enshrined in the Federal Constitution (Article 191).

3. A number of themes were suggested for future issues of the *Regional Information Bulletin*: planned parenthood problems of intra-European migrants; ppa experiences in cooperating with trade unions in planned parenthood/sex education activities; sociological aspects of subfertility; the opposition of the medical profession to planned parenthood; the impact of religious institutions on planned parenthood at national level.

The possibility of translating the *Bulletin* into other languages, in particular French, was discussed. It was agreed that for the time being the *Bulletin* should continue to be published in the working language of the Regional Council since it is primarily an inhouse publication.

4. The Chairman reviewed the background to the three *subregional journalists seminars* that had been organized in 1973. In his view, the two main points which had emerged from the reports were that there was a demand for dialogue at a national level between journalists and ppas, and that journalists did not, it seemed, necessarily regard ppas as progressive organizations.

One of the thoughts behind the organization of subregional seminars had been that these would provide the impetus for the organization of national seminars. It was reported that Pro Familia would be organizing a national seminar, and would be using the subregional seminar

reports\* as part of their background information.

It was recognized that a feedback in terms of column inches in the press had not been expected from the seminars, but that it was essential that ppas maintain contact with the journalists who attended the seminars, and enter into contact with other journalists, particularly by organizing national or local seminars.

5. The RIEC Vice-Chairman, Mr Norman Rea (Britain), invited RIEC members to send him any amendments to the information contained in the preliminary regional *Sex Education Survey*. It was agreed that the authors of the survey, Mr Norman Rea and Prof Mikolaj Kozakiewicz (Poland) would prepare the final report by the end of September. It was hoped that the full report might form the basis for subregional seminars during 1975.
6. It was agreed that a study group be convened to discuss *legal aspects of planned parenthood*. It was suggested that on the basis of the findings of the preliminary meeting, a second meeting be convened in 1975.
7. After discussion on the subject of planned parenthood problems of *intra-European migrants*, it was agreed that it was difficult to identify a practical role for the Region. However, RIEC members were urged to encourage their national associations to undertake appropriate activities, and to initiate or strengthen bilateral cooperation. It was agreed that Regional member associations would be asked to provide information on their activities in this field so that a report could be prepared in time for the 1975 meeting of the RIEC.
8. It was agreed that the 1975 *I & E Work programme* would include the following:
  - a preliminary meeting of a group of experts to study legal aspects of planned parenthood; follow-up meeting;
  - a series of subregional seminars on sex education;
  - a regional survey of planned parenthood association activities aimed at assisting migrant workers;
  - an improvement of information exchanged within the region;
  - exploration of the implications of I & E activities in the social workers field.

\*The three reports, in English, French and German, are available from the Regional Office – price £0.50 per set + postage.

## Regional Medical Committee

At its Third Meeting on 6 June 1974, the Regional Medical Committee (RMC) agreed that its membership was open to all members of the health team, and resolved that it be made clear to member-associations that the term “medical” was intended to embrace all types of health personnel and persons working for the betterment of individual, family and community health and conditions. Future membership was therefore not limited to medical doctors.

The Chairman presented the 1973 report of the Regional Medical Executive Committee (RMEC). The RMEC had met three times in the year. At RMEC request, medical documents had been circulated to the RMC; and certain Regional documents circulated to the Central Medical Committee. As requested at the 1973 RMC meeting, the RMEC had considered *Guidelines for the IPPF Work Programme 1974–76*, but found no apparent medical aspects relevant to the Region.

The RMEC had agreed a procedure for evaluating medical IPPF research grant applications received in the Regional Office. The RMEC had approved filmstrips on *Intra-Uterine Contraceptive Methods* (Parts 4–5), and on *Methods of Contraception*. The RMEC had ensured Regional representation at appropriate European medical meetings on planned parenthood.

Finally, the RMEC had discussed the organization of relevant meetings of Regional working groups, kept under constant review the Region’s future plans in the medical field, and discussed the Regional viewpoint to be presented at meetings of the Central Medical Committee, and of its subcommittees.

Members then reported on medical activities in their respective countries in 1973. In *Austria*, IUDs had been legalized on 14 February. In *Belgium*, the association had organized no

specifically medical meetings, since most general medical meetings organized in the country included discussion on fertility regulation. On 22 January, an eminent gynaecologist and obstetrician (Dr W. Peers) had been arrested for performing illegal abortions in a provincial maternity hospital; the affair was still having its repercussions. In *Denmark*, sterilization of men and women over 25 years of age, and female sterilization after two births, was legalized on 1 July; and first trimester abortion on request was legalized on 1 October. In *France* on 2–3 June, the association had resolved to perform skilled (albeit illegal) abortion. In the *Netherlands*, nonprofitmaking, skilled (but strictly illegal) abortion continued, largely on an outpatient basis.

It was noted that, in Britain from 1 April 1974, contraception was formally integrated into a reorganized National Health Service. On 3 April 1974, the report of the British Committee on the Working of the Abortion Act 1967, after nearly three years' deliberation, was published. Anticipated future events included the legalization of first trimester abortion on request in *Austria* and *Sweden* from 1975: a step already taken in the *German Democratic Republic* on 9 March 1972, and a possibility in the *German Federal Republic* in 1974. On the other hand, first trimester abortion on request had been restricted in *Hungary*, from 1 January 1974, to women with three or more living children, and women aged 35 years and over (among others).

The Committee endorsed the Conclusions of a Regional Working Group on Abortion, which had met in Brussels (Belgium) on 10–12 December 1973, under the title *Induced Abortion and Family Health: A European View*; and recommended that the report be published by the Region and circulated widely: a recommendation accepted by the Regional Council.

As a follow-up to the meeting of the Working Group on Abortion, the Medical Committee recommended that a meeting of a Regional Working Group on *Abortion Counselling* be convened. This too was agreed by the Regional Council.

The Committee noted progress in the organization of a joint DANIDA/FF/IPPF Europe Regional seminar entitled *The Health Team in Planned Parenthood*, to be held in Holte (Denmark) on 7–21 July 1974. About 20 participants from the IPPF Africa Region, financed by DANIDA, will be joined by an equal number of Europeans, financed by the IPPF Europe Region, with the basic aim of promoting cooperation among health personnel for the benefit of the community.

The Medical Committee agreed that a meeting of a Regional Working Group on *The Needs for and Practice of Solving Emotional Problems in Planned Parenthood Services* be convened. This was agreed by the Regional Council.

The Committee noted that the International Organization for Standardization (ISO) was proceeding with a Swedish proposal to consider international standards on contraceptives.

The Medical Committee considered medical aspects of the *IPPF Europe Region Work Plan 1975*. It was suggested that the role of men in fertility regulation, and people's motives for wanting children, and a particular number of them (including none), might usefully be discussed in the future.

Finally, in place of the retiring Chairman (Prof Pierre Hubinont, Belgium) and Vice-Chairman (Prof Denys Fairweather, Britain), the Regional Medical Committee unanimously elected Prof Lidija Andolšek (Yugoslavia) and Dr Jan Karbaat (Netherlands), respectively.

## Fertility Regulation and Social Work

A Regional seminar on "Fertility Regulation and the Social Worker" was held in Sint Niklaas (Belgium) on 3–4 June 1974. Participants consisted of one Regional Council representative from each member-country in Europe, one social worker nominated by each member-association, and observers from three nonmember-countries (Bulgaria, Hungary and Spain). Mr Norman Rea (Vice-Chairman, Regional Information and Education Committee) chaired the opening and closing plenary sessions. At the opening session, the General Rapporteur, Miss Mady Roulleaux (Luxembourg) presented her background paper on "The Social Worker and Contraception"; and Mrs Eva Hedlund (Sweden) presented a summary of "One Year's Advisory Activities" of the Swedish member-association. An additional background document was the draft proceedings of a joint International Association of Schools of Social Work/IPPF Europe Region Working Group Meeting, held in London on 18–20 March 1974, entitled "Planned Parenthood in Social Work Education".

Following the opening session, five groups met to discuss a series of topics, resulting in group reports presented at the closing session. These five reports, and the plenary discussion, form the basis of the following report.

The groups discussed wide-ranging roles of social workers in planned parenthood services. It was emphasized that sexuality and fertility regulation could not be isolated from the context of interpersonal relationships. Accordingly, the need for a team is evident, with its coordinated approach to the individual seeking advice. It should be ensured that the different members of the team offer consistent help, without overlapping or omissions. For example, the situation of different social workers visiting the same family on a variety of problems should be minimized, so that one social worker takes responsibility for ensuring that the client is fully cared for, and not subjected to conflicting advice from different sources. Teamwork in this field implies the desirability of coordinated training courses for social workers and allied professionals, and the avoidance of excessive specialization.



# What is population education? and what is its relevance to planned parenthood?

It was remarked that men seem unreasonably to be neglected in the profession of social work and, to a considerable extent, ignored in their clientele. This is particularly to be regretted in the field of fertility regulation, with its equal relevance to both partners in a sexual relationship.

Both basic and in-service social work training in sexology and/or contraception vary widely both within and between European countries. This is partly because social workers typically do not consider fertility regulation a priority area, assuming that other health personnel (e.g. public health nurses) are responsible for imparting sexual and/or contraceptive advice. However, the basic outlook of social workers is compatible with a wider understanding of sexual problems, which can readily be integrated with existing social work training, without any radical curricular changes.

It was acknowledged that volunteers might still play a valuable role in helping social workers to recognize and meet the needs of consumers, particularly in fertility regulation. Volunteers should be drawn from the widest possible range of social backgrounds.

Social workers should not be assumed to be uniquely placed to furnish planned parenthood services. Indeed, in some European countries, these services may be provided equally competently by other personnel, such as public health nurses. It is only essential that, in common with social workers, they should have a nondirective attitude, and be aware of their own limitations and personal feelings in relation to their clients. The common aim should be to treat clients as people, and not as patients.

Concluding, the Chairman hoped that the seminar had helped to achieve its aim of promoting contacts between planned parenthood associations and social workers. Attention was drawn to the relevant basic principle in the draft IPPF Europe Region Work Plan 1975: "Urging ppas to exert pressure on their governments to provide planned parenthood education and services in health, social and education structures, and for appropriate legal changes".

On 5 June, Regional Council members participated in a one-day seminar, with the theme "What is population education? and what is its relevance to planned parenthood?" A background paper was presented by Norman Rea, Senior Lecturer in Education at the University of York.

In his introduction, Mr Rea briefly traced the recent history of concern about population growth and the evolution of vocabulary connected with population. He referred to numerous statements and writings on the subject expressing the belief that population growth is a basic cause of poverty, and tried to demonstrate the variety of concerns rising in intensity and seeming to meet at the point of population. Mr Rea considered fear to be one of the prime motivators of concern in this field.

Mr Rea distinguished between education and propaganda. "Population propaganda, in my view, is a systematic, deliberate attempt to indoctrinate people with particular ideas about population. Population education, on the other hand, refers to the process of acquiring knowledge and developing skills and techniques, which allow the possibility of handling theories, data, etc., relating to population, on the basis of which individuals and groups can make judgements and come to decisions themselves. Indeed, an important element in such education would be developing skills which would allow propaganda to be identified. The key to the difference is that education leads to the possibility of making choices, while propaganda is designed to eliminate choice as far as possible."

Mr Rea went on to define population education as a process by which students would investigate and explore the nature and meaning of population processes, population characteristics, and the causes of population changes, and to examine the consequences of these processes, characteristics and changes for the individual, the family and the world. "Population education approaches population, not as a problem to be solved, but as a phenomenon to be understood, although this understanding may provide the intellectual rationale

for responsible action. Not least, it should lead students to a rigorous exploration of their own values and attitudes, and the relationships that they have with other people who may hold other values and attitudes."

Reviewing the practical possibilities for including population education in school curricula, Mr Rea considered that the subject should be integrated with other subjects dealing with societal considerations. He gave two examples of his own experience of this subject. Discussions among 15-16-year-old students included examination of why increased educational opportunity appeared to be associated with reduced family size. The discussion had in fact, involved a review of cultural, social, economic, health and welfare factors. Students also analysed an advertisement for a fundraising campaign for the IPPF, based on the world food shortage (Population Countdown). The students had access to resource material, including articles on the world food shortage which took opposing views. After discussion, the students had concluded that, rather than give money to the campaign, they would make a donation to a charity for famine relief.

Turning to the role of ppas in population education, Mr Rea said it was important for associations to ask themselves whether there was anything they could offer in this field which was worthwhile, in the light of his definition of education. Mr Rea confessed himself to be in a dilemma. "I do not see what the role of the associations in these areas can be, at least in terms of education. Perhaps the real issue then which we ought to consider is the role of planned parenthood associations and population policy. Is it not time that those ppas who campaign in this field asked themselves fundamental questions about their motives, their political concerns, the rationale of their operation? Is it not time that we reasserted the real concern of planned parenthood with individual and family welfare, not with population?"

In conclusion, Mr Rea quoted Pierre Pradervand: "We need a broader, clearer vision. We need to see people as

infinitely precious, infinitely beautiful, and not in terms of negative dependency ratios, frightening growth rates and other similar heartless expressions. Are we afraid of our mother or child or neighbour or husband?\*"

After the presentation of the paper, some points of clarification and additional remarks were made in the plenary session. In particular, the discussion groups were asked to discuss whether population education was really necessary, not because the items mentioned in the paper are unimportant, but because these items might be better dealt with under such concepts as social history, family welfare, political economics, etc., rather than population education.

Mr Rea agreed that the subject should be introduced on a human scale in the context of knowledge of relationships between people. He considered the educational aspect to be much more important than the demographic aspect.

Another point raised was the consideration that there were two levels on which the subject would need to be discussed – the ideological and the educational. The groups would need to discuss whether population education was necessary, and if so, how it related to other subjects. Secondly, the groups would need to identify, for the sake of their own ppas, as well as for the Region, whether or not there was a role for the ppas in this field. It might well be decided that there was no role, but if so, it was important to say why.

The meeting then divided into five discussion groups. Among the general points which emerged were the following:

1. "Population education" should be factual and explanatory. It should be concerned with information and education, not propaganda. (One group noted however, that information presupposes a choice among facts, ultimately based on a particular outlook or value.)
2. The term "population education" is

inadequate. For example, it appears to ignore the distinction between the study of people as individuals, and demographic studies.

3. "Population education", if deemed a necessary ingredient in education, should be integrated with other subjects, e.g. socio-politics and family life.
4. The relationship between population education and planned parenthood education and information is not clear.

In the plenary discussion which followed the presentation of the five group reports, several participants suggested that a study should be made of what, if any, relationship existed between planned parenthood and population. Some participants considered that information in this area should be collected at national and regional levels.

One group considered that the present role of ppas was in the field of information and services on voluntary fertility regulation, and that a shift towards activities in the field of population education would necessitate a redefinition of the aims of ppas.

The relative influence of education in the widest sense, and of social, economic and other factors on individual decision-making was discussed. Some people considered that individual decisions on whether or not to have children, and if so, how many, were primarily determined by their living conditions rather than by education.

It was pointed out that the IPPF was a federation of associations concerned with planned parenthood, not population. However, it was questioned whether it might be a task of the Region to clarify the relationship between planned parenthood and social demography.

There was a general consensus that it would be premature for European ppas to embark on activities in the field of "population education" until a clarification along the lines of the above proposal had been made.

## International Working Group on Population Growth and Social Development

We print below the full text of a statement on *Population Growth and Social Development* issued by the International Working Group on Population Growth and Social Development. The statement had, by mid-July, been signed by some 200 demographers, economists, social scientists and activists in the field of family planning and development work, from twenty-five countries. The statement has been submitted to Dr Kurt Waldheim, Secretary General of the United Nations and Antonio Carillo-Flores, Secretary General of the World Population Conference to be held under UN auspices at Bucharest, Romania 19–30 August 1974.

The statement aims at drawing the attention of scholars, governments, international bodies, research centres and international public opinion to the problems of the Third World, which, in the view of the Working Group, are not mainly problems of population increase, but primarily problems of social, economic and political structures perpetuating poverty and determining reproductive behaviour.

The interest of the IPPF Europe Region in the statement stems not only from the fact that it is generally in accord with Regional policy on family planning and population problems, but also because the statement was initiated by a group of European experts with whom the Region has established working contacts in recent years.

*The statement reads:*

The United Nations have designated 1974 as World Population Year. The activities during this year, and especially the World Population Conference, will make people aware of the necessity to take demographic factors such as the size, the distribution and the age and sex structure of the population as well as the change of these factors through fertility, mortality and migration into account when planning for the future. In particular, they will help to stimulate creative thinking on policies suitable for dealing with the problems arising from an unprecedented growth of world population.

We recognize that in some of the United Nations documents relating to World Population Year population growth is properly viewed as a dependent variable within the social, economic, political and cultural development context. At the same time we cannot ignore the

\*The Malthusian Man: *The New Internationalist* No. 15 May 1974.

danger that neo-Malthusian views, inherent in current birth control strategies of powerful governmental and non-governmental agencies and propagated by numerous organizations, politicians and scholars in Western industrialized countries, may dominate the world wide debate initiated by the United Nations; there is a risk that "misunderstandings" regarding the true character of the problems presently facing humanity may be spread.

According to the neo-Malthusian position, "overpopulation" – interpreted either as a too dense population or as a too rapid population increase – is the major single problem facing the countries of the Third World and it is held responsible for many evils, such as unemployment, poverty, high mortality rates, malnutrition, starvation and illiteracy; in the developed countries, according to this position, the growth of population is a primary cause of increasing environmental deterioration and depletion of resources. A drastic reduction of birth rates is considered the essential condition for solving these problems. That reduction, it is argued, can and must be achieved by "direct measures", i.e. propaganda for birth control, increase in the number of family planning clinics, distribution of contraceptives, legalization of abortion and sterilization etc.

We consider this approach to be wrong. Population growth must not be blamed for diseases of society. It is a deception to make people believe that it is possible to solve problems of society through birth control measures.

In the past two decades there has hardly been any considerable progress in most of the developing countries measured in the rise of levels of living of the broad masses; wealth and land have remained concentrated in the hands of small elites, in a number of countries the disparity between rich and poor is increasing. Even in those Third World countries where economic growth has been fairly rapid in recent years, it has taken forms which do not benefit, and even worsen the conditions of life of the poorer strata which make up the vast majority of the population in these countries. For example, industrial technology, and to an increasing extent new agricultural technology, is seldom designed to meet local conditions; it is generally capital intensive rather than appropriately labour intensive and tends to increase the already heavy burden of

unemployment and poverty. The political, economic and cultural elites in many developing countries are being supported by Western capital which keeps them subordinated to the interests of the Western industrialized countries.

These national and international power structures play an essential role in the perpetuation of poverty, unemployment, illiteracy and lack of social and political participation among the masses in the developing countries. From the perspective of these power structures, the real issue is not that population growth exerts pressure on the means of subsistence, as the neo-Malthusians assert, but rather that population growth tends to threaten the institutional framework safeguarding the unequal distribution of economic and political power. Insisting on population increase as a major cause of underdevelopment can therefore serve, on the level of theory, to furnish an ideological legitimation of the existing order of things; on the level of politics it serves to distract attention from the real political-economic issues facing the Third World.

This standpoint does not imply that we are opposed to family planning. On the contrary, we are of the opinion that free access to efficient contraceptives and other means of birth control should be a human right and available to all, and we recognize the importance of effective family planning to health and well-being. Neither do we believe that on a finite earth with finite resources there can be an infinite growth of population; there is no doubt that the stabilization of world population is an urgent task. We maintain, however, that population policy and family planning become meaningful only if they are conceived within the framework of an all-round economic and social development plan. As the demographic history of the now industrialized countries and of some economically advanced regions in the Third World indicates, social development on a comprehensive scale is a necessary prerequisite for the decline of fertility. On the other hand, there is much research confirming the view that peasant populations and the new urban sub-proletariat in the underdeveloped regions of the world want many children and will continue to give birth to many children. As long as the material conditions under which the majority of the people in the Third World have to live are not drastically improved, reproductive behaviour is

likely to remain unchanged and birth control programmes are bound to remain inefficient. Therefore, the existence of plans and planning authorities cannot solve the population problem unless basic structural changes take place: unless institutions permitting large scale political participation of the masses replace the existing repressive systems which prevail in most of the developing countries; unless inequalities in the distribution of wealth and opportunities are removed and strategies of social and economic development are implemented that benefit all strata of society; unless the countries of the Third World free themselves from economic exploitation and political domination by foreign interests.

In Western industrialized countries an increasing number of politicians and scholars maintain that population growth is a major cause of the depletion of resources, of environmental destruction and the decay of urban centres. We consider this argument both wrong and dangerous. The deterioration of the natural and social environment is not primarily a function of population size or population growth but it is essentially an emanation of an economic system based on the principle of the maximization of profits which implies the rude exploitation of natural and social resources by the few that are economically powerful. A solution to the ecological problems facing many economically developed countries can only be found if present economic structures are democratized. In particular, the multinational corporations wielding inordinate economic and political power in many Western industrialized countries as well as in large parts of the Third World must be subjected to effective democratic control.

In view of the hundreds of millions of people in the underdeveloped countries living in utmost poverty, in view of the social and ecological problems facing large parts of the world it is time to take action towards the necessary changes.

International Working Group  
on Population Growth and Social  
Development

c/o Dr Marios Nikolinos  
Freie Universität Berlin  
FB 10, WE VII  
Garystr. 21  
D 1000 Berlin 33  
German Federal Republic.

**If people cared for  
one another, then  
population would  
take care of itself**

