FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INC.

11th Annual Report

for the year ended 30th June, 1981

"The first right of every child is

To be wanted

To be desired

To be planned"

Margaret Sanger

FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INC.

17 PHILLIPS STREET, KENSINGTON, S.A. 5068.

PATRON - HIS EXCELLENCY THE GOVERNOR, MR. KEITH SEAMAN

COUNCIL MEMBERS

1980 - 1981

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 (S.A. Government representative)	Ms. Anne Levy, M.L.C.
Dr. Kerrie Davies	Mrs. Diane Morris
Ms. Anne Deveson	Ms. Anne Pickhaver
Ms. Virginia Hall	Mr. Frank Webster
Dr. Chris Heinrich (AMA Representative 1981)	Dr. David Williamson

NATIONAL COMMITTEE REPRESENTATIVES

AUSTRALIAN FEDERATION OF FAMILY PLANNING ASSOCIATIONS (AFFPA)

AFFPA Council (S.A. Representative)	Mrs. Janet Browning
National Medical Task Force	Dr. John Porter
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.

MEDICAL ADVISORY COMMITTEE

Professor Warren Jones (Chairman)
(Flinders University)

Dr. Karl Ball

Mrs. Janet Browning (Minute Secretary)

Dr. Aileen Connon
(S.A. Health Commission)

Professor Lloyd Cox
(University of Adelaide)

Dr. Arnold Gillespie
(University of Adelaide)

Dr. Peter Hoopmann

Dr. James Kirkland
(University of Adelaide)

Dr. Alastair MacLennan
(University of Adelaide)

Dr. Jill Need
(Flinders University)

Dr. Oswald Petrucco
(University of Adelaide)

Dr. Ross Philpot
(Flinders University)

Dr. Robert Seamark
(University of Adelaide)

TASK FORCE CO-ORDINATOR - Dr. Olive Johnston

STAFF MEMBERS AT JUNE 30TH, 1981

Dr. J. Porter - Director F/T

F/T = Full Time
P/T = Part Time

ADMINISTRATION

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

NURSING STAFF

J. Dolman	Charge Nurse	F/T
D. Anderson	Enrolled Nurse	F/T
J. Bridger	Co-ordinator, Southern & Western Region	P/T
P. Cheesman	Nurse	P/T
P. Cohen	Nurse	P/T
M. Chambers	Home Visiting Nurse	P/T
M. Crisp	Home Visiting Nurse	F/T
G. Edwards	Nurse	P/T
K. Elleway	Assistant to Nurse in Charge of Training	P/T
G. Elliott	Nurse	P/T
P. Fulton	Nurse	P/T
C. Gilbert	Nurse	P/T
P. Harris	Nurse	P/T
M. Jorgensen	Nurse	P/T
B. Kiek	Home Visiting Nurse	P/T
D. Konrath	Nurse	P/T
D. Marnane	Nurse	P/T
A. Massey	Nurse	P/T
J. Murray	Nurse in Charge of Training	P/T
H. McAllister	Nurse	P/T
E. Rose	Home Visiting Nurse	P/T
S. Sommers	Senior Clinic Nurse	F/T
J. Sparrow	Home Visiting Nurse	P/F
P. Stevens	Co-ordinator, Northern Region	P/T
J. Taylor	Nurse	P/T
I. Woodcock	Nurse	P/T

MEDICAL STAFF

S. Caton	Senior Medical Officer	P/T
E. Bevan	Medical Officer	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
R. Joffe	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 (cont'd)

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

RECEPTIONISTS AND CLINIC OFFICE

B. Parsons	Office Co-ordinator	F/T
B. Bates-Brownsword	Receptionist	P/T
R. Butler	Receptionist	P/T
J. Heijkoop	Receptionist	P/T
M. Hutchinson	Receptionist	P/T
S. Kurtzer	Receptionist	P/T
N. Lander	Receptionist	P/T
J. Oats	Receptionist	P/T
B. Sayers	Receptionist	P/T
J. Versteegen	Receptionist	F/T
P. Wall	Receptionist	P/T
M. Wasley	Telephonist	F/T

EDUCATION

G. Brooking	Education Officer	F/T
S. Morris	Assistant Education Officer	F/T
J. Allington	Health Educator	P/T
B. Brown	Health Educator	P/T
P. Cox	Librarian & Resource Centre Assistant	F/T
R. Earl	Health Educator	P/T
H. Murphy	Health Educator	P/T
V. Pattingale	Health Educator	P/T
J. Robertson	Health Educator	P/T
C. Ross	Health Educator	P/T
S. Russell	Health Educator	P/T
K. Slaytor	Health Educator	P/T
J. Symon	Health Educator	P/T
J. Taylor	Health Educator	P/T
J. Tottman	Health Educator	P/T
A. Watkins	Health Educator	P/T
J. Watts	Health Educator	P/T
A. Baxendale	Country Health Educator, Minlaton	P/T
R. Broadfoot	Country Health Educator, Pt. 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
M. Van Ruth	Country Health Educator, Pt. Augusta	P/T
J. Ward	Country Health Educator, Port Pirie	P/T

SOCIAL WORK

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

CONTENTS

	Page No.
Quotation	(i)
Council Members of the Association	(ii)
National and International Committee Representatives	(iii)
Medical Advisory Committee	(iv)
Staff Members at June 30th, 1981.	(v)
Locations of Clinics of the Family Planning Association of South Australia Inc.	1
Summary of Activities	2
Feature Article - *The Future of the Family Planning Association*	5
Education and Information Activities	10
Training Activities	13
Clinic Services	14
Social Work	18
Finance Report	19
Financial Statement by the Council	20
Receipts	21
Payments	22
Australian Federation of Family Planning Associations - *Activities*	23
International Planned Parenthood Federation - *Activities*	24

LOCATIONS OF CLINICS OF THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INC.

HEADQUARTERS

17 Phillips Street, Kensington

NORTHERN REGION

ELIZABETH	Lyell McEwin Hospital Haydown Road, Elizabeth Vale.
SALISBURY	Women's Rest Centre, 12 James Street, Salisbury.
ST. AGNES	St. Agnes Medical Centre, 1244 North East Road, St. Agnes.
INGLE FARM	Ingle Farm Community Health Centre 25 Roopena Street, Ingle Farm.

SOUTH AND WEST REGION

ADELAIDE CITY	Eagle Chambers, Pirie Street.
BEDFORD PARK	Flinders Medical Centre
CHRISTIES BEACH	Claringbould Street
PORT ADELAIDE	Central Mission 70 Dale Street

SUMMARY OF ACTIVITIES

JULY 1980 TO JUNE 1981

July 1980 marked the Tenth Anniversary of the Family Planning Association and there were several functions during the year. The first of these was a fund-raising dinner which was hosted and organised by the education staff of the F.P.A., and was held on the evening of Saturday, July 19th, 1980. Over 150 people attended the dinner and approximately $1,800.00 was made on the evening and was invested in the Anniversary Wine which was also sold during the year.

The week following the Fund-raising Dinner was "Open Week" and the main functions during this were two luncheons, one held on July 23rd and the other on the 24th. Parliamentarians and representatives of various associations and government departments attended the function on the 23rd and those attending on the 24th were senior professional people with whom our staff work. At the luncheon held on July 23rd, the Governor, our Vice-regal Patron, proposed a toast to the Association and the reply was made by the Minister of Health, Mrs. J. Adamson. The open week attracted a great deal of media publicity.

The other function during Anniversary Year was the Anniversary seminar which was held on August 17th, and this attracted over 50 people. Topics discussed included social aspects of family planning, media approaches to family planning, fertility regulation today, controversies in contraception and contraception in the future. The latter paper by Dr. R. Seamark, was controversial and again, attracted more publicity in "The Advertiser" and on ABC Radio.

A joint A.F.F.P.A./A.M.A. booklet called "Choices" was launched in this State by Mrs. J. Adamson, the S.A. Minister of Health, on August 14th, 1980. This ceremony was jointly arranged by the A.M.A. and the F.P.A., and it received some coverage on television news programs. At the launching, Mrs. Adamson spoke about the need for more family planning education programs and said that she had recommended to her department, that increased funds be allocated for education in schools and in the community.

The other launching during 1980 was that of the A.F.F.P.A. text book "The Control of Human Fertility" edited by Dr. J.F. Porter. Again this was performed by Mrs. Adamson in Adelaide and attracted some interest from the media. This text was originally prepared for pharmacists and jointly published by the Australian Federation of Family Planning Associations and the Pharmaceutical Society of Australia. At present most copies of the first edition have been sold and a second edition is in preparation.

The Association was pleased to welcome Professor Derek Llewellyn-Jones who was the guest speaker at the Annual General Meeting on October 27th, 1980. He also gave a stimulating seminar to many of the staff on the morning of the 28th, in which he discussed his views about family planning, sex education and other related topics.

The Association continued to receive its funding from the Commonwealth and South Australian Governments. The Commonwealth Health Program Grant Fund supports the clinical activities of the F.P.A. and the non-clinical activities are funded by the Commonwealth Family Planning Program Grant and the S.A. Government Grant. As in previous years, the clinic funds from the Health Program Grant continued on a "no-growth" basis. At the very end of 1980 the Association was informed about its Family Planning Program Grant allocation by the Federal Department of Health for the 1980/81 financial year. The information about the State Government Grant was received in late February 1981. Such delays make efficient planning difficult, however both grants were greater than those for the previous financial year.

During the financial year there was some reorganisation of the clinics and in December 1980, the Adelaide Children's Hospital Clinic was closed because of lack of public demand. As the Association's clinical services are in a "no growth" situation, this, and the previous closing of the Ferryden Park clinic, enabled the F.P.A. to open facilities in other areas. Accordingly, a second weekly session was commenced at the Port Adelaide clinic, and new clinics were opened at Christies Beach and in the City.

In March 1973 the F.P.A. opened a clinic in its mobile unit at Christies Beach. This was not well patronised and the unit was transferred to Seacombe Gardens in 1974. This was successful and the demand so great, that the sessions were again transferred to the Flinders Medical Centre in 1976. There have been several representations from people living in the southern metropolitan area to the F.P.A. to reopen a clinic in Christies Beach because the F.P.As most southernly clinic has been at the Flinders Medical Centre which is up to 15 - 20 km. from some of the southern suburbs.

During the year, training programs for nurses - registered and enrolled - medical practitioners and community educators have continued. In 1981 the Association ran its first half-day session for pharmacy assistants. These are an important group for family planning because they are the people at the "grass roots" who deal directly with customers and sell the over-the-counter contraceptives.

Towards the end of the financial year some improvements were made to the waiting room and clinic office in Clinic I. This involved the removal of a large old chimney and construction of a receptionists' booth. Also towards the end of the financial year, the Health Program Grant authority informed us that they would fund the replacement of the roofs of Clinic I and Clinic II. These have been replaced, albeit with many interruptions from the inclement weather.

In education, as previously, the majority of the Association's programs have been in secondary schools. The F.P.A. now conducts programs in 55 high schools throughout South Australia. Another important activity has been the Association's involvement in the education programs for unemployed youth (E.P.U.Y.).

In-service training has continued and clinical seminars have been held to which all staff and Council members are invited. Topics covered have included resuscitation, clinical management of the abnormal smear and the place for colposcopy, and sterilisation counselling.

The F.P.A. has continued to be closely associated with the media, a "morning conference" segment on Radio 5DN has continued and members of staff are frequently asked for comments on radio, television and in many newspaper articles.

The Association once again expresses its thanks to the volunteers who have offered assistance during the year. This includes both members of Council and the Advisory Committees, Task Forces and the volunteers who work in the Resource Centre. We are most grateful to them all for their generosity in giving of their time and expertise.

FEATURE ARTICLE

THE FUTURE OF THE FAMILY PLANNING ASSOCIATION

Dr. John Porter

Transcript of a talk given at the joint A.M.A./F.P.A. Seminar on "Family Planning - A Barometer of Social Change". September 1981.

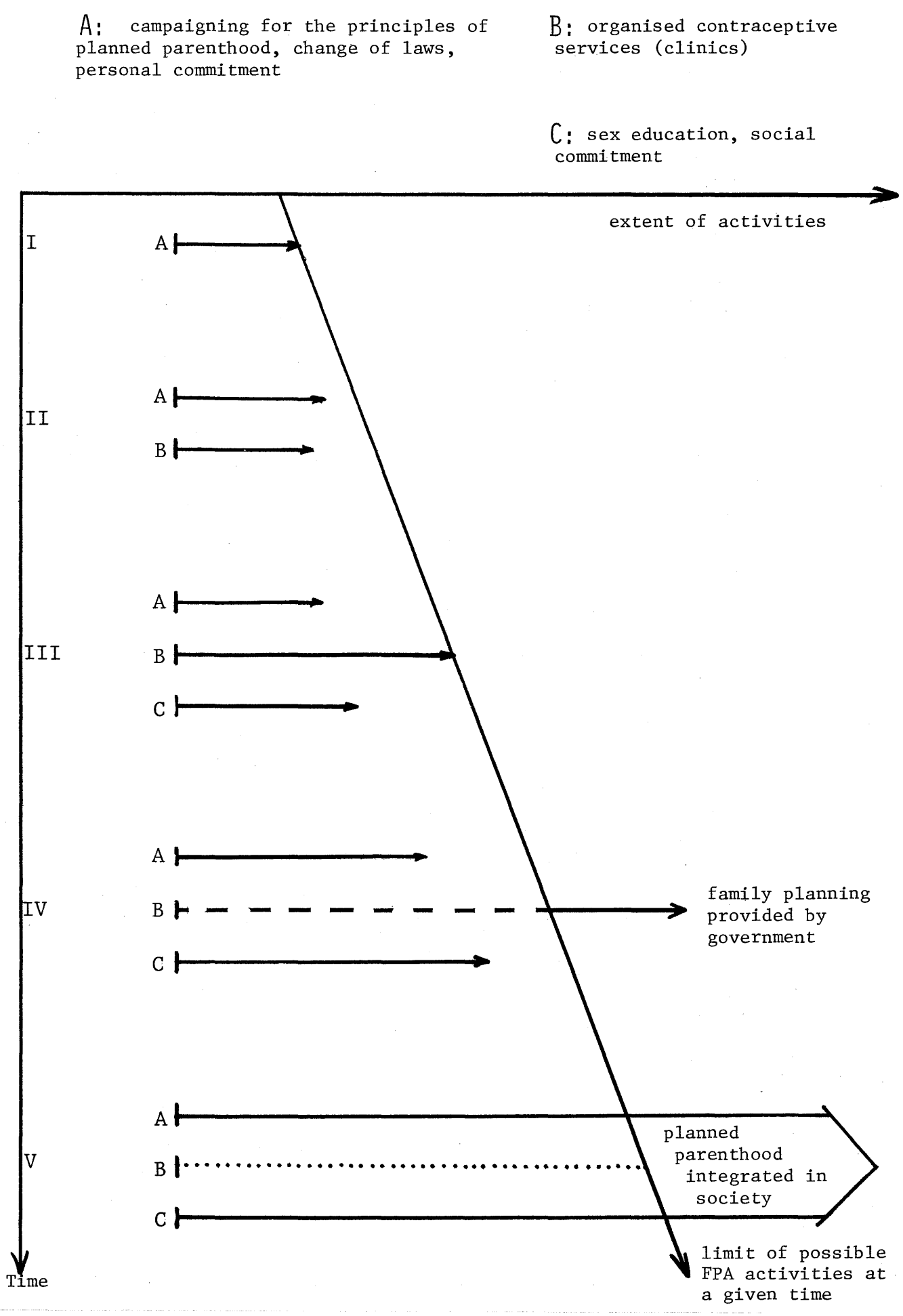
During recent years in several countries, the question has been asked "who should run clinically based Planned Parenthood Services, the Family Planning Associations or the Government?". Throughout the world there are examples of Governments which either on their own initiatives or after persuasion by the F.P.As, have taken over the services. This has happened, for example, in the United Kingdom, Sweden and in Singapore. There are various reasons for involving Governments in providing clinical services and the two which seem to be of most importance are that firstly, this is seen as the most obvious sign of official recognition of family planning and also the establishment and maintenance of a statewide network of clinics is usually far beyond the means of a private organisation. So it is in this context that governmental takeover of clinic services has been regarded as a most important step - even the ultimate goal - of some volunteer-based Family Planning Associations.

In 1976 the then President of Pro Familia, (The West German F.P.A.), Dr. Jurgen Heinrichs, drew up a scheme to describe the various evolutionary stages of an F.P.A. (Figure 1). He divided the growth of family planning into five stages.

Stage I is the pioneer stage which usually is initiated by a small group of dedicated people. They share the philosophy that the opportunity to decide on the number and timing of children's births should be made available to all people. It is these pioneers who campaign to gain support for the idea and fight against adverse legislation (which in the past has sometimes led to imprisonment). Perhaps the nearest South Australian equivalent would be the initial committee of women who set up the Family Planning Association of South Australia in 1970.

Stage II shows the establishment of the first clinics in response to a demand for services. From the very beginning, these clinics had the purpose of setting an example to the medical community. This tended to increase their importance far beyond their immediate objectives and this may easily be paralleled with the first clinics run by the Association while in South Terrace in 1970 and 1971.

Fig. 1 - Planned Parenthood - Stages of Transition



Stage III is a dual one of consolidation and expansion of activities. The clinical network enjoys substantial expansion aimed at reaching marginal sections of the population (e.g. the Home Visiting Nurse service). Supplementary activities within the field of education and information, (including human relationship education and training in different fields) gain importance and claim a larger proportion of the resources available. In terms of manpower those resources are represented increasingly at this stage by paid personnel with professional skills. Thus, Family Planning changes from being a matter for a small group of people into becoming a well established institution. Again looking at the F.P.A. of South Australia, the education section opened in 1972 and expanded apace. Also in the 70s, training of professionals became an extremely important factor of our services. In some quarters Stage III is regarded as the final objective of a Family Planning Association.

There are, Heinrichs postulates, several factors which lead to a further stage, "be it the realisation of the difficulties faced by a private planned parenthood service in trying to reach all sections of the population" or "the interest of ambitious public servants in a well established social institution". Thus, Heinrichs discusses the development of a Stage IV represented by Government provision of clinic services. It seems an obvious development and has come to be regarded as a desirable final stage of planned parenthood development in some countries. It has become fashionable to try to offload clinics and to make room for new activities. This has occurred in Sweden where the government took over the clinics and the R.F.S.U. (the Swedish Family Planning Association) decided to venture into new areas, e.g. more educational activites, programmes with disabled people and also a particularly Swedish form of community based distribution - they opened small boutiques called the "Flowers and Bees" in most of the major cities. These sell condoms, spermicides and baby clothes. The British Family Planning Association handed its clinics over to the N.H.S. in the 1970s and there the F.P.A. now runs a few demonstration clinics for training purposes and concentrates mainly on training, clinical trials, education and information.

Heinrichs went on to ask whether Stage IV is the ideal because he sees this as posing its own problems. He claims that such an establishment may develop its own vested interests. It often attracts career minded public servants, and tends to justify its existence by showing "fashionable" results. It is bound to comply with the expectations of the government in power rather than necessarily with the desires of the people in need.

Often the wellbeing of the public is not in itself, the final aim. Therefore in Stage IV the fate of planned parenthood activities depends directly on whether or not they accord with Government policy. If and when Government policy changes, the established planned parenthood system may be dissolved or be changed drastically. To avoid any unfavourable action the state-employed family planning staff have to conform to official policy, regardless of the degree to which it meets the express needs of the people.

An example of this is seen in the United Kingdom. If a man asks for free condoms at an N.H.S. family planning clinic - he is allowed a maximum of 12 for a month. Government policy is that you can have 12 free acts of protected coitus a month - surely this is public service bureaucracy going too far!

It is for reasons such as these that Heinrichs believes that it is highly questionable whether Stage IV is a necessary stage of development at all, let alone the final aim of the planned parenthood movement.

He then described a Stage V - which is the full and final integration of planned parenthood into the society.

He claimed that Stage V also liberates the F.P.As. Their functions have to change but it leaves them with important roles and they tend to regain the Stage I position of campaigning to change attitudes, though at a more advanced level. The role of the volunteer increases again, necessitating a close co-operation between staff and volunteers. The important structural differences between Stages IV and V are:-

(i) in Stage IV, planned parenthood is accepted by Government, whereas in Stage V, it is accepted by society in general.

(ii) in Stage IV, planned parenthood services are offered to smaller or larger sections of the population, but in Stage V, planned parenthood is actually practised by the people.

So, in Stage V the influence of money tends to diminish. To return to the question of whether or not the F.P.A. should hand over its clinic services to government, this depends on whether this step will facilitate the achievement of Stage V, or whether it could create an obstacle to reaching that objective. There might be cases where it is more advantageous to maintain the strength of an F.P.A. by not handing over its clinics, while the Association trys to partially realise Stage V. In general, during Stage III, and even during Stage II, all activities need to be structured in such a way that they assist rather than hamper progress towards Stage V and its achievement. They have to be open and oreintated to the society with a major element of people's emancipation and participation at the outset.

Once Stage V has been reached there would be little need for special planned parenthood services. The amounts of money involved are, and should be very small, as is dependence on sources of finance. In the final stage, the message as well as the means become part of people's everyday lives. They would learn about and practise the principles of planned parenthood by integrating these principles into the school system, health care, mass media, communication, markets of goods and services, by contacts with workmates, with friends and with neighbours. Maybe this smacks of naive idealism (especially when viewed in the light of the current conservative backlash in Australia) - but surely it should be the ultimate goal.

In this stage the main function of the F.P.A. would be that of a watchdog; to check that planned parenthood principles are really being integrated into every relevant aspect of human life, and that its values are not diminished by group interests and related social forces.

Looking at this Association, since its inception in 1970, the number of clinic clients has grown drastically but has plateaued in the late 1970s and early part of the 1980s. (Figure 2, page 14). In fact the number of clinic visits for the current 1980/81 financial year are slightly lower than in the previous year. The Association has trained, approaching 180 doctors, 600 - 700 nurses, and has provided programs for educators and pharmacists. This has given us an entree into the community for the possibility of Stage V taking place. It could be postulated that people are not using our clinical services as much for several reasons. These could be that the services are becoming inappropriate to the needs of some people by either being at the wrong time, of the wrong type or at the wrong places, or that people are in fact using other services in the community - services offered by other people who are trained in family planning (often trained by the F.P.A.). It is extremely difficult to ascertain which of these two is the more correct. My own view is that it is probably a mixture of both and we are investigating the types of services which we offer with a view to providing those which the public require in the places they require them.

Education by the Association in high schools has also increased. The major limitations are financial. The Association now carries out programs in 55 high schools in the state in the 1980/81 financial year which means that more and more young people are being exposed to the philosophies of planned parenthood. The F.P.A. education section has been involved in the training of school teachers who carry out health education programs in schools. Also the Association has recently appointed a specialist educator whose major task it is to work with teachers in schools. Therefore, again this could be seen as the Association attempting Stage V.

I believe that this Association is probably just beyond Stage III and we need to consider carefully how we achieve Stage V. Should this be done by going via a Stage IV - type government takeover or could this be done by avoiding Stage IV, but at the same time shedding some of those services which other people in the community are able to provide adequately?

EDUCATION-INFORMATION ACTIVITIES

PHILOSOPHY

Sexuality is an integral part of the total personality, therefore it is the right of all individuals to have access to relevant information and education.

Education about human sexuality incorporates the broader social, biological, cultural, and ethical aspects of sexual behaviour and should be represented in the context of developing positive self-esteem and decision-making skills.

Parents, Teachers and Community Groups have a responsibility to ensure that people receive accurate factual information and assistance in clarifying their own values in order to act with responsibility to themselves and each other.

OBJECTIVES

TO PROVIDE

- Professional education for doctors, nurses, teachers, community workers.
- An appropriate education program for schools and other community groups.
- Programs for parents to assist in their understanding of school based programs and family communication about sexuality.
- A consultancy service and resources for people working in the area of sexuality and education.
- Increased awareness of the range of family planning services.
- Suitable educational resources e.g. Library, Films, Pamphlets, etc.

PROGRAM CONTENT

- Relationships - Family, Peer, and Sexual
- Values clarification and decision making
- Adolescent Development
- Human Reproduction- Conception and Birth
- Planned Parenthood
- Sexually transmitted diseases

EDUCATION

YOUTH IN SCHOOL YRS. 8 - 12

TRANSITION EDUCATION

TERTIARY STUDENTS

ADOLESCENTS IN RESIDENTIAL CARE

PARENT GROUPS

TRAINING PROGRAMS - EDUCATION
HEALTH WELFARE PROFESSIONALS

INDUSTRY

MIGRANTS

DISABLED - INTELLECTUALLY
- PHYSICALLY

INFORMATION

NEWSPAPER ARTICLES

RADIO INTERVIEWS

TELEVISION COMMERCIALS

BUS ADVERTISING

DISPLAY BOARDS

POSTERS

PAMPHLETS

T-SHIRTS

STICKERS

MATCHBOOKS

The demand for education programs in both the country and metropolitan areas continues to grow. It is generally accepted that birth control cannot be taught in isolation, therefore the majority of requests for programs come under the heading of "Human Sexuality and Family Planning" and cover a wide range of topics.

All programs are planned within the limits imposed by the availability of time and finance,to meet the needs and interests of particular groups. Whenever possible, the involvement and active participation of other teaching, health and welfare professions is sought.

Programs for students attending secondary schools continue to absorb a large proportion of staff time and resources. In the 1980 academic year, programs were carried out in 55 high schools.

Many of these programs are incorporated into existing health, personal development or social education programs, whilst others are part of the science and home economics curriculum.

Programs are planned with the co-operation of the school staff and parental involvement is sought by sending parents information on the programs and requesting permission for the student to attend. In many schools, parents are invited to attend a one session program prior to the commencement of the student programs. This enables interested parents to meet the F.P.A. staff, discuss the proposed programs and examine the resources to be used in them. The response by the parents to these sessions is usually very positive and greatly assists in communication between parents, students and the school.

Requests for programs for post-secondary school aged students continue to rise, especially from the Department of Further Education, Transition Education. The human sexuality and family planning program remains an important part of the Education Program for Unemployed Youth (E.P.U.Y.) and for disabled people in sheltered workshops and rehabilitation programs.

The library-resource centre has fulfilled an important function in enabling health and welfare professionals to provide programs with the aid of F.P.A. films, books, etc. There has been a marked increase in the number of films and books borrowed from the library.

COUNTRY SERVICES

. PORT AUGUSTA	. WHYALLA	. MINLATON
. PORT PIRIE	. RIVERLAND	
. PORT BROUGHTON	. MOUNT GAMBIER	

Services in country areas are fully utilised. Community educators have conducted programs in schools, for unemployed youth, parent groups and other community groups. Post-natal counselling and a telephone advisory service is offered in most areas.

TRAINING ACTIVITIES

The training programs and student placements offered by the Association in all areas, resulted in a very heavy commitment during the current financial year.

The major activities were as follows:-

	Total participants 1980/81
Postgraduate Medical Course in Family Planning Two courses during the year	32
Basic Family Planning Course for Nurses Four courses a year	91
Seminars for Infant Welfare Nurses Two per year	20
Programs for Enrolled and Mothercraft Nurses	194
One-Day Programs for Registered Nurses (Country)	30
Courses in Human Sexuality and Family Planning	50
Program for Pharmacy Assistants	17
Nurses on placement with the Association	20

HOSPITAL LECTURES

There has been an increase in the number of lecture programs presented by the Charge Nurse in hospitals this year.

Lectures were presented at:-

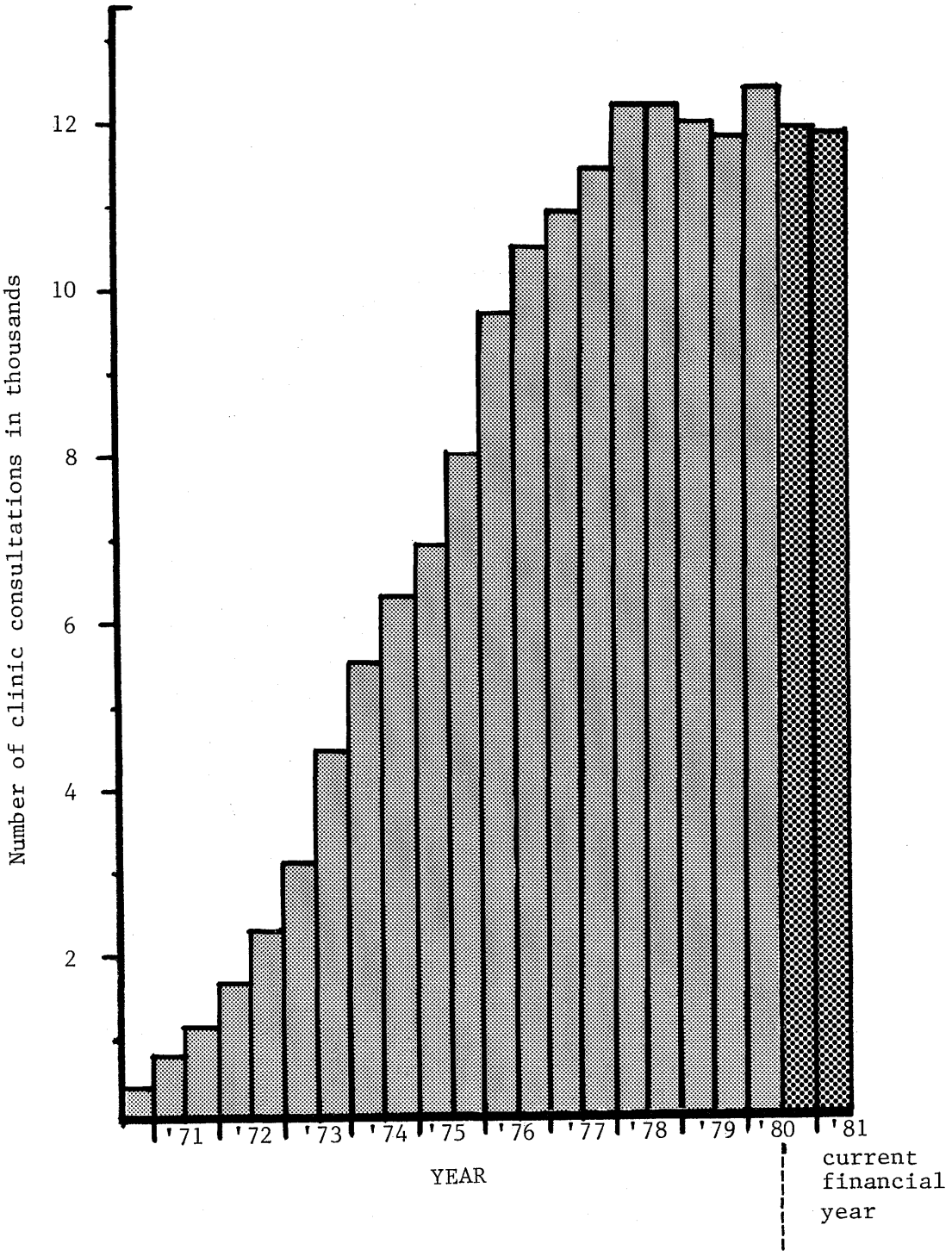
Royal Adelaide Hospital and Hampstead Centre	St. Andrew's Hospital
Modbury Hospital	Victor Harbor Hospital
Lyell McEwin Hospital	Wakefield Memorial Hospital
Repatriation General Hospital	Flinders Medical Centre

Inservice training continued for staff in the Association.

CLINIC SERVICES

During the financial year 1980/81, client numbers in the Association's clinics have fallen slightly over the numbers in the previous financial year. The numbers of clinic clients are shown in Fig. 2. In the first half of the financial year there were 11,876 client visits and these fell very slightly to 11,820 in the second half. Both of these figures were very similar to the figure for the first half of the financial year 1979/80 (11,783).

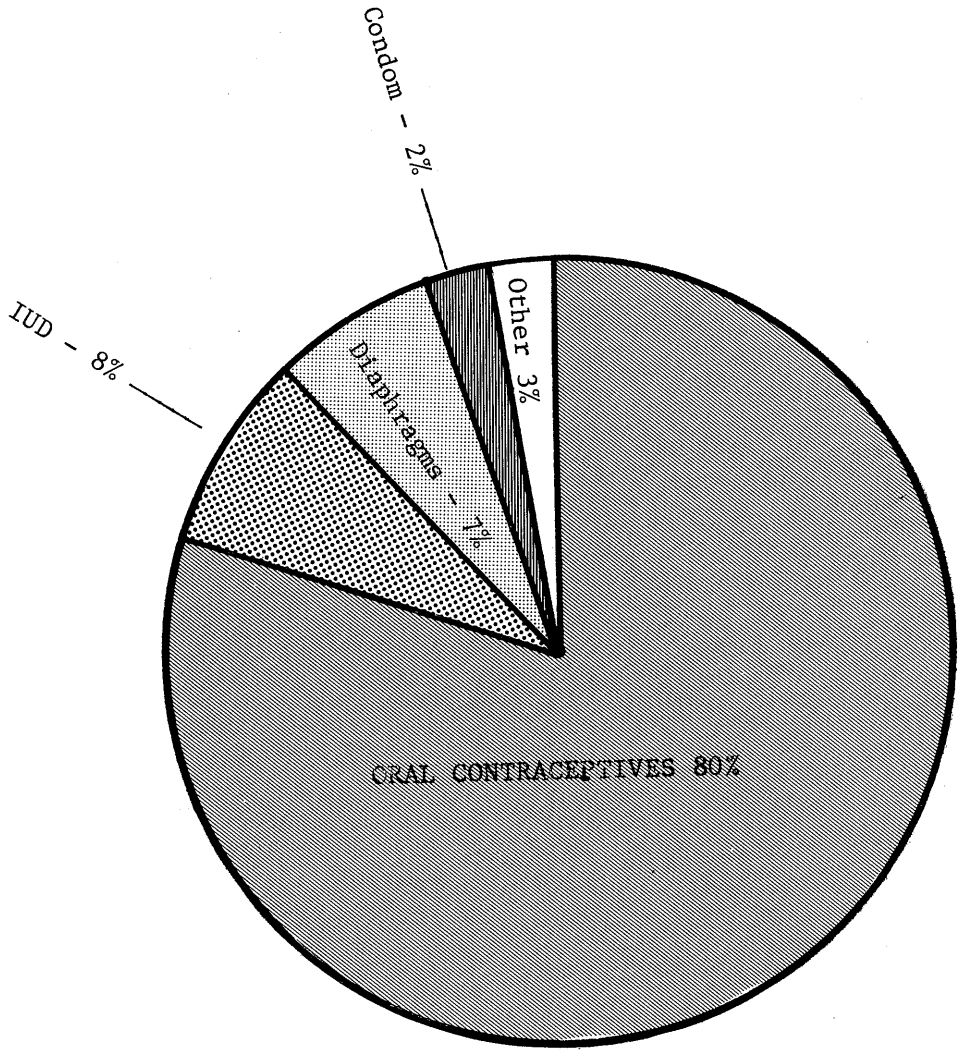
Fig. 2 - Total half-yearly clinic consultations.



The majority of clients came to the clinic for contraception and the methods chosen are shown in Fig. 3. As in previous years 24% of new client consultations were for services other than contraception. Looking at the total client visits (new and repeat clinics), 16% of the total client visits were for advice only.

During the financial year 1980/81, there were 4,581 new clients of whom 24% sought services other than contraception. Of the remaining new clients, the methods of contraception chosen were as follows:-

Fig. 3 - Methods of contraception chosen by new clinic clients for the year 1980/81.



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

Sterilisation Counselling	2%
Depo-Provera	1%
(Spermicide alone 0.3%)	

Fig. 4 shows the types of service obtained by those clients requiring services other than contraception during 1980/81. The age distributions of the new clinic clients are shown in Fig. 5, (page 17) and this has not significantly altered from those of previous years.

Fig. 4 - Advice and services 1980/81 - obtained at 3,849 (16%) clinic visits.

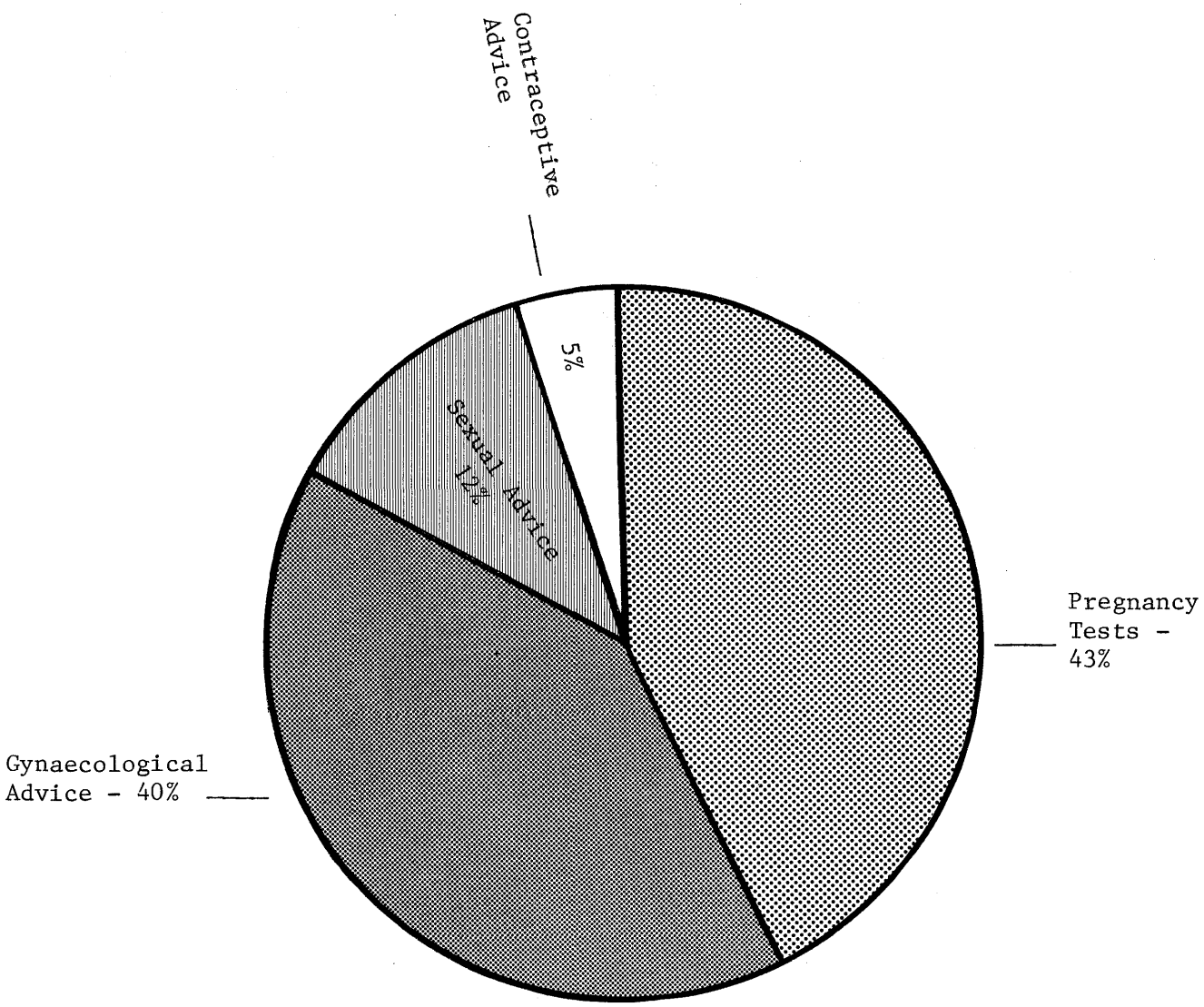
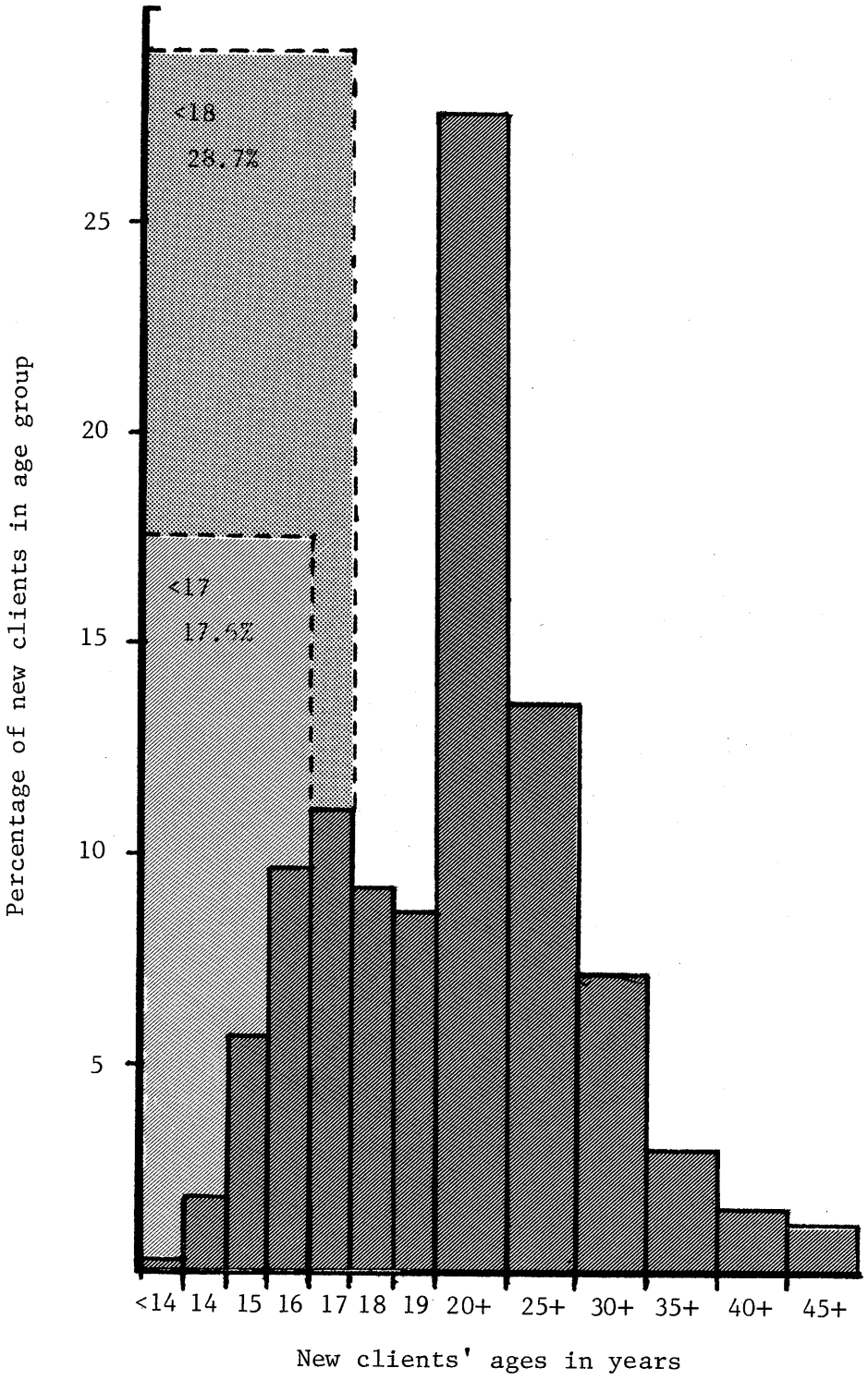


Fig. 5 - Age distribution of new clinic clients for the financial year 1980/81.



SOCIAL WORK

Pregnancy counselling is still a major part of the work of the social work staff. As well as providing support in decision-making about unplanned pregnancies, and appropriate referrals, the social workers attempt, by working with other health workers, to effect positive changes in the quality of services provided for people with unplanned pregnancies.

Most referrals for relationship counselling continue to be made through the F.P.A. clinic and education staff. However, referrals have also increased from Intellectually Retarded Services and Sheltered Workshops, general practitioners and women's magazines.

Social workers have been involved in F.P.A. training programs. Specific to social work education, in the past 12 months, four social work students have completed fieldwork placements at the F.P.A. and first year students have had two half-day seminars at the Association.

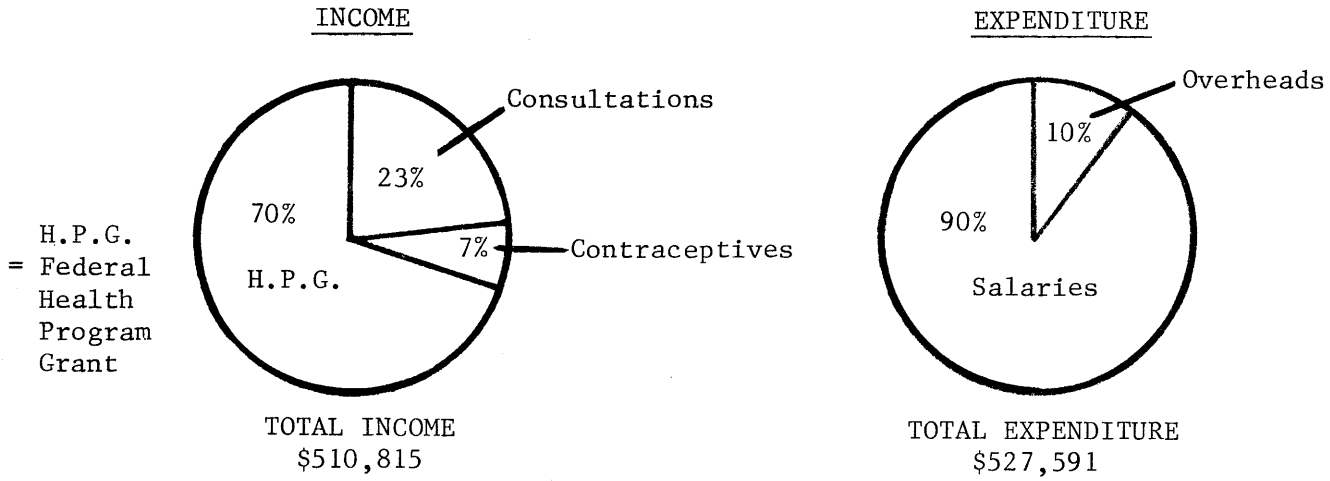
It is hoped that these services can be maintained and developed during the next year.

FINANCE REPORT

Clinical Services

The comparatively low overheads in clinical expenditure are due mainly to the fact that the Kensington premises are owned by the Association. Despite careful monthly controlled analysis, the $16,776 deficit is mostly due to salary award increments. The slight fall in the number of client visits to the Association is also a reason for lower consultation fee revenue. Contraceptive stock on hand at June 30th, 1981, was less than at the same period in 1980, hence the apparent increase in sales. The income and expenditure are shown in Fig. 7.

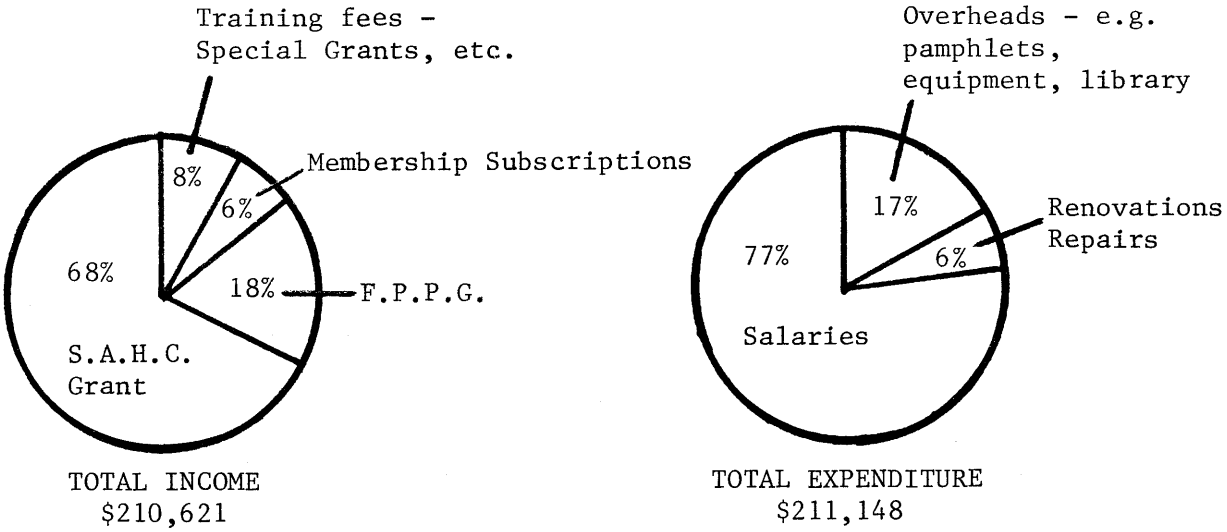
Fig. 7 - Operating Budget - Clinical



Education, Training and Social Work

Financially this was an extremely satisfactory year. All the increments in salaries were reimbursed by the S.A. Health Commission, which has been very receptive to this Association's needs. Other "Special Grants" came mainly from E.P.U.Y. and Anglican Child Care Programs. The greatly increased profits on book sales and film hire should be noted - the Association now purchases books wholesale. The operating budget is shown in Fig. 8.

Fig. 8 - Operating Budget - Education, Training and Social Work



F.P.P.G. = Federal Government Family Planning Program Grant

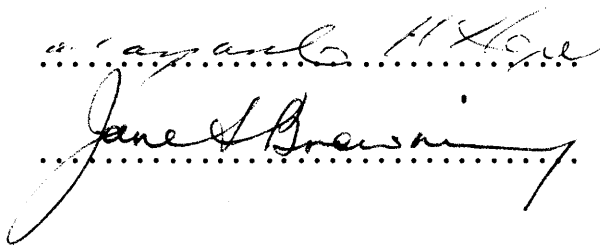
S.A.H.C. = S.A. Health Commission

FINANCIAL 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, 1981.

DATED at ADELAIDE this 27th day of AUGUST, 1981.

On behalf of the Council



THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INCORPORATED

STATEMENT OF RECEIPTS AND PAYMENTS FOR YEAR ENDING 30TH JUNE, 1981

1979/80		Cheque Account		Capital Account	Petty Cash and Clinic Floats	TOTAL 1980/81
		Clinical	Non-Clinical			
120,326	Opening Balance 1/7/80	35,585	14,207	49,309	820	99,921
	Less					
(32,019)	H.P.G. Surplus Transferred	-				
(5,890)	Microfilm Reader/Printer	-				
	Add					
6,406	Interest Received			7,426		7,426
711	Donations, etc.			102		102
1,344	Proceeds Fund Raising			1,251		1,251
26	Aboriginal Health Fund					
-	Hold H.P.G. Grant for Roof Repairs pending work 1981/82			9,000		9,000
(20)	Imprest Funds				20	20
9,037	Surplus/Deficit	(16,776)	(527)			(17,303)
99,921	Closing Balance 30/6/81	18,809	13,680	67,088	840	100,417

30/6/80	RECEIPTS	30th June, 1981		
		Clinical	Non-Clinical	TOTAL
	GOVERNMENT GRANTS			
341,000	Health Programme Grant	355,414		355,414
24,000	Family Planning Programme Grant		37,440	37,440
128,700	State Health Commission Grant		143,200	143,200
2,374	Other Special Grants		4,865	4,865
	GENERAL REVENUE			
119,470	Consultation fees	118,526		118,526
32,473	Surplus from sale of contraceptives	36,171		36,171
127	Sale of Literature and film hire		1,934	1,934
3,789	Training Courses		5,494	5,494
12,614	Annual Subscriptions		13,648	13,648
1,446	Reimbursement of Wages	348	647	995
1,203	Reimbursement of Expenses		396	396
	Sale of Equipment		2,000	2,000
639	Sundries	356		356
795	Sale of T-Shirts		997	997
668,630	TOTAL RECEIPTS	510,815	210,621	721,436

THE FAMILY PLANNING ASSOCIATION OF SOUTH AUSTRALIA INCORPORATED

STATEMENT OF RECEIPTS AND PAYMENTS FOR YEAR ENDING 30TH JUNE, 1981

30.6.80	PAYMENTS	30th June 1981		
		Clinical	Non-Clinical	TOTAL
	OPERATING EXPENSES			
522,715	Salaries and Wages	447,136	151,454	598,590
10,676	Superannuation	5,514	4,038	9,552
25,050	Payroll Tax	21,187	7,498	28,685
6,724	Medical Supplies - consumables	7,098		7,098
1,588	Rent - Outlying clinics	1,560		1,560
	EQUIPMENT & INFORMATION			
1,035	Instruments & Appliances	782		782
3,724	Library & Films	-	2,287	2,287
3,731	Equipment	2,131	1,150	3,281
2,692	Pamphlets & Posters	-	4,398	4,398
12,795	Change-over Motor Vehicle Capital Expenditure		2,338	2,338
1,764	Publicity & Advertising	-	886	886
	ADMINISTRATION			
1,024	Accounting & Audit	833	417	1,250
2,380	Cleaning & Laundry	2,224	294	2,518
5,032	Fuel, Light & Power	3,966	1,983	5,949
5,421	Insurance	4,205	1,439	5,644
8,697	Postage & Telephone	6,167	3,086	9,253
8,204	Printing & Stationery	6,266	2,333	8,599
9,270	Maintenance & Repairs - Premises	2,889	1,352	4,241
2,300	Maintenance & Repairs - Equipment	1,854	809	2,663
13,490	Mileage & Motor Vehicle Maintenance	7,293	7,690	14,983
2,109	Rates & Taxes	1,480	740	2,220
1,368	Freight	45	1,337	1,382
3,802	T-Shirts	-	-	-
3,027	Travelling & In-Service Seminars	138	6,698	6,836
378	Sundries	224	240	464
597	Alterations to Clinic	3,483	8,614	12,097
-	Advertise for Staff	1,116	67	1,183
659,593	TOTAL PAYMENTS	527,591	211,148	738,739
9,037	SURPLUS/(DEFICIT)	(16,776)	(527)	(17,303)

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, 1981.

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

27th August 1981.

J.N. BISHOP
Partner

AUSTRALIAN FEDERATION OF FAMILY PLANNING ASSOCIATIONS (A.F.F.P.A.)

ACTIVITIES

The past year has been, arguably, the most exciting and successful year in the life of the Federation. The emphasis has been on integration with other organisations, publications and publicity.

The Australian Medical Association and A.F.F.P.A. jointly published a booklet entitled "Choices", and the Federation published the book "The Control of Human Fertility" at the request of the Pharmaceutical Society of Australia. This book was printed as a hard-back edition for the Society and in a soft-back which was for other health professionals. The members of the National Medical Task Force produced reviews of the literature on three topics and these have all been published in the Medical Journal of Australia.

It is not new that the Federation has had serious concerns about adequate funding, but it was not until half-way through this current financial year that A.F.F.P.A. was advised of the budget allocation. Interim funding was received, but because of the uncertainty of the siatuation, two of the three members of staff resigned to take up other positions. A temporary appointment was made until early December, and the Council decided that the office would have to be closed for six weeks, during the December/January period.

In spite of these difficulties, it might be said that the Federation "had come of age" this year. The members of the Council have been a splendidly cohesive group, being able to take an overview of family planning, rather than just representing their own States. They have willingly shared each others difficulties, and confidently asked their State Administrators to make many decisions on their behalf at the National Administrators' meeting. In turn, the administrators have shown the same solidarity and the States have agreed on a method of sharing the costs for national activities.

At the Annual General Meeting in October 1980, Professor Colin Wendell-Smith, retired as Chairman of the Federation and as the Tasmanian representative. The Council expressed its gratitude for his untiring work during the past five years, in asking him to become the Honorary President and Patron of the Federation.

The year 1980/81 has been stimulating and rewarding for family planners throughout Australia and a great deal of the credit must go to the Executive Officer of the Federation (Wendy McCarthy). She has made every opportunity to talk with Ministers of the Federal Government and senior health officials, and has successfully co-opted voluntary expertise from many people in the health field, and used this expertise in guiding and promoting family planning. All States have benefitted by this promotion, and in her organisation for the Federation.

Janet Browning
Chairman, A.F.F.P.A.
S.A. Representative to A.F.F.P.A.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION (I.P.P.F.)

EAST AND SOUTH EAST ASIA AND OCEANIA REGION (E.S.E.A.O.)

ACTIVITIES

In the past year, the structure of the secretariats in the Central Office and in the six Regional Offices has been changed significantly. These changes were urgently needed to decrease costs of administration and to allow for increased funding to the Associations.

The recommendation of a working party were presented and accepted by the Members' Assembly in November 1980, and most Regions began implementing the changes immediately.

In the East and South East Asia and Oceania Region during the past year, there have been two meetings of the Executive Committee and one meeting of the Council, and an Extraordinary Council meeting was called in March 1981 specifically to discuss the changes in the structure and function of the present Regional Office. This office will be closed and most of the staff are to be made redundant by the end of 1981. A small Field Office is to be established in new premises in Kuala Lumpur. The new Regional Director and Deputy Regional Director will be based in the International Office in London. It is anticipated that the new structure within the Federation will allow for more autonomy in individual Associations and increased efficiency. The Associations with special skills and expertise have agreed to accept the responsibilities in assisting and servicing those Associations needing help. The Australian Federation of Family Planning Associations has accepted this role for Papua New Guinea, the Solomon Islands and Vanuatu.

A number of donor countries agreed to increase their funding to I.P.P.F. after they received the report of the restructuring programme.

Because of the changes in the Regional Office, and the constraints in funding, no meetings of the standing committees are being held between July 1980 and July 1982.

Janet Browning
A.F.F.P.A. representative to I.P.P.F.
Regional Council.

PRINTED BY HARMAN & JACKA PTY. LTD., 6–28 CHARLES STREET, UNLEY, S.A.