

PLANNING FAMILIAL EN
PLANNED PARENTHOOD IN
FAMILIENPLANUNG IN

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NATURAL FAMILY PLANNING

An American psychologist has suggested one reason for the great disparity between the theoretical effectiveness of certain rhythm methods of contraception and their effectiveness in practice. Professor Judith Bardwick, professor of psychology at the University of Michigan, has argued that contraceptive methods which call on women to maintain a continuous observation of the symptoms of their menstrual cycles will draw those women's attention continuously to the act of coitus. Yet, at the same time, the use of these symptoms as a means of contraception demands abstinence from coitus. This basic conflict, she suggested, might account for the high drop-out rate - even by highly motivated couples - from contraceptive programmes based on periodic abstinence, and for the difference between method failure rates of as little as 1% and user failure rates as high as 30% or more.

Professor Bardwick's was one of the few original contributions to an international seminar on "Natural Family Planning" organised in October by the Irish Department of Health in cooperation with the World Health Organisation. But even Professor Bardwick was unable to make very definitive statements about contraception based on periodic abstinence because, as she pointed out, there are very few data available on these methods of birth control.

One of the primary benefits of the Irish seminar, therefore, was the presentation at it of the preliminary results from a five-centre international study of the Billings Method (also known as the Ovulation Method or the Cervical Mucus Method) of rhythm contraception. The study, supervised by the WHO in Geneva, is being conducted in Auckland, Bangalore, Dublin, Manila and San Miguel and involves 870 couples, over 80% of whom are Roman Catholic.

The preliminary findings - from the first three months of the study - were presented by Professor H.G. Burger, Professor of Medicine at the Medical Research Centre of Prince Henry's Hospital in Melbourne, Australia, and overall coordinator of the WHO study. He reported that the method (which uses observation of both the quantity and quality of vaginal mucus to determine the time of ovulation) required an average of 15 to 18 days abstinence in each cycle with 11 to 15 days available for intercourse.

A total of 2,704 menstrual cycles were studied in the first phase of the programme (known as the teaching phase and designed primarily to see if the women could be taught adequately to recognise their mucus symptoms). The researchers reckoned that 90.8% of the women has a good understanding of the method after the first cycle, and 97.1% after the third. The couples' motivation for using the method was described as "religious" in 40% of cases and "unhappiness with other methods" in about 25%.

During the 2,704 cycles under observation, Dr Burger reported that there had been 45 pregnancies in 5.2% of the women. Two of these were deemed to have resulted from user failures. Calculating on the Pearl Index, Dr Burger estimated method-related failures to range from 0.48 to 3.00, and user-related failures from 0.96 to 19.25. Taking the WHO results in conjunction with other studies of the Billings Method, he estimated the mean pregnancy rate per 1,200 cycles to be 18.2.

He acknowledged, in response to questions, that the trials had been conducted on volunteers and that, as a result, the couples were likely to be very highly motivated. Some 85% of the couples had moved on from the teaching phase of the study into what he called the effectiveness phase. But the final assessment of the Billings Method, he said, must come when it is offered "cafeteria fashion" in a fully comprehensive family programme along with a choice of all other methods of contraception.

David Nowlan
Dublin.

LEGAL ABORTION IN ITALY

Introduction

The first signs of a campaign to reform the abortion law in Italy appeared in 1970. In February 1975, a Supreme Court judgment introduced a partial reform, while in May 1978, abortion was finally legalised. Subsequent appeals to the Supreme Court and further legislative initiatives have sought to amend the 1978 law.

Background

Chapter X of the Italian Penal Code (1933), entitled 'On crimes against the integrity and health of offspring', included Article 546 : "Abortion performed on a consenting woman - - Whosoever procures the abortion of a woman, with her consent, is punished with a prison sentence of two to five years. The same sentence shall apply to the woman who has consented to the abortion". Judicial statistics covering the period 1964-74 show an annual average of about 300 prosecutions under Article 546 (1).

The reality is perhaps best conveyed by a series of case-studies by De Marchi (2) : "Velia is 36 and has been married for 16 years; four live births, one stillbirth. She has had 22 abortions...
" 'I don't know how many abortions I've had', Bruna told me... 'Every two or three months I have to put the sound in. It was difficult learning how to do it. A woman who used to do it taught me' ".

The incidence of illegal abortion in Italy remains controversial. At the height of the abortion law reform campaign, an annual figure of three million abortions (over three abortions per birth) was being cited. The Italian Minister of Health mentioned 800 000 illegal abortions p.a. (3). On the other hand, Figa-Talamanca (4) estimated 220 000 - 600 000 abortions p.a. (25-75 per 100 births).

Founded in 1970, the Movimento per La Liberazione della Donna published a draft abortion bill in May 1971, but it was not taken up by a deputy. 16 further bills were published, before the current law (No 194) was passed on 22 May 1978, effectively legalising first trimester abortion on request.

Supreme Court

In its February 1975 judgment in the case of Republic of Italy v Minella et al (5), the Supreme Court had declared Article 546 unconstitutional, on the ground that, while the state had a duty to protect the fetus, it had a greater duty to protect the woman. However, few legal abortions were subsequently performed on this basis.

A referendum ?

Another important feature of the campaign to reform the 1933 law was the possibility of a referendum to repeal Chapter X of the Penal Code. The half million signatures, needed to propose a referendum, were collected in spring 1975. Both major political parties, the Christian Democrats and the Communists, were opposed to the referendum as an instrument of reform. So when the Senate defeated a reform bill in June 1977, both parties stretched parliamentary procedure to allow the bill to be presented again in early 1978, so that Chapter X would already have been repealed by the time the referendum was due. After the success of the 1974 referendum on divorce, the threat of another on abortion provided a strong incentive to change the abortion law quickly.

The new law

The 1978 abortion law permits first trimester abortion on health, socio-economic, eugenic (fetal) and judicial (e.g. rape) grounds (Article 4). The woman herself maintains that she fulfils these conditions. In emergency, a family clinic or physician may issue a certificate immediately, entitling the woman to an abortion in the public health sector (Article 5). Otherwise, the physician may ask the woman to reconsider her request ; if after a week she persists in her request, the physician must issue an abortion certificate (Article 5). After the first trimester, abortion is permitted only on fetal grounds, or when there is "a serious risk to the woman's life" (Article 6).

Abortions may be performed by registered gynecologists in public hospitals, or in private clinics in the first trimester, with ministerial authorisation (Article 8), though private legal abortion is rare in practice. Article 9 allows health personnel to declare a conscientious objection to participating in abortion (including certification), but not to pre- and post-operative care, or in emergency. Minors (under 18 years of age) seeking abortion require parental consent; otherwise, the girl may go to the juvenile Judge, who may authorise the abortion (Article 12).

Judicial reaction

Within a month of the new law, the Salerno Court (Tribunale) appealed to the Supreme Court to declare the law unconstitutional. Eight other appeals, from different courts throughout the country, followed. All appealed to the presumptions that the constitution guarantees the right to life, and that the fetus is a human being. Legal arguments aside, they tended to view abortion as a materialistic caprice :

"And here we find ourselves faced with... the legality of an interruption of pregnancy for any reason, even the most futile ones : the legitimization of the quick and painless 'hedonistic' or 'egotistical' abortion with sophisticated systems which medical science has used for quite some time" (6).

In fact, Italian civil law assigns no fetal rights. For example, in an action for damages, brought by the wife and daughter of a man killed in an industrial accident, the wife won her case, but not the daughter, conceived but unborn at the time of the accident :

"We must point out that positive law ... considers birth not a condition, but an unavoidable presupposition, an essential prerequisite of juridical competence" (7).

A final decision on the constitutionality of the 1978 abortion law is awaited. Meanwhile, the Radical Party has proposed certain liberalising amendments, which seem likely to enjoy little public or parliamentary support.

Incidence

The Under Secretary of State at the Ministry of Health (8) has given the number of legal abortions, performed between 22 May 1978 and 31 March 1979, as 116 608 (about 18 per 100 births). This level is comparable to the notified incidence in Britain and France.

Obstacles

For the woman seeking abortion, there may be two main obstacles : to procure a certificate; and to have the abortion performed. The first barrier principally afflicts minors, seeking the permission either of critical parents, or of an unsympathetic judge. The family physician may also refuse to grant a certificate.

Real difficulties arise when the woman seeks a hospital to perform her abortion. Overall, 72% of gynecologists are conscientious objectors. In parts of southern Italy, this proportion exceeds 90%, with many smaller hospitals having nobody to perform abortion. Combined with a lack of hospital facilities, delays between issuing a certificate and performing an abortion often verge on the dangerous : even in the more efficient regions, a third of abortion patients wait at least three weeks. Although aspiration is widely used in some parts of the country, nearly half the abortion patients stay in hospital for at least three days (9).

Conclusions

Despite strong opposition to legal abortion (10), and administrative obstruction, it is remarkable that so much has been achieved over the new law's first 1 1/2 years. Article 1 states that "abortion is not an alternative method of birth control". However, abortion will remain a widespread method of fertility regulation for some time to come.

Notwithstanding considerable popular pressure for abortion law reform, the large-scale resistance of the medical profession has limited its implementation. In the final analysis, it is not the law's precise wording that guarantees effective social action, but its practical interpretation. Some feminists have substituted themselves for health personnel with conscientious objections. However, no amount of self-help will suffice while physicians refuse to implement the 1978 Law on Abortion.

Notes

- 1 Annuari di Statistiche Giudiziarie (1964-74) : ISTAT.
- 2 De Marchi, M L Z (1969) : Inumane Vite. Sugar, Milan.
- 3 Proposta di Legge (No 1655) : Deputies Fortuna et al, 11 February 1973.
- 4 Figa-Talamanca, I (1978) : cited in IPPF (1979) : The Human Problem of Abortion.
- 5 Judgment No 27 of the Constitutional Court, 18 February 1975.
- 6 Ordinanza di rinvio alla Corte Costituzionale pronunciata dal Tribunale di Pesaro il 9 giugno 1978.
- 7 Cassazione civile III^o Sezione, No 3462, 28 December 1973.
- 8 Quarenghi, V (1979) : Paper given at conference on Incontro conoscitivo sull' applicazione della legge 194 : Rome, October 1979.
- 9 Dambrosio, F (1979) : ibid. Data cover about half the abortions performed in Latium, Lombardy and Tuscany, between May 1978 and November 1979.
- 10 The Roman Catholic Church is not the only source of opposition. For example, Carlo Casini, a Florentine magistrate and leader of Il Movimento per la Vita, became a Christian Democrat deputy in the June 1979 election.

James Walston
Rome

THE ABORTION LAW IN FRANCE

In January 1975, first trimester abortion on request was legalised for French residents, for a trial period of five years, subject to several conditions (see RIB, January 1978). But first trimester abortion was, in practice, far from being guaranteed on request. Manifold difficulties obstructed the woman seeking legal abortion : the legal requirements alone were discouraging enough, not to mention the humiliating attitudes of some health personnel, and the distressing uncertainties of the delays involved in processing her application. The "conscience clause" in particular, allowed physicians to refuse abortion requests.

The five-year trial ended and on 30 November 1979, the Law was voted definitively and was published in the Journal Officiel in January 1980.

None of the essential clauses of the 1975 Law are fundamentally altered, despite strong pressure from the French FPA, women's groups and political parties of the left.

- o Legal abortion is still restricted to first trimester abortion.
- o Abortion is still not reimbursed by the Social Security.
- o A minor can now decide to keep her child without her parents' consent, but she still cannot have an abortion without such consent.
- o Foreign women must still have resided in France for three months before being eligible for abortion.
- o The preliminary consultation and the week of reflection are still mandatory although there is now a positive side, i.e. if a physician considers that a woman is likely to exceed the legal limit of 12 weeks, he can now decide to shorten the time the woman is given for reflection.

All the amendments put forward by the left-wing politicians were rejected. Public establishments which must procure for physicians the means of performing abortions, are legally regulated and, if the Head of Department of a particular hospital refuses to assume personally his responsibility in this context, the hospital Governing Body must ensure that the Department is equipped with these means.

The only change as far as the "conscience clause" is concerned is the provision that physicians opposed to abortion must give a woman a minimum of information, enabling her to present her request elsewhere. Moreover, the "conscience clause" is a matter for individuals and cannot be extended to an entire Department.

Provision has also been made for the "initial and continuous training of physicians and other health personnel to include teaching on contraception" and for controls to be strengthened at establishments where abortions are performed.

On the other hand, several measures appear to be more restrictive and repressive than formerly. Not only are sanctions for the illegal practice of abortion maintained, but they are now heavier. The counselling required before an abortion, defined as impartial previously, is to be

"orientated" ; the woman must be given the means necessary to solve her social problems, notably so that she is able to have her child. Then, she must receive a list of organisations likely to help women and couples with the arrival of a child.

A parliamentary commission on demographic problems will be established to inform the Assembly and the Senate on the results of a pro-natalist policy, and on the application of laws relating to fertility regulation.

This Law on Abortion, now final, brings very few of the changes required by the MFFP among others, and it remains to be seen whether its application and the attitudes of the medical profession will make it possible for French women to obtain abortion on request.

RAPE IS NOT A WOMAN'S ISSUE

This article deals mainly with the kind of rape in which the rapist and the victim do not really know each other. This fact is perhaps the very condition for the man's inner expectations and aggressions to project themselves freely. The woman represents only a projection target for his fantasies.

I remember the exciting interest I felt when reading about rape in the newspapers as a teenager. Then I probably experienced it as one of the things that were most taboo. It was all about my own inhibited desires. Perhaps it is exactly those guilt-ridden fantasies which make it so impossible for men to discuss rape. Such inhibited desires, and hidden contempt for women, play an important part in male arguments. Behind these arguments lies a belief in an unrestrained male sexual urge which stops at nothing. The man himself is a slave to this urge.

It is true that the experience of sexual passion in certain situations may be strong and almost overpowering. It is not necessarily related to sexual urge - it can as much result from a nervous tension which has another basis than sexual urge. But it is absurd to assume that this sexual passion should result in violence against a woman or women in general. It is not the sexual urge which leads to violence; rather it is aggression and hatred of women, which is channelled through sexual action.

The Man

A lot more research is required on rapists, or rather on violent tendencies in connexion with sexual actions. We must get to know more about everyday violence.