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ENTRE NOUS



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You are now receiving the third issue of ENTRE NOUS, our bi-annual information bulletin on family planning and sex education, and we would like your views on it.

ENTRE NOUS seeks to promote an exchange of experience and practical information among the countries of WHO's European Region and with the family planning programme of the Regional Office.

How well do we succeed? Which sections of ENTRE NOUS do you find most and least useful? Would you like to see other topics covered in the bulletin?

We have received comments and suggestions from individual readers and they are very welcome, but we would like feedback from all our readers to chart our course for the future.

We therefore hope that you will take a look at the READER FEEDBACK questions on page 15 of this issue and send us a reply at your earliest convenience. Thank you for your help ●

Wadad Haddad
Regional Officer for
Family Planning

TEENAGE PREGNANCY AND CONTRACEPTION

by Dr L.G. Van Parijs, Family Planning Consultant, Family Planning Unit, WHO Regional Office for Europe.

There are 450 million people aged 15-19 in the world and they represent 10% of the total world population. Yet 15-19-year-old girls account for between 6% and 18% of all births or a total of 13 million births. This means that every year, approximately one child in 10 is born to a mother who is herself little more than a child.

Adolescent fertility rates are both increasing and decreasing depending on the country. A study of teenage fertility in developed nations from 1971 to 1980 shows a slight or moderate decline throughout the decade for most western European countries. In contrast, the countries in eastern and southern Europe experienced increases in teenage fertility with total fertility remaining stable.^a

Health risks of childbearing in adolescence

Childbearing in the adolescent years imposes greater health risks on both mother and child than when pregnancy is delayed until the age of 20-25. Pregnant teenagers are particularly vulnerable to severe anaemia, toxæmia, bleeding during the first and third trimester of pregnancy, premature delivery and prolonged labour. Maternal mortality is higher among girls aged 15-19 compared with women aged 20-24 for almost all countries.

^a Westoff, C.F. et al. Teenage fertility in developed nations: 1971-80. International Family Planning Perspective, 9(2): 45-50 (1983).

For example, the maternal mortality rate (maternal deaths per 100 000 life births) of 15-19-year-olds in Austria, Belgium, Hungary and Portugal is 24.0, 6.3, 12.4 and 28.1 respectively, while for 20-24-year-olds the mortality rate is 5.3, 5.4, 9.8 and 19.1 respectively. In Japan the rates for the two groups are 29.5 and 14.4 and for Ecuador 202.7 and 141.3. One of the causes of higher maternal mortality rates in adolescents is clandestine abortion.^a

Babies born to adolescent mothers are 1.2 to 1.7 times more likely to die than babies born to older mothers. Premature birth and low birthweight are contributing factors but so also are the ignorance of the young mother about how to care for her child and the psychosocial problems resulting from early pregnancy.

Indeed young mothers may suffer life-long disadvantages. Some who are ostracized for having borne a child out of wedlock turn to prostitution to earn a living and this in turn may lead to additional pregnancies. If the young mother is cared for by her family or by the father of the child, her life will nonetheless reflect the disadvantages of her early pregnancy. Her education will have been interrupted and her career opportunities severely limited. Her future is likely to be one of frequent unemployment, low social status, marital instability and a greater number of children than she can adequately care for.^b

^a Méthodologie de recherche de la santé, en particulier celle des adolescents: rapport sur un atelier de travail interrégional. Copenhagen, WHO Regional Office for Europe, 1983 [document ICP/MCH 025(7), RMI/79/P05 (FNUAP), French only].

^b Monroy de Velares, A. Consequences of early child bearing. Draper Fund Report, 11: 26-27 (1982).

Contraceptive practices and methods

The most notable feature about the contraceptive practices of adolescents is its inconsistency. Less than half of all teenagers who are sexually active employed any method at first intercourse, and subsequent use is erratic. One of the difficulties is that adolescents find it very hard at this stage of their life to plan ahead and make this kind of decision. It should be said that the erratic contraceptive practices of adolescents do not mean that they are sexually promiscuous. Most sexually active youngsters have a single partner throughout their teenage years. Adolescents who are motivated to use contraceptives are hindered by limited access to family planning information and services. In many countries access to contraceptive and abortion services is available to young married couples but not to unmarried adolescents, or the consent of parents or husband is required to obtain contraception. Contrary to popular belief there is no evidence that the availability of contraceptives or sex education programmes increase the number of girls deciding to become sexually active.

Current contraceptives are not yet optimally suited to unmarried adolescents, but the use of contraception in adolescence appears to be safe. There is an increased risk of pelvic infection among girls who use the IUD and who are exposed to sexually transmitted diseases. There is no clear evidence that oestrogens affect the pubertal growth of adolescent pill users or that they interfere with the function of the ovaries or the appearance of menstrual bleeding once the pill is stopped.^a

^a Document ICP/MCH 025(7), RMI/79/P05 (FNUAP), op. cit.

Adolescence is a stage where both physical and mental developments intersect. Adults in their role of parent, health worker, teacher or counsellor are more influential than they surmise and they can help adolescents through attention, availability and care ●

COUNTRY REPORTS

UICEMP^a COMMENTS ON A BILL OF LAW FOR SEX EDUCATION IN ITALIAN SCHOOLS

In Italy sex education has been a frequent topic of discussion in the past decade among doctors, psychologists, teachers and lawyers. There have been many initiatives: seminars, conferences, and books on sex education that have been published or translated from foreign publications.

Sex education has received more attention since the 1975 law was passed introducing family planning in state clinics (ENTRE NOUS, 2, 1983, page 6). However, health personnel in the clinics have not been able to fill all the need for sex education, even where they have been working individually or in groups to promote a better understanding of sexuality among young people and adults.

Sex education is still a "risky" subject rather than an integral right and this is shown by the cases of some teachers brought to court because they talked about sexuality to 15 to 18-year-old students in class.

The need to give sex education a basis in law has persuaded four political parties (Christian Democrats, Communist Party, Socialist Party, Liberal Party) independently to prepare a bill of law on the subject. The common objective of the four bills is to make sex education compulsory in schools, adapted to different age levels and types of school. Each bill differs in its proposed content and approach to the subject and reflects each party's ideological and cultural point of view.

^a Unione Italiana Centri Educazione Matrimoniale Prematrimoniale.

In 1982 a parliamentary commission succeeded in formulating a "unified" bill of law on sex education in schools, on which a debate can take place. Unfortunately, teachers were not informed about this bill and have not been able to express their opinion on it or suggest any changes.

The principal features of the "unified" bill on sex education are:

- that each school is responsible for the development of a sex education curriculum in cooperation with parents;
- that the subject of sexuality should be an integral part of other course subjects and be taught in an interdisciplinary way;
- that it should be possible for persons (doctors, psychologists, sociologists) other than the classroom teacher to initiate sex education, provided parents and the school authority approve;
- that all school teachers (from kindergarten to secondary school) should be trained to give sex education and such training should be organized in cooperation with universities and regional training agencies.

UICEMP has been promoting sex education in schools for several years. UICEMP is a non profit nongovernmental organization, spread throughout Italy, that promotes family planning and related matters such as the development of family legislation and the training of state paramedical staff, as well as sex education.

Concerning the "unified" bill, UICEMP proposes a few changes: to modify the word "education" to "information", as information would be a more realistic target in the Italian situation; to delete restrictive provisions in the bill such as parent cooperation and student maturity to receive information on sex and family planning and to spell out more clearly the role state family planning clinics will play in school sex education in terms of training school teachers and the direct teaching of sexuality.

UICEMP is preparing a workshop in May 1984 on the legal aspect of sex education in schools to draw attention to this issue and assist parliamentarians in drafting a bill of law for Italy●

[From: Annamaria Reposi, Counsellor, UICEMP Branch of Milan, 1 Via E. Chiesa, 20122 Milan, Italy]

PREPARING NURSES AND PHYSICIANS FOR FAMILY PLANNING IN PORTUGAL

In 1976, the Portuguese Government initiated family planning consultations within existing maternal and child health services. The physicians and nurses who were to be responsible for these family planning consultations needed preparation for this task. The Directorate-General of Health therefore organized several courses a year so that these physicians and nurses could:

- recognize the importance of family planning to the health and welfare of the individual, the family and society;
- appreciate the importance of the sociocultural values that influence the attitudes and decisions of couples about family planning;
- understand the anatomy and physiology of reproduction in relation to contraceptive methods;
- relate the clinical history of the client to the choice of contraceptive method; and teach couples how to use the method they have chosen; and
- engage in information and community education and evaluate the impact of their actions.

The courses last two weeks and consist of a theoretical part (39 hours) with lectures, workshops, a round table, and dramatization, and a practical part (18 hours) where participants gain direct experience in family planning consultations in health centres or in the maternity section of central hospitals. Physicians have an additional week of practical experience.

Comments on the course are assessed through a standard evaluation sheet. For example, the comments of 72 participants in 1982 reveal that course objectives related to the sociocultural, psychological and organizational aspects of family planning need strengthening. In addition, half the participants felt that they were insufficiently equipped to counsel sterile couples.

Most subjects were covered very adequately according to the participants, although 25% felt that the psychological and demographic aspects of family planning, the subject of infertility and the role of the health team in family planning were inadequately covered. Furthermore, 6% did not reply to the question concerning the educational aspects of family planning and 19% received no session on family planning education.

From 1977 to 1982, 69 courses were held, attended by 1228 physicians and nurses. At the end of each course participants receive a certificate and the knowledge and practical experience of the participants are tested●

[From: Dr Maria da Purificação Araújo, Consultant in Obstetrics and Family Planning, Directorate-General of Health, Alameda D. Afonso Henriques 45, Lisbon 1, Portugal]

THE DEVELOPMENT OF FAMILY PLANNING IN FRANCE

In spite of a national policy which is resolutely in favour of increasing the birth rate the French have had, a Malthusian attitude towards family planning from the 19th century up to the present day. It was only in 1967 that the Neuwirth law provided free access to family planning for all. Prior to this date family planning services - information, advice, prescriptions, etc., were provided almost in secret by voluntary and militant members of associations, such as "The French Movement for Family Planning" or "The Couple and the Family", and by the occasional, enlightened practitioner. It is worth remembering that the first medical practice to officially provide these services, opened in GRENOBLE in 1962.

In 1967 the situation was characterized by the very low level of intervention by the liberal medical services, with counselling being provided by the more militant associations. The central services of the health ministry were used as from 1967, but particularly after 1972, in two ways - to create family planning and education centres (CPEF) which provide information and prescriptions as well as family and marriage guidance counselling, and secondly, to define training programmes in family planning to be included in the basic training of doctors, nurses and midwives.

The creation of these centres allowed the immediate integration of services previously provided by the associations and the use of their staff who had received their training "on the job". The opening of centres in hospital and social centres meant access to family planning services to other population strata.

At the invitation of the Ministry of Health, the various groups formed a special council (Conseil supérieur de la régulation des naissances, de l'information sexuelle et de l'éducation familiale) concerned with family planning and sexual education, and in 1972 this council set out guidelines for staff training.

This meant improving the facilities for those seeking advice, providing information acceptable to the public, supplying suitable prescriptions, advising on abortion, sex education and family planning. This training (called "120 hours" is intended for the staff of the centres - gynaecologists, psychiatrists, midwives, social workers, etc., who provide family planning services and advice on family and marital matters for some 5-10% of women of child-bearing age. An alternative form of training, called "400 hours" is aimed at the staff who are specialised in marriage guidance and family counselling.

Nowadays 90% of the consultations concerning sexual activities or family planning are handled by private practitioners as well as by a fairly diversified network of teachers and social workers.

In view of this, and using the experience already accumulated in the training of staff for the CPEF centres, the Council proposes including the training periods (120 and 400 hours) in the curricula of various professions such as those in national education, health, social work, the army, the police and the leisure industry.

The object would be to enable these various professionals to better face the difficulties they come across in caring and sexual aspects of their lives and their relationship.

In order to cope with increasing demand, the National School of Public Health at Rennes is working on the establishment of a teacher-training scheme which would eventually enable the set up of regional teaching groups ●

[From: Philippe Lecorps,
Ecole nationale de la Santé publique,
Avenue de Professeur Léon-Bernard,
35043 Rennes Cédex, France]

FERTILITY PATTERNS AMONG IMMIGRANT WOMEN IN SWEDEN

Immigration to Sweden occurred mainly in the 1960s and 1970s and of the 420 000 immigrants in 1980, 2/3 came from other Nordic countries, primarily Finland. Yugoslavs are the second largest immigrant group (40 000). The other countries of origin in descending order, are Turkey, Greece, the Federal Republic of Germany, Poland, the United Kingdom, Chile, the United States, and Italy.

Immigrants make up 5% of the total population but immigrant women account for 10% of all births. This is due to the larger number of immigrant women of fertile age compared with the number of fertile women in the total population.

The fertility rate for immigrant women fell continuously during the 1970s and was 2.2 births per thousand women in 1979 compared with the fertility rate of 1.6 per thousand of the total female population for the same year. Thus the fertility of immigrant women approaches the fertility patterns of Swedish women.

These are some of the findings of a study by Associate Professor Rolf OHLSSON of the Institute of Economic History, Lund University, Sweden.

Fertility by age and nationality

The study further indicates sizeable differences in fertility between immigrant and Swedish women according to their age and nationality. The difference in age-specific fertility between immigrant and Swedish women shows three patterns. In the 15-19 and the 20-24-year age groups, fertility is considerably higher among immigrant women. In age groups 25-29 and 30-34, the differences in fertility are slight. Immigrant women actually have a lower fertility at 25-29 years of age. In age groups 35-39 and 40-44, fertility is again somewhat higher among the immigrant women.

Differences also exist according to immigrant nationality. Women from Turkey, Greece and, to some extent, Poland have a higher fertility at all ages and especially in the 15-19 and 20-24-year age groups. For women from Denmark and Finland, on the other hand, fertility is slightly higher in the youngest age groups, while at other ages fertility is the same or even lower than in the total population.

How can the differences in the pattern of fertility between immigrant women and the total population be explained?

More immigrant women are married than Swedish women, and on the whole, married women have more children than unmarried. The differences in fertility between immigrant and Swedish women are also related to higher fertility patterns in the home country of the immigrant women. Although Greek, Turkish and Polish immigrant women tend to have more children than Swedish women they have fewer than their compatriots at home.

Birth-rate of young immigrant women

Non-marital cohabitation is very uncommon among women from Greece, Poland and Turkey but young (15-19 years) unmarried, non-cohabiting immigrant women have a higher birth-rate than comparable women in the total population. This is true even for girls from Greece and Turkey, where extramarital pregnancy is a great disgrace, and associated with heavy sanctions.

The significance of the high birth-rate among young immigrant women is still unclear. We do not know enough about the circumstances under which they live, or how they cope with different social and cultural pressures. A second-generation social conflict may be involved, and it is likely that the sexual patterns of the second-generation immigrants differ from those of their parents●

[For further inquiries about this study write to: Ylva Sörman, First Section Secretary, Swedish National Board of Health and Welfare, Linnégatan 87, 106 30 Stockholm, Sweden]

ORAL CONTRACEPTION - RECENT DEVELOPMENTS IN BELGIUM

Approximately two years ago several new brands of "pill" appeared on the market (Marvelon, Ovysmen, Trigynon) which differ in two respects from their predecessors (Microgynon 50 and 30, Ortho-Novum 1/50, 1/80, Ovanon) - firstly, there is a reduction in the oestrogen dosage (maximum 30 to 40 gammas of ethinyloestradiol) combined with the synthesis and introduction of new progestogens (desogestrel), and secondly a reduction in the dosage. The pills in question are bi- or triphasic and imitate the hormonal variations of the menstrual cycle.

These modifications have been necessary to reduce the risk of thrombosis linked to the use of oral contraceptives. In the 60s this risk was blamed on oestrogens in particular, but improved knowledge of progestogens has shown that certain androgen derivatives induce modifications in the lipid system and have an atherogenic or thrombogenic effect.

Research has therefore progressed in two directions - to a reduction in the oestrogen dosage (to minimum level below which other side-effects appear, such as excessive bleeding or dryness in the vagina), and the synthesis of new, powerful progestogens from which the androgenic effects have been removed.

There are only a few reasons why the pill should not be prescribed, notably in cases where there is a history of thromboses, thrombophlebitis, serious lipid or carbohydrate metabolic problems, severe arterial hypertension, severe cardiac problems and excessive smoking after age 35. In general these pills are well tolerated by the users ●

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

INTERCOUNTRY NEWS

WORKING GROUP ON FAMILY LIFE EDUCATION

An informal meeting was held among nongovernmental organizations (NGOs) on 24-25 February 1983 in London, to discuss how to promote family life education, improve cooperation between international youth organizations and identify projects in family life education in particular countries. This working group on family life education was hosted by the World Association of Girl Guides and Girl Scouts (WAGGS) and sponsored by the International Planned Parenthood Federation.

With the international year of the youth coming up in 1985, several NGOs are reexamining their youth activities, and in particular how to prepare the young people of today as parents and citizens of tomorrow.

The NGO group seeks to promote an exchange of youth activities among countries and plans active research projects, for example concerning the attitude of boys towards family life. The group will also act as a clearing house for family life education courses and programmes.

The working group is not a funding body but will act as an advisory body to any organizations wanting to develop family life education activities ●

[Write: Mohammed Chande, Youth Bureau, League of Red Cross Societies, P.O. Box 276, 1211 Geneva, Switzerland]

A WORKSHOP ON HEALTH SERVICES RESEARCH AND ADOLESCENTS

An interregional workshop in health services research methodology in relation to adolescent reproductive health, was held in RABAT from 22 November to 3 December 1982. The workshop was jointly organized by the WHO and the WHO Collaborating Centre for Teaching and Research in Human Reproduction and Family Planning in Morocco. Eleven participants, eight from the WHO European Region and three from the African Region took part in the two-week workshop, which was based on a method for planning research on adolescent reproductive health problems.

The grid-approach

Following the presentation of country profiles by the participants, they broke up into three groups and devoted the first week to the development of three grids.

Each grid consists of ten rows and six columns. The horizontal rows are stages or events in the reproductive health of adolescents. The vertical columns consist of six aspects of each of these stages.

The three grids have the same form but a different content. The first grid deals with the health needs and problems of adolescents, the second with health services or interventions that could meet those needs, and the third with health service research projects. By identifying health needs and problems in grid I and the presence or absence of corresponding health and social services in grid II, research issues can be identified in grid III.

For example, in country "x" youngsters ignore the normal range of biological changes due to sexual maturation (grid I). Health professionals are unprepared to deal effectively with the questions of pubertal boys and girls (grid II) and the research issue is to uncover areas of ignorance among boys and girls and explore practical ways in which health or other personnel can talk to these youngsters about pubertal changes and what to expect (grid III).

Identifying and planning research projects

At the end of the first week, potential research projects were identified by the working parties relevant to their own countries.

STAGES OR EVENTS IN REPRODUCTIVE HEALTH OF ADOLESCENTS \ ASPECTS	A Psycho-logical	B Social	C Medical	D Educa-tional	E Economic	F Legal
1. Sexual maturation						
2. Marriage/free union						
3. Sexual acitivity						
4. Contraception						
5. Pregnancy						
6. Induced abortion						
7. Spontaneous abortion/ perinatal mortality						
8. Birth of a live child						
9. Adoption of the baby						
10. Child care						

The projects were discussed during the second week of the workshop and the participants then developed specific research plans. During this period lectures were given and discussions were held on research methodology including the outline of a research project, research designs, and appropriate statistical analyses.

The purpose of the workshop on health service research methodology was to help nationals develop their own research plans. The grid approach provides a framework for discussion and permits the researcher to identify specific research issues related to adolescent reproductive health, and to examine whether services exist to meet those needs●

[For a copy of the report on this workshop, contact: Family Planning Unit, WHO Regional Office for Europe, Scherfigsvej 8, 2100 Copenhagen Ø, Denmark. Document ICP/MCH 025(7), RMI/79/P05 (FNUAP), Méthodologie de recherche de la santé, en particulier celle des adolescents: rapport sur un atelier de travail interrégional (1983, available in French only)]

PEOPLE

We have learned of Dr AGNETE BRAESTRUP's retirement as President of the Danish Family Planning Association, and wish her well. She has done very interesting work over the past 27 years for the promotion of family planning and sex education of the younger generation. We would also like to welcome Professor Mogens OSLER as the new President of the Association.

Dr Braestrup's drive and insight is well reflected in the Workshop on Adolescent Sexuality held 6-10 September 1982 in Gentofte, Denmark. In five days of discussions, participants from Denmark, Italy, the Netherlands, Norway, Sweden, the United Kingdom, Yugoslavia and the International Planned Parenthood Federation explored various aspects of adolescent sexuality based on counselling experience or research in various countries.

An illustration of Dr Braestrup's concern for young people and her creativity in this respect is the invitation of four young Danes (16-18 years old) to the workshop who discussed their own views on sexuality with the workshop participants and reported on special projects on human sexuality they had personally undertaken in their last year at school●

[Inquiries about the proceedings of the Workshop: Danish Family Planning Association, Aurehøjvej 2, 2900 Hellerup, Denmark]

Professor LIDIJA ANDOLSEK was the Head of the Family Planning Institute of Ljubljana, Yugoslavia, from 1961-1979, which under her direction became a WHO Collaborating Centre for Clinical Research on Human Reproduction in 1972. At the Institute she conducted several multi-centre research projects on fertility regulation methods.

Her main interest is reproductive health, family planning, contraception and the medical termination of pregnancy. Research into new, more acceptable methods of fertility regulation, education in family planning and the organization of efficient services will bring family planning closer to the clients, she feels, and as a member of the International Medical Advisory Panel of the International Planned Parenthood Federation (IPPF), she is well placed to promote these views.

In addition to her research activities, Dr Andolsek has been Professor and Head of the Department of Gynaecology and Obstetrics at the University Medical Centre, University of Ljubljana since 1979 where she lectures in postgraduate courses on maternal and child health and in courses on premarital and marital counselling.

She is active in the sociopolitical life of her country, especially in matters relating to the health care of women●

[Address: Tozd Univerzitetna Ginekološka Klinika, Slajmerjeva 3, 61000 Ljubljana, Yugoslavia]

Dr MARIA DA PURIFICACAO ARAUJO, obstetrician and gynaecologist, has dedicated most of her professional work in her native Portugal to the health problems of women, considering this a path to a better and more just society.

To improve professional practice, she has actively promoted the training of health professionals in maternal and child health and family planning and she has introduced several new ideas in this area.

In 1965 she started courses to prepare pregnant women for active participation in childbirth and since 1968 she has worked as a consultant for Maternal Health/Family Planning in the Directorate-General of Health. There she was involved with the implementation of a WHO and UNFPA supported programme of family planning in primary health care in Portugal.

Dr Purificação Araújo contributes regularly to the dissemination of family planning information through articles and interviews in newspapers, and on radio and television●

[Address: Directorate-General of Health, Alameda D. Afonso Henriques 45, Lisbon 1, Portugal]

MEETINGS REVIEWED

WORKING GROUP ON FAMILY PLANNING AND SEX EDUCATION OF YOUNG PEOPLE

Following a study on family planning and sex education, initiated by the Family Planning Unit of the WHO Regional Office for Europe to assess sex education programmes and family planning services for young people in the European Region, a WHO working group was held on the subject in Copenhagen on 1-5 November 1982.

People from international organizations (IPPF, UNESCO and WHO) and temporary advisers from Denmark, Finland, Netherlands, Portugal, Spain, Sweden, the United Kingdom and Yugoslavia working in family planning and sex education participated.

The working group studied sex education programmes, with the emphasis on the development of curricula, the training of staff and the implementation of programmes. Family planning services for young people were also considered, especially the training of staff to provide acceptable services for the young.

The report of the above-mentioned study, which will be published in the Public Health in Europe Series as No. 23 in 1984, was used as a background document. A report on the working group will be available in 1984, and in the meantime a summary report can be obtained from Family Planning Unit, WHO Regional Office for Europe, Scherfigsvej 8, 2100 Copenhagen Ø, Denmark●

DEVELOPING TEACHING MODULES IN FAMILY PLANNING

The Family Planning Unit of the WHO Regional Office for Europe held a meeting from 7 to 9 June 1983, to review four draft teaching modules on the psychosocial and sexual aspects of family planning and on the special needs of migrant workers in relation to sexuality in family planning, as well as to develop a strategy for testing the modules before their use in countries of the Region. The authors of the four modules participated in the discussions as did a number of experts from teaching institutions.

This initiative is based on the observation that in many countries, family planning as taught to health and social workers is far from relevant both in content and methodology. The curriculum - often packed with theoretical information - does not prepare the health worker trainee for the real life problems of family planning clients.

Many teachers of health professionals are not familiar with the problem-oriented training approach and teaching material is often lacking or of poor quality.

Through the development of basic modules that can be adapted to the various conditions prevailing in the countries of the European Region, the Family Planning unit of the WHO Regional Office hopes to encourage trainers and teachers in family planning to develop appropriate family planning teaching material.

Field testing of the modules will proceed in various institutions in 1984, after they have been updated in the light of this meeting ●

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

CONFERENCE ON WOMEN AND HEALTH

The WHO Regional Office for Europe and the Scottish Health Education Group (SHEG) jointly sponsored a three day Conference on Women and Health in Edinburgh from 25 to 27 May 1983.

The purpose of the Conference was to consider the factors in the structure of society that affect the health of women; certain specific health-related issues such as women and medicalization, fertility control, alcohol and drug abuse, sexuality, violence and women, women and employment, women and disability, mental health and aging; and strategies for action in the future and the exploration of new and alternative approaches in health promotion/education activities.

The participants' recommendations focused on support for health education and prevention programmes for women; on funding for self-help groups; on consumer participation in health decisions; and on the involvement of women in health and medical care decisions affecting women ●

[Inquiries: Dr Ilona Kickbusch, Regional Officer for Health Education, WHO Regional Office for Europe, Scherfigsvej 8, 2100 Copenhagen Ø, Denmark]

EDUCATIONAL AIDS

A FAMILY PLANNING CARTOON FROM TURKEY

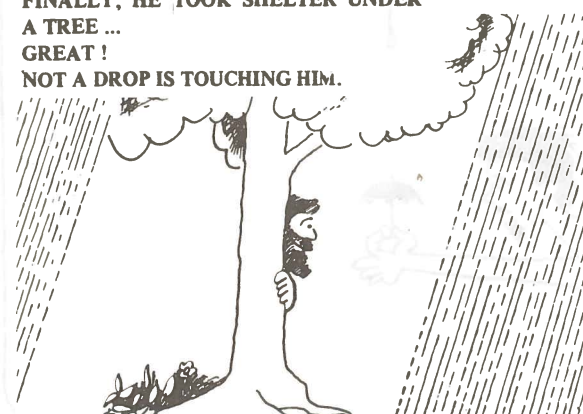
Dr Umit Kartoglu, physician and cartoonist, has tried his hand at a cartoon on family planning called "The rain". We reproduce here two segments of the story.



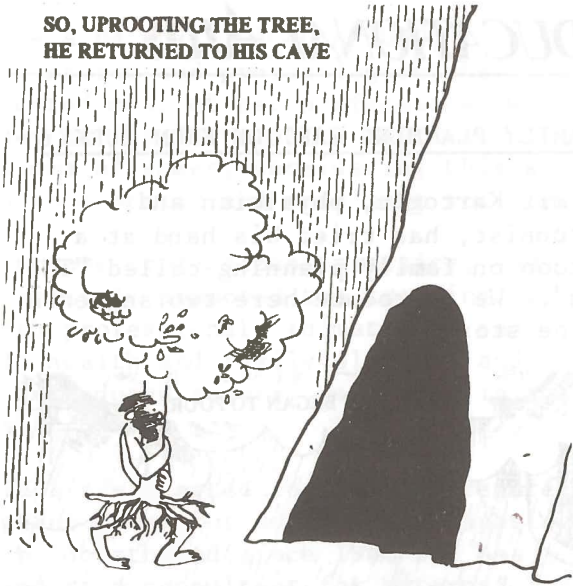
AND
SINCE HE COULDN'T KEEP UP WITH
A FLYING BIRD TO STAY DRY, HE
GOT DRENCHED ...



FINALLY, HE TOOK SHELTER UNDER
A TREE ...
GREAT!
NOT A DROP IS TOUCHING HIM.



SO, UPROOTING THE TREE,
HE RETURNED TO HIS CAVE



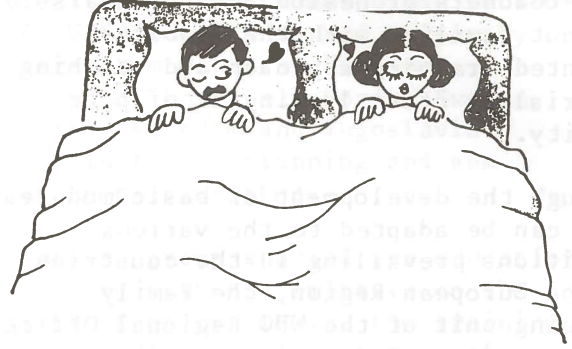
BUT, IN MY OPINION HE DIDN'T STAY
INSIDE VERY LONG. HE HAD PLACES
TO GO AND THINGS TO DO ...



THIS WAS HOW THE UMBRELLA
EVOLVED. AN INVENTION WROUGHT
BY MAN'S HANDS, DEVELOPED FROM
THE NATURAL AVAILABLE,
PROTECTED HIM AND GAVE HIM A
BETTER LIFE ...



GRADUALLY,
MAN MULTIPLIED IN NUMBER ...



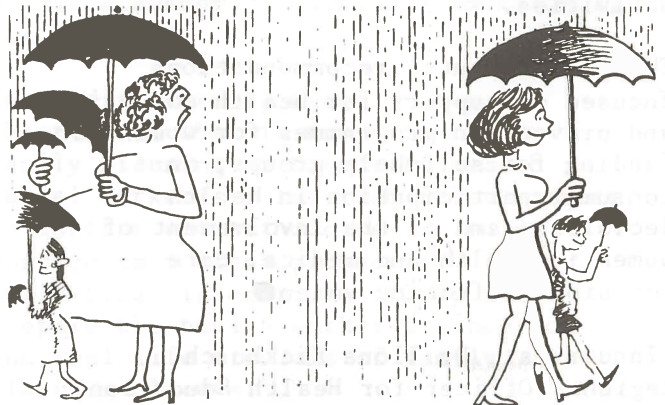
MORE AND MORE,
UNEXPECTED CHILDREN LOWERED
THE STANDARD OF LIVING.



BUT THE SAME WOMEN WHO HAD
THESE UNEXPECTED CHILDREN STILL
USED THEIR UMBRELLAS IN THE
RAIN ...



HEY!...
SHE DOES NOT LOOK LIKE HER ...



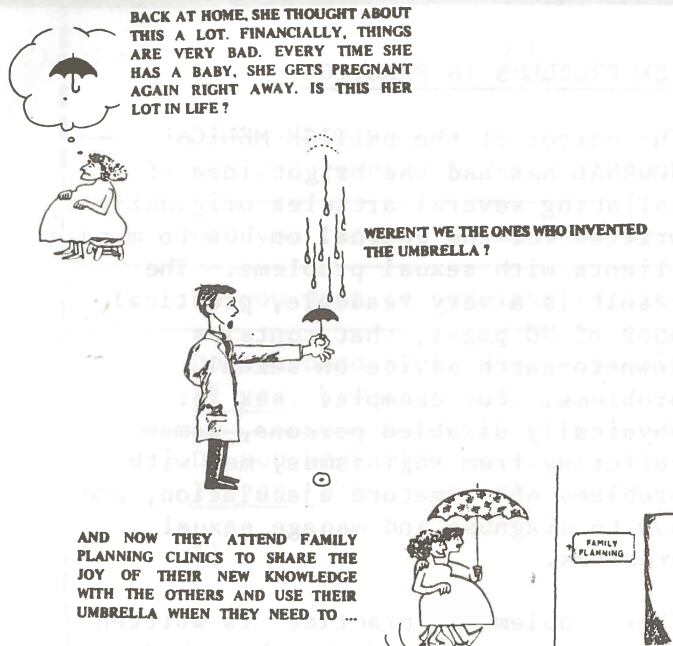
WHAT TO WRITE FOR

The official PORTUGUESE COMMISSION ON THE STATUS OF WOMEN has informed us about two useful publications.

"Os jovens e a sexualidade" (Young people and sexuality) by Nuno Silva Miguel, a Portuguese doctor. It is a short illustrated booklet for young people, on adolescence, sexuality, the sexual organs, pregnancy and childbirth, contraception, and the diseases of the sexual organs.

"Planeamento familiar em Portugal - como se desenvolveu um projecto de informação e educação" by Ana Vicente and Maria Reynolds de Sousa, is an account of how a joint project funded by UNFPA and the Portuguese Government was developed in Portugal. It includes examples of the educational material produced and may interest project managers and field-workers in family planning education. It is also available in English under the title: "Family planning in Portugal - how a family planning information and education project was implemented"●

[For copies write: Comissão da Condição Feminina, Av. Elias Garcia 12, 1º, 1093 Lisbon Codex, Portugal. Free copyright, provided the source is mentioned. The material is free of charge.]



The cartoon story "The rain" was presented at a Symposium on Changing Concepts in Family Planning held in Maui, Hawaii, the United States in October 1982. The Institute of Community Medicine, University of Hacettepe published and distributed the cartoon story in Turkey●

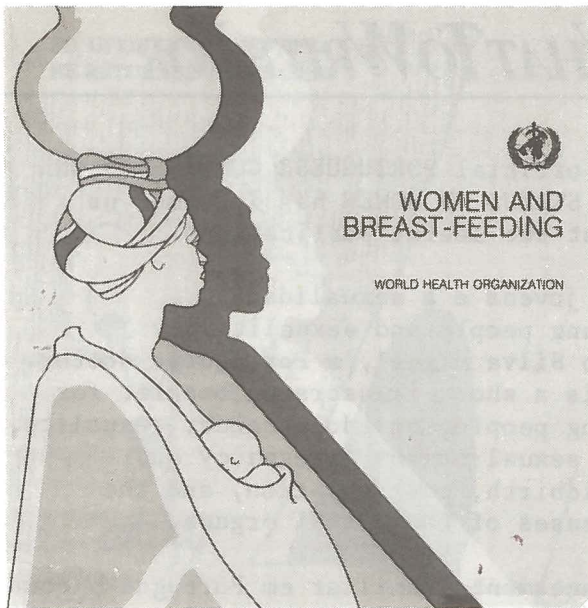
[From: Institute of Community Medicine, Hacettepe University School of Medicine, Ankara, Turkey]

LETTER FROM A FRENCH MIDWIFE

I am a midwife at a maternity clinic which cares for young unmarried mothers - most of them very badly off financially. Apart from the care they receive from us towards the end of the pregnancy and during childbirth, we try to counsel these young women in family planning, which is not always easy as they are often unaware of the needs of a young child.

For this reason we do our utmost to arm ourselves with as much documentation as possible, including new ideas when we hear of them, in order to have as much information as we can at our disposal to try and convince these young mothers of the advantages of family planning●

[From: Mrs M. Gombert, Centre Maternel "Les Maronniers", 19 Boulevard de Stalingrad, 92320 Châtillon-sous-Bagneux, France]



WOMEN AND BREASTFEEDING

The WHO DIVISION OF FAMILY HEALTH in Geneva has prepared an attractive booklet on breastfeeding as part of WHO's activities on women's health and development.

The United Nations Fund for Population Activities (UNFPA), the Swedish International Development Authority (SIDA) and the Swedish Agency for Research and Cooperation with Developing Countries (SAREC) helped finance the booklet. It discusses the many factors that discourage or prevent women from breastfeeding and suggests ways in which these obstacles can be overcome. There are many beautiful photos of breastfeeding mothers from all over the world and the headings and photos almost suffice to tell the story ●

[Copies available free of charge in English and French from: the Division of Family Health or the Division of Public Information and Education for Health, World Health Organization, 1211 Geneva 27, Switzerland]

SEX PROBLEMS IN PRACTICE

The editor of the BRITISH MEDICAL JOURNAL has had the bright idea of collating several articles originally written for the Journal on how to manage clients with sexual problems. The result is a very readable, practical book of 80 pages, that contains down-to-earth advice on sexual problems. For example: sex for physically disabled persons, women suffering from vaginismus, men with problems of premature ejaculation, and how to diagnose and manage sexual problems.

"Sex problems in practice" is written for doctors, many of whom have had no training in managing such problems, but other health workers will also profit from this book.

A few sections deal with the typical British situation (legislation, referral centres etc.), but on balance, family planning workers in the European Region should find the book a useful tool for their work. It is scientifically accurate and reflects fresh and sound attitudes towards the handling of sexual problems ●

[Write: British Medical Journal, Publishing Department, Tavistock Square, London WC1H 9JR, United Kingdom. Price in UK £4.00; abroad US\$13.25, including airmail postage. Available in English only]

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, 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 Service, 1211 Geneva 27, Switzerland.



10. Would you add other sections to ENTRE NOUS? Yes ... No ...
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- . Comment on family planning and sex education developments in your country? ...
- . Describe family planning services or sex education activities? ...
- . Present a training initiative for health personnel and/or social workers? ...
- . Report on a meeting you attended? ...
- . Write about a well known person in family planning in your country? ...
- . Send educational material with a commentary about its use? ...
- . Write about studies and research of interest to other family planning workers? ...
- . Comment on articles/news items that have appeared in ENTRE NOUS? ...
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