

IPPF EUROPE

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First Regional Seminar for Youth Journalists held in Ireland

A sub-regional seminar on *Planned Parenthood for Young People* was held in Dublin on 28-30 January, with participants from Britain, Denmark, Finland, Ireland, Norway and Sweden. The seminar, the first in a series of three planned for 1973, was conducted in English, and attracted journalists from radio/TV departments, newspaper sections and magazines aimed predominantly at a young audience/readership. Two committee members of the Fertility Guidance Company, Dublin, both journalists, also attended the seminar.

The seminar was opened by Norman Rea, Vice Chairman of the Regional Information and Education Committee. The general aim of the seminar was, he said, to promote closer contact in the Region between mass media journalists and planned parenthood associations. It was recognised that the media had a significant role to play in promoting planned parenthood and sex education, but felt that many associations lacked experience in relation to the media. In addition, there were varying concepts of the social role of the media in different European countries. The December 1972 issue of the *Information Bulletin* (circulated as a background paper) touched on certain themes and difficulties common to several countries in the Region. It was hoped that the seminar would provide some guidelines on "do's" and "don'ts" for associations in their relations with the media, and that participants would be stimulated to re-appraise the role of their respective media in areas of interest to associations. This introduction was followed by a

paper from Dr James Loughran, Vice Chairman of the Fertility Guidance Company, who presented some information on the Irish population: for a century, Ireland has had the highest mean age at marriage, and the lowest marriage rate in the world and yet, owing to large mean family size, Ireland has one of the highest birth rates in Europe. However, the situation has rapidly changed in the past decade. The number of women under 25 marrying every year has doubled during this period, and the typical Irish bride today is in her early twenties. She could on average expect 10 live births by the age of 45 if she did not somehow regulate her fertility. The illegitimacy ratio in mothers under 20 was estimated at 25% in 1969; and the marriage rate in younger age groups is rising. The number of women going to Britain for legal abortion increases annually, the majority being under 25 and unmarried. The import and sale of contraceptives, and publicity on contraception remain illegal, while sex education in schools is virtually nonexistent.

Dr Loughran considered that the situation presented a great challenge to planned parenthood workers in Ireland although, because of the great demand for, and short supply of planned parenthood services, the majority of clients at the two Dublin clinics were married women with children. Nevertheless, a person of 17 years or over is eligible for advice on contraception from the clinics, whether married or not.

The introduction and Dr Loughran's paper were presented on the first evening. During the following two days, discussion continued in group and plenary sessions. The groups divided along media lines, and reported at the end of the seminar, briefly as follows:

Group 1 (Radio/TV) drawing on experience in Denmark, Finland and Norway, outlined certain broadcasting activities in these countries. The Danish Children's and Youth Department uses a drama documentary approach to give information on teenagers' sexual behaviour. In preparation for the new abortion law (expected in Denmark during 1973) a large scale radio/TV

information campaign on contraception is being launched. In Norway, developments in this area have been recent. In 1972, a radio series on contraception for teenagers was broadcast; the schools TV programme has broadcast a sex education series. In Finland, radio/TV school and family programmes broadcast regular series on sex education and information.

The report covered a number of important areas, e.g. audiovisual media as a reflection of, and sounding board for public opinion; the significance of the legal and commercial status of the media; the interrelationship of different media—"hot" and "cool"—and the division of labour between them. The report concluded by offering some suggestions on approaches which might be successfully employed by the media in Ireland to raise the level of awareness of planned parenthood, adding however that: "Only if a sufficiently large audience consciously wants information about planned parenthood can a mass media campaign be promoted with any reasonable degree of success".

Group 2 (consisting of Irish, Norwegian and Swedish newspaper journalists) concentrated on guidelines for associations who wished to inform the press of their policies and activities. It was considered that planned parenthood's sexual implications gives associations an immediate advantage in gaining access to the media. On the other hand, the group felt that it was important to realise that newspaper articles and features needed to be supported by references in other media.

Other recommendations were: that a planned parenthood association include on its committee at least one person familiar with the media work—preferably an active journalist; that the association organise regular seminars for journalists, and follow them with up-to-date information on a long-term basis; that press releases/conferences should be well prepared, and of interest not just to the association but to the media as well. It was also pointed out that the association does not have a monopoly on information in this area, and that journalists will take their information from *all* sources most readily providing the required information.

Sex Education in Denmark

Following the recommendations of the State Commission for Sex Enlightenment, compulsory sex education was introduced by law No. 233 of 29 May 1970. The law came into effect at the beginning of the 1971 school year. Sex education begins at the age of seven (first grade)* and the teaching is adapted to the development of the child throughout the school years. It is now compulsory for teachers to give sex education in a number of subjects such as Danish, biology, geography, history etc.

The guidelines for teachers (*Vejledning om Seksual Oplysning i Folkeskolen 1971*) published on 8 June 1971 by the Ministry of Education, gave rise to protests by a number of teachers and parents against the teacher's freedom to discuss almost any sexual problem raised by children or the teacher himself, and against the compulsory nature of sex education (before the law came into force parents were entitled to withdraw their children from sex education classes). Groups of parents and teachers throughout the country collected signatures for a petition to change the law in this respect. Press articles and letters to the editor from parents, teachers, ministers of religion and politicians have criticised sex education, and argued that the child has either the right to be excused sex education or to receive it without any qualifications.

What do the law and the guidelines say about sex education? "The aim of sex education is to give the child knowledge which helps it overcome the insecurity and fear which might otherwise arise in this field; contributes to increased understanding of the relationship between sexuality, love and life; provides the individual with the opportunity to independently explore attitudes in harmony with his/her own individuality; emphasizes the importance of responsibility and consideration in sexual matters."

Sex education must not be given in the form of lectures and special lessons, but rather at any time in education at the request of the pupils, and at any time when the teacher finds it natural to discuss the subject in the context of other subjects.

The guidelines point out that sex education is neither an exclusively physical affair e.g. contraception, nor only an emotional one that cannot be discussed impartially and objectively. The subject must be illustrated in such a way that it appears as only one of many aspects of life. It is not sufficient to illustrate immediate sexual satisfaction or reproduction. Sexuality

Complaint on Danish Sex Education Admitted by European Commission on Human Rights

In December 1972, the European Commission of Human Rights (Council of Europe) declared admissible a complaint brought by a Danish couple against Denmark concerning sex education in publicly maintained schools.

The complaint is that the 1970 Danish law, which introduced compulsory and integrated sex education in public schools, violates the right of the parents not to be compelled to have their 10 year old daughter educated in a way contrary to their religious and philosophical convictions. The complaint is based on Article 2 of Protocol 1 of the European Convention of Human Rights which states:

"No person shall be denied the right to education. In the exercise of any functions which it assumes in relation to education and to teaching, the State shall respect the right of parents to ensure such education and teaching in conformity with their own religious and philosophical convictions."

The application was originally filed in April 1971; the Commission decided in June 1972 to hear the parties and to grant the applicants free legal aid to ensure that they were represented by a lawyer at the hearing.

The Danish Government had argued that the application was inadmissible as it was incompatible with the Convention, on the grounds that the State has fulfilled its obligations by allowing parents to have children educated in private schools. The Danish Government further maintained that the applicants' daughter was not being denied her right of education since the parents have a constitutional right to educate the child at home, which they had in fact been doing for some time.

The Commission has now to proceed to establish the facts of the case.

Group 3 (consisting of British, Finnish and Irish magazine journalists) believed that mass circulation magazines for teenagers have a profound impact on their readers. Often such magazines are able to fill gaps in sex education; accurate information on, for example, contraception, abortion, VD is well received. Some magazines plan regular information series, and the group considered that associations should take the trouble to monitor publications in order to be able to plan the presentation of up-to-date and reliable information. Although welcoming the principle of advertising planned parenthood, the group was aware that contraception might thereby come to be regarded as another consumer product; young people, it was felt, are becoming increasingly suspicious of advertising claims. The group concluded by recommending continuing and close contact between the media and planned parenthood associations.

The final plenary discussion brought up the unexplored question of the extent to which planned parenthood associations could or should use popular, semi-"pornographic" magazines as a channel of information. This question, raised in several of the articles published in the December issue of the *Information Bulletin*, was difficult to answer. There were obvious risks in this approach, but also potential benefits. It was agreed that each decision in this matter would have to be reached on its own merits, in the light of prevailing local conditions.

During the seminar, the Danish sex education film trilogy was screened. The films, commissioned by the Danish association in 1971, were directed by Alan Lowry who explained the kind of thinking that had gone into their making. They provided a useful illustration of the Danish approach to sex education for young people and aroused great interest.

Julian Heddy
Secretary to the
Regional Information and
Education Committee

Legal Abortion in Britain

has to appear as something which significantly concerns almost all aspects of life as it relates to the individual, the family and society.

The guidelines make it clear that there is no limitation on answering a child's question other than the consideration of its maturity, and the right of the teacher to refuse to answer what he or she considers provocative questions. The teacher himself must not use vulgar terms in sex education. If the child uses such terms, the teacher has tactfully to explain why the other terms are used, even if the vulgar terms are more natural to the child.

The teacher is forbidden to give sex education outside the class group in the form of personal advice to an individual, and he is advised not to discuss sexual questions individually with pupils.

The teacher must not give information on the technique of coitus or other ways of obtaining orgasm. At no stage in sex education should photographic material depicting sexual situations e.g. masturbation or coitus be used.

The above limitations have been determined partly for the sake of the teacher's security, partly because areas of medical competence must not be infringed, and partly for the sake of parents and guardians who might find transgressions of these limitations particularly objectionable.

The former Minister of Education, Mr. Helge Larsen, said on the occasion of the introduction of the guidelines for teachers: "The intention of integrating sex education into other education is simply to avoid treating it as a separate phenomenon. If children ask questions, they are entitled to answers which meet their requirements, and all the class should be able to hear these answers. The teacher would have great problems if he was obliged to say 'these questions I need not answer', or 'these I need only answer if this or that person leaves the room'. The fundamental principle in education is to answer fairly children's questions in a way that is natural and relates to their situation. I believe that such an education will make it possible to counteract obsession with and speculation on sexual matters."

Ole Sørensen
Foreningen for
Familieplanlægning,
Copenhagen

*Often earlier; compulsory education begins at the age of 7, but frequently children enter school at the age of 6.

Since about 1970, the Regional Office has broadened its interest in legal abortion considerably, largely coinciding with the wealth of numerical data, published mainly by the British Office of Population Censuses and Surveys, emerging from the implementation of the Abortion Act 1967. The British data appear to be both more detailed, and more accessible, than any available from other countries in Europe; and present several unique features.

For example, unlike other countries with legal abortion in Europe, primarily in Scandinavia and in Eastern Europe, the British law countenances private abortion, that is, outside its National Health Service (NHS). NHS abortions are nearly all free-of-charge; whereas private abortions cost upwards from £50 (in so-called non-profitmaking clinics, catering to an increasing proportion of private abortees resident in Britain) for first trimester vaginal abortions, and over double that sum for the same operation in profitmaking clinics, over half of whose clients are foreign women, mostly from France and the German Federal Republic (about 12,000 abortees from each in 1971).

Again, the incidence of sterilisation at the time of abortion is striking in Britain. To appreciate its significance, it is important to observe that nonNHS abortees (including foreign women), and single NHS abortees, are rarely sterilised. Thus although less than 12% of all abortions performed in England and Wales in 1971 included sterilisation, 46% of the married women aborted in NHS hospitals were sterilised. It is clear that the chance of being sterilised at abortion increases steeply with increasing parity, and also (independently) with increasing age.

While total nonNHS abortions now greatly exceed NHS abortions, over half of abortions on resident women are performed in NHS hospitals, although this proportion ranged in 1971 from 24% in the Birmingham hospital region, to 92% in the Newcastle hospital region. The highest regional NHS abortion rate is three times the lowest rate. Nonetheless, the overall abortion ratio in Britain remains typical of Northern Europe, and relatively modest by European standards: under 15 per 100 births.

Abortion rates (per 1,000 women) in single women, who constitute nearly half of all abortees, are more than double those in married women, particularly under 25 years of age. Abortion ratios (per 100 births) in single women are more than ten times those in married women: in women under 25, even more so; while the position becomes reversed in women aged 35 years and over. Abortion ratios in married women with 3 or more live

births are nearly ten times those in women with fewer children.

Over three-quarters of abortions are performed on the ground that continuing the pregnancy would involve greater risk to the woman's health. In England in 1971, nearly four-fifths of abortions were performed up to 12 weeks since last menstrual period. The proportion is lower in NHS hospitals, and lower still when the abortion is accompanied by sterilisation.

Nearly all first trimester abortions (without sterilisation) are performed by aspiration or curettage: the former predominating in NHS hospitals, the latter in the private sector. Most abortions with sterilisation are performed abdominally, although an increasing proportion are aspirations, presumably accompanied by laparoscopy. The median duration of stay of nonNHS abortees is one day; and of NHS abortees without sterilisation, 3 days; while nearly all NHS abortees with sterilisation stay in hospital for a week or more.

Mortality is largely attributable to abortion with sterilisation. For residents in England and Wales in 1968-71, the overall mortality ratio attributed to abortion was about 15 per 100,000 abortions: 10 per 100,000 abortions alone, and 40 per 100,000 abortions with sterilisation. Even for abortion alone, the differential between the first trimester risk (4 per 100,000) and the later risk (40 per 100,000) is striking. The most dangerous abortions appear to be those performed by abortifacient paste or hypertonic saline. Abortions with sterilisation performed by aspiration or curettage (10 per 100,000) appear to be safer than those performed by abdominal hysterotomy (40 per 100,000) or hysterectomy (100 per 100,000), although not significantly so from a statistical point-of-view. Maternal mortality in Britain is now about 20 per 100,000 births, ranging from 10 per 100,000 in low parity, young women, to 50 per 100,000 in older, high parity women.

The number of illegal abortions, whether medically skilled or unskilled (including self-induced), performed annually in Britain, before or after the Abortion Act 1967 came into force, is unknown. Earlier estimates ranged from 20,000 to 250,000 (about 3 to 30 per 100 births), with some preference for a range of 100,000 ± 50,000.

Further details of the situation are summarised in the recently revised Regional Office document, *Legal Abortion in Britain*, price £0.25 plus postage from 64 Sloane Street, London SW1X 9SJ.

Philip Kestelman
Secretary to the
Regional Medical Committee

Abortion, the Law, and the IPPF

At a conference organised by the French Association Nationale pour l'Etude de l'Avortement (ANEA) in May 1972, Dr Willy Peers from Namur (Belgium), speaking of countries without legal abortion, urged: "Les lois ne sont pas toujours faites pour être respectées". In January 1973, Dr Peers was arrested, accused of performing illegal abortions in the Namur provincial maternity hospital and released from prison on bail five weeks later pending his trial. Public reaction has induced the Belgian Government to consider more actively ways of promoting contraception to prevent abortion, and of reforming the laws on contraception and abortion.

Ironically, on the same day as Dr Peers was refused bail (22 January), the United States Supreme Court ruled unconstitutional any State law (including residence requirements) circumscribing a physician's decision on whether to perform a first trimester abortion at the request of a pregnant woman.

In November 1972, following the illegal abortion of a 16-year-old victim of rape, the judges of Bobigny, France gave the abortionist a suspended sentence, and the girl's mother a suspended fine. In the ensuing widespread publicity, a manifesto, signed by 331 physicians, was published on 5 February 1973. Its signatories declared that they had performed or facilitated abortions, without financial gain, and called for legal abortion and contraception to be made available free-of-charge within the social security system.

Founded in 1969, with the object of reforming the law on abortion in France, by all legal means available, ANEA sought to explain, in a document published on 7 February 1973, the illegal course of action which it had been pursuing for several months. The document included a charter, signed by 206 physicians, social workers, lawyers, teachers, writers, priests and others (including the President and General Secretary of the IPPF member-association, the Mouvement Français pour le Planning Familial, and all three MFPF representatives on the Europe Regional Council). Legal channels to reform had proved ineffectual by the spring of 1972, when the charter had been drawn up. ANEA considered it neither a substitute nor a model for legal reform: rather a witness to the unconscionable situation prevailing.

The signatories of the ANEA charter undertook to perform or facilitate abortion requested on grounds of serious risk to the pregnant woman's health, her serious mental illness, unquestionably serious social indications, risk of serious fetal abnormality, rape, incest, or immature age (under 15 years). The ground must be accepted by a commission, consisting of a gynaecologist, obstetrician, or surgeon; a general practitioner, or relevant specialist; a lawyer; and a social worker. The abortion is to be performed under the best conditions,

without any remuneration of those involved.

In the Netherlands meanwhile, nonprofitmaking clinics have been providing illegal, outpatient, first trimester abortions for both Dutch and foreign women. By contrast, in Britain, where nonprofitmaking abortions are available to residents, it is believed that foreign women are exploited financially. In 1971 nonetheless, 2,073 abortions on women from Belgium were notified in Britain, 11,529 from France, 13,315 from the German Federal Republic, 1,225 from Ireland, and 843 from the Netherlands.

Speaking in Dublin, Ireland on 15 January 1973, an American priest, Father Paul Marx, described the IPPF as "one of the greatest promoters of abortion". Where in fact does the IPPF stand on legal abortion?

The IPPF policy-making Governing Body has never pronounced a policy on induced abortion: consequently, the IPPF has no specific policy on abortion. Nonetheless, the IPPF Management and Planning Committee agreed, at its meeting held in London in April 1972, "that technical assistance, analysis of, and advice on, equipment, and other support for abortion and/or abortion services would be provided on request".

Since the IPPF is a federation of national planned parenthood associations, any future policy on abortion would be bound to respect the right of each member-association to determine its own policy. In view of the topicality of the liberalisation of abortion laws and practice in Europe, the IPPF Europe Regional Medical Executive Committee agreed, at its meeting held in London on 6 January 1973, to convene a meeting of a Regional working group on abortion, to be held in November 1973 in Brussels, to discuss *Induced Abortion and Family Health: A European View*.

IPPF Europe Region Legal Survey

March sees the publication of the IPPF Europe Region *Legal Survey*. The project was agreed by the Regional Council in 1970, and the material has been compiled over the last two years, in consultation with the Institute of Legal Science of the University of Copenhagen. Lawyers nominated by European member-associations, and correspondents in nonmember countries, have submitted material, in reply to a questionnaire originally circulated in April 1971.

The laws affecting fertility regulation, including the manufacture, import, advertising, distribution and prescription of contraceptives, advice on, and practice of contraception (including sterilisation) and abortion, are all summarised here, largely checked to early 1973. However, the distinction between the *de jure* and *de facto* situations in particular countries has constantly to be borne in mind.

The report is available, price £0.50 plus postage, from 64 Sloane Street, London SW1X 9SJ.

CIEC and TAG meetings in London

At the second meeting of the Central Information and Education Committee (CIEC) held in London 8/9 January, the Region was represented by Mr. Jørgen Hornemann. The meeting was structured to allow a day's discussion by four groups on: education, training, information flow and publications, and social science.

Mr. Hornemann chaired the group on information flow and publications, whose working documents included memoranda on publications which had been previously circulated from the Regional Information and Education Executive to CIEC members. The memoranda contained proposals for the establishment of a quarterly journal during 1973, and for the establishment of a CIEC sub-committee on publications.

In presenting the report from the publications group, Mr. Hornemann reiterated the Regional view that it would be desirable to establish a sub-committee on publications. However, a more general proposal was adopted, to the effect that the CIEC had overall responsibility for IPPF publications. It was also agreed that a quarterly periodical be launched on the occasion of the IPPF Anniversary Conference, and that Regions be consulted on its format, contents etc. Nevertheless, the general impression of the discussion was that the secretariat was anxious to ensure that the committee members did not have effective say in the field of publications.

The status of the Social Science sub-committee was altered to that of a panel. The co-optees nominated to the panel included Professor Mikolaj Kozakiewicz (Poland).

The Technical Advisory Group met 10/11 January to discuss progress since the last meeting and plans for the future. Regions reported on national activities planned in connection with IPPF Anniversary Year. Of particular interest were the Family Planning Weeks planned by the Middle East and North Africa Region. At the time of reporting, only a few associations in Europe were known to be contemplating activities specifically linked to the Anniversary, but it was expected that further information would shortly become available. It was agreed that the principal aim of any such national activities in the different Regions would be to promote planned parenthood rather than the IPPF itself.

For the Anniversary Conference an IPPF exhibition is planned; some Regions are also expected to mount exhibitions. (The Europe Region has requested that facilities be made available for young participants at the Conference to meet informally, and has offered its services in this respect.)

The production of an IPPF film for 1974 was discussed, and the possibility of organising an international poster and/or photographic competition was considered.