

FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INC.



10th Annual Report

for the year ended 30th. June, 1980

(i)

*"Females are one-half of the world's population,
do two-thirds of the world's working hours,
receive one-tenth of the world's income and
own one-hundredth of the world's property."*

Statement from the World Conference
of the United Nations Decade for
Women held in Copenhagen in 1980.

FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INC.

17 PHILLIPS STREET, KENSINGTON, S.A. 5068

PATRON - HIS EXCELLENCY THE GOVERNOR, MR. KEITH SEAMAN

COUNCIL MEMBERS

1979 - 1980

OFFICE BEARERS

President	Dr. Karl Ball
Vice Presidents	Professor Lloyd Cox
	Mrs. Patricia Bockner
Hon. Secretary	Mrs. Janet Browning
Hon. Treasurer	Mrs. Margaret Hope
Chairman of Council	Dr. Karl Ball

ORDINARY MEMBERS

Mrs. Yvonne Allen	Dr. Peter Hoopmann
Mrs. Ione Brown	Dr. Olive Johnston
Dr. Aileen Connon (Government representative)	Ms. Anne Levy, M.L.C.
Dr. Kerrie Davies	Dr. Jennifer Linn (AMA Representative 1979)
Ms. Anne Deveson	Mrs. Diane Morris
Ms. Virginia Hall	Ms. Janet Smyth
Dr. Chris Heinrich (AMA Representative 1980)	Mr. Frank Webster
	Dr. David Williamson

NATIONAL COMMITTEE REPRESENTATIVES

AUSTRALIAN FEDERATION OF FAMILY PLANNING ASSOCIATIONS (AFFPA)

AFFPA Council (S.A. Representative)	Mrs. Janet Browning
National Training Advisory Committee	Dr. Karl Ball (Chairman)
National Medical Task Force	Professor Warren Jones
	Dr. John Poter
Biological Science Committee	Dr. Robert Seamark (Chairman)
	Dr. John Porter (Secretary)

INTERNATIONAL COMMITTEE REPRESENTATIVES

INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)

Regional Council Representative	Mrs. Janet Browning
Regional Communication Committee	Dr. Olive Johnston
Regional Medical Committee	Professor Warren Jones

FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INC.

ADVISORY COMMITTEES

MEDICAL ADVISORY COMMITTEE

Profesor Warren Jones (Chairman) (Flinders University)	Dr. James Kirkland (University of Adelaide)
Dr. Karl Ball	Dr. Alastair MacLennan (University of Adelaide)
Mrs. Janet Browning (Minute Secretary)	Dr. Jill Need (Flinders University)
Dr. Aileen Connon (S.A. Health Commission)	Dr. Oswald Petrucco (University of Adelaide)
Professor Lloyd Cox (University of Adelaide)	Dr. Ross Philpot (Flinders University)
Dr. Arnold Gillespie (University of Adelaide)	Dr. Robert Seamark (University of Adelaide)
Dr. Peter Hoopmann	

EDUCATION AND TRAINING ADVISORY COMMITTEE

Dr. Olive Johnston (Chairman) (School Health Branch, S.A. Health Commission)	Ms. Virginia Hall (Student Counsellor, University of Adelaide)
Mrs. Ione Brown (Senior Education Officer, S.A. Education Department)	Dr. Dion Manthorpe (Family Medicine Programme)
Mrs. Janet Browning (Minute Secretary)	Mrs. Shirley Nolan (President, Schools Parents' Association)
Ms. Anne Deveson (Journalist)	Mr. Brian Phelps (Headmaster)
Mrs. Margaret de Zwart (Health Project Team, S.A. Education Department)	Miss Judy Porter (Principal Nursing Officer, S.A. Health Commission)

STAFF MEMBERS AT JUNE 30TH 1980

Dr. J. Porter - Director

F/T = Full Time

P/T = Part Time

ADMINISTRATION

M. Bagshaw	Bookkeeper	F/T
B. Edward	Clerk	P/T
C. Emmett	Maintenance	P/T
S. Long	Typist	P/T
A. Tuminello	Cleaner	P/T
M. Weiss	Secretary	F/T

NURSING STAFF

R. Boucaut	Charge Nurse	F/T
D. Anderson	Enrolled Nurse	P/T
J. Bridger	Coordinator, Southern and Western Region	P/T
P. Cohen	Nurse	P/T
M. Chambers	Domiciliary Nurse	P/T
M. Crisp	Domiciliary Nurse	F/T
J. Dolman	Nurse	P/T
G. Edwards	Nurse	P/T
K. Elleway	Assistant to Nurse in Charge of Training	P/T
P. Fulton	Nurse	P/T
C. Gilbert	Nurse	P/T
P. Harris	Nurse	P/T
M. Jorgensen	Nurse	P/T
B. Kiek	Domiciliary Nurse	P/T
D. Konrath	Nurse	P/T
D. Marnane	Nurse	P/T
J. Murray	Nurse in Charge of Training	P/T
E. Rose	Domiciliary Nurse	P/T
S. Sommers	Clinic Nurse	F/T
J. Sparrow	Domiciliary Nurse	P/T
P. Stevens	Coordinator, Northern Region	P/T
L. Tedesco	Enrolled Nurse	P/T
M. Zadoroznyj	Nurse	P/T

MEDICAL STAFF

S. Caton	Medical Officer in Charge of Training	P/T
S. Broad	Medical Officer	P/T
O. Frank	Medical Officer	P/T
J. Giles	Medical Officer	P/T
G. Graham	Medical Officer	P/T
M. Harrington	Medical Officer	P/T
A. Hopkins	Medical Officer	P/T
M. Kearney	Medical Officer	P/T
E. Lalor	Medical Officer	P/T
D. Menary	Medical Officer	P/T
M. Moody	Medical Officer	P/T
T. Mudge	Medical Officer	P/T
P. McEvoy	Medical Officer	P/T

MEDICAL STAFF (contd.)

M. McKenzie	Medical Officer	P/T
H. Nathaniel	Medical Officer	P/T
A. Neoh	Medical Officer	P/T
M. Turner	Medical Officer	P/T

RECEPTIONISTS AND CLINIC OFFICE

B. Parsons	Office Coordinator	F/T
B. Bates-Brownsword	Receptionist	P/T
A. Borrillo	Receptionist/Office	F/T
R. Butler	Receptionist	P/T
J. Heijkoop	Receptionist	P/T
S. Kurtzer	Receptionist	P/T
N. Lander	Receptionist	P/T
P. Macdonald	Receptionist	P/T
J. Oats	Receptionist	P/T
B. Sayers	Receptionist	P/T
M. Stockle	Receptionist	P/T
P. Wall	Receptionist	P/T
M. Wasley	Telephonist	F/T
G. Weidenmann	Receptionist	P/T

EDUCATION

G. Brooking	Education Officer	F/T
S. Hailstone	Assistant Education Officer	F/T
P. Anderson	Health Educator	P/T
B. Brown	Health Educator	P/T
B. Buttfield	Health Educator	P/T
L. Collard	Health Educator	P/T
P. Cox	Librarian and Resource Centre Assistant	P/T
R. Earl	Health Educator	P/T
H. Huntingford	Health Educator	P/T
S. MacVais-MacEvoy	Health Educator	P/T
H. Murphy	Health Educator	P/T
J. Robertson	Health Educator	P/T
S. Russell	Health Educator	P/T
K. Slaytor	Health Educator	P/T
J. Tottman	Health Educator - Specialist	P/T
Tran Lang	Special Vietnamese Educator	P/T
J. Watts	Health Educator	P/T
J. Allington	Country Health Educator, Port Pirie	P/T
R. Downs	Country Health Educator, Mt. Gambier	P/T
J. Klitscher	Country Health Educator, Whyalla	P/T
M. Leech	Country Health Educator, Mt. Gambier	P/T
D. Martin	Country Health Educator, Riverland	P/T
H. Sara	Country Health Educator, Port Broughton	P/T
J. Ward	Country Health Educator, Port Pirie	P/T

SOCIAL WORK

J. Potts	Senior Social Worker	F/T
W. Worrall	Social Worker	P/T

LOCATIONS OF CLINICS OF THE FAMILY PLANNING
ASSOCIATION OF SOUTH AUSTRALIA

HEADQUARTERS

17 Phillips Street, Kensington

NORTHERN REGION

ELIZABETH	Lyell McEwin Hospital
SALISBURY	Women's Rest Centre
ST. AGNES	St. Agnes Medical Centre
INGLE FARM	Ingle Farm Community Health Centre

SOUTH AND WEST REGION

UNLEY	Mothers and Babies' Health Association
BEDFORD PARK	Flinders Medical Centre
PORT ADELAIDE	Central Mission
NORTH ADELAIDE	Adelaide Children's Hospital

SUMMARY OF ACTIVITIES - JULY 1979 TO JUNE 1980

1980 marks the tenth anniversary of the Family Planning Association of South Australia Inc. The anniversary falls in July and accordingly the relevant activities for the anniversary year will be held during the next financial year.

As in previous years the Association has received its funding from the Commonwealth and South Australian governments. The Commonwealth Health Program Grant funds the clinical activities of the Association and the non-clinical activities are funded by the Commonwealth Family Planning Program Grant and the State Government Grant. The clinic funding from the Health Program Grant continued on a no-growth basis. In view of its non-use by clients, the Ferryden Park clinic was closed at the end of July 1979 and the staff hours which were used for that clinic transferred to a morning session at Port Adelaide. Although the Association's clinical presence in the "Parks" area has ceased, the information and education activities have been maintained.

Everyone in the Association was saddened because of the death of Dr. Mary Walker in March 1980. She was one of the "medical women of South Australia" who drafted and sent a submission to the Select Committee set up in 1968 by the State Government to consider the laws relating to abortion. This submission stressed the urgent need for family planning clinics in South Australia.

Dr. Walker was a member of the steering committee set up in 1969 to plan the Family Planning Association of South Australia Inc. and was elected a Vice-President of the Council in 1970. When Dr. Winifred Wall retired in 1974, Dr. Walker was elected President. She remained in that position until she retired because of ill health at the end of 1979. The Association was honoured that she accepted the invitation to become a Patroness of the Association.

Dr. Walker gave her time and her professional expertise unstintingly, and was always available as a spokesman and a mediator when the need arose. Members of the Association are sad to lose not only a friend but a staunch and courageous supporter of the family planning movement.

In February 1980 a Family Planning Forum was held in Canberra. It was hosted by the Commonwealth Minister of Health, Mr. M. McKellar, and was attended by representatives of the various Health Commissions in the States and Territories, members of the Executive of the Australian Federation of Family Planning Associations and members of the Australian Medical Association, the Royal Australian College of General Practitioners, the Australian College of Obstetricians and Gynaecologists, the National Women's Advisory Council, the Catholic Social Welfare Commission, the Australian Council for Social Service and members of the Commonwealth Department of Health. One of the highlights of the Forum was the address by Mr. Vernon Aluvihare from the International Planned Parenthood Federation who gave a world view of family planning and its relevance in a developed country.

One of the major tasks in the clinics during the last financial year was the transferring of clinic clients' discontinued case notes to microfiche. This was carried out during the months of April, May and early June and the microfiche reader/printer was purchased to enable staff to have access to the records which had been filmed.

Visitors to the Association during the year have included several State and Federal politicians. We were also pleased to welcome members of the Festival of Light Mrs. Kay Stephens, Mrs. Rosslyn Phillips and Mrs. Anne Fander. They had coffee

with the Honorary Secretary and senior members of staff. Various aspects of Family Planning Association policy were discussed, including the supply of contraceptives to adolescents. This meeting enabled the Association to expound its policies and responsibilities to young people and their families. The meeting enabled the two organisations to understand their differences and it was reiterated that the Family Planning Association is a non-sectarian and non-political organisation.

In education the main audience group for the Association's programme are secondary school children. The Association still employs a special educator who works with handicapped people. Staff of the education section work in other areas with women's groups and with unemployed youth. A part-time Vietnamese health worker is employed who carries out education programmes at a migrant hostel and also assists the Port Adelaide clinic and the domiciliary nurse in that area.

The work of the domiciliary nurses is mainly with people who are disadvantaged both financially and socially and a report of the activities of this service is to be found in this Annual Report.

During the year, training programmes for nurses (both registered and enrolled), medical practitioners, pharmacists and community educators have continued. During 1980 the 500th person completed the Association's nursing course.

In-service programmes have continued and regular clinical seminars have been held to which all staff and Council members have been invited. Topics covered have included "Diseases of the Breast", "Genetic Counselling" and "Family Planning Activities with Handicapped People".

Many articles about contraception have appeared in the popular press. Some of these have been of an inflammatory nature and there have also been "scare" items about both Depo-Provera and intrauterine devices on television and in newspapers. The feature article is concerned with family planning and the media and these problems are further discussed in that article. Apart from these articles, the Association has been engaged in much media work during the last financial year including regular sessions on the commercial radio station 5DN for its "Morning Conference" segment and participation on ABC radio and commercial radio stations. Television appearances have been limited mainly to segments in news broadcasts and in current affairs programmes. The Association is frequently quoted in newspaper articles.

The close relationship between the Family Planning Association and the Pharmaceutical Society of Australia has been maintained and this has resulted in the production of a text book for pharmacists about family planning. This should be available at the time of the Annual Report.

Once again the Association expresses its thanks to the volunteers who have offered assistance during the year. It should be remembered that all members of the Council and advisory committees work in a voluntary capacity for the Association, and it is grateful to them for their generosity in giving their time and expertise.

FEATURE ARTICLE

FAMILY PLANNING AND THE MEDIA

When it comes to coverage of family planning the media appears to be somewhat schizophrenic. On the one hand it is true to say that in general they are supportive; the FPAs and their philosophies have had excellent press in Australia since the 1970s. The information levels of clients attending FPA clinics are far higher now than in 1970, and this is partly due to the fact that the media have been publicising methods of contraception.

At a recent conference on health and the media held in Adelaide, David Ellyard (science correspondent for a Sydney television station) spoke about how media see health issues and spokesmen. In a hard-hitting paper, he claimed that three themes constantly occur in media coverage of health and medical issues and these are "miracles", "scandals" and "do it yourself".

These, he claimed, are the good sellers. The miracles are destined to change the face of medicine, scandals are commonly the result of failure of the regulatory machinery and the do it yourself theme is most commonly seen in reportage of things like diets and, I should add there, pregnancy tests.

He claimed that the media are not interested in the views of spokesmen but they are interested in stories. The story is something which will sell, it has to include human interest, sensationalism, scandal - all good things for increasing newspaper circulation and improving the ratings of the TV stations or, maybe in the case of the ABC, getting a local piece of news air space in other States. Although in theory the media should be concerned with truth, it has sometimes been said, albeit cynically, that "the facts should not get in the way of a good story". I submit that this has been happening in certain quarters in reporting contraception issues during the last few years.

Ellyard stated that in asking how well are the media addressing medical issues, the answer is probably "very good at whistle blowing". "However", he claimed, "when it comes to informing the public, it doesn't do so well". He said that health issues are the most poorly researched and in some newspapers it is considered demotion to cover health stories. At the same conference, Shaughan McIlraith, the medical writer of the "Sydney Morning Herald", stated that there is a conflict between the objectives of professionals who would like the media to be guided by a desire to educate the readers on health matters, and the media executives who see their role as presenting new, arresting and possibly controversial material.

With the chronically intense competition for space in newspapers it is hard to see these contrasting attitudes being reconciled. He claimed that with medical professionals increasingly eager to gain favourable publicity, a contradictory position has arisen. There is now too much medical news. The medical journalist is bombarded with more local items than he can handle properly. Often when a story breaks, a young reporter is sent out to cover something on which he has very little knowledge and very little time to do his research. McIlraith claimed that they will sometimes approach maybe one, or at the most two, spokesmen - and sometimes they are dependent upon just what comes in on the wire services. Telex machines spill out miles of ostensibly authoritative overseas reporting on health. Faced with this plethora of possibilities, the medical writer may not be as critical as he should be. And, as McIlraith said, there probably isn't time for thorough evaluation of a story.

An example of this latter is the "IUDs and Cancer Risk" story which broke earlier this year. Luckily that story was defused quickly as research had been done in Victoria. More often, however, when the scientific findings are published overseas (usually in the U.S. or the U.K.) they appear in scientific journals. This is immediately picked up locally and gets on to the international wire services. By the time that international journal gets as far as Australia, the story has already been reported and has blown over. At least one medical leader has recently called for the return to the traditional practice of announcing new developments in medicine through the learned journals instead of the popular press and it is interesting that to a large extent McIlraith of the "Sydney Morning Herald" supported this. He claimed that less medical news and a quieter approach by the print media would improve quality. Instead of expecting medical stories to compete with prime space in the front of the newspapers, there should be a readiness to explore issues thoroughly and maybe have more space, but at the back of the newspapers. An example of this is the researched medical column in newspapers which may take a subject in depth every week.

David Ellyard stated that the media had failed to come to grips with the practice of scientific and medical research. In fact he claimed that they just do not understand what is going on and he spoke about certain myths which they appeared to believe and he gave a series of anti-myths to counter some of these misconceptions which many reporters seem to have. These were as follows:-

- (i) The breakthrough - we've all seen it - "great new male pill discovery". This is usually a myth. The anti-myth is that medical advances are made by small improvements.
- (ii) Medical research is about numbers, that is, statistical significance. It should be remembered that these are not necessarily facts.
- (iii) The myth of anecdotalism

The anti-myth is that anecdotes are not evidence. The real research is often boring to the layman and so some good human interest anecdotal stories are interesting. There are many examples one could give about this when it comes to family planning. Recent television current affairs programmes about Depo-Provera and IUDs were high on the anecdotalism ratings. In the item on Depo-Provera we were shown a girl who claimed that the use of this method of contraception had led to the breakdown of her marriage. The article was presented in an emotive way; the young woman was filmed walking along the seashore hand in hand with her small child telling her story to a reporter. In no part of the article were we shown a girl who claimed to be happy with this method. In the IUD story two women were interviewed who had developed pelvic inflammatory disease with an intrauterine device in situ. It is known that the IUD may be implicated in causing pelvic inflammatory disease in a number of patients; however, when the television station concerned approached the Association about this item on IUDs, it was suggested to them that they also film some women who were happy with IUDs and some people volunteered. This was not news, and the producer decided not to use that piece of film. In neither story was there a representative of the large majority of users of either method who had no problems with those methods.

This leads to the findings which were reported in the Royal College of General Practitioners' report - Oral Contraceptives and Health - of their large study over eight years of 46,000 women in the United Kingdom. Out of 11,337 women who gave up the pill, those who gave it up because of anxiety and possible side effects amounted to about 15%. This is extremely worrying because these are women who did not experience any side effects but they had heard and read about possible side effects. One wonders how much inflammatory journalism frightens women into giving up particular methods of contraception. Certainly some headlines from Australian papers, both South Australian and national, which have appeared over the last few years would concern many. Some examples are as follows:-

- . "Clinics to use 'cancer' drug"
- . "Vasectomy health scare"
- . "Tragedy mother sues drug company"
- . "The danger of Depo-Provera - Nightmare started with injection"

It should not be thought that every article about contraception is done in such a flamboyant manner and of course there are some excellent journalists who are able to produce interesting, fair and accurate stories.

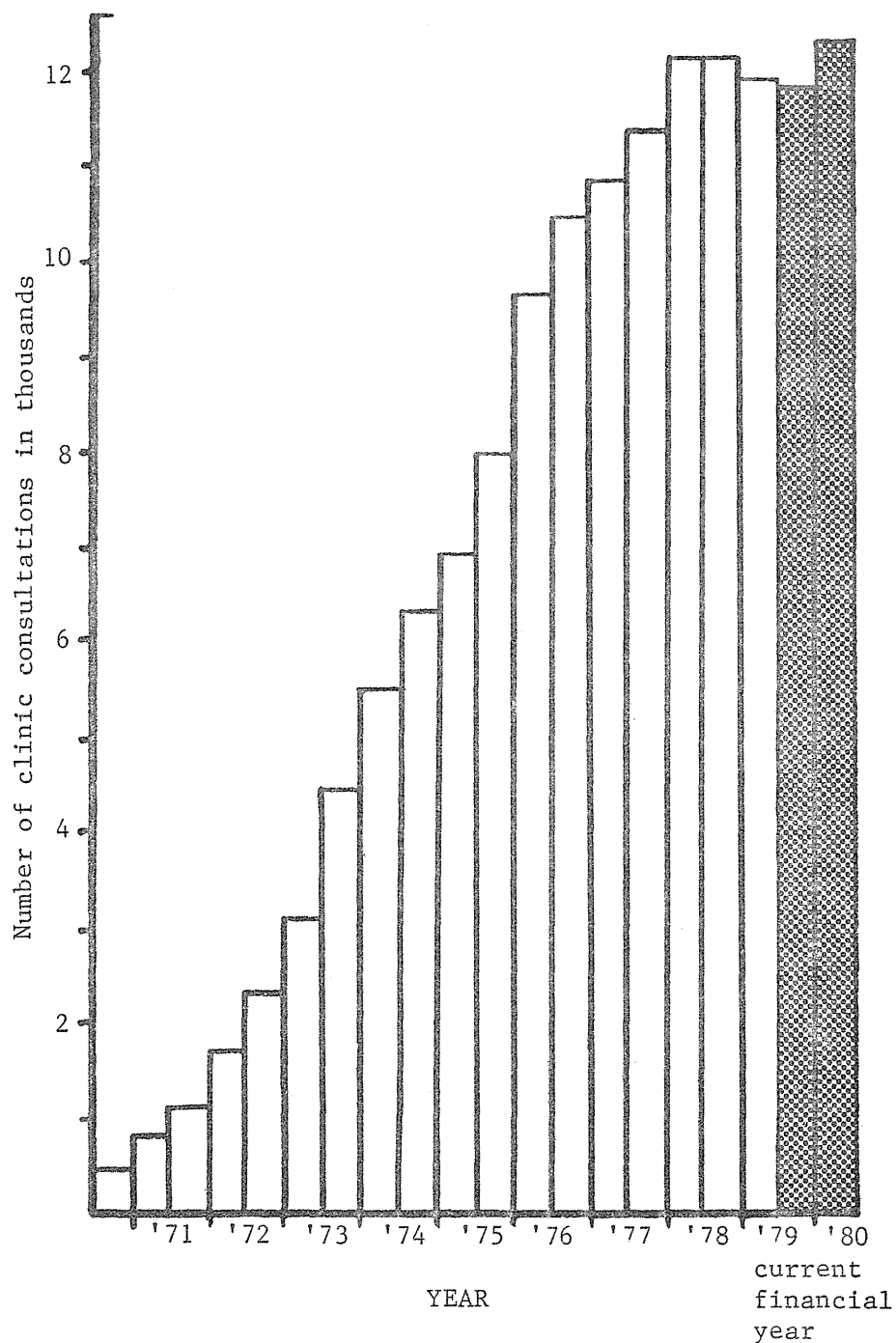
How can we improve matters and return to more objective reporting? One claim is that things will only get better when the media are prepared to present health news in a less flamboyant manner and when the status of medical journalism is improved. Where can the Family Planning Associations in Australia help in this? Training of professionals in family planning and, of course, education of the public are of paramount importance. This should include training sessions for journalists. It is the role of the Family Planning Association to be objective about all methods of contraception and to outline both the advantages and the disadvantages of every method.

John Porter
Director

CLINIC SERVICES

During the financial year 1979/80, client numbers in the Association's clinics have maintained the steady plateau reported in the previous Annual Report. The numbers of clinic clients are shown in Fig.1. Despite a slight fall (to 11,783) in the first half of the financial year, the latter part of the year provided the Association with its largest ever number of clients in a half-yearly period (12,349).

Fig.1 - Total half-yearly clinic consultations

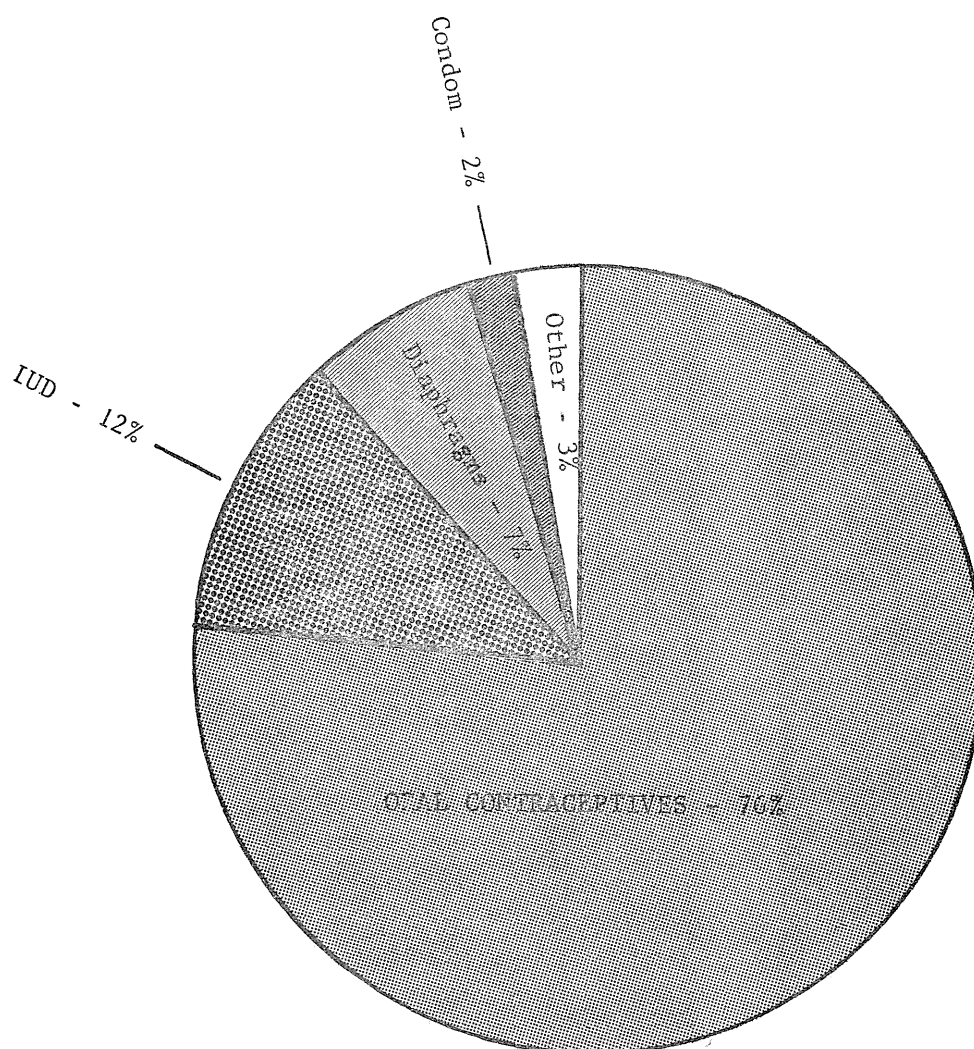


The majority of clients come to the clinics for contraception and their methods chosen are shown in Fig.2. As previously, approximately 20% of new client consultations are for services other than contraception. A survey was carried out over three months and the types of other service obtained by those clients who required advice etc. only are shown in Fig.3. It is of interest that just over one third of these (38%) required a pregnancy test.

The age distribution of new clients was not significantly different from that reported in the previous financial year, the median age still being approximately 20 years.

Fig.2 - *Methods of contraception chosen by new clinic clients for the year 1979/80*

During the financial year 1979/80 there were 4,764 new clients of whom 23% sought services other than contraception. Of the remaining 3,677 new clients, the methods of contraception chosen were as follows:-



Of the 3% who chose other methods, the breakdown was as follows:-

Depo-Provera	1%
Sterilisation Counselling	2%
(Spermicide alone 0.1%)	

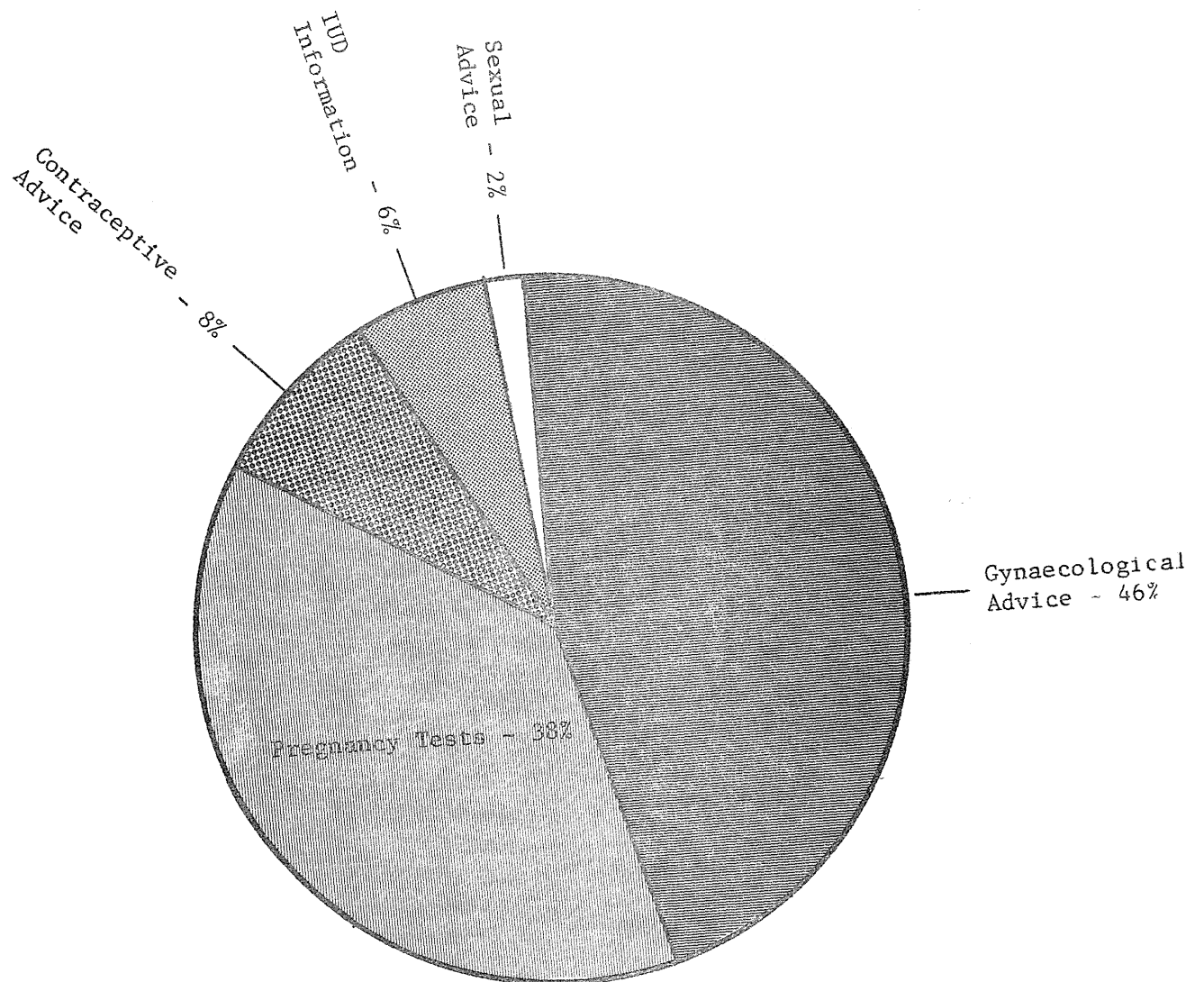


Fig.3 - Advice and services obtained by the 1,087 (23%) new clinic clients who required services other than contraception

SOCIAL WORK

Social work activities have continued as an integral part of the clinical service. Individual, couple and family counselling are offered. The demand for the service has remained relatively stable over the year although an increase in referrals for counselling from other agencies - particularly those associated with intellectually handicapped people - has been noticed.

During the past year four fieldwork social work students have completed supervised placements at the Family Planning Association. In addition, first year students from the S.A. Institute of Technology have had a half-day workshop at the FPA. Both social workers still contribute to FPA training programmes for other professionals.

Pregnancy counselling is a shared responsibility between the clinic team (rather than individual counsellor) and the client. Although it can be seen as a post hoc service it is more appropriately viewed as an opportunity for the client who is faced with an unplanned pregnancy to discuss her responsibilities and to receive all the options possible for her. The Family Planning Association provides an ideal climate for this to take place since the only moral/philosophical stand emphasised is the client's right to self-determination.

Pregnancy counselling clinics are held three times per week and any clients contacting the Association concerning an unplanned pregnancy are encouraged to come to one of these clinics.

DOMICILIARY SERVICE REPORT - JULY 1ST 1979 TO JUNE 30TH 1980INTRODUCTION

This short report falls into three areas. After a summary of activities, the annual statistics are tabulated and followed by some details of two clients. In the latter section the clients' names and those of other individuals and organisations have been changed in order to maintain confidentiality.

Summary of Activities

The domiciliary nursing service of the Association began on May 1st, 1973. The prime task of the domiciliary nurses is to reach people in their own homes who do not usually obtain family planning services either from general practitioners, hospitals or FPA clinics. The service helps to reach more people who are physically and mentally exhausted by pregnancies and the demands of caring for large families on too little money, and who are unable to spare the time or the energy on family planning. There is also a reasonable hope of reducing the number of abortions.

The domiciliary service consists of four part-time nurses and one full-time nurse who has been instrumental in establishing and maintaining the service since its inception in 1973. The metropolitan area is divided into five regions covering an area of approximately 8000 sq.km.

Referrals are received from various hospital and government agencies, FPA clients, FPA educators and the Mothers and Babies' Health Association.

The nurses make weekly visits to some of the women's and children's shelters and organisations for intellectually retarded people, and also to others on request. Other activities include sessional work in FPA suburban clinics, and assistance with the in-service training of health professionals, e.g. medical students, community health nurses, social workers and speech therapists. Representation is made at many community meetings and committees.

Over the past few years many Vietnamese clients have used the services of the Association which has been extremely fortunate in recruiting Miss Tran Lang who is a Vietnamese trained family planning midwife. In addition to her domiciliary work, she also assists in family planning education with the Vietnamese orientation programme.

The numbers of aboriginal clients have decreased since the departure of the Aboriginal Health Worker in December 1978, because of the cessation of funding for her employment.

Unfortunately, due to lack of personnel resources, e.g. time and language difficulties, there are extensive areas of the ethnic community which are not reached.

The frustrations of domiciliary work are obvious - lack of recognition by some hospitals and government agencies, loss of clients through frequent change of address, lack of client self-motivation despite constant efforts by various agencies, and at-risk situations which may develop during violent domestic disputes.

Statistics

<u>Domiciliary Service</u>		<u>Referral Sources</u>	
<u>New Clients</u>	478	Barkuma Workshop	3
<u>First Visits</u>		Bedford Industries	10
Clinic	286	Children's Shelter	6
Hospital	52	Clovelly Park Community Centre	4
<u>Repeat Visits</u>		Sr. J. Dolman	23
Delegated	279	Department of Community Welfare	16
Family Planning Clinic	544	Domiciliary Clients	57
Hospital	153	Domiciliary Sister	26
General Practitioner	6	Family Planning Doctors	5
<u>Social Worker</u>		Family Planning Educators	18
Visits	42	Family Planning Clinic Sisters	10
<u>Special Clinic Visits</u>	2	Family Planning Social Workers	2
<u>Home Visits</u>	3,852	General Practitioners	3
<u>Sterilisation</u>		Interpreter Service	1
Male	6	Mothers and Babies' Health Association	56
Female	23	Neighbours	1
<u>Pregnancy Tests</u>		Pennington Hostel	119
Positive	70	Phoenix Industries	1
Negative	93	Queen Elizabeth Hospital	3
<u>Pregnancy Outcome</u>		Queen Victoria Hospital	3
Termination of Pregnancy	42	School Health	3
Ante Natal	35	Self-referral	11
<u>Methods of Contraception Chosen</u>		Social Workers (Hospital)	21
Oral Contraceptives	146	Unemployed Youth Group	2
Intrauterine Device (IUD)	32	Women's Groups	4
Depo-Provera	31	Women's Shelters	77
Diaphragm	5		
Condom	2		
Spermicide	1		
Other	2		
Advice only	46		
<u>Kilometreage</u>	74,574 km		

Some Selected Case Histories

1. Client's Name: Elaine
Age: 22
Married
One Pregnancy

Elaine is 22 years old and is intellectually retarded. She was originally brought to the Family Planning Clinic in 1976 with her boy friend after a referral from the Sheltered Workshop in which they worked.

Oral contraception was prescribed and taken for four months, but this method was not successful as she frequently forgot to take her pills. She was then given a Depo-Provera injection. She married in 1977 and when the Depo-Provera cover ran out she decided to try oral contraceptives again. Two months later she telephoned the FPA to say that she thought she was pregnant. She told the nurse that she had only taken her oral contraceptives for three days and that she and her husband, who is also retarded, wished that she get pregnant. She was referred back to her own general practitioner.

Elaine was referred to the FPA again after the birth of her baby in January 1980. She was breast feeding and taking a progestagen-only pill haphazardly. She stopped breast feeding after one month and commenced a combined oral contraceptive.

Soon after this it was noted that the baby was frequently screaming and possibly hungry. A young couple who had befriended Elaine whilst in hospital were also trying to help by ensuring that the baby was adequately fed and clothed, and the washing was kept up to date. Also, this couple organised shopping trips on pension day to see that essential food was purchased. The young woman friend who was most concerned about Elaine's health also agreed to check each day whether Elaine had taken her pill.

In March 1980 Elaine said that she had not had a period, so the domiciliary nurse decided to keep her own records and by April Elaine appeared to be coping better with pill taking. The baby was still a worry and it was arranged for a homemaker to come in for two or three days weekly to assist in teaching skills with the baby and general household tasks.

In July 1980 she still had difficulty in remembering the oral contraceptive although was a little better since the homemaker became involved. At the end of the month Elaine had become very disenchanted with her homemaker. She felt that she could manage her own household, rejected any help offered and refused to open the door to anyone. During this month the domiciliary nurse had frequent contact with a nurse from the Mothers and Babies' Health Association, the social worker from Correctional Service who still took some interest in this couple, and her homemaker. All were concerned for the welfare of the baby and tried to involve the Department of Community Welfare, but with little cooperation.

In August 1980 Elaine agreed to, and was given, Depo-Provera. She appears to be happy with her decision at present. She is still having major difficulties in coping, but insists that she will want a future pregnancy.

2. Client's Name: Anna

Age: 37

Married

13 Pregnancies

12 Live Children

Anna, who is a migrant, understood that she had been sterilised after the last birth. After being told that the client had missed several periods, the mother had visited a doctor who had given her a letter. The Mothers and Babies' Health Association sister asked the domiciliary nurse to visit.

The letter had been lost so Anna (and several of her younger children), were taken to the hospital where the last child had been born, and she was found to be approximately 16 weeks pregnant.

Her notes were investigated by the hospital family planning sister who found that her husband had not agreed to sterilisation, but as a caesarian section had been performed the wife assumed she was sterilised. Neither of the couple could speak very clear English, so they were confused and angry as the husband denied he had refused the operation for his wife.

The couple were given transport to the hospital especially to sign the authorisation for sterilisation after this birth, and Anna was taken and collected for all her ante-natal visits, as often the family had no money for petrol for their own car and the hospital was 34 km. from their home. Towards the end of her pregnancy she became very tired, and sometimes could not be persuaded to visit the hospital so the domiciliary nurse was permitted to give her intramuscular 'iron injections' at home (which did nothing to enhance her popularity). In due course the thirteenth child was born and 24 hours after, a tubal ligation was performed.

EDUCATION/INFORMATION

In both country and metropolitan areas the number of requests for programmes for parent groups, secondary school students and members of the health, welfare and education professions continues to increase. This reflects a continuous growth in understanding by the community of the FPA's philosophy on sex education and acceptance of the need to provide programmes in human sexuality and family planning at all levels of growth and development. Work with groups of handicapped people and unemployed youth have continued to be in great demand.

The continued emphasis on the need to see such programmes as part of a total health and human relationships programme has resulted in improved integration and support from other professionals. This is supported further by the provision of education resources such as films, books, charts, aids etc. to parents and professionals through the Library and Resource Centre.

At the beginning of 1980, the Association's Tenth Anniversary Year, plans were made to increase community awareness of the FPA's aims and record of achievements for the past ten years. These plans will lead to the anniversary celebrations in July.

TREASURER'S REPORT

This year the financial reports have a different format which clearly shows both the clinical and non-clinical components. This gives a more accurate picture of the Association's finances but only the total of each item can be compared with the previous year.

The clients' fees and the Federal Government's Health Program Grant covered the clinical costs with a surplus of \$18,536. This surplus resulted from an unexpected increase in consultation fees in November and additional profit from the sale of contraceptives which followed an increase in charges, also unexpected during the year. This surplus will be carried forward to the 1980/81 financial year and will be incorporated with the Health Program Grant funds.

STATEMENT BY THE COUNCIL

The attached Statement of Receipts and Payments of the Family Planning Association of South Australia Incorporated in our opinion, is properly drawn up so as to exhibit a true and fair view of the transactions for the year ended 30th June, 1980.

DATED at ADELAIDE this

17th

day of September 1980.

On behalf of the Council

Raymond H. H. H.
.....

Jane H. H. H.
.....

THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INCORPORATED

STATEMENT OF RECEIPTS AND PAYMENTS FOR YEAR ENDING 30TH JUNE 1980

1978/79		Cheque Account		Capital Accounts		Petty Cash and Clinic Floats	TOTAL 1979/80
		Clinical	Non- Clinical	No.1	No.2		
42,316	Opening Balance 1/7/79	54,958	23,706	40,822	-	840	120,326
	Less						
	Surplus H.P.G. 78/79 transferred to 79/80	(32,019)					(32,019)
	Cost of Microfilming and Reader/Printer	(5,890)					(5,890)
	Add						
5,044	Interest Received			265	6,141		6,406
889	Donations				711		711
1,797	Aboriginal Health Fund				26		26
	Proceeds of Raffle				217		217
* 2,303	Proceeds of Anniversary Dinner (to date)				1,127		1,127
	Imprest Funds Returned					(20)	(20)
67,977	Surplus/(Deficit)	18,536	(9,499)				9,037
120,326	Closing Balance 30/6/80	35,585	14,207	41,087	8,222	820	99,921

* Fund-raising Activities

30/6/79

RECEIPTS

30th June 1980

		Clinical	Non- Clinical	TOTAL
<u>GOVERNMENT GRANTS</u>				
318,004	Health Program Grant	341,000		341,000
71,458	Family Planning Program Grant		24,000	24,000
100,000	S.A. Health Commission Special Grants		128,700 2,374	128,700 2,374
<u>REVENUE CLINIC CLIENTS</u>				
111,068	Consultation Fees	119,470		119,470
24,283	Surplus from Sale of Contraceptives	32,473		32,473
114	Surplus from Sale of Books and Film Hire		127	127
15,679	Annual Membership Subscriptions		12,614	12,614
<u>GENERAL REVENUE</u>				
5,341	Net Profit from Training Courses		3,789	3,789
2,767	Reimbursement of Wages	910	536	1,446
1,910	Reimbursement of Expenses		1,203	1,203
348	Lecturers' Fees	300	285	585
	Sale of T-Shirts		795	795
530	Sundries	20	34	54
1,257	State Coordinating Committee			-
347	Sale of Equipment			-
653,106	TOTAL RECEIPTS	494,173	174,457	668,630

THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INCORPORATED
STATEMENT OF RECEIPTS AND PAYMENTS FOR YEAR ENDING 30TH JUNE 1980

30/6/79

PAYMENTS

30th June 1980

		Clinical	Non-Clinical	TOTAL
<u>OPERATING EXPENSES</u>				
475,977	Salaries and Wages	396,388	126,327	522,715
10,468	Superannuation	6,461	4,215	10,676
22,623	Payroll Tax	18,728	6,322	25,050
4,218	Medical Supplies	6,724		6,724
1,799	Rent - Outlying Clinics	1,588		1,588
<u>EQUIPMENT AND INFORMATION</u>				
1,152	Instruments and Appliances	1,035		1,035
2,827	Library and Films		3,488	3,488
2,590	Equipment	2,586	1,145	3,731
5,694	Pamphlets and Posters		2,692	2,692
	Publicity and Advertising		1,764	1,764
	Change-over of Vehicles	3,807	8,988	12,795
<u>ADMINISTRATIVE EXPENSES</u>				
961	Accounting and Audit	683	341	1,024
2,680	Cleaning and Laundry	2,130	250	2,380
5,066	Fuel, Light and Power	3,355	1,677	5,032
6,165	Insurance	4,071	1,350	5,421
7,631	Postage and Telephone	5,816	2,881	8,697
13,009	Printing and Stationery	6,050	2,154	8,204
4,177	Maintenance and Repairs - Premises	5,614	3,656	9,270
2,275	Maintenance and Repairs - Equipment	1,460	840	2,300
10,218	Mileage and Motor Vehicle Maintenance	6,745	6,745	13,490
1,915	Rates and Taxes	1,406	703	2,109
903	Freight	130	1,238	1,368
94	Subscriptions to Journals		236	236
1,623	Travelling and In-Service Seminars		3,027	3,027
484	Sundries - Including Clinic Alterations	860	115	975
580	Honorarium - Treasurer	-	-	-
	T-Shirts		3,802	3,802
585,129	TOTAL PAYMENTS	475,637	183,956	659,593
67,977	SURPLUS/(DEFICIT)	18,536	(9,499)	9,037

AUDITOR'S REPORT

We have audited the books and accounts of the Family Planning Association of South Australia Incorporated for the year ended 30th June, 1980.

We report that the Statement of Receipts and Payments is in accordance with the books and records of the Association. We have received all the information and explanations that we have required.

Peat Marwick Mitchell & Co.
PEAT, MARWICK, MITCHELL & CO.

Chartered Accountants

Adelaide 18th September 1980

J.N. Bishop
J.N. BISHOP
 Partner

NATIONAL ACTIVITIES

AUSTRALIAN FEDERATION OF FAMILY PLANNING ASSOCIATIONS

During the financial year 1979/80 there have been two meetings of the AFFPA Council. The Annual General Meeting was held in October 1979 and the second meeting was in April 1980.

In February 1980, the Executive of the Council met in Canberra following a forum entitled "Future Direction and Development of Family Planning" which was hosted by the Federal Minister for Health, Mr. M.J. McKellar. There was a wide representation of people attending this forum, which was opened by Mr. McKellar, but a great deal of time was spent discussing finances, rather than the future of family planning in Australia.

AFFPA organised a meeting of the State Administrators immediately preceding the April meeting of the Council, and that enabled a joint meeting of the councillors and administrators to be held. There were two subjects for discussion:-

- (i) forward planning by the Associations for the 1980s;
- (ii) a unanimous request to the Federal Minister for Health regarding the method of allocation of the Family Planning Program Grant.

A small task force of the National Training Advisory Committee met in October for the final considerations of family planning doctors' accreditation. It is planned to have the national standard theoretical and practical examinations in operation in all States during 1980. A national standard accreditation for family planning nurses is proposed for 1981.

The Council appointed a task force of the National Medical Advisory Committee to study three areas of concern to the Associations:-

- (i) postcoital contraception;
- (ii) injectable contraception;
- (iii) contraceptive recommendations for patients with "high risk" medical disorders.

This task force met twice and will publish the details of their findings and guidelines for clinic doctors.

The Biological Science Symposium "The Difficult Years" was deferred until August 1980.

Following approaches from the Country Women's Association of Australia, there was a meeting between representatives from their Association and from AFFPA to discuss a submission from the Federal Minister for Health. It requested financial support for pilot projects in Queensland and Western Australia to make family planning services available to women in isolated areas. An initial grant was made through the State Health Departments in those two States and it is hoped that financial support will continue.

A research project that was funded by a Federal grant was completed at the end of 1979. This work has been published and is awaiting the release of the embargo by the Commonwealth Department of Health.

There have been two important joint projects through this year. One was with the Australian Medical Association in the production of a booklet called "Choices". The text was undertaken by AFFPA, the AMA was responsible for the distribution, and Ortho Pharmaceuticals funded the project. The other venture was in response to a request from the Pharmaceutical Society of Australia to provide family planning information for their manual. The result will be a hardback textbook for pharmacists entitled "The Control of Human Fertility", and it will also be produced as a softback textbook for health professionals. "The Control of Human Fertility" was edited by Dr. John Porter, the Director of the Family Planning Association of South Australia.

It has been proposed that the 1981 annual meeting of the IPPF-ESEAO Regional Council be held in Sydney, but this will depend on financial assistance from the Federal Government. If the meeting is held in Australia, the AFFPA Council hopes that the Biological Science Symposium will be planned to follow the Regional Council meeting. Because 1981 is the Year of the Disabled Person the Symposium will have the theme of family planning and the disabled person.

Janet Browning
S.A. Representative to AFFPA

INTERNATIONAL ACTIVITIES

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

The annual meeting of the IPPF-ESEAO Regional Council was held in Kuala Lumpur at the end of June 1980, and the 11 member countries were all represented. Mrs. J. Browning (FPA/SA) and Professor C. Wendell-Smith (FPA/Tas) are the Australian delegates to the Region.

Professor Wendell-Smith is a regional representative to the Central Council of the Federation and is currently Chairman of the Executive Committee of that Council.

Mrs. Browning was Chairman of a Task Force meeting in the Region which set up guidelines for the implementation for three specific new policies within the country Associations.

Dr. O. Johnston (FPA/SA) was a member of the Regional Communication Committee and Professor W. Jones (FPA/SA) was a member of the Regional Medical Committee and there was a joint meeting of the committees in April 1980.

The Constitution has now been amended to decrease the size of these committees and they are to meet only when considered absolutely necessary. The decision to call a meeting will be made after consultation between the Chairman of the committee, the Regional Director, and either the Regional Chairman or the Honorary Treasurer.

Janet Browning
Federal Representative to
IPPF Regional Council

