We received 59 replies to the Reader Feedback questionnaire (ENTRE NOUS No 3) from a cross section of ENTRE NOUS readers: family planning workers, gynaecologists, researchers, writers, trainers, midwives, educators, social workers, and legislators. They encourage us to go on. Half of them gave us the names of additional people to whom to send ENTRE NOUS. This is a big help in spreading ideas and practical information on family planning.

The most popular section of ENTRE NOUS is Country Reports. The sections Inter-country News, Meetings Reviewed and Educational Aids score very well too, followed by What To Write For and the Editorial. The section People seems the least useful to our readers.

Some would like to see the Bulletin produced in Spanish, Arabic or Portuguese. At the moment, however, we cannot handle more than English and French but, as indicated above, material from ENTRE NOUS can be freely used in national publications or newsletters on family planning.

Additional topics for ENTRE NOUS suggested by our readers are: information on family planning agencies and educational materials; more reviews of books and articles; discussion of the pharmacological and cost aspects of contraceptives; more coverage on the social and psychological aspects of family planning and sexuality, and how to integrate family planning into the training of health workers. The suggestion of including crosswords and real-life stories is very much appreciated.

We will try out some of these suggestions in the coming issues of ENTRE NOUS. Readers will be informed about other publications on family planning that may fit their needs, for example: IPPF Open File. On the other hand, we want to keep ENTRE NOUS short and readable and with two issues a year this inevitably puts some restrictions on what can be covered.

Many readers reacted positively to the question: would they be willing to contribute news items for future issues of ENTRE NOUS? Thank you for your willingness to share information and ideas with others. We will contact you in due course.

Finally, for those who did not have a chance to send us their comments, we have included a reminder READER FEEDBACK questionnaire in this issue and would appreciate receiving their replies.

Wadad Haddad (Ms)
Regional Officer for Family Planning
In the near future, the family planning programme calls for:
- the approval in parliament of a new law on family planning;
- the introduction of several modern contraceptives in Greece;
- the legalization of abortion; and
- a national survey on fertility, the current use of contraceptives and abortion practices.

[From: Haris Symeonidou-Alatopoulo, Head of Research, National Centre of Social Research, 1 Sophocleous Street, Athens 122, Greece]

TALKING WITH MIGRANT WORKERS ABOUT FAMILY PLANNING.
A REPORT FROM THE NETHERLANDS

In 1976, the Ministry of Health and Environmental Protection established an agency to advise migrant workers residing in the Netherlands about health services. Part of the agency's work deals with family planning messages for migrant couples.

Family planning educational materials were developed in 1977. Illustrated leaflets focused on a specific theme (for example, birth control, the pill, abortion, male sterilization) but it turned out that these alone were insufficient to help health workers in communicating with migrant family planning clients. Therefore, a series of bilingual messages were developed for use by health workers, as well as a list of key words in Dutch, with translation into Turkish and Arabic.

But how does this communication method work in practice?

A recent study among migrant women showed that some of the illustrations are difficult to understand, especially the more abstract symbols.
For example, this illustration drew the following responses:

- "The baby is sleeping".
- "The baby should not be left alone".
- "The baby is rolled up in the uterus and the doctor says that the baby is in a dangerous position".
- "The baby is ill. I don't know what the black cross means".

Reactions to these illustrations included the following:

- "I see the pill. The woman has forgotten to take the pill. Now she feels dizzy and nauseated. She is pregnant. That is why she throws away the package".
- "She has lost her set of teeth. That is why she takes mouth tablets".

A second problem concerns the use of written messages in Dutch, Arabic and Turkish and the additional list of key words. Health workers felt that it takes too much time to explain all the messages developed for each theme and they found it difficult to use the list of key words.

What next?

Plans have been made to replace most of the written text by the spoken word. Tapes in Dutch, Turkish and Arabic have been prepared and will be accompanied by drawings or photographs.

[From: Mrs Wil Verhoeven, Agency for Information on Health Care for Immigrants, John F. Kennedylaan 99, Postbus 100, 3980 CC Bunnik, Netherlands]

WHY DO TEENAGE GIRLS HAVE UNWANTED PREGNANCIES? A STUDY FROM FINLAND

In Finland, the number of abortions performed on young girls has doubled in 10 years, from 8.3 per 1000 women of 15–19 years of age in 1970 to 19.7 in 1980. During this period there was a liberal abortion law, which allowed socioeconomic indications for abortion. Abortions are performed in specialized hospitals and are recorded in the official statistics. The trend in teenage pregnancies and abortions in Finland parallels the trend observed in most industrialized countries.

But why do young girls have unwanted pregnancies?

A study was made of 201 girls under 18 years of age who applied for termination of pregnancy at the Helsinki University Central Hospital, between 1976 and 1978. A control group of 185 schoolgirls (mean age 16.2 years) was selected from the same urban region. Both groups completed the same questionnaire.
Are family backgrounds different?

Certain differences were found in family background. Twice as many girls in the abortion group had divorced parents (33%) compared with 19% of the girls in the control group. The educational level of both parents was also significantly higher in the control group. The girls in this group reported more often than the girls in the abortion group that their father was gentle and lenient.

Knowledge about growing up

In both groups, half the girls had experienced puberty difficulties and did not know about menstruation before they got their first period.

The girls in both groups went out to meet their friends on average three to four evenings per week and their parents usually knew where the girls went, but more often so in the control group. Many of the girls had hobbies but the control group had more outside hobbies than the girls in the abortion group.

More girls in the control group had received contraceptive and sex information from school (74%) and books (59%) than had the girls who had become pregnant (51% and 47% respectively). Both groups felt that the school nurse had given the best information (36% in the abortion group and 48% in the control group). Only 25% of the girls in the abortion group and 19% of the girls in the control group thought that their parents had given the best information. Many girls, two thirds in both groups, did not discuss sex with their parents. The abortion group more often got information on sexual matters and contraceptives in a diffuse way.

Sexual behaviour

The girls in the abortion group had their first sexual intercourse on average at 14.7 years compared with 15.0 years for the girls in the control group, of whom 27% had had sexual intercourse.

Girls in both groups had had on average two to three partners, and the partners in both groups were generally older and more experienced.

"Love" was most often reported to be the motive for starting sexual intercourse. Only 10% of all sexually active girls had sex simply because their boyfriends wanted it. Sex as a result of casual acquaintance was rare in both groups. The majority reported a steady relationship with their partner. In the abortion group, 78% of the girls continued going steady with the same boy after the abortion.

The frequency of intercourse was higher among girls in the abortion group: 80% had intercourse at least once a month, compared to 56% for the girls in the control group. About half of the girls in both groups "nearly always" enjoyed their sexual intercourse. The concept of orgasm was well known among the girls. In the abortion group, 55% had unpleasant memories of their first intercourse, while in the control group it was 31%.

Use of contraception

Complete lack of use of contraception is less common than previous reports would suggest. In this study, only 15% of the girls in the abortion group answered that they never used any kind of contraception and another 19% had used a method considered to be unsafe (coitus interruptus, and intercourse during the "safe" period). The figures for contraceptive use were similar for the control group (16% and 14% respectively). When contraceptives were not used it was mostly because of lack of motivation, not lack of knowledge.

The method of contraception most commonly used was the condom (75%). Oral contraceptives were used more often in the control group. Very few girls had an IUD inserted.

Why did one group of girls become pregnant and the other not, since about the same percentage was insufficiently protected? The most likely reason is the difference in frequency of intercourse. The girls in the abortion group had regular intercourse significantly more often than the girls in the control group. This difference may explain why girls in the control group succeeded in avoiding pregnancy though 30% of them were insufficiently protected.
Deciding about abortion

Before abortion, the pregnant girls usually discussed the decision about the operation with parents and/or partners. The majority (86%) felt, however, that the decision had been totally their own while 7% had experienced pressure, usually from boy friend or mother who had been involved in the decision.

Conclusion

When a young girl is sexually active enough to seek effective contraception, she usually needs it. Adolescents often have regular intercourse. They know about contraceptives but lack the motivation to use them. The condom is not used effectively. The school seems to be an important source of information about sexuality and contraception, but sex education should not be confined to information about contraceptive techniques only. It should take up questions of responsibility and motivation.

[The study on Teenage abortions: Family background, sexual experience and contraceptive use was conducted by Leena R. RUUSUVAARA for her doctoral degree at the Medical Faculty of the University of Helsinki and was supervised by Professor Olof Widholm, Department of Obstetrics and Gynaecology of the University Central Hospital. Inquiries: Dr M. Vienonen, National Board of Health, P.O. Box 224, 00531 Helsinki 53, Finland.

For a copy of the study, issued in 1983, contact: Medicinska Centralbiblioteket, Haartmaninkatu 4, SF-00290 Helsinki 29]

COMMUNITY HEALTH AND FAMILY PLANNING

A community health project in four provinces of TURKEY demonstrated that local women (aged 18 to 45) are capable of performing many health tasks, if selected by the community and trained and supervised by midwives. This is the main conclusion reached by the project director, Professor Eren KUM, Director of the School of Nursing, and Associate Professor Aykut TOROS of Hacettepe University.

The project staff of the School of Nursing of Hacettepe University, supported by the Ministry of Health and Social Assistance, started the project in 1979.

18 villages were selected in each of the four provinces of Kayseri, Van, Samsun and Isparta. Each province was supervised by a nurse-midwife. She received orientation training for the project activities and covered the 18 selected villages. The project staff and project director and 11 faculty members of Hacettepe University School of Nursing were organized into four groups, one for each province, and they assumed regional responsibilities.

In each village a local woman was selected by community members. The selection was based on suggestions made by the project staff. A first set of criteria for selecting a local person included the following: (1) the person must be among those chosen by the village leaders, (2) must be accepted by the village women, (3) should play a role in reconciling differences among families who are not on good terms with each other and in general should contribute to solving misunderstandings in the village, and (4) should be able to provide first aid when health personnel are not available.
A second set of criteria was proposed in case no choice could be made among the candidates for community health workers: the person should preferably be female, be physically fit and able to walk long distances, have a house in the centre of the village, preferably be literate, be married and be of advanced reproductive age.

Once the community had selected a local woman in each village, these women were trained by a nurse-midwife in how to provide family planning services: distributing condoms and the pill, and referring for IUD insertions. These activities were part of their primary health care activities, which included instructions and procedures for the referral of cases, the care of wounds, the treatment of fever with aspirin and the education of other women to take care of diarrhoea by making a home-made oral rehydration mixture. The training consisted of monthly visits by the nurse-midwife responsible for the 18 villages and followed a curriculum developed by the project staff. During the monthly visits, local health workers received health supplies and contraceptives.

The services of local health workers were well accepted in the 72 selected villages and surrounding villages showed interest in this service. These were originally included in the design of the study for possible extension of the local health worker services. In view of the success of these services, the project was extended to an additional 144 "satellite" villages.

What are the main benefits of this approach to health care?

The project showed that it is feasible to provide health care in rural areas where no health personnel has been available before. With respect to family planning services, 75% of the target population in the 72 villages used the family planning services provided by the local health worker by the end of the first year and about 100% by the end of the project.

Other results are less quantifiable but nevertheless important. Family planning became better accepted as a service in the community and, in this, local workers played a crucial role. For example, they recruited 5000 new users and supervised existing clients in the proper use of contraceptives. Some village groups took steps to solve common health problems such as village sanitation.

Another benefit is that project work brings together different agencies. For example, Hacettepe University, a research institution, and the General Directorate of Family Planning and Maternal and Child Health of the Ministry of Health and Social Assistance, as a service organization, complemented each other and coordinated their staff at all levels of the hierarchy. Supplementary contributions from organizations like Red Crescent were also used during the project.

Problems encountered in this project were mainly related to logistics, i.e. communication from central Ankara to the provinces and transport of health personnel to and from the project area.

A proposal to extend this project to other areas of the country has been submitted for review by the Ministry of Health and Social Assistance.

[Write: Professor Eren KUM, Director, School of Nursing, Hacettepe University, Ankara, Turkey and/or Associate Professor Aykut TOROS, Institute of Population Studies, Hacettepe University, Ankara, Turkey]

SEXUALITY AND THE YOUNG IN NAVARRA PROVINCE. A FEW HIGHLIGHTS

In 1982, counsellors and educators working with problem youngsters in the Province of Navarra, Spain, requested factual data on how young people live, what they believe, what attitudes they have towards violence, sexuality, religion, the use of drugs and other social topics.
A sample of 2255 boys and girls between 15 and 21 years was surveyed and asked to reply to a questionnaire. The final report, which is in Spanish, totals 756 pages and contains a section on sexuality.

What do young people in Navarra believe and feel about sexuality? The replies to the questionnaire show two trends. A minority of youngsters keeps to traditional values and attitudes prevalent in Spain for several decades. They value sexual relations only in marriage. Premarital sex as well as homosexual relationships are not approved. These youngsters have a predominant middle-class or higher middle-class background, with a political orientation towards the centre and are strongly religious. They do not accept contraception. They are opposed to pornography, prostitution and the practice of abortion.

A majority of young people are more tolerant in sexual matters. They accept premarital sexual relations and attach less importance to the virginity of the girl. Fidelity and love in the relationship between boys and girls is very important to them. They are for changes in legislation about abortion and want family planning services available to them. They show more tolerance of pornography, prostitution and homosexuality than the other group.

Nevertheless, a subgroup of those who are more tolerant in sexual matters are only so in spirit but not in practice. In fact, they continue behaving in the more traditional way. Another subgroup adopts the new sexual practices they proclaim and seeks to attach a personal value to sexual relationships.

[Further inquiries: Dr Josefina Ripoll, Centro de Orientacion Familiar y Educacion Sexual, Instituto de Salud Publica, Diputacion Foral de Navarra, Iturrara 9, Pamplona, Spain]

**INTERCOUNTRY NEWS**

**FAMILY PLANNING EDUCATION FOR YUGOSLAV MIGRANT WORKERS AND THEIR FAMILIES**

At the beginning of the 1980s, almost 700,000 Yugoslav migrant workers were employed in Western European countries and they were accompanied by about 400,000 dependants. Sixty per cent were under 35 years of age and only 8% were 45 years and older. Almost two thirds were without academic and/or professional qualifications. The workers often have language problems in the host country. They are insufficiently informed about health care and family planning. Nevertheless the above figures show that the overwhelming majority are either of reproductive age or younger.

Through a joint International Labour Office/Family Planning Council of Yugoslavia (FPCY) programme, a group of experts from the FPCY visited Yugoslav migrant workers' clubs in the major industrial cities of Austria, Belgium, France, the Federal Republic of Germany, and Switzerland. These visits took place between 1976 and 1979.

The Yugoslav officials accomplished a number of tasks in each of the countries they visited. One was to talk with the workers and their dependants. During these talks, which were generally held in the Yugoslav workers' clubs, they explained the Yugoslav position on family planning, introduced the audience to the health aspects of family planning, especially the harmful after-effects of abortion, discussed the various methods of contraception and finally provided information on local suppliers of contraceptives.
Following the meeting, the gynaecologist of the visiting party was available to discuss personal questions with individual members of the audience. Literature in the migrants' mother tongue was made available to everyone. A line of communication was established between the FPCY and the workers' clubs, and contact was established between workers' club officials and the family planning organizations in the host city, which received a stock of FPCY literature for distribution to Yugoslav inquirers.

In some towns, as many as 90% of the local adult migrant population attended these meetings. The largest meeting was in Nuremberg where over 200 attended. All the meetings were held in the evening and generally lasted for 2-3 hours. Each meeting included a lecture, discussions, films and the opportunity to discuss personal matters.

The apparent success of this approach suggests that similar activities would be productive with other migrant worker groups.

[From: J. Hamish Richards, Population and Labour Policies Branch, Employment and Development Department, International Labour Office, 1211 Geneva 22, Switzerland]

LEARNING A METHOD OF TEACHING AT A WORKSHOP IN RABAT

Teaching medical students is not simply passing on relevant facts and procedures, but ensuring that they acquire competence in handling questions from clients and in following the necessary procedures.

How can we improve this teaching-learning process? How can we prepare teachers to use effectively the time available for teaching students in the medical curriculum?

An interregional workshop on this subject was organized jointly by the Family Planning Unit of the WHO Regional Office for Europe and the Centre national de Reproduction humaine et de Planification familiale of Morocco. In addition to the national staff, technical assistance was provided by the Division of Health Manpower Development of WHO head- quarters, Geneva. There were 20 participants from 11 countries of the WHO Regions of Africa, Eastern Mediterranean and Europe at the workshop which took place in Rabat, Morocco, from 17 to 22 October 1983.

[TIME, 12 December 1983]
The workshop had two objectives: to study and apply the principles of the educational process outlined in the Educational handbook for health personnel by J.J. Guilbert (WHO Offset Publication No. 35, 1981) and to compose a module stimulating self-learning to be used by medical students for learning about family planning.

First each of the participants made a list of the family planning functions of a general practitioner (GP). Some of these were: giving first level care and referring complicated cases to the specialist, working together with existing family planning services, informing patients and the public about family planning and birth spacing.

Each function was further broken down into specific tasks and each task connected to a criterion for evaluation. For example, the function of a GP is to assure family planning services in his area. More specific tasks could be: to provide contraceptives, to motivate the client, to examine and treat for sexually transmitted diseases, etc. For teaching and learning purposes each task is then linked to an educational objective. For example the GP must be able to prescribe a contraceptive pill according to set criteria. Or he must be able to insert an IUD, or prepare an informative talk, or diagnose and treat sexually transmitted diseases.

The following step in the teaching-learning process for participants was to choose a tool for evaluation. The choice is important for two reasons: it assesses what students have learned, but it also orients students to important areas in knowledge, attitude and practice. It also influences the teaching process.

The participants at the workshop developed several evaluation instruments. For example, to assess the general task of prescribing the pill according to a specific set of criteria, the following observation scale was proposed.

Task 1. The student prescribes a pill that is available and adapted to the client’s socioeconomic condition. The task can be graded as follows:
- 2: prescribes a pill that is not available on the market
- 1: prescribes a pill that is available but too expensive for client
0: prescribes a pill that is available but low priced
+ 1: prescribes a pill that is available without cost to client
+ 2: prescribes a pill that is available and adapted to the socioeconomic condition of the client.

Task 2. The student explains the side-effects of the pill. Again, this task can be rated on a graded observation scale:
- 2: does not explain anything to client
- 1: explains a few side-effects using mostly medical terms
0: explains a few side-effects in non-medical terms
+ 1: explains all side-effects in non-medical terms
+ 2: explains all the side-effects in a language that is used and understood by the client.

Finally, the participants discussed the choice of learning methods. A list of methods was provided and criteria for selection were discussed. If the learning objective is "doing", then methods involving practice and observation are appropriate. Learning objectives that involve understanding require, for example, suitable documents.

In the second part of the workshop, participants developed their own learning module. Some of these modules dealt, for example, with prescribing an IUD, screening pregnant women at risk, organizing a talk on family planning for adolescents, counselling clients about a method of contraception.

The interregional workshop in Rabat was an effective way of introducing participants to a teaching-learning method by applying the basic principles of teaching and learning in the workshop itself.

[For the report of the meeting, Enseignement de la méthodologie d'éducation appliquée à la planification familiale (available in French only), write: Ms Wadad Haddad, Regional Officer for Family Planning, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen Ø]
**People**

Professor KRYSTYNA BOZKOWA is Director of the National Research Institute of Mother and Child in Warsaw and Head of the Clinical Department of Paediatrics. She authored the concept of developmental periods in child health and linked child health with family health and family planning. Her work led to the development of the Department of Family Health at the National Research Institute. Her earlier and important research concerned inborn errors of metabolism in children and she was responsible for setting up programmes for screening metabolic diseases throughout the country.

She chairs several national research committees and is a member of the Presidium of the Scientific Council of the Ministry of Health and Social Welfare. She is also active in promoting the social welfare of children and their families and serves on the Council of Family Affairs and on the Committee of Maternal and Child Care. With the Family Planning Unit of the WHO Regional Office for Europe, she organized a series of international courses in family health/family planning for instructors in nursing and midwifery in Warsaw from 1977 to 1981.

Dr Bozkowa is a member of several international associations and has received honours from various paediatric societies in Europe.

Among the distinctions she has received, she particularly values the Commander Cross of Polonia Restituta, the Medal of the Historical Committee of National Education, the order of Chevalier de la Légion d'Honneur, and the Commander of the Finnish Lion.

In 1979 she was elected by popular acclaim "The Lady of Warsaw".

Mrs ZHOR LAAZIRI is the head of the Central Health Education Unit in the Moroccan Ministry of Public Health; she has a degree from the School of Public Health Administrators in Rabat and has been trained in management and communications in the United States.

After working as an instructor, teaching members of the health professions in training schools she was made head of the Central Health Education Unit in 1970.

This Unit devises and produces all support aids for health education activities run by the Ministry of Health. Together with the Division of Vocational Education, it plays an active part in teaching communications to health personnel during their training courses and in the field.

Her Unit also carries out research on the community approach, community participation, and the production of audiovisual aids (posters, film and TV spots, films, and comic strips for children in primary schools).

She is also a resource person for community information and education in family planning.

Finally, for international projects and seminars she welcomes all those with enquiries on the activities of the Moroccan Central Health Education Department.

**Meetings Reviewed**

MEETING ON CONTRACEPTION IN ADOLESCENCE

A WHO interregional meeting on contraception in adolescence was held in Geneva from 6 to 9 September 1983, to review the current state of knowledge on this topic and define programme needs and research.
The prevention of unwanted pregnancy, a priority

Research over the last decade has established the existence and increase of unwanted pregnancies in adolescents throughout the world. As a result policy-makers have become more aware of adolescent sexuality. A variety of adverse consequences of adolescent sexuality and unwanted pregnancies have been recognized such as induced abortion, forced marriage, sexually transmitted diseases, maternal and child morbidity and mortality, lessened chance of personal and family development, unwanted children and a rapid increase in population growth.

The participants at the meeting agreed that the primary focus for contraception in adolescents all over the world should be the prevention of unwanted pregnancies by any culturally acceptable means.

Adolescence, a stage of development

To achieve such prevention, adolescence must be recognized as a stage of development, physically leading to sexual maturity and reproductive capability, and mentally to a greater capacity for planning, abstraction and future orientation. These two characteristics influence how adolescents move from dependence to independence within a given culture. They also determine how adolescents assume responsibility for their own reproductive life.

Individual development throughout adolescence is strongly influenced by other people. For the sexually inactive adolescent, family and teachers may play important roles in determining their behaviour, while for the sexually active, greater influence may be exerted by adolescent peers, the media and health workers. Separation from the family, whether primarily psychological (in alienated adolescents) or physical (in young migrant workers) is an important factor in unprotected sexuality, according to the participants.

Research approaches to the prevention of unwanted pregnancies

The participants identified research programmes for those not yet sexually active and programmes for those who are.

Studying the group of adolescents who are not yet sexually active, is best done through the "gatekeeper" research approach. This method uses the knowledge and belief of key people who are significant to adolescents (family, teachers, health workers). Shifts in their views may indicate potential shifts in adolescent sexual behaviour.

For sexually active adolescents the "user-system" research approach was suggested. Those who come into contact with adolescents, as well as the adolescents themselves, are brought together to highlight or reduce problems related to sexuality and contraceptive use.

[From: Dr H.L. Friedman, rapporteur at the meeting.
Further inquiries: Dr M. Belsey, Chief, Maternal and Child Health, World Health Organization, CH-1211 Geneva 27]
WHAT TO WRITE FOR

NEW PUBLICATIONS AND DOCUMENTS FROM WHO REGIONAL OFFICE FOR EUROPE

The Family Planning Unit of the WHO Regional Office for Europe has prepared two publications and one annotated bibliography, which will be of interest to all concerned with family planning throughout the European Region.


The paucity of information on family planning legislation in the Region prompted the family planning programme to commission a survey in 7 countries of the Mediterranean Region (Greece, Italy, Morocco, Portugal, Spain, Tunisia and Turkey). The literature on existing legislation in family planning in the area was reviewed and country visits were conducted in June-July 1981. Finally the report contains specific recommendations about introducing legislation related to family planning.

Since 1973, UNFPA-funded courses on family planning for health workers have been jointly organized by the programme of family planning of the WHO European Region and the International Children's Centre (Paris). In 1981, national training activities were reviewed at an international conference on training in family planning for health personnel, Paris, 6-11 July 1981.

The full report of this conference, now available in this publication will be a useful reference for those concerned with training health workers in family planning.

[Write: WHO sales agents in most countries of the Region, or WHO, Distribution and Sales Service, 1211 Geneva 27, Switzerland]
Sexualité, planification familiale
et population migrante. Revue annotée
d'ouvrages. Copenhagen, WHO Regional
Office for Europe, 1984 [document
ICP/MCH 025, UNFPA/RMI/79/P05].
186 pages (in French only).

Available from the European Regional
Office is an annotated bibliography of
studies on migrant workers. The studies
reviewed come predominantly from French-
speaking host countries of Europe and
deal with sexual and family planning
problems of migrant workers. The review
was conducted by a Turkish doctor in
social science and delegate from Turkey
at UNESCO, in collaboration with the
International Children's Centre in Paris.

[Inquiries: Ms Wadad Haddad,
Regional Officer for Family Planning,
WHO Regional Office for Europe,
Scherfigsvej 8, DK-2100 Copenhagen Ø]

PERIODIC ABSTINENCE FOR FAMILY PLANNING

Published in 1983, this 60-page IPPF
medical publication fulfils a need to
clarify the contradictory claims
concerning planning a family by using
"natural" methods. Dr R.L. Kleinman
prefaces the booklet by explaining the
use of the term "periodic abstinence" in
lieu of "natural family planning". In
the view of the Medical Advisory Board
the body temperature, cervical mucus,
cervical palpation, sympto-thermal and
calendar methods are not quite "natural"
methods since they require long periods
of abstinence from sexual intercourse
(sometimes for more than half the cycle
days) and are not "equal" alternatives
to other family planning methods such as
the pill, IUD and condom in terms of
user-effectiveness. Nevertheless,
couples who are taught a periodic
abstinence method will benefit from
understanding the fertile period in a
woman's cycle and may find one of the
methods useful in spacing wanted
pregnancies. The teachers of these
methods, doctors and other health
workers, will find in this booklet
handy, compact and up-to-date
information on current periodic
abstinence methods.

[Periodic abstinence is available in
English, Spanish and French from
IPPF, 18-20 Lower Regent Street,
London SW1Y 4PW, United Kingdom.
Price US$ 5.00, including postage]
# Reader Feedback

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</tr>
<tr>
<td>- Meetings reviewed</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>- Educational aids</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>- What to write for</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

(Over)
10. Would you add other sections to ENTRE NOUS?  
Yes ... No ...

If yes, which one(s):

11. For the next issues of ENTRE NOUS, would you be willing to:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comment on family planning and sex education developments in your country?</td>
<td>...</td>
</tr>
<tr>
<td>Describe family planning services or sex education activities?</td>
<td>...</td>
</tr>
<tr>
<td>Present a training initiative for health personnel and/or social workers?</td>
<td>...</td>
</tr>
<tr>
<td>Report on a meeting you attended?</td>
<td>...</td>
</tr>
<tr>
<td>Write about a well known person in family planning in your country?</td>
<td>...</td>
</tr>
<tr>
<td>Send educational material with a commentary about its use?</td>
<td>...</td>
</tr>
<tr>
<td>Write about studies and research of interest to other family planning workers?</td>
<td>...</td>
</tr>
<tr>
<td>Comment on articles/news items that have appeared in ENTRE NOUS?</td>
<td>...</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

12. What is the main area of your work? (for example: counselling, training, clinical service, legislation, education ...)

13. Where do you work?

14. Your name:

Function/Title:

15. Comments:

Return reply to: ENTRE NOUS
Family Planning Unit
WHO Regional Office for Europe
Scherfigsvej 8
2100 Copenhagen Ø
Denmark