PLANNING FAMILIAL EN
PLANNED PARENTHOOD IN
FAMILIENPLANUNG IN
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IPPF IN EUROPE

WITHIN EUROPE WITHOUT IPPF

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REPORT ON THE 1980 REGIONAL COUNCIL MEETING

The changing world climate for planned parenthood and the International Planned Parenthood Federation's draft Three-Year Plan; the Europe Region's current Work Programme and exchanges of national experiences in family planning : these matters received the most time and attention during the IPPF Europe Regional Council's Ninth Meeting, held in Oslo on 18-21 May 1980.

The order of the meeting differed somewhat from previous years. The formal session opened on the first evening : it was a short session, largely devoted to formalities, and enabled delegates to accustom themselves to the language and pace of the meeting. By reason of a sad accident, the second change was the absence, through injury, of the Regional President (Denys Fairweather), resulting in the chairmanship alternating between the Regional Vice President (Jürgen Heinrichs) and the Regional Treasurer (Sten Heckscher).

The proposed agenda was adopted after two quibbles : it was regretted that Council discussion of communications and medical matters was again to take place concurrently, separating medical from non-medical members; and that the agenda allowed no formal opportunity to assess the performance of its Central Council Regional representatives. Then, minutes agreed, accounts accepted and memberships confirmed, the meeting adjourned overnight.

The substantive business started the following morning with the reading of a message from Denys Fairweather, the Council's absent President. It was a valedictory message, in which there were recollection and admonition, thanks and encouragement. The President reviewed his six years in office, years of great organisational change both in the global and the Regional IPPF. Throughout times of change, Europe had fought to maintain the ideals of self-reliance, autonomy and freedom for member associations, he said.

Now, with a change of climate, and with financial storms on the horizon, Europe had to play a greater role in helping colleagues in the other regions : "I must again plead with you to try and view federation affairs not just in the context of Europe but to look more widely and to try to find out about and to understand the problems which exist in other parts of the world and in other regions of IPPF" said the absent, outgoing President, who appealed for greater involvement of national associations in both Regional and global IPPF affairs. Meanwhile, he hoped that the Council's chimney might smoke long : "Lang may yer lum reek".

The meeting moved to a discussion of the Regional Executive Committee report. There was talk of better communication and coordination between staff and volunteers, between the Regional Office and the national associations, and it was agreed that the Region should have a Programme Officer to improve such coordination. Doubts were expressed on whether the Regional Publications Group should continue, since it was clearly incapable of

monitoring IPPF Central Office publications in advance (one of the tasks for which it had been established). The Council reckoned that the Regional Publications Group should continue, if only to edit the *Regional Information Bulletin*, whose radically changed format was unanimously approved.

Other Regional activities were discussed with varying degrees of concern. Criticisms were voiced on the report of the Regional Working Group on 'Psychosocial Aspects of Voluntary and Involuntary Childlessness', largely on demographic bases. The critics undertook to commit their opinions to paper for possible inclusion in any published version of the report. There followed brief mention of various other Regional and Central meetings in the previous twelve months. Note was made of the proposal to move the Regional Office from Sloane Street to Lower Regent Street, where its separation from the Central Office would be guaranteed.

Next, the Council considered communications and medical matters concurrently, but separately. Forthcoming publications will likely include - in the *Bulletin* - material on non-member countries in Europe, and articles on non-hospital abortions; and, as separate booklets, reports on Sexuality and Handicapped People, Childlessness, the Cross-Cultural Youth Study, and more. The doctors deliberated about foaming suppositories, intra-uterine devices and post-coital steroids.

Back in plenary session, the Council was invited to consider whether the planned parenthood climate was deteriorating; and if so, what could national associations do about it ? The debate started with an introductory paper in which Jürgen Heinrichs examined the climate, under the three headings of 'ideological opposition', 'lack of finance' and 'accessibility of planned parenthood information and services'. On balance, the conclusions were optimistic, but there was certainly scope for national associations to work together on vital aspects of planned parenthood in Europe.

Reports and opinions varied around the table and, while it was agreed that the climate was not generally deteriorating, it was acknowledged that there was much variation between countries. It was also apparent that different people saw similar phenomena in different lights : one person's obstacle was often another person's challenge. And while many national associations could chalk up substantial successes, each would be foolish to ignore actual or potential obstacles.

Later in the year, the national associations would be invited to consider a categorisation of obstacles to planned parenthood which Freddy Deven and Elisabeth Jandl-Jager had extracted from several working group reports. Meanwhile, Carl Wahren (IPPF Secretary General) was invited to address the Council.

On the international scene, Dr Wahren reckoned that serious times lay ahead, and he outlined six basic reasons for what he called a "preoccupation with the general international environment". First and foremost, there remained vast socio-economic injustices all over the world, both within and between countries. The decline in mortality and morbidity had halted in many parts of the world, and there were injustices between the sexes. Secondly, there was a mixture of complacency and ignorance, especially about the concept of family planning as a basic human right. Thirdly, the economic climate had deteriorated, and much more seriously in the Third World than in the developed countries. Fourth, there had been a revival of religious fundamentalism. Fifth, there was increasing awareness of inadequacies in contraceptive technology. And the sixth point was the resulting political

climate : few politicians felt that they could gain from family planning.

To meet the challenges posed by these six factors, Dr Wahren delineated what he called "the three Cs" of the IPPF : credibility, continuity and cost-effectiveness. And he emphasised Denys Fairweather's points : the importance of finding common interests within the Federation, and the recollection of its two guiding principles : family planning as a human right, and the need to achieve a balance between people's aspirations and their resources.

The Council moved to consider its Regional Work Programme and Budget for 1981. It set up a travelling working group to examine (by way of a pilot-study) consumer access to fertility regulation. A project on migrants and planned parenthood was agreed. The Council agreed a small working group to examine and report on the basic training needs of psychosexual counsellors. Further elaboration and clarification were sought from Yugoslavia on a proposal to consider the right to planned parenthood in the light of UN declarations and the IPPF Constitution. Denmark may propose a project on adolescent sexuality; while Bulgaria and Finland may elaborate a project on involuntary infertility.

Next came consideration of the IPPF's draft Three-Year Plan 1982-1984, ultimately for debate by the Members' Assembly in Edinburgh in November 1980. This was lengthy and detailed and concerned, and would take more space than can be afforded here. Broadly speaking, the discussion centred on differences of opinion on the conclusions of the Bucharest conference, and the place of family planning in human and economic development. It was wrong, critics suggested, to view the world situation only in the perspective of the recent Brandt Report. And there was criticism of the prominence in the Plan's introduction given to population problems rather than human rights. There was also some dispute on the respective roles of voluntary agencies and governments in providing family planning services, and on family planning as a basic human right.

Most amendments were directed at removing the last traces of neomalthusianism from the Plan. Council views and amendments (including the deletion of virtually the entire introduction) would be forwarded to the Central Office, where they would be taken into consideration when the final draft was being prepared for the Members' Assembly.

After all that, there was little left by way of substantial debate. Some talk of the Members' Assembly agenda, some criticism of Central Council Regional representatives for their failure to press all Regional proposals energetically, dissatisfaction with the IPPF approach to abortion, and the Council was down to the business of elections.

Jürgen Heinrichs was elected Regional President, and Mikołaj Kozakiewicz Vice President. Antonietta Corradini, Freddy Deven and Nevenka Petrić were elected to the Regional Executive Committee. Lykke Aresin and Marianne Springer-Kremser were elected to the IPPF Central Council.

It was agreed that the Regional Council should meet next in the Federal Republic of Germany.

The original aim of the project undertaken by the Italian association (UICEMP) was to assist hospital staff to give information on contraception to women having abortions. However, this aim had to be changed, because hospitals did not accept teaching and supervision of their staff by a private association. UICEMP then decided to implement the project directly for six months. Consequently, the aims of the project were as follows :

- to show how cooperation could be established between hospitals and contraception clinics, and to stimulate this cooperation;
- to deplore the fact that the abortion law was hardly implemented in respect of cooperation between hospitals and contraception clinics;
- to suggest means for a better implementation of the abortion law in other respects.

The research was undertaken in Genoa, Milan and Naples, and was divided into three parts :

- an information activity, in which women seeking abortion were given information on contraception and addresses of family planning clinics;
- a research activity, in which women were asked to complete a questionnaire, including socio-cultural data, previous contraception, and the extent of the women's knowledge of contraception;
- a follow-up activity, consisting of telephoning the women about six months after the abortion, to find out whether they were still using contraception.

The results of this project are now being evaluated, and will be published in this *Bulletin* when they become available.

The British Family Planning Association is fifty years old. On 17 July 1930, Dr Marie Stopes and Mr Ernest Thurtle proposed that the National Birth Control Council (which changed its name to the Family Planning Association in 1939) should be set up to coordinate, as a national charity, the five family planning groups in Britain and the few clinics that were then open.

The family planning pioneers were abused in person and in print and fiercely opposed by the Church, the medical profession, the government and public opinion. But, appalled by the high maternal mortality statistics and the suffering of women unable to support another pregnancy, the pioneers were determined to achieve their aims - the availability of family planning, firstly through local authorities and, ultimately, freely for all through the National Health Service.

This was realised in 1974 when the FPA's nationwide network of over 1,000 family planning clinics was handed over to the National Health Service, with most general practitioners providing family planning advice from 1975. To achieve this, the FPA had worked unceasingly to change attitudes, to forge links with central and local governments, to influence the medical profession and, ignoring all opposition to contraception, to quietly and increasingly open new clinics and put family planning services into practice.

The Association also contributed to the development of family planning in its wider activities. High priority was given to improving standards, training doctors and furthering contraceptive technology, especially in supporting the research and testing of the new oral contraceptive pill which was to revolutionise medical and social attitudes to contraception.

The FPA also worked to extend public services in subfertility, pregnancy testing, psychosexual counselling and vasectomy. Concerned with the lack of sex education in schools which led to many of the problems seen in men and women coming to the clinics, the FPA also started courses to 'educate the educators' - running courses for professionals working with young people to help give them the knowledge that is so much needed.

While the FPA has achieved some of its goals, there is concern that there are still too many unwanted pregnancies, and there are still too many people in ignorance of the knowledge they need to lead happy and fulfilled sexual lives. Those particularly at risk are the young and the socially deprived. There is now vital information and education work for the FPA to pioneer to help today's social problems. The urgent need to improve the general standard and availability of appropriate education in sex and personal relationships for the young is now a major challenge but there are other pressing problems : fighting family planning cutbacks due to financial shortages in the National Health Service which threaten the clinic services the FPA fought so hard to create, and providing family planning information to those least well off in our community who are least likely to receive the information and help they require.

Twenty-five years ago, on 11 August 1955, a family planning association was founded in Belgium. A few Dutch-speaking volunteers founded the 'Belgische Vereniging voor Sexuele Voorlichting', in close cooperation with the Nederlandse Vereniging voor Seksuele Hervorming in the Netherlands. Similarly, family planning initiatives in the French-speaking part of the country developed contacts with La Maternité Heureuse in France.

Medical consultations were first provided at a Ghent family planning centre in October 1960. The difficulties were clearly apparent.

Finally, family planning centres all over the country united into a national federation (Belgische Federatie voor Gezinsplanning en Seksuele Opvoeding/ Fédération Belge pour le Planning Familial et l'Education Sexuelle), which then established a secretariat.

About 40 family planning centres now provide services, mainly to specific target-groups. The predominantly medical orientation of the 1960s has evolved towards a more psychosocial and sexual approach to fertility regulation and intimate human relationships.

The Belgian federation has recently moved to larger premises. Most of the time, it is moderately content with the national climate. However, even on the occasion of the anniversary, it remains conscious of its financial constraints.

PLANNED PARENTHOOD IN NON-MEMBER COUNTRIES

CZECHOSLOVAKIA

Background

The emergence in the mid-1960s of policies to counteract fertility declines in Eastern Europe has attracted much interest and research. Falling birth rates became apparent as early as 1939, and the post-war decline was so steep that the net reproduction rates in several East European countries fell below unity. This shock was largely responsible for the adoption of policies unprecedented in their approach towards fertility and other aspects of population structure : urbanisation, migration, mortality, age-structure and family life.

The Czechoslovak Government openly professes pronatalism and encourages childbearing in family and social policies, but without the authoritarian attitude of other countries, notably Romania, in restricting access to fertility regulation.

The Czechoslovak birth rate has risen and been sustained : fertility declined almost continuously in the 1950s and 1960s, but then increased considerably in the late 1960s and early 1970s, and remained high. The total fertility rate in 1974 was 25% higher than in 1978, and women of fertile age are having more second and third children than had their parents.

This fertility increase coincides with the introduction, in the 1960s and 1970s, of a comprehensive population policy, ranging from economic incentives to legislation on abortion, and incorporating an extensive programme of premarital and parenthood education.

Perceptions of Parenthood Education

As population development in Czechoslovakia took on a new emphasis, so family life education had to be reviewed in a different context. As planning officials found themselves faced with what they considered to be an unfavourable demographic situation, they became increasingly adverse to the progressive abortion law of 1957 and aware of educational programmes on contraception and family planning. These attitudes gave rise to a closer examination of laws and programmes which might affect the negative population development and the subsequent introduction of pronatalist policies.

The evolution of governmental socio-economic measures to boost population growth in the 1960s and 1970s was parallelled by society's need for premarital and parenthood education. In 1971 the Minister for Labour and Social Affairs pleaded for "a better moral and political climate", which envisaged a general recognition of the importance of harmonious marriage and responsible parenthood, within a well-organised programme of sex education. This was based on the reasoning that even the best material provisions for family welfare will not achieve their purpose if couples are unable or unwilling to use them.

Initiatives for parenthood education within a pronatalist climate came from the Government Population Commission, and were first expressed in 1966 by a Government decree.

Parenthood education did not exist before the mid-1960s. After 1966, schools were required to provide facilities for sex education and planned parenthood information. The level of achievement varied between schools, and did not appear to be taken very seriously. Teachers and youth workers on the whole regarded them as unnecessary extra work, and allowed such lessons to lapse.

In 1971, a further Government decree made parenthood education obligatory. During the following years it became compulsory, in and out of school. Including sex education in leisure activities (for example youth clubs) was considered especially important, since more stress could be placed on uninhibited personal contact between teacher and pupil.

Planned Parenthood Today

At present, the Departments of Education, Health Care, Culture and Labour and Social Affairs cover parenthood education. The secondary school curriculum includes it as part of 'Civic Education'. At centres of further education and apprenticeship, a compulsory 20-lesson course, 'Parenthood Education', is being introduced on the basis of material from the Institute of Health Education of the Ministry of Health.

The Department of Culture likewise participates in premarital and parenthood education, both through its cultural facilities and in adult education and young people's courses in their spare time. Moreover, the Department determines the functions of libraries, publishers, radio, television and other mass media, with regard to family and marriage concerns, ensuring that they are presented favourably to the public.

The subject-matter corresponds to the age, mental, cultural and other characteristics of the students. The teacher should know and respect certain features : adolescent attitudes to marriage, family and life in general, their moral values, interests and life-experiences. The contents of premarital and parenthood education emphasise the family as a unit, rather than sexuality and the individual.

Nursery children are encouraged to develop specific 'male' and 'female' roles early in life, eg. girls are directed towards household tasks. Between the ages of 6 and 10 years, the differences between boys and girls are explained, childrearing is described while stressing the child's dependence on its mother, and sexual 'deviations' are warned against. 11 - 12 year -old children receive more detailed information on physical and emotional changes, and on the natural interest shown in the other sex,

while discouraging a 'vulgar and cynical' approach to sexuality. This is substantiated by further instruction on genital physiology and the necessity for meticulous hygiene, and motherhood is emphasised.

These explanations are expanded for the 13-18 year-old age-group, to include the connection between sexual and spiritual life, the need for social maturity and responsibility in sexuality, the impropriety of premature parenthood, the necessity for morality in marriage, and a couple's economic independence in childrearing: sexuality, it is stressed, must only begin after the adolescent attains complete mental and social maturity. Sex roles are again clearly defined : girls should expect and demand responsibility from boys, and sexual equality should not adversely affect the approach to women, mothers-to-be and older people. In this age-group, there is some instruction on contraception, the dangers of induced abortion, and practical advice on sexuality : all tempered with information on Government population policy and family legislation.

Parenthood education also exists for adults of 18-30 years - primarily engaged couples, young parents and university students - if they so wish. This covers various aspects of psychology, aesthetics, hygiene and health care, social law and the demographic situation, family law and household economy.

It is difficult to estimate the degree of success achieved by parenthood education. A recent study on the sexual lives of young married couples found that over a quarter of the men, and half the women interviewed consider their sex education to be insufficient or non-existent. A major hindrance to successful parenthood education may lie in the high proportion of women teachers, many reluctant to discuss the topic fully with adolescent boys. Furthermore, there are considerable differences in the level of sex education between white-collar and blue-collar workers and their children; a similar differential affects urban and rural areas.

USSR

An examination of the principles of sex education in the USSR must be confined to the Slav linguistic area (Russia, the Ukraine and Byelorussia), as in this multinational country it is difficult to speak of a unitary cultural approach to matters of sex. Moreover, even if we confine our remarks to Russian or Ukrainian publications, we can only speak about a certain stage of the evolution of Soviet teaching in relation to sex education.

During the 65 years of the USSR's history we can distinguish several different stages in attitude towards sex education. Throughout the first dozen or so years after the revolution of 1917 there was a great surge in sexology, sex education and the movements of sexual reform and women's emancipation. The views of people such as Alexandra Kollontai, Bekhterov Panov, Helman, Moltov, Sikorsky, Vesolovskaya, Zavadovsky and Voronov outgrew their epoch and paved the way on a European scale to an attitude

towards sexual life which was free of taboos, prejudices and superstitions. In 1936, at the outset of Stalin's era, a dramatic turning point occurred ; the official ideological prescription of 'pedology' (a concept of education based on individual psychology) suddenly withered this flourishing branch of research and knowledge. Excluding Pavlov's reflexology, empirical sociology and individual psychology, as well as sexology and sex education, virtually ceased to exist until 1956. At this time the views of Anton Makarenko (1888-1936) were an integral feature of Soviet teaching : " My experience says that specially and purposefully organised so-called sex education can only bring about sad results... The education of sexual feelings is not tantamount to the education of a citizen. But by educating a citizen, we also teach him something of feelings, which are already enriched by the basic frame of our pedagogic efforts ".

Between 1936 and 1956 sex education not only did not exist in practice, but it did not even appear as a chapter within teaching handbooks. However, after 1956 the process of overcoming gaps in this neglected field was begun. The first completely original view formulated in this domain was the theory and practice of V.A. Sukhomlinsky, a talented Ukrainian teacher. He achieved this by delegating the teaching of sex education to the family, mainly identifying sex education with the preparation of young people for parenthood. The fostering of a deep mutual respect and love between children and parents became the basis of this education (Kindrat, 1973) : "Respect and honour your grandmother and grandfather, they gave your mother and your father life ! Hold the honour of your family in high esteem and guard it as a sanctity".

This education was aimed at preserving the traditions and patterns of families, to safeguard the succession of generations and strengthen the mores and family life of a new socialist format. It is not so much the development of child and adolescent sexuality that constitutes the aim of Sukhomlinsky's education, but rather the development of the aptitude to love another human being and to be faithful to this being. He emphasises the necessity for supreme tact. Lessons organised by physicians for parents on the problems of sex education were arranged separately for fathers and mothers. Other discussions for pupils were also organised for separate groups of boys and girls.

He argued that as love belongs to the most subtle of emotional experiences, the teacher can only touch lightly upon this subject but he cannot interfere in this fragile and delicate sphere of inter-human relationships. "Love has to be spoken about with great tact, loftily, using lofty and solemn words". For Sukhomlinsky the connection of love with procreation is by tradition the major basis of its moral value. Thus "the tendency to lechery, unbridled impetuosity and uninhibited desires should be fought through education, for these phenomena are great moral defects which bring chaos for the individual and society". Man should not become an animal, although he is in danger of this if he lacks moral purity, nobility and a sense of purpose. "Sexual attraction without feelings, nor enriched by wisdom and fortitude, and without direction, is a great evil and is the first step towards giving birth to an unhappy child... As a result of education young men and women should think of themselves as future fathers and mothers", that is why "love is - for girls - in the first instance responsibility, and only afterwards pleasure and joy... Where women have not developed a sense of honour and dignity, men's worst instincts will flourish". Adolescents - according to Sukhomlinsky - should not speak too much among themselves about sex : " Silence is the best expression of love for young people".

The cautious nature of Sukhomlinsky's concepts and his dispersal of sex education into the framework of civic, moral and emotional education caused a great rift among Soviet teachers. Following Sukhomlinsky's theories, other concepts of sexuality and sex education closer to contemporary ideas began to materialize. The works by Kon, Golod, Kharchev, Vassilchenko, Isayev, Kagan and many others gradually paved the way for a view of sex education that was more substantially connected with the sexual needs of young people. This new model of sex education in the USSR , in the most recent work by Isayev and Kagan, published in Leningrad in 1979, is outlined below. Their programme is not an official one, but in the centralised Soviet system, the fact that such a book has been published signifies a fundamental acceptance of its contents by the educational authorities.

- The main purpose of sex education is to instil adolescents with a proper sense of their social roles, according to their sex; the role of a boy and a girl, a young man and a young woman, and finally of an adult man and woman.

- Sex education for children must prevent the emergence of harmful habits and a premature awakening of sexual attraction as well as of an excessive concentration of the child's attention on sexual matters.

- Sex education is to instil in students the proper inner conviction of their 'male' or 'female' sex role and the social role connected with this. Irrespective of the tendency to sexual equality ('bi-archal' as opposed to 'patriarchal' or 'matriarchal') there are some differences between men and women which are objective, valuable, worthy of being preserved, and which should only be subjected to socialisation and Communist humanization.

- Sex education consists not only of creating positive stimuli, but also in minimizing negative influences. Thus, for example, films which are morally ambiguous should be eliminated, together with pornographic films which debase the relations between sexes. Similarly music such as 'punk rock' or earlier 'rock and roll' is harmful, for its excessive noisiness, rhythm and its corresponding lyrics aim at emotionally stirring the audience.

- On the other hand, sex education should aim at abolishing myths, taboos and prohibitions, atmospheres and feelings of guilt and mystery, and the conviction that sex which is not set in the context of procreation is sinful.

- It is important to create a proper medium for communicating with young people on matters of sex, so as to facilitate a matter-of-fact understanding, which at the same time would not evoke unnecessary emotions in the student, thus preventing the realisation of the set purposes.

- Gaining the confidence of the students, so that the teacher speaks the truth and takes their sexual problems seriously, is the fundamental condition of success. However, the teacher's trust in the student does not mean a full and discretionary freedom of the child who has not yet learned how to control his behaviour.

- The purity of convictions and attitudes is a necessary condition of morally valuable relationships between the sexes. That is why the validity of information cannot be based on a unilateral and physical presentation of sexual problems. Lessons in sex education should avoid an overly attractive presentation of their topic and the emotional reaction of the student to the information received must be played down.

- Masturbation in puberty and as a substitute for coitus is a healthy physiological phenomenon as long as it is moderate, and the generalization of the widespread conviction as to its harmful effects should be contradicted. Sometimes, however, masturbation used exclusively is of an addictive and neurotic nature and it brings about stresses or nervous conflicts; then both psychotherapeutic and pharmacological treatment (tranquillizers) have to be applied. In total, Soviet sexologists (cf. Vassilchenko 1977) discern six kinds of masturbation, of which only the aforementioned kinds (pubertal and substitutive) do not require treatment; the other four kinds (infantile, frustrative, habitual and obsessive) are considered to be pathological syndromes and require treatment.

- Education should not aim at keeping young people away from sexuality, as this is impossible and unnecessary, but at teaching them to control this important field of social and individual life.

The article reproduced here is part of a Cross-Cultural Youth Study undertaken by Professor Mikołaj Kozakiewicz, Polish Academy of Sciences, to be published by the Europe Region shortly.

MALTA

Only the Cana Movement offers family planning services. Linked to the Roman Catholic Church, Cana was set up as a marriage advice centre, and to prepare young people for Christian marriage. The Movement only offers the temperature and mucus methods of birth regulation, limiting advice on family planning to what the Church considers acceptable.

At its last General Conference, the Maltese Labour Party recommended that the Government establish family planning clinics. However, the only facility offered so far is a genetic advisory centre for couples with a history of congenital abnormalities.

In 1974, the Government introduced a children's allowance. Limited to the first three children, it is supposed to deter large families. Because of the lack of the necessary services, its influence on the birth rate has not been detectable.

Sterilisation and abortion are illegal, though the Labour Party also recommended that the Government depenalise abortion, to formalise the practice undertaken for several years.

There are no infertility clinics, though both the Cana Movement and the Government Health Service offer diagnostic services.

There is no sex education in schools or through the mass media, and there are no immediate prospects of its introduction.

Nonetheless, the family planning situation is much better today than ten years ago, when it was practically impossible to import contraceptives. Many physicians now prescribe contraceptives on request. The public health service also provides prescriptions for contraceptives, which are then bought in pharmacies.

The great majority of Maltese women appear to favour family planning. Given the new policy orientation of the last two years, a change in the family planning situation may be imminent.

SWITZERLAND

Each Swiss Canton has faced planned parenthood in a different way. Generally, in Protestant Cantons, it is easier to obtain information on contraception and indications for abortion. In Roman Catholic Cantons, there is a much stronger resistance to contraception, on both individual and legal grounds.

There is at least one private family planning organisation in many Cantons, often financed or supported by the Cantonal authorities. In the Ticino Canton, for example, there is a family planning organisation with two branches, one at the Maternity Hospital and one in the Cantonal social services offices. In Lugano, a rather progressive Catholic Organisation concentrates on the psychological aspect rather than on the practice of family planning. In Geneva, a long-established organisation, CIFERN (Centre Information Fertilité et Régulation Naissances) promotes the concept of family planning and runs its own clinic; and a clinic has been promoted by the Mouvement pour la Libération des Femmes. Lausanne has a Family Planning Centre.

Public contraception services are normally organised in hospitals; in some Cantons, they are integrated into social services. Family planning in hospitals is available for women. These services often reach women (eg. migrants) who would otherwise be reached only with great difficulty. Services run by Cantonal social services offer only counselling and information. There are services through general physicians, but the rather complicated organisation discourages the more hesitant.

It is rather difficult to state whether family planning is now a real right for Swiss couples. Differences between Cantons are still important; cultural influences differ widely; and religious pressures are still strong.

Abortion remains illegal under the Federal penal law, though first trimester abortion is performed in hospitals or private clinics in some Cantons (eg. Geneva and Lausanne). In the Ticino Canton, abortion is legal, but permission is very difficult to obtain, and only two physicians perform it.

GREECE

The demographic and political history of Greece is characterised by repeated and sometimes abrupt change. Natural increase and international migration have markedly affected the size of the Greek population.

Comparatively reliable vital statistics exist for the last 50 years, as shown below.

Birth, death and infant mortality rates - Greece, 1860-1976

Period	Birth rate	Death rate	Infant mortality rate
1860-4	29	21	-
1865-9	29	21	-
1870-4	28	22	-
1875-9	28	19	-
1880-4	23	17	-
1885-9	35	24	-
1920-4	20	16	-
1925-9	29	16	-
1930-4	30	17	128
1935-9	27	14	114
1950-4	19	7	41
1955-9	29	7	41
1960-4	18	8	39
1965-9	18	8	34
1970-4	16	9	26
1975-6	16	9	23

The steep decline in fertility occurred mainly in women aged over 35 years after the second child. A field survey conducted in 1962-1963 by the Department of Hygiene and Epidemiology of Athens University found that the average desired number of children was 2.6 (urban) and 2.9 (rural); 87% of urban and 79% of rural women reported using contraception, mainly withdrawal or the condom. Oral contraceptives and IUDs were practically unknown.

A field survey in 1966-67 revealed that approximately a third of married women reported one or more illegal abortions (75 per 100 married women of reproductive age, 34 per 100 live births). It is now estimated that the number of abortions at least equals the number of live births.

The Greek Orthodox Church (the official Church) prohibits, condemns and punishes not only abortion but any avoidance of procreation, except coital abstinence and the rhythm method. Enlightened priests also advise that 'God gave you the mind to prevent conception rather than to resort to abortion'.

Abortion is illegal, punishable by imprisonment unless performed by a physician when continued pregnancy would threaten the woman's life or seriously damage her health, as endorsed by a second physician. In 1979, the law was changed to allow abortion on fetal grounds, or when the pregnant woman suffers from a specific mental condition certified by a state psychiatrist. Despite these restrictions and the many abortions, cases are rarely brought to court.

There is no law against importing or distributing contraceptives. Condoms are freely available. Diaphragms, spermicides and IUDs have been introduced, but their circulation is limited. Advertising of oral contraceptives (as such) is forbidden, though allowed for gynecological purposes when they can be obtained without a physician's prescription. Vasectomy is not performed and tubectomy is practised only on medical grounds.

Demographic problems have received considerable attention from both the government and the public in recent years. Government concern over declining fertility was expressed in 1968 with the appointment of a Committee on Demographic Policy. It proposed establishing family planning units throughout the country; public education on basic human reproduction; decentralisation of health services; measures for preventing emigration and internal migration; and new legislation favoring an increasing birth rate. In 1972, a new law provided a monthly allowance of about £20 for the third and subsequent children.

Fears for the nation's future in the light of decreasing fertility and high emigration have created an atmosphere unfavourable to family planning activities, believed to worsen the demographic situation, and restrictions on planned parenthood information and services could not be lifted.

Enlightened Greeks believe in the human right to information on fertility regulation and choice of family size. However, it has proved difficult to persuade influential groups that contraceptive methods in themselves do not determine family size preferences or fertility trends. Consequently, family planning activities could only be based on improving maternal and child health and reducing the abortion rate.

In the early 1970s, family planning centres were established in two maternity hospitals in Athens, originally for inpatients, later for outpatients, and subsequently for anyone. The centres prescribe and distribute contraceptives and insert IUDs after appropriate counselling and medical examination, and distribute information material free of charge.

Restrictions on family planning were relaxed in 1978 when Professor Doxiades, an eminent pediatrician, became Minister of Social Services. In 1979 family planning centres were established in Pireus and Ioannina. In March 1980 a new law on family planning aimed to establish family planning information and services throughout the country. A Family Planning Advisory Committee of five experts and two laymen was appointed to advise the government (Ministry of Social Services) on the implementation of the law. Family planning associations are represented on this committee, which is now preparing the organisation of these centres, and a campaign to improve knowledge, attitudes and practices of family planning. The first priority is to train health personnel.

The Family Planning Advisory Committee wishes to develop its resource material and would welcome publications from other European countries. Material should be addressed to : The President, Family Planning Advisory Committee, 25 Vas Sofias Avenue, Athens 138 , Greece.

SPAIN (Granada)

The APPA (Andalusian Planned Parenthood Association) was established in 1978, and the Association's teams began their activities in October 1978.

THE APPA covers the following 8 provinces : Almeria, Granada, Malaga and Jaen in Eastern Andalucia; and Cordoba, Seville, Cadiz and Huelva in Western Andalucia. Eventually each province will have a team of representatives; so far, teams have been formed in Seville, Huelva, Malaga, Almeria and Granada.

Andalucia, the largest region in Spain, had a population exceeding six million in 1978. It is three times the size of the Netherlands, and is the least developed area in Spain.

The experience of APPA is not representative of the family planning situation in the other regions of Spain, but the phases through which it has passed are fairly typical of any new association. Prior to the creation of the APPA initiatives in the field of family planning had mainly been undertaken by Dr Vicente Salvatierra Mateu (Professor of Gynecology at the University of Granada Medical School). His efforts made possible the formation of the Association, and were also responsible for the strong links with the Women's Guidance Centre.

When the Association began functioning, family planning services were offered by the following institutions: The Family Planning Centre at the Medical School of the General Hospital; the Family Planning Centre of the Social Security; the Family Planning Centre of the District Health Authority (opened in December 1978); the Women's Guidance Centre, which also included in its programme sexual and marital advice. (Women's Guidance Centres have been established in Malaga, Seville and Cordoba).

The professional staff at these institutions are members of the Association, but people not directly involved in family planning, physicians as well as other professionals, are also members of the Association.

The District Health Authority provides nonmedical services; the Women's Guidance Centre provides advice in family planning; the Family Planning Clinic at the General Hospital provides medical services.

Approximately 4 000 people a year are served by these centres; the Women's Guidance Centre sees about 500 women/couples.

The following activities have been undertaken :

- A course for sex educators and family planners, organised by the Women's Guidance Centre. Several gynecologists attended as guests.
- Training of two family planning teams.
- Regular courses in family planning and sex education, jointly organised by the District Health Authority and the Women's Guidance Centre.
- Roundtable discussions on family planning, attended by senior family planners and chaired by the Professor of Gynecology at the University of Granada.
- Several interviews on radio and television with those interested and/or active in the field of family planning.

The APPA was also invited to participate in a course organised by the Gynecology Section of the University of Granada.

In the belief that organisations should emerge as a result of a genuine need, the policy of the APPA has been to coordinate existing family planning activities, and to complement family planning services with advisory and counselling services.

The APPA in Granada , therefore, aims to link those who work in family planning and related fields, such as preventive medicine (early cancer detection), mother/child health care, sterility and sex education.

The two APPA teams in Granada have worked on the basis that quality is more important than quantity, and this belief has been confirmed by one year's experience.

Audiovisual aids (prepared by the APPA teams) are used with young people (schools and institutes) when discussing sex, as an introduction to contraception. The content of this material varies according to the circumstances and the age of the recipients. (The APPA prefers to show contraceptives themselves rather than slides of contraceptives). During these sessions, young members of the APPA teams take an active part in the discussion which follows the talks. The language used is simple, and medical terms are avoided. For the time being this way of operating seems satisfactory.

The publications currently produced by the APPA deal with eg. the diaphragm and the condom, explaining their use and giving other consumer advice (quality and characteristics) together with bibliographies. A guide to the various centres operating in Granada is being prepared.

The APPA also intends to set up an institution for training family planners, sex educators, and marriage and sex counsellors. Contacts have been established with : the Institute of Family Counsellors, attached to the Ministry of Culture; the Institute of Sexological Sciences, which has for the last 3 years run training courses for family planners and sex educators; the Head of the Psychology Faculty at the University of Granada. This Faculty has decided to establish a postgraduate institute, which will receive the backing of the Women's Guidance Centre and of APPA specialists.

The APPA believes it has a role in contributing to the formulation of a clear policy and accompanying programmes in the field of family planning and sex education in Andalucia. As links with other associations are created and maintained - bearing in mind that a national Spanish Planned Parenthood Association has not yet been formed - it will also be easier to cooperate more closely in the distribution of contraceptives.

For further information contact :

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