GETREE

NOTES ON THE INTERNATIONAL CONFERENCE ON POPULATION, MEXICO CITY, 6-14 AUGUST 1984
by Wadad Haddad (Ms)
Regional Officer for Family Planning.

Delegates from 148 countries and representatives from international and nongovernmental agencies gathered in Mexico City to assess the progress made in implementing the World Population Plan of Action, agreed upon at the previous World Population Conference in Bucharest 10 years earlier. They also reviewed current needs in four main areas: fertility and the family; population distribution and immigration; population and environment; and mortality and health policy. At the end of the Conference they proposed and approved a set of Recommendations for the further implementation of the World Population Plan of Action and the Mexico City Declaration on Population and Development (United Nations, Report of the International Conference on Population, 1984, Mexico City, 6-14 August 1984).¹

¹UN Report on the Conference, available from bookstores or UN distribution centres. 101 pages, US $11.00. Now available in English, will be published in French and Spanish.

What were the striking points at the Conference from a WHO point of view?

First, world population growth has dropped from 2% in 1974 to 1.67% in 1984, although annual increments to world population have remained high (78 million a year) throughout the decade. There are important regional and national discrepancies in population growth. Global fertility declined by 17% over the last decade but the decline in fertility levels in developing countries was uneven. Several developed countries, particularly in Europe, are experiencing zero or negative population growth, resulting in a drastic change in population structure with an increasing proportion of people over 65 years of age. In addition to the quantitative trends, a drastic change has been observed among countries in their perception of the population problem. In Bucharest, 10 years ago, developing countries were sceptical about family planning to limit population growth. In the meantime, among those represented in Mexico City, many had launched successful family planning programmes effectively dispelling the old dichotomy of reducing population growth either by stimulating development or by family planning. Now, delegates agreed that both are essential to reduce population growth and improve living standards.

Second, at the Conference a strong case was made for improving the health status of children and mothers. Women who have the information and the means to decide freely not to have too many children, or not to have them too early or too late, or too close together, are much less at risk. So are their newborn infants and the children already in the family.
essential data on the effects of unregulated fertility on maternal, infant and child morbidity and mortality are summarized in *In Point of Fact* (No. 23, 1984) a WHO fact sheet distributed at the Conference and in the June 1984 issue of World Health devoted to population and health.\(^1\)

In addition a series of measures such as breastfeeding, immunization, oral rehydration therapy and charting the child's growth were recommended to improve maternal and child health. These health measures and family planning methods should be made available through maternal and child health care services and community-based programmes. WHO's Director-General, Dr Halfdan Mahler, made a plea at the Conference for these services to be organized along the lines of WHO's primary health care strategy to ensure their accessibility to all, especially to the urban and rural poor. It has been estimated that 300 million couples who do not want any more children, are not using any family planning method, chiefly because of insufficient access to services.

\(^{1}\) *In Point of Fact* is enclosed with this issue of ENTRE NOUS and a limited supply of the 1984 June issue of World Health is available in English, French, German, Portuguese, Russian or Spanish from Family Planning Unit, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen S.

Third, the issue of safe and effective contraceptive methods was debated, with sharply opposing views on abortion. The final recommendation reads: "Governments are urged to take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning". All participants agreed that abortion was not to be promoted as a family planning method. Some delegates felt, however, that talking about abortion in general and leaving out "illegal" abortion in particular, did not take sufficient account of the grave health hazards associated with illegal abortion performed on women under unsafe conditions in many countries.

There is an unmet need for improved contraceptive methods. Many modern contraceptives have side-effects, although the health risks associated with unwanted and unplanned pregnancies outweigh the risk of side-effects of these methods. Also, many couples and some health workers are reluctant to use or recommend existing methods, which led delegates at the Conference to recommend more research into and development of new, safe and effective contraceptives and studies on their acceptability to consumers.

\((*)\) More developed regions include Northern America, Japan, all regions of Europe, Australia-New Zealand and Union of Soviet Socialist Republics.

\((+)\) Less developed regions include all regions of Africa, all regions of Latin America, China, other East Asia, all regions of South Asia, Melanesia and Micronesia-Polynesia.

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[From United Nations World Population Chart, 1984, prepared by the Population Division, United Nations, New York, N.Y. 10017, USA]
The Conference recognized the adverse effects of pregnancy on young adolescents, married or unmarried, and governments were called upon to promote education, including family life and sex education, and to make available suitable family planning information and services within the changing sociocultural framework of each country.

Fourth, it was felt that fundamental changes in the structure and functions of the family, e.g. the trend towards nuclear and single-parent families do not detract from the family's importance as a basic social unit for health care, development of lifestyles and reproduction. On the other hand, the small or single-parent family may have yet unforeseen consequences for the fertility patterns of small families, especially in countries with an increasing proportion of elderly people.

Migrant family units are subject to many stresses and strains. Immigrant adolescents and women are particularly susceptible to the adverse psychological and health effects of migration and the Conference called therefore on governments to facilitate the integration of migrant families into their host countries.

Fifth, improving the situation of women was a high priority for most delegations. This was underscored by a separate set of six recommendations on the role and status of women, including a strong recommendation that women should be involved in the planning, and policy- and decision-making of family planning programmes. One recommendation focused on the participation of men in all areas of family responsibility, i.e. planning and raising a family and housework.

Finally, the Conference reaffirmed the principles underlying its recommendations: no single policy should be imposed on any country and as a state cannot impose its policies on individuals or couples, so the world cannot impose its policies on states.

At the end of the Conference, several representatives of countries and agencies paid a fitting tribute to the United Nations Fund for Population Activities (UNFPA) for its role in assisting countries to formulate population policies and programmes and coordinate their financing.

Country Reports

An Exhibition on Sexuality in Barcelona

In 1979 the Youth and Sports Service of the BARCELONA Council created a section on sexual information and counselling for young people. This section provides individual help to youngsters, organizes discussion groups, presents information on sexuality in youth clubs, updates documentation on the subject and serves on committees that deal with sexuality and young people. Schools, families, legislators and social and health workers can call the section for assistance.

In 1983, the section organized a mobile exhibition on sexuality and family planning for 13-14 year olds. Some 25 display boards (1 m x 70 cm) were mounted in places such as youth clubs, secondary schools, and family planning clinics. The exhibition was designed as a starting-point for further discussion. Young people could talk to a counsellor or could obtain further information after visiting the exhibition.
The displays have been shown in 17 locations, averaging 3-4 weeks in each place. Approximately 8500 youngsters were reached. After the exhibition, youngsters could fill out a questionnaire. Some of their comments were: "I like the exhibits because they call each thing by its name and don't beat about the bush". "I like it because they use the correct terminology and not the words we hear in the street". "From the drawings you can see how things work, for example, how the ovum develops and what things look like."

What did the staff learn about using exhibits on sexuality and family planning?

First, the topic of sexuality should be separated from the subject of reproduction from the start. The responsibility of being a father or a mother should be emphasized and the tone of the message is important. Tell youngsters the positive side of sexuality: for example, it is a source of pleasure and communication between young people; it is a way to express affection and to discover oneself and the other. Sometimes sexual relationships lead to having a child, which is fine if parenthood is freely and responsibly assumed. Family planning allows us to decide freely on the number of children we want and the moment we want them.

The Youth and Sports Service of the Barcelona Council has also published three booklets on human sexuality for 14- to 17-year-olds. Part 1 covers questions frequently asked about sexuality, part 2 deals with the anatomy and physiology of sexuality and part 3 tells about contraceptive methods.

The booklets are distributed free of charge within Barcelona. Outside Barcelona, in the rest of Spain and other countries, the Youth and Sports Service will send a sample copy on request. For associations requiring many copies, the Service can reproduce the booklets at no expense. This has been done for the Portuguese Association for Family Planning, The Directorate of Health of Norway and for several organizations in Spain.

[Inquiries: Manuel Blasco i Legaz, Chief, Service of Information and Studies, Youth and Sports Service, Avinyo 7, 08002 Barcelona, Spain]

MIGRANT WORKERS AND FAMILY PLANNING

The migration of workers from the less industrialized southern countries of the WHO European Region to the highly industrialized countries in the northwest of the Region has affected millions of people over the last few decades.

Not much is known about the needs of these migrant workers (especially women and adolescents) with respect to family planning and sexual relationships. The Regional Officer for Family Planning of the WHO Regional Office for Europe therefore requested two investigators to carry out studies on migrant groups, one in the Federal Republic of Germany (Turkish migrants) and one in Belgium (Moroccan migrants). Part of this work is reported on here.
HOME VISITS TO TALK ABOUT FAMILY PLANNING

PRO FAMILIA, the German Association for Sexual Counselling and Family Planning, and a member of the International Planned Parenthood Federation (European Region), is the only organization in the country that offers specialized services related to family planning, sexuality and partnership questions. Half of the migrant users are of Turkish origin and have an average family size of three or more children. Abortion counselling is the main reason for the visit (64%).

Some 40% of the Turkish clients of PRO FAMILIA clinics do not use any contraceptive method. When they do, their first choice is the pill. Other methods do not play an important role.

In 1980 PRO FAMILIA started a study on family planning counselling in the homes of Turkish women in Berlin (West) as migrant women had expressed interest in such a service and PRO FAMILIA wanted to find out whether it is more effective to counsel at a clinic or at home.

Planning a home visit

The idea was that key persons would invite other women to their homes. They were selected from among women attending the PRO FAMILIA counselling centre by the Turkish interpreter of the centre who explained the purpose of the home visit. She selected women she knew, those she found more open-minded and whom she could get along with.

One out of 5–6 women agreed to invite a small group of women to their home. Some objected because they did not have enough room or time, or because they could not arrange a meeting to fit in with their husband’s working hours or, they had to ask permission from their husband.

Counselling at home

Altogether, 78 Turkish women attended 18 home counselling visits. They were relatives of the key person, neighbours, friends from other parts of the city or colleagues at work. They were housewives and working women. Most of them were married.

They always brought their small children along. Most of the women were between 25–40 years old. The interpreter and the family planning counsellors had no influence on which women were invited by the key person.

Family planning counsellors present at the home visits were a physician, a social worker and an interpreter, all with extensive experience in migrant work. The physician and the social worker were there to answer medical and social questions but as the questions raised did not demand specialized medical knowledge, home visits were carried out after a while by two social workers and one interpreter.

During the visits people discussed family planning, pregnancy, abortion, partnership, womanhood and female identity, sex education for children, health attitudes and knowledge about the body.

At the start of each home visit, the counsellors explained the objectives of the home visits and suggested possible topics of discussion. The women then decided which subject they wanted to talk about. Material compiled for each home visit included brochures, a calendar, a case of contraceptive appliances and lists of doctors, clinics and health and social centres for migrants. Each woman was given a card with the PRO FAMILIA stamp and the opening hours of the nearest PRO FAMILIA clinic. When visiting the clinic the woman could show the card and be identified as a participant in the home visit service programme.

The interpreter: a liaison person with many tasks

She was responsible for selecting the key person, introducing the counselling teams during the home visits, interpreting the discussions, and explaining the behaviour and attitudes of the women to the counsellors after the home visits.

The interpreter in this project had worked for many years with the PRO FAMILIA clinic. She mediated between
the counsellors and the migrant women. Sometimes some conflict arose, however, when the counsellors expected the interpreter to represent their interests while the migrant women looked on her as one of their own.

A few remarks

- The home visits helped dispel several misconceptions about Turkish migrants among the counsellors. For example, family planning is not a new orientation for migrant women.

- Family planning and abortion counselling is not a first priority for migrant women. Problems of lodging and work come first. The motive for an abortion request is often found in the living conditions of migrant families (small apartments, lack of sanitary facilities, separation from family).

- Home visits seem an appropriate way of addressing the specific living and working conditions of migrant worker families. Turkish women talk more openly about health and partnership problems at home than at the family planning clinic.

- The success of home visits depends on the key person. She must be willing to invite other women and the family planning team to her home. The counsellors must accept their role as guests.

- Home visits consume a large amount of staff time and energy. Family planning clinics thinking of starting home visits should take this into account.

[Principal investigator: Elke Thoss, Executive Director, PRO FAMILIA, Cronstettenstrasse 30, 6000 Frankfurt/Main, Federal Republic of Germany]

ATTITUDES OF MOROCCAN WOMEN ATTENDING A FAMILY PLANNING CENTRE IN BELGIUM

Since 1975 Planning Josaphat, a health centre situated in a Brussels district where many migrant workers' families live, has been developing a series of comprehensive family and women's health services. Migrant women can obtain pre- and postnatal care, family planning counselling and education, general health care, legal counselling, and education about contraception and sexuality.

In 1983, the attitudes and views of a sample of Moroccan women attending Planning Josaphat were assessed and 23 women between 20 and 30 years were interviewed at the Centre. The findings should enable the staff to orient their work better. The women interviewed had completed primary or secondary education. A majority had been in Belgium for several years. They were either born in the country or had arrived at an early age. They knew the country, its people, and the services, and they came to Planning Josaphat through referral by friends.

They had up to 2 children and they and their husbands wanted a total of 3 to 4. They came from families with an average of 6 to 7 children. Their wish to have smaller families was related to a strong desire to have a life (through work or studies) outside the home, or to be able to give their children the best opportunity to advance in life.

The best known contraceptives among the women were the pill and the IUD. Among the methods used, there was a slight preference for the pill over the IUD. The pill was considered effective and was used correctly. Nevertheless, side-effects of the pill were reported. The staff felt, however, that these effects were related less to biological factors than to an unresolved ambiguity between wanting children and being a fertile woman wanting to limit the size of the family. This is consistent with findings elsewhere. The choice of a contraceptive method is based on a family decision, according to the women interviewed.
As regards sexuality, this sample of Moroccan women wanted better information for themselves and their children, especially their growing girls. They thought their husbands would concur with this view and felt that schools should inform their children on these matters. The women themselves had mostly been informed by friends, or older sisters of the same generation.

The staff at Planning Josaphat felt that the findings of this small survey reinforced their view that they should not only provide women with health services but also offer them a place and an opportunity to ask questions, express their views, and obtain help in using the Belgian health services.

The Planning Josaphat health centre also organizes information and discussion sessions on sexuality for school age children (10-18 years). Questions raised by the adolescents indicate that television has an important impact on their views on sexuality. They are especially interested in how the body functions, menstruation, the development of the breasts, pregnancy, relationships with family and friends, and at the end of the session they ask questions about contraceptives and their use.

[Principal investigator:
Dr France Donnay, Planning Josaphat,
70 rue Royale Sainte Marie,
1030 Brussels, Belgium]

Sexuality and the Physically Disabled
An Introduction for Counsellors

The Association to Aid the Sexual and Personal Relationships of the Disabled (SPCRD)

A REFERENCE CENTRE ON SEXUALITY AND THE DISABLED IN THE UNITED KINGDOM

In 1972, a Committee on Sexual Problems of the Disabled (SPOD) was set up in the United Kingdom to study the effects of physical disabilities on sexuality. Later on, the Committee started to offer advisory and referral services for disabled clients, as well as for therapists, counsellors and educators. At present, the SPOD also provides training for people working with the disabled and access to books, articles and leaflets on the subject of sexuality and the disabled, including family planning.

The following books may be of interest to workers in this field: Entitled to Love by W. Greengross (National Marriage Guidance Council), Sex and the mentally handicapped by M. and A. Craft (Routledge & Kegan Paul) and Sex education for young people with a physical disability by M. Davies (SPOD).

Advisory leaflets are available from SPOD on the specific problems of the disabled, such as: your handicapped child and sex; mentally handicapped people and sex; sex for the severely disabled; physical handicap and sexual intercourse; physically handicapped people and contraception.

SPOD also produces 1 - 2-page information sheets on, for example: incontinence and sex; male fertility after spinal injury; aids to getting and maintaining an erection.

A 20-page introduction booklet, Sexuality and the physically disabled, was prepared by SPOD in 1982. Counsellors of disabled people will find information in this booklet on various disabilities and how they may affect the sexual and personal relationships of the disabled.

[Inquiries are welcome both from the UK and elsewhere.
Write: Dr Mary Davies, Education and Training Officer, SPOD, 286 Camden Road, London N7 0BJ, United Kingdom]
FAMILY PLANNING IN A POPULAR WOMEN'S MAGAZINE

From 1978 to 1981, the official Commission on the Status of Women in PORTUGAL regularly published family planning news in a popular women's weekly magazine, CRONICA FEMININA, with a circulation of 200 000.

These short articles were written by Susana Ruth Vasquez, a journalist, and by Commission staff Ana Vicente and Maria Reynolds de Souza. They covered contraception, birth spacing, infertility, sexuality, adoption, babycare and other subjects.

Magazine readers were encouraged to write to the Commission on the Status of Women for a free copy of their brochures. Over a period of three years, the Commission received about 10 000 letters from women of all ages and from all parts of Portugal. Most of these women were not very literate. It could be seen from their handwriting, spelling, language and the paper they used that they were not regular letter writers. A few men wrote also.

The staff at the Commission replied to each letter, most of which were requests for brochures. However, many wrote to say what they had learned/appreciated in the articles or how the information had affected their lives. Others wrote about their problem and sought advice.

Ana Vicente has completed a content analysis of a selection of 700 of the letters and has sent a few excerpts translated from Portuguese to ENTRENOUS, taking into account as much as possible the way people expressed themselves.

From young people on their need to know more about sexuality

"You give us the possibility of getting to know more about sexuality. My parents avoid talking about sex. When there is some programme on television about how a child is born my parents turn off the television."

-Dear Ladies: I am a young village girl aged 17 and a regular reader of the CRONICA ... It is always with great interest that I read all the matters which are dealt with in the family planning. And it is with those examples that I have learned of some subjects which for me were entirely unknown. I see that in the villages one still lives much in the dark ..."

From a woman who wants to become pregnant

"To begin with, I would sincerely like to beg your pardon if this letter is not well written. I went to school but I never took the exam but to know how to write I think is a very good thing. I am 23 years old ... and have been married for nearly 6 ... we have up to now had sexual intercourse so that I should have a child and I have never managed to become pregnant. I feel a great sorrow not only for myself but also for my husband. We love each other very much but we lack the love of a child. I have already tried going to the doctor and she told me that I was able to have a child and since that day already a long time ago I have not lost hope. But today I see that the years are passing and that I am getting older and that I have not yet had a child ... and if I had a child my wish would be to see it happy. A child for me is as if I would gain the greatest riches in the world. As I end this letter my eyes are full of tears. I ask, by everything that is good, for help or for a word of comfort and friendship ..."

Men's comments about the family planning articles in the women's magazine

"If I am to give an opinion, I will give a favourable opinion on your work because I formerly was never interested in those problems ... for I thought that those problems belonged to women. I now see I was wrong for those problems belong to the couple and the couple is made up of the man and the woman and not only of the woman. To end, I would like it if you could send me the free brochure "Family planning: to be responsible for the birth of our children", so that I can have more of an idea of the problems which I have to face in my coming conjugal life."
INTERCOUNTRY NEWS

COMMENTARY ON ORAL CONTRACEPTIVES AND CANCER

After the publication of two articles on oral contraceptives and cancer in the 22 October, 1983 issue of the Lancet, and the debate in the medical and public press in Belgium, the editorial board of the Belgian Clearinghouse on Pharmacotherapy (Centre belge d'Information pharmacothérapeutique) published the following commentary in the January issue of Folia Pharmacotherapeutica, a monthly newsletter on therapeutic drugs sent to all physicians, pharmacists and dentists in the country.

The Lancet recently published a case-control study that shows an association between certain types of oral contraceptive when used for some time before the age of 25 and breast cancer (Lancet, 2: 926 (1983)). Another article, in the same issue, suggests that long-term use of the pill increases the risk of cervical cancer (Lancet, 2: 930 (1983)).

It is not the first time that an association between the pill and these forms of cancer has been suggested ... But how can one inform the millions of women who use or have used the pill? It is no longer possible to say that nothing definite is known about the long-term effect of oral contraceptives on cancer.

The Committee on Gynaecological Cytology of the United Kingdom advises physicians to perform a smear test on women who are sexually active when they come to them for oral contraceptives. The Committee also proposes that a smear test should be carried out at the age of 20, 25 and 30 years on users or previous users of the pill unless such a test has already been done for other reasons.

This advice, however, is only a partial solution to the problem since we know that women at the highest risk of developing cancer of the cervix are those least likely to follow a physician's advice.

What are the possible guidelines on breast cancer? Should physicians screen for breast cancer as is suggested for cervical cancer? How should they advise women who want to continue using the pill or who are unsure?

Should physicians prescribe only certain types of pill to teenagers? Should they be careful not to prescribe the pill for long periods of time? What about contraceptives with high levels of progestogen? Should the sale of these pills be prohibited since consistent and strong evidence exists of their deleterious effects on breast cancer, blood lipids and on the incidence of hypertension and vascular disease?

It is difficult to answer all these questions. Much is still not known about the long-term effects of the pill. Also, not all the effects of the pill are negative. For example, users of oral contraceptives have a lower incidence of cancer of the ovaries and of the endometrium ...

In this commentary we would like to reiterate the practical advice given in the editorial of the British Medical Journal, 12 November 1983 ...

"Provided they are taking a low oestrogen formulation women already on the pill should not change brands in a pointless search for "low progestogen potency". Women continuing on the pill may worry that they are increasing their risk of cervical neoplasia but this suggestion remains unproved and the
effect (if it exists) would be balanced by the pill's apparent protective effect against endometrial and ovarian cancers — which are not easily detectable by screening.

Women over the age of 25 starting or continuing the pill have no cause to worry about the risk of breast cancer. What about those under 25? The suggestion of a risk of breast cancer remains unproved and indeed disputed and is restricted to women who have used high oestrogen formulations for more than two years. There is no reason to advise a young girl to stop a low oestrogen pill after two or more years' use. Girls worried by the uncertainty caused by [the Lancet article] ought to continue on the pill until the epidemiologists have had a chance to meet again, and if the uncertainty still continues they will then have to decide whether they prefer the pill with its faint question marks or a less satisfactory method of contraception.

Finally, what advice should be given to older women worried because they took the pill for several years before they were 25? Although they can be reassured by the many negative studies they are likely to want advice about screening for breast cancer. The American Cancer Society's guidelines for women aged between 20 and 40 recommended monthly self examination with a clinical examination every three years."


VIEWS ON SERVICES FOR ADOLESCENTS

In 1982, the European Council of the International Planned Parenthood Federation (IPPF) approved an adolescent services project to develop and improve services for young people related to their fertility.

Information gathered from various countries over the past two years indicates that family planning services for young people are available in some countries (e.g. in the Netherlands, Sweden, the United Kingdom) while in others such as Austria and Hungary such services hardly exist. Some are only for the young (under-25) others are part of family planning services. Some services provide counselling, others provide family planning services as well.

Services for the young are oriented towards young women and in particular the disadvantaged, the unemployed, the working class. For example the Unione Italiana Centri Educazione Matrimoniale Prematrimoniale in Italy started special services for working-class girls between 14 and 19 years who are sexually active but not using existing family planning services. Recently a few centres (e.g. in Sweden and the United Kingdom) have tried to reach young men.

The reasons for setting up special family planning and counselling services for young people are as follows:

1. to prevent unwanted pregnancies
2. to reduce the rate of abortions
3. to reduce the mortality of mother and child which is higher among teenagers
4. to help young people make their own choices about sexuality and contraception.

The last objective may be a more European preoccupation while the first three are commonly accepted worldwide.

Most countries in Europe are ambivalent about setting up fertility regulation services for the young. In Turkey the subject of adolescent family planning services is taboo. Sweden and Finland show the greatest acceptance.
What makes a successful service for adolescents?

One requirement is a regular and assured source of funding through a national or regional statutory body. Staff cannot raise funds and provide services at the same time.

A second requirement is publicity. A great deal of publicity is necessary to inform potential clients about the service. A useful channel of communication may be through teachers in schools and through professionals in health and social services. Once the service is established, the best and most effective publicity is the satisfied client. They tell their friends about the service and so on.

Particular difficulties in family planning and sexual counselling services for the young may arise in relation to clients, family planning or counselling volunteers, or public opinion.

Satisfied older clients are often reluctant to leave the youth services and use the services of family doctors or state clinics. A second problem is the predominant use of the services by middle-class adolescents. Many services find it difficult to reach working-class and disadvantaged youngsters.

Many services are run by volunteers who have a faster turnover than paid staff. Much time may be spent on training volunteers only for them to leave after a short period of service.

Public opinion may be strongly hostile. In some countries adolescent fertility services are blamed for encouraging immorality among young people.

Most European laws do not define the legality of providing contraceptives for young people, but unwritten laws may limit access to contraception or sometimes even to information about contraceptive methods.

[From: Dr Elisabeth Jandl-Jager, Scientific Secretary, Österreichische Gesellschaft für Familienplanung, II. Univ. Frauenklinik, Spitalgasse 23, 1090 Vienna, Austria]

MESSAGE FROM DR LEO A. KAPRIO
WHO REGIONAL DIRECTOR FOR EUROPE

I have always been keenly interested in, and in many ways closely involved with, family planning and maternal and child care activities in WHO. I should, therefore, in the last months of my term of office as Regional Director, like to thank Wadad Haddad, and through her, our many colleagues and collaborators throughout the Region, for their devotion and wholehearted commitment to the aims of this Organization in this important programme area.

Naturally, our warm thanks also go to UNFPA for their continuous and valuable support.

MEETINGS REVIEWED

CONSULTATION ON SEXUALITY

The subject of sexuality is likely to gain more attention in the years to come. It is not a new phenomenon but with fewer taboos and better contraception, people are likely to become more sharply aware of sexual problems and the need for sexual fulfillment. Sexual fulfillment means wellbeing and wellbeing, associated with a good lifestyle and happiness, has an effect on people’s health.

This fact and the need for health professionals to broaden their perspectives as regards sexuality and health led the WHO Regional Office for Europe to add a programme area on sexuality to the existing family planning programme, which was renamed programme on sexuality and family planning, in 1984.
In November 1983, a small group of experts of various professional backgrounds met to discuss the new programme. They drew attention to the difficulty of defining human sexuality in a form acceptable to all countries, yet emphasized that everyone, including the disabled and the elderly, has a right to information on sexuality and to consider sexual relations not only for procreation but also for pleasure and personal development. Areas that need attention according to the expert group are the following:

- The preparation of health workers and others who deal with sexual problems. What is the extent of current knowledge about sexuality among workers in this field? When and how is training provided on the subject?

- Sexual development. Sexual attitudes and reactions develop from birth and the social environment may influence the prevalence of sexual problems.

- The association of particular diseases, surgery, drug treatment and psychiatric treatment with sexual functioning. Health workers should be aware of these possible interactions.

- The tendency of some family planning services to concentrate on contraceptive techniques only and not to deal with questions of sexual relationships between men and women.

- The availability and quality of information on sexuality in the media.

These areas, as well as definitions of sexuality, will receive attention in the 1984–1991 programme on sexuality and family planning of the WHO Regional Office for Europe. It is expected that by 1995 people in every country, including people in institutions, the disabled and the elderly, will have as much information as they feel they need about their bodies, their sexuality and their possible lifestyles to be able to lead an emotionally satisfying sexual life in harmony with the needs, beliefs and values of the individual and society.

[From: WHO Regional Office for Europe, Family Planning Unit, Scherfigsvej 8, DK-2100 Copenhagen Ø]

WHO AND FIGO JOIN TO PROMOTE A PRIMARY HEALTH CARE APPROACH TO MATERNAL AND CHILD HEALTH AND FAMILY PLANNING

At the Congress of the International Federation of Gynecology and Obstetrics (FIGO) in San Francisco, in October 1982, representatives of FIGO and WHO met to explore how FIGO, a professional nongovernmental organization, could promote non-specialist primary health care in the field of maternal and child health, including family planning, through its national and international membership. In February 1984, a joint WHO/FIGO Task Force formed as a result of the San Francisco meeting, convened at the WHO Regional Office for Europe to specify its objectives and translate them into specific proposals.

The Task Force has a role in putting across the concept of health for all by the year 2000, and in particular the primary health care strategy, to obstetricians and gynaecologists who are still used to a specialist approach to maternal and child health problems. Specifically, the Task Force plans to produce Spotlights on the health of women, a series of publications to be distributed through FIGO, WHO and IPPF channels. Reorienting the training of obstetrician, gynaecologists and other health workers is a second objective. In this respect the members of the Task Force proposed to review and rewrite the 1973 FIGO Teaching manual on human reproduction and include a chapter on maternal and child health including family planning written from a primary health care perspective.

The Task Force also discussed how to establish a better understanding between obstetricians and traditional birth attendants (TBAs). Articles and studies on this subject should be published in FIGO journals and much can be learned from demonstration projects in countries where TBAs and obstetricians work together.

Other points covered at the Copenhagen meeting were the need for more health services research in maternal and child health, the application of the risk approach developed and tested by WHO, and the role of the university in training future specialists.
Task Force members will review its activities at the next FIGO Conference in Berlin (West) in 1985

[From the notes of the rapporteur, Professor D. Fairweather, Obstetric Hospital, Huntley Street, London WC1E 6DH, United Kingdom. For information on FIGO: Professor J.S. Tomkinson, International Federation of Gynecology and Obstetrics, 27 Sussex Place, Regent's Park, London NW1 4RG, United Kingdom]

EDUCATIONAL AIDS

TEACHING NATURAL FAMILY PLANNING METHODS

WHO's Special Programme of Research, Development and Research Training in Human Reproduction (HRP) has developed a resource package for teachers of natural family planning methods entitled Family Fertility education. The materials can be combined in various ways, to train teachers of natural family planning or to teach learners who wish to use natural family planning methods. The package can be used as a whole or some of the materials can be part of existing teaching programmes. The content of the package can also be used to produce local materials.

A study of the package conducted in Canada, Colombia, Kenya, the Philippines, the Republic of Korea, and the United Kingdom showed that lay workers' effectiveness and efficiency as teachers of natural family planning were increased by using the learning materials.

Some 500 copies in English have been distributed free of charge to national family planning programmes in developing countries, and to technical assistance and nongovernmental agencies in developing countries.

The Cervical Mucus Method

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of day 1</td>
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</table>

**KEY**

- **Red**
  - Menstruation
- **Green**
  - Dry-day; no mucus
- **Yellow**
  - Mucus
- **F**
  - Fertile-type mucus
- **I**
  - Sexual intercourse
- **X**
  - Day after intercourse
- **1 2 3**
  - Peak Day
  - Days after Peak Day

Month

<table>
<thead>
<tr>
<th>Days of the Menstrual Cycle</th>
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<tr>
<td>1 2 3 4 5</td>
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Appearance and Sensation

The HRP programme of WHO is exploring the possibility of obtaining support for printing and distribution, so that the package can continue to be distributed free of charge. It is not possible, however, to provide the package free of charge to organizations in developed countries, or to private individuals. For them the price of the package will be fixed, depending on the volume of demand, between US$75 and $100.

Handling and distribution of the package will be carried out by the BLAT Centre for Health and Medical Education, which conducted the design and testing of the learning materials and to which the copyright of the package has been assigned.

[Inquiries about the resource package: BLAT, BMA House, Tavistock Square, London WC1H 9JP, United Kingdom]
WHAT TO WRITE FOR

WHO Publications

Two reports of meetings reviewed in issue no. 3 of ENTRE NOUS, are now available as WHO publications.

- EURO Reports and Studies, No. 89. Family planning and sex education of young people: Report on a WHO meeting. Copenhagen, WHO Regional Office for Europe. Available in English with summary in French, German and Russian (Price Sw. fr. 5)


Nursing/Midwifery in Europe

Since May 1984 the nursing unit of the WHO Regional Office for Europe has produced a quarterly newsletter. The idea for the newsletter came from nurses and midwives all over Europe. It is mailed to key persons and organizations in nursing/midwifery in each country. For additional information and copies, contact Dr Marie Farrell, Regional Officer for Nursing, Nursing Unit, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen Ø

IPPF Publications and Reports

The following publications from the International Planned Parenthood Federation can be obtained through: IPPF Distribution Department, 18-20 Lower Regent Street, London SW1Y 4PW, United Kingdom.

- The pill. A 12-page booklet for anyone who is thinking of taking the pill and for those whose work involves family planning. Available in English, French, Spanish, Portuguese and Arabic. 100 leaflets for US $30

- Breast feeding, fertility and contraception, edited by R.L. Kleinman and P. Senanayake of IPPF. The 43-page booklet covers various aspects of breast feeding including contraception and the lactating woman. Its advice will be of value to many health workers. Available in English, French and Spanish. US $5 per copy, including postage

- Adolescent fertility: Report of an International Consultation. In July 1983, experts from various countries, within and outside IPPF, met in Bellagio, Italy, to discuss the health, psychological, social and economic implications of early childbearing and to assess what more should be done in terms of fertility programmes for young people. The action plan proposed by the participants is not restricted to improved contraception for teenagers but involves various measures designed to help adolescents develop responsible sexual relationships. The 59-page report is available in English only. US $3.75 per copy, including postage

Inquiries should be addressed to the authors of signed articles.
For information on WHO-supported activities and WHO documents, contact Ms Wadad Haddad, Regional Officer for Family Planning, WHO Regional Office for Europe, Scherfigsvej 8, 2100 Copenhagen Ø, Denmark. WHO publications should be ordered direct from the WHO sales agent in your country or from WHO, Distribution and Sales Service, 1211 Geneva 27, Switzerland.

ENTRE NOUS is produced by Ms Wadad Haddad, editor, with the assistance of Dr L. Van Parijs, consulting editor, in collaboration with national correspondents in the European Region of WHO and contributors from international agencies.