

Exploring Africa for Family Planning

BY

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In August, 1955, at the request of the National Committee on Maternal Health of New York, I started on a seven months "exploratory" tour of the eastern part of Africa from Cairo to Durban. There were no family planning programmes in any country except in Cape Town, and the government programme just beginning in Cairo. Why? Was there no need for this work? Was there no awareness of the need or, if there was, what were they doing—and if not, why not? From the Sudan, Ethiopia, Kenya, Uganda, Zanzibar, Tanganyika, Southern Rhodesia and Natal, in South Africa there was an immediate response, an interest among all the varied racial communities and a request for information on methods of work and how to organise a programme.

Family planning or planned parenthood activities had their beginnings in the western world over 50 years ago with such pioneers as Marie Stopes in England and Margaret Sanger in the U.S.A. and the first clinics in Holland in 1880. The world-wide movement was just organised following the last world war in 1946-47 in a meeting of the societies of Sweden, Holland, Great Britain and the United States. To-day there are 17 national organisations in the International Planned Parenthood Federation, with other countries initiating work in this field.

Back of all these societies there has been continued research and experimentation. One small voluntary group that has made its contribution is the National Committee on Maternal Health of New York, which was started by a leading gynaecologist, Dr. Dickenson, of New York, and whose chairman of research to-day

is Dr. Clarence J. Gamble, of Harvard Medical School, Cambridge, Mass., U.S.A. His work has been in search of the simple, cheap and easy contraceptive that could be used by the needy masses all over the world, and in expanding this work into many new countries in the Far East, such as Formosa, Ceylon, Thailand and Pakistan.

As a public health educator I was particularly interested in working in these newer areas for the first step in introducing such a new idea in education. My first venture was a tour of exploration in the Middle East, where some ten countries were visited, and these simple methods introduced to the medical officers and to private physicians, chiefly gynaecologists and obstetricians, and explained to women's groups and leaders of women's societies. Because of the interest of these lay and professional leaders in all of these countries, a follow-up visit was made to many of them and several committees or programmes have been started as well as individual physicians assisted in their private work. Outstanding is the Family Planning Committee in Teheran, Iran, which is headed by a woman doctor, and in which midwives, mothers and physicians are all working together to run special clinics and plan educational programmes.

Encouraged by this first venture, then, we extended our tours of exploration into Africa, where again activities were started which called for return visits and continued work if the programmes were to be securely established. Thus I have come back to revisit the centres where work was started and am happy to see the results of our first steps. For example, in Johannesburg there is an active clinic running in the Orlando township, where attendance has increased from 10 to 25-30 in each clinic's session and many women returning regularly for advice, recheck and supplies. This is the first from which they plan to establish others in the Coloured and African housing areas.

Last year an "Organising Committee" was set up in Bulawayo, which has been quietly laying the foundations for a sound programme among all their four racial groups—Asian, Coloured, African and European. My visit this month was made the occasion for educational talks in all of the communities and the final organisation on 12th February of the "Family Planning Association of Bulawayo." The officers elected then include Mr. John Gibson (Gyn.), President; Mrs. Robert Watson, Mr. E. M. Leyland (Gyn.) and Mr. H. E. Davies (Adv.), vice-presidents; and Rev. J. Manod Williams, Mrs. Shirley Wil-

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liams and others on the Executive Committee. Mrs. Dendy Young, wife of the Judge, is their Patroness. The European clinic is to open the end of the month, with the Coloured and African clinics to follow in March, with volunteer doctors, nurses and laywomen to carry the clinic services. Several methods will be used according to the needs and the economic and educational status of the clients and their ability to handle them.

Perhaps a definition of our term "Family Planning" should be given, for it is used as a far more inclusive and positive title than any of its component parts. It implies both an educational and a clinic programme which will cover premarital advice and marriage counselling, sterility and birth control. For sterility, examinations will be given and referral made to the proper medical resources. The whole aim of this family planning programme is to build happy, healthy families and thus a healthier population. Emphasis is laid on the health of the mother and the child, the importance of spacing the children in order that the mother may rebuild her health and care for the babies she already has. It is recognised that by-products of such a programme will be to reduce high infant mortality, delinquency from the lack of proper care in too large families, and in some countries to prevent the dangerous and illegal practices of abortion.

Associations are also forming and clinics as well as educational programmes starting in Kenya, in Mombasa and Nairobi, with the beginnings of committee groups in Dar-es-Salaam, Kampala and Addis Ababa. It is evident in all these countries that it is in the urban areas that all the racial communities are recognising the need to plan for their families if they are to give them the care and education needed in our modern life. And we find that for this purpose of the health of the mother and the child, family planning is not opposed by any religion, although some churches differ in the methods they endorse. The Al Ahzar University in Cairo, for example, has issued a statement saying that family planning is in accord with the Koran.

And so, here in Salisbury, over a year ago representatives from some seven welfare and women's societies set up an "Interim Committee" to work out ways to establish this work in Salisbury. From the talks I have had with men's and women's groups and professional leaders in all the racial communities, there has been an expressed desire for services in this field. Thus on 28th February, in the Women's Institute hall,

there will be a meeting for which invitations have been sent to many organisations in town when we plan to organise the "Family Planning Association of Salisbury," elect the officers and appoint the constitution committee. It is the plan to organise Asian, Coloured and African committees that will promote and guide the programme in their communities with their chairmen on the central committee.

To many countries this is a serious population problem, and indeed we face a world problem with the increase in the population of the world 80,000 per day! But the more I travel and talk with the ordinary people in every walk of life, and especially see these primitive peoples coming out into a modern, western way of life with all its economic problems, I am convinced it is a major health and welfare problem that behoves us to do something about! Family planning offers one solution as a part of our total health and community planning, and I hope will find a vital place in the life of Salisbury. It is after all the quality of our population that counts in every country.
