The first issue of ENTRE NOUS received a warm welcome in many countries and has shown that information exchange works. The numerous requests received by the Portuguese Commission on the Status of Women for its educational material on family planning for migrant communities is one example of the sort of response ENTRE NOUS has elicited.

The current issue of ENTRE NOUS deals mainly with the organization of family planning services, but you will also find in it information about meetings, publications and people. We would like to thank everyone who has contributed to it.

ENTRE NOUS is based on a network of correspondents in every country of the WHO European Region, who keep us posted on trends in family planning and sex education, and new ideas and activities in the field. However, your ideas and information are very welcome too and may be helpful to other readers, so send us a short one-page report on what is happening in your area.

You may also want to send us the addresses of colleagues who you think should receive a copy of ENTRE NOUS.

We look forward to hearing from you.

Wadad Haddad,
Regional Officer
for Family Planning.

COMMUNITY SUPPORT FOR FAMILY PLANNING
by Professor Lidija Andolska
Tozd Ginokoloska Klinika, Yugoslavia.

I interpret family planning as the right of all persons to determine freely and responsibly the number and spacing of their children, which also presupposes their right to have children. This implies far more than giving advice on contraception. It concerns human freedom, health, social security, nutrition, economics, education, employment, politics, religion, customs and beliefs, demography, communication and housing. Thus family planning is part of the social system and cannot solve the wider problems it addresses, if it is mobilized in isolation. There are two particular linkages I would like to emphasize.

First, no family planning programme can succeed without the support of the people it intends to serve. The programme should be a response to problems perceived by the people in a particular community, and should be carried out in a way that is acceptable to them and with the support of adequate services. A family planning programme is not a charity programme but is based on principles of human dignity and respect geared to the service not only of the poor but of the community at large. This is important in communities with different social and ethnic groups.

Second, family planning services should be part of the basic health services in both developed and developing countries. Projects have shown that people are more receptive to family planning services if priority needs such as sanitation, nutrition, education and agricultural developments are solved first.
Support in the community

The best advocates of family planning are individuals or groups who are trusted by the people: such as physicians, nurses, traditional health practitioners, birth attendants, midwives and teachers. They understand the values and beliefs of their people and can provide services that are socially, culturally and technically appropriate.

Medical doctors, especially those working in maternal and child health, have often been pioneers of family planning in their own countries. They are respected in their communities and, especially in countries where there is a shortage of doctors, they have a prestigious voice at the national level. Where they have passive or negative attitudes towards family planning, however, their influence will tend to retard the acceptance of family planning.

Women and youth groups

Women are the people most directly concerned with the health and social benefits of family planning. They should therefore play a significant role in determining the need for a family planning programme as well as in planning and implementing family planning services.

A woman's right to decide freely on the number and spacing of her children cannot be considered separately from other human rights such as the right to adequate health care, to education, to employment and to a decent standard of living. The status of women in society therefore determines the level of family planning services available.

In recent years, activities in support of the status of women and the development of their rights in connection with family planning have been organized as though the problems faced by women lay within themselves. In some countries, including my own, it is still believed that the problem of biological reproduction is the sole concern of women and women's organizations. Consequently, most activities have focused on changing women rather than on transforming inequitable institutional arrangements and the ways in which services are delivered to the community.

Community services can be improved through community cooperation. Such cooperation has deep roots in the history of many countries. In Yugoslavia, for instance, community cooperation was developed long ago. Recipients of community services (people in need of education, childcare or health services) elect their delegations to form self-management service organizations. In this structure, women play a leading role.

Besides women, young people may, if invited at the proper time and in the right way, support family planning. With pregnancy, abortion and sexually-transmitted disease rates increasing among adolescents in many countries, programmes to reach adolescents of both sexes are very important. Adolescents represent the parents of tomorrow. Many youth organizations are anxious to introduce education for family life, including family planning, into school curricula or into various extra-curricular youth activities.

Male support

The role of the male in family planning merits permanent attention. Even in countries where family planning is a legal right for all, male resistance to family planning is still present.
Male support for family planning can be obtained by informing opinion leaders and decision-makers about the health and welfare aspects of planned families or by educating males in family health and life and encouraging them to accept joint responsibility for the number and spacing of their children. They can be reached at home, at the workplace or through trade union educational programmes. Women should also help their partners participate in family planning. In some cases, this may involve changing male attitudes to women, for example where men think that the primary role of women is to produce children.

[Extracts from a working paper by Professor Andolsek, presented at the joint workshop of WHO and FICO (International Federation of Gynecology and Obstetrics) on family planning in primary health care, San Francisco, 13-14 October 1982. Correspondence: Tozd Ginekoloska Klinika, Stajmerjeva 3, 61000 Ljubljana, Yugoslavia]

COUNTRY REPORTS

HOUSEHOLD-BASED FAMILY PLANNING/MATERNAL AND CHILD HEALTH SERVICES IN MOROCCO

Between 1977 and 1979 the Moroccan Ministry of Public Health began a pilot programme in Marrakech province with international aid to test ways of motivating families to use contraception through home visits by health workers.

Trained health workers, generally with a nursing background, made two home visits to all women aged 15-44, at three month intervals. Families were informed beforehand of the intended visit through regional radio and television programmes and the health workers were well accepted by them.

They asked the families about their contraceptive practices and fertility. At the same time they explained various contraceptive methods and, if there were no contraindications, provided oral contraceptives for 3-5 months. Where there were contraindications, women were referred to the nearest medical service. At the second visit, the health workers visited all the homes again paying special attention to those women who were not present at the first round of visits, checked any problems related to the contraceptive method used and also made sure that sufficient contraceptive supplies were available.

Where families refused contraception, the reasons for refusal were noted. At the end of each visit, the health workers completed a standard home visiting record and these data were sent to the Population Division of the Ministry of Public Health in Rabat for later retrieval.

The pilot programme showed that home visits were quite effective in motivating women to accept a contraceptive method. The prevalence rate of contraceptive practice for women visited twice in their homes rose to 60%.

Following this successful approach the Ministry of Public Health decided in 1982 to continue and expand the home visiting programme, this time within the context of primary health care and with the particular objective of extending health coverage to rural families. Since March 1982, the programme now known as the household-based family planning/maternal and child health service "new approach", has been implemented in three provinces. It consists of five or six home visits a year over a period of three years. In May 1983, the government extended the service to eight other provinces reaching an estimated number of 8.5 million people.
What exactly does household-based family planning/maternal and child health service "new approach" mean? It means that while the health worker does provide contraceptive services, she or he also screens for malnutrition in young children, provides enriched flour and teaches mothers how to prevent infant diarrhoea and prepare oral rehydration solutions. Pregnant and lactating women receive supplemental iron tablets and the health worker provides basic curative care, if needed. Thus it is a package approach.

To equip health workers for their new task of interpersonal health education and motivation during home visits, 2200 nursing personnel have been trained at the province level.

Preliminary data indicate that the new approach of a household-based family planning/maternal and child health service is successful and well accepted by the community.

[From: Dr. KOUHRI Abdelhaq, Médecin-chef, Division de la Population, Ministry of Public Health, Rabat, Morocco]

INFORMATION AND ADVICE ON FAMILY PLANNING THROUGH PHARMACIES

In Great Britain, approximately 2 million women are registered with family doctors for contraceptive advice. Another 1.5 million go to family planning clinics.

There are still however, a large number of couples who fail to use contraception or who use it inadequately. The Family Planning Association (FPA) estimates that over a million couples are not using contraception and another million or more are not using it regularly. The result is over 129,000 abortions (1981 figure) and a further 50,000-100,000 unwanted pregnancies in Great Britain every year.

Where could the FPA reach these people with information and advice on family planning?

One answer is through the pharmacy. There are currently over 10,000 retail pharmacies in the United Kingdom and they are generally required to remain open from 9am to 6pm and provide a service after hours on a rotation basis. There is a pharmacy in almost every shopping street, and most residents know where it is. Pharmacists are often asked about contraception, and most pharmacies stock condoms and spermicides. Moreover, 6 million customers enter a pharmacy every day.

A joint FPA-Pharmaceutical Society project

The FPA and the Pharmaceutical Society of Great Britain have carried out a survey of 660 pharmacies chosen at random and representing all types of outlets. Pharmacists were asked what they felt about various aspects of family planning information and advice. The response rate was 90%. Giving information was regarded by 85.5% of the pharmacists as part of their future role while 75% felt that they should be giving advice as well as information on family planning and related matters. Almost all pharmacies stocked some contraceptives, and of those who stocked condoms, 67.4% displayed them, which probably accounts for the fact that the pharmacy is now the most popular source of condoms in Great Britain, taking over from mail order and vending machines.

Following the survey, a three-month trial distribution of free family planning information was launched in February 1983 to a selected sample of 750 pharmacies. The pharmacies were divided into two groups; those who volunteered to take the information and others who were sent information packs without volunteering. Hardly any of the pharmacies sent the kits back.
The free information material consisted of a sample of the FPA's leaflets for
the public on methods of birth control, with a display stand, together with a
reference handbook for the pharmacist
covering not only contraception but also
related subjects such as pregnancy
testing, and where to refer women with
specific problems. Stickers for windows
"Free family planning here; ask for the
pharmacist" and other display material
were also provided.

It is hoped to extend the information
and family planning advice service to
almost all retail pharmacies in the
country by 1985. Further, courses for
pharmacists, entitled "Communication
skills for pharmacists" are being run by
the FPA for those especially interested
in this area. The courses aim to back
up the expertise and knowledge already
possessed by the pharmacist with skills
in handling easily embarrassed members
of the public. Although pharmacists do
not replace doctors, they are profes-
sionally trained and possess many skills
that can be used profitably to comple-
ment the health services in a more
active way than in the past.

[From: Maggie Jones, Information
Department, The Family Planning
Association, 27-35 Mortimer Street,
London W1N 7RJ, United Kingdom]

TURKEY: DEVELOPMENTS IN FAMILY PLANNING

-In 1982, the Turkish Constitution
delegated the protection of the family
and the extension of family planning
services to the government. Special
clauses were added for the protection of
mother and child.

-Head of State, Kenan Evren, in several
of his public speeches, has repeatedly
explained the advantages of small-sized
families and emphasized the importance
of family planning.

-The number of reported contraceptive
users rose from approximately 250 000 in
1981 to more than 465 000 in early 1983.

-The draft revision of the law on
population planning will liberalize
voluntary sterilization and abortion and
authorize specially trained nurse-
midwives and midwives to deliver IUD
services. It has passed the three
stages in the National Consultative
Assembly: the Cabinet Council of
Ministers, the special Health and Social
Affairs Committee, and the Legislative
Committee. The revised law is now ready
for a vote in the General Assembly which
is expected to take place immediately
after the vote on the law on elections.

-The General Directorate of Family
Planning and Maternal and Child Health
is conducting in-service training pro-
grames for health centre physicians to
upgrade the effectiveness of family
planning services. In 1982, there were
250 newly graduated physicians appointed
to rural health centres under the com-
pulsory service law, trained in primary
health care and family planning; 59
general practitioners had TUD insertion
training and 25 were trained in both IUD
insertion and menstrual regulation. In
addition, 31 obstetrician/gynaecologists
had IUD insertion training and 18 were
trained in laparoscopy.

[From: Dr Güler Y. Kanra, Director
General of Family Planning and Maternal
and Child Health, Ministry of Health and
Social Assistance, General Directorate
of Population Planning, Ankara, Turkey]

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a See also IPPF magazine: People,
A COMMENTARY ON LEGISLATIVE MEASURES AFFECTING ADOLESCENTS IN ITALY

The family planning movement in Italy achieved three important legislative innovations between 1970 and 1980.

- The 1975 law concerning the rights and duties of marital partners (Diritto di Famiglia) gave women an equal footing, not only in the marriage contract, but also in social and occupational spheres.

- The 1975 law also instituted family planning services (Consultori) for the first time to provide social, psychological and medical assistance to individuals and couples, with the emphasis on prevention and health education.

- The liberalization of abortion in 1978 made abortion available free of charge in public medical facilities.

Implications of these laws for adolescents

The first observable result has been the reduction in adolescent marriages (under the age of 16) which are now only possible under special circumstances. This has also meant a reduction in the number of forced marriages among pregnant adolescents, a practice that however has not disappeared completely.

Adolescents have gained access to contraceptives through family planning services in clinics. There is still little agreement among Italian specialists as to the type of contraceptives adolescent women should be advised to use. Nevertheless most service providers are sensitive to the special needs of adolescents and they usually attempt to explore the social and psychological needs of their younger clients.

The Italian abortion law allows the termination of pregnancy in adolescents with the consent of their parents or a guardian. In the absence of consent, the permission of a judge is required.

Many consider the present provision a barrier that adolescents are not always able to overcome. There have been several attempts (unsuccessful to date) to eliminate this restriction from the abortion law.

The application of the legislative measures: a slow and uneven process

Family planning services are now available in all urban centres and in most rural areas of northern and central Italy, but few services are available in southern Italy and the islands. The number of clients of family planning services is still relatively small, and includes very few adolescents.

A recent study in the city of Rome showed that school youths (aged 15-17) were not aware of the family planning services available to them. Most of them expressed interest in education and information about sexuality and family planning. At present most family planning services cannot meet the need for sex education of adolescent groups. Lack of personnel, of resources and of experience of clinic personnel in extramural activities are limiting factors. At the same time, school health professionals and teachers are reluctant to address adolescents on these matters without some training in sexuality and family planning.

The degree to which the abortion law meets the needs of adolescents is debatable. Among women seeking abortions, adolescents constitute a minority of about 3%. In most European countries this percentage is higher. On average, adolescent women in Italy seek abortion later in pregnancy than do older women and legal abortion services have not become widely available yet. All these facts tend to suggest that an unknown number of abortious among adolescents are still performed illegally and under dangerous conditions.

[From: Dr Irene Figà-Talamanca, Istituto di Fisiologia Generale, University of Rome, Italy]
1982 PROFILE OF A FAMILY PLANNING CENTRE IN GREECE

The Family Planning Centre of Aghia Sophia Children's Hospital in Athens is run jointly by the School of Public Health, Eugenics and Maternal and Child Health Section, and the Department of Paediatrics of Athens University.

The Centre informs people about eugenics and family planning and encourages them to use contraceptive methods other than abortion which is the most prevalent family planning method in Greece. In 1982 the Aghia Sophia Family Planning Centre, staffed by a full-time social worker and a part-time physician, provided contraceptive services, sterility examinations and genetic counselling to 175 individuals. When needed, patients were referred to various specialists in the Aghia Sophia Children's Hospital.

The Centre also provides support and counselling to families with marital problems and helps parents with the sex education of their children. This service was offered to 240 people in 1982.

Health workers are trained in family planning content and methods at the Centre, and 30 student midwives and 300 medical students received a three-hour course on family planning this year.

In addition the staff of the Family Planning Centre gave 62 lecture-discussions in different departments of the Children's Hospital for patients, their parents and visitors. The social worker covers the subjects of contraception, abortion, sex education, responsible fertility and health. The paediatrician covers all these topics plus prevention of genetic disease, nutrition, accident prevention and immunization against infectious disease. When children from 7 to 14 years old attend the lecture-discussions, the subject is changed to sex education, nutrition or another suitable topic. Nursing staff join in when they are not too busy. After each lecture, 2-3 persons usually ask for a private interview.

A small library with books on sex education is circulated in the hospital wards and 80 individuals (mothers and children) have made use of it. The demand is far greater than the staff of the Centre can cope with. 2000 copies of a small booklet with 60 questions-answers on family planning and genetics have been distributed, free.

[Source: Dr Helen Valassi-Adam, Associate Professor of Paediatrics, Aghia Sophia Children's Hospital, Family Planning Centre, Athens 608, Greece]

INTERCOUNTRY NEWS

FAMILY PLANNING MOTIVATION THROUGH SCHOOLTEACHERS AND IMAMS

One of the main problems in family planning is the shortage of manpower to provide family planning services. At the request of various governments, the WHU Special Programme of Research, Development and Research Training in Human Reproduction (HRP) is collaborating in several studies to determine the suitability of workers for different family planning tasks, how they can be trained, how they perform after training compared with physicians and what type of supervision they need. These workers cover a wide spectrum including: lay volunteers, imams, teachers, traditional healers and auxiliary nurse midwives.

In 1981, with technical assistance from HRP, the Turkish Government started a study to assess the use of school teachers and imams as family planning motivators.
Selected schoolteachers and imams received instruction on the rationale for fertility regulation and on the different methods available, including their advantages, disadvantages and side-effects, and where contraception can be obtained. In a test of their knowledge of family planning, teachers scored 29.7% and imams 23.1% before the training began. Afterwards the scores rose 79.8% for teachers and 46.2% for imams.

Preliminary findings, published in 1982 in the 11th Annual Report of HRP, indicated the effectiveness of trained teachers and imams. After six months the proportion of women using any form of contraception showed a substantial increase. Furthermore, the proportion of women using effective methods of contraception increased substantially in the study areas, especially in the areas where both schoolteachers and imams had been trained.

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<tr>
<th>Study area</th>
<th>Before training</th>
<th>Six months after training</th>
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<tr>
<td></td>
<td>Any form of contraception (%)</td>
<td></td>
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<tr>
<td>Teachers trained</td>
<td>52.4</td>
<td>68.8</td>
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<tr>
<td>Teachers and imams trained</td>
<td>56.2</td>
<td>70.0</td>
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<tr>
<td>Control area</td>
<td>64.3</td>
<td>66.1</td>
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<tr>
<td></td>
<td>Effective contraception (%)</td>
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<tr>
<td>Teachers trained</td>
<td>29.9</td>
<td>32.6</td>
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<tr>
<td>Teachers and imams trained</td>
<td>21.3</td>
<td>44.8</td>
</tr>
<tr>
<td>Control area</td>
<td>26.6</td>
<td>27.2</td>
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In 1970, Dr Sadik joined UNFPA and has been instrumental in developing the agency's large array of family planning programmes and research activities relating to the regulation of human fertility. As regards research, she stated in a recent address at the International Symposium on Research on the Regulation of Human Fertility held in Stockholm, 7-9 February 1983, that UNFPA will continue to devote a proportion of its resources to research but that in view of the demand for assistance and of economic realities, it will become more difficult to meet country needs for fertility research in the years to come. With the priority given at present by the UNFPA Governing Council to family planning programmes, the Council is reviewing the agency's future role in fertility research.

**People**

Dr NAFIS SADIK, Assistant Executive Director of the United Nations Fund for Population Activities (UNFPA) and Assistant Secretary-General of the United Nations, started her career in the family planning field as director of one of the world's first national family planning programmes in Pakistan. The programme was particularly noted for its attempt to train non physicians to provide family planning services.
Dr Sadik has provided strong support for improving the opportunities for women around the world. Her views are precise on this subject. She feels that in the area of women's right much work needs to be done and that access to family planning information and services is one of these rights. Women should have more resources to bring into marriage since this will affect their degree of equality and independence within marriage. A greater independence within marriage is going to result in more family planning because, given the choice, most women will limit their child bearing. So, in Dr Sadik's views, unless women are allowed to participate in family planning discussions as well as in community decisions which affect their future, parenthood programmes are probably doomed to failure.

[UNFPA, 220 East 42nd Street, New York, N.Y. 10017, USA]

Professor ALAOUI MOHAMED TAHAR is a key person in the promotion of family planning in Morocco. Appointed Professor of Obstetrics and Gynaecology at the Rabat Faculty of Medicine in 1977, he established the National Centre on Human Reproduction and Family Planning and became its first director. Under his leadership the National Centre, which is also a WHO collaborating centre of the European Region, has become an important focal point for both training and research in the country and in other francophone countries in the Region.

Professor Alaoui graduated as a specialist in obstetrics and gynaecology from the Medical Faculty of Strasbourg and is keenly interested in research on growth and sexual maturation in adolescent boys and girls and the fertility of adolescents. From 22 November to 3 December 1982, his Centre was host to a WHO sponsored interregional workshop on health service research methodology related to adolescent reproductive health.

A founding member of the Moroccan Association of Family Planning, of which he is now Vice President, and a member of the IPPF Regional Committee for the Middle East and North Africa, Professor Alaoui is well placed to influence and assist the development of family planning policy in his country. The link between family planning research, clinical services and policy development in Morocco is facilitated by his concurrent position as Director of Technical Affairs at the Ministry of Public Health.

[Ministry of Public Health, 335, avenue Mohammed V, Rabat, Morocco]

MEETINGS REVIEWED

JOINT WHO/FIGO WORKSHOP ON FAMILY PLANNING IN PRIMARY HEALTH CARE

WHO and the International Federation of Gynecology and Obstetrics (FIGO) jointly sponsored a "Workshop on Family Planning in Primary Health Care", in San Francisco, 13-14 October 1982, as a run-up to the 10th World Congress of the International Federation of Obstetricians and Gynecologists.

There were 21 participants in the workshop, representing a variety of disciplines including obstetrics, gynaecology, paediatrics, health administration, nursing and midwifery and social sciences.

The background to the Workshop was the fact that despite advances in obstetrics and gynaecology, an estimated 20 000 women die in childbirth every year because they live in slums and deliver their babies without trained professional attendance.

Attention must therefore be given to providing them with basic primary maternal and child care such as antenatal screening, nutrition education, immunization, the management of infant diarrhoea through oral rehydration and access to supervised deliveries with appropriate referral options.
Since high parity, childbirth at the extremes of the reproductive age, and pregnancies at very short intervals carry high risks for the health of both mother and child, family planning is a key and integral part of these basic maternal and child health services.

Established medical practices are oriented to urban services delivered by physicians. In rural areas, the shortage of physicians means that nurses, midwives and auxiliary personnel must provide preventive and simple curative services.

The participants at the Workshop felt that obstetricians and gynaecologists should provide leadership, support and training for maternal and child health/family planning activities within primary health care programmes and work closely with the public health professionals already involved. They therefore recommended:

- that obstetricians and gynaecologists should become familiar with the goal of health for all by the year 2000 and the role their professions can play in supporting primary health care, including family planning;

- that training programmes should emphasize the health aspects of family planning;

- that health services research should be encouraged in urban slum areas and health workers become familiar with its methods and results;

- that the role of the traditional untrained birth attendant and other members of the community in primary health care should be recognized and their technical skills and knowledge be upgraded; and

- that health professionals should promote community involvement, especially of women and the young, in primary health care.

Source: Eeva-Liisa Vakkilainen, Public Health Nursing Officer, National Board of Health, Siltasaarenkatu 18 A, 00530 Helsinki 53, Finland
FAMILY PLANNING FOR MIGRANTS

Aimed at migrant communities in the Federal Republic of Germany, a 24-page booklet on family planning has been published in Greek, Italian, Portuguese, Serbo-Croat, Spanish and Turkish. Each language edition is illustrated with photographs of families of the nationality concerned and contains the same basic information on reproduction and contraceptive methods and services. They contain no suggestions of an ideal family size.

The booklets contain details of Pro Familia services in the Federal Republic of Germany and of family planning services in the migrants' home country. So far, some 450,000 copies have been distributed to migrant workers in Germany and to German organizations dealing with them.

Five of the migrants' home countries have also requested copies of the booklets, which have been reprinted with support from the International Planned Parenthood Federation in a slightly revised form. The booklets are free except for postage.

[Write: Pro Familia, German Association for Sexual Counselling and Family Planning, Cronstettenstrasse 30, 6000 Frankfurt am Main 1, Federal Republic of Germany]

ERRATUM

The address of the Centro de Produção Audio-Visual, where you can order the colour slide-strip on family planning for Portuguese migrant communities, is Rua Duque de Pamela, Lisboa and not Rua Duque de Saldanha, as mentioned in issue no. 1 of ENTRE NOUS.

WHAT TO WRITE FOR

THE POPULATION HANDBOOK

A clear and simple guide to basic demographic indicators (birth, death, migration, fertility, reproduction and abortion rates) called the POPULATION HANDBOOK, has been published by the Population Reference Bureau (USA). This publication explains demographic terminology to journalists, policy makers, teachers, students and others who need to understand, cite and communicate population facts.

Composed of several sections dealing with the age and sex composition of populations, fertility, mortality, morbidity, marital status, migration, urbanization and population change, the Population Handbook defines the most commonly used indicators. A glossary at the end permits a quick recapitulation of all the indicators discussed in the text.

The Population Handbook comes in a handy format. It is now available in English (a US edition, 64 pages, and an international English edition, 76 pages), Spanish (adapted for Latin America, 78 pages), French (for francophone Africa, 74 pages), Arabic (for the Middle East, 88 pages) and Thai (103 pages). A single copy costs US$4. Prices on request for bulk orders.

[All inquiries to: Population Reference Bureau, Inc., 1337 Connecticut Av. N.W., Washington, D.C. 20036, USA]
WHO PUBLICATIONS LIST ON FAMILY HEALTH

A selected list of publications and documents of the World Health Organization about FAMILY HEALTH can be obtained on request from the Division of Family Health at WHO Headquarters. The list covers family health (women and family health), maternal and child health (mortality, morbidity, birth weight distribution), maternal and child health care (risk approach, traditional birth attendants, family planning, adolescence), infant and young child feeding, nutrition (requirements and deficiencies) and health education.

[Write: Division of Family Health, World Health Organization, 1211 Geneva 27, Switzerland]

CONFERENCE NEWSLETTER 2000

Health for all by the year 2000 is WHO's provocative social objective, adopted by the World Health Assembly in 1977.

The CONFERENCE NEWSLETTER 2000 informs government authorities, associations of health professionals, individual health professionals, research institutes, training institutions and teachers of primary health care or related subjects about the organization of a Conference on Primary Health Care in Industrialized Countries, 14–18 November 1983, in Bordeaux, France. More importantly, the newsletter intends to create support for the primary health care movement.

[For additional information: Dr Hannu Vuori, Regional Officer for Primary Health Care, WHO Regional Office for Europe, Scherfigsvej 8, 2100 Copenhagen Ø, Denmark]

COMMUNITY PARTICIPATION

ASSIGNMENT CHILDREN, No. 59/60, 1982, a bi-annual UNICEF publication, features community participation as its main theme. Among the articles there is a review by the International Planned Parenthood Federation of several constraints to community participation as they affect the development of country family planning programmes. They include the absence of a clearly felt need for family planning among members of the community; the lack of a social decision-making structure that represents the needs and opinions of women and adolescents in need of family planning; the fact that participation requires energy and time and that multiparous, poor women who are most at risk have little of either; the vulnerability of popular participation movements to political pressure, and finally the absence of a government policy supportive of family planning. These constraints are a useful checklist for programme development and review.

[For copies of Assignment Children write: Editor, Assignment Children, Villa le Bocage, Palais des Nations, 1211 Geneva 10, Switzerland. FF 17 for Third World countries and students, FF 23 for European countries]

Address inquiries about country reports, intercountry news, non-WHO meetings and documents to the source mentioned in the relevant article.

For additional information about ENTRE NOUS or WHO-supported activities and WHO documents, write to WADAD HADDAD, Regional Officer for Family Planning, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark.

WHO publications should be ordered direct from the sales agent of WHO publications in your country, or, in countries where a sales agent has not been appointed, from the World Health Organization, Distribution and Sales Agent, 1211 Geneva 27, Switzerland.