

Family planning in Fiji, 1966.

Contributors

Family Planning Association of Fiji.

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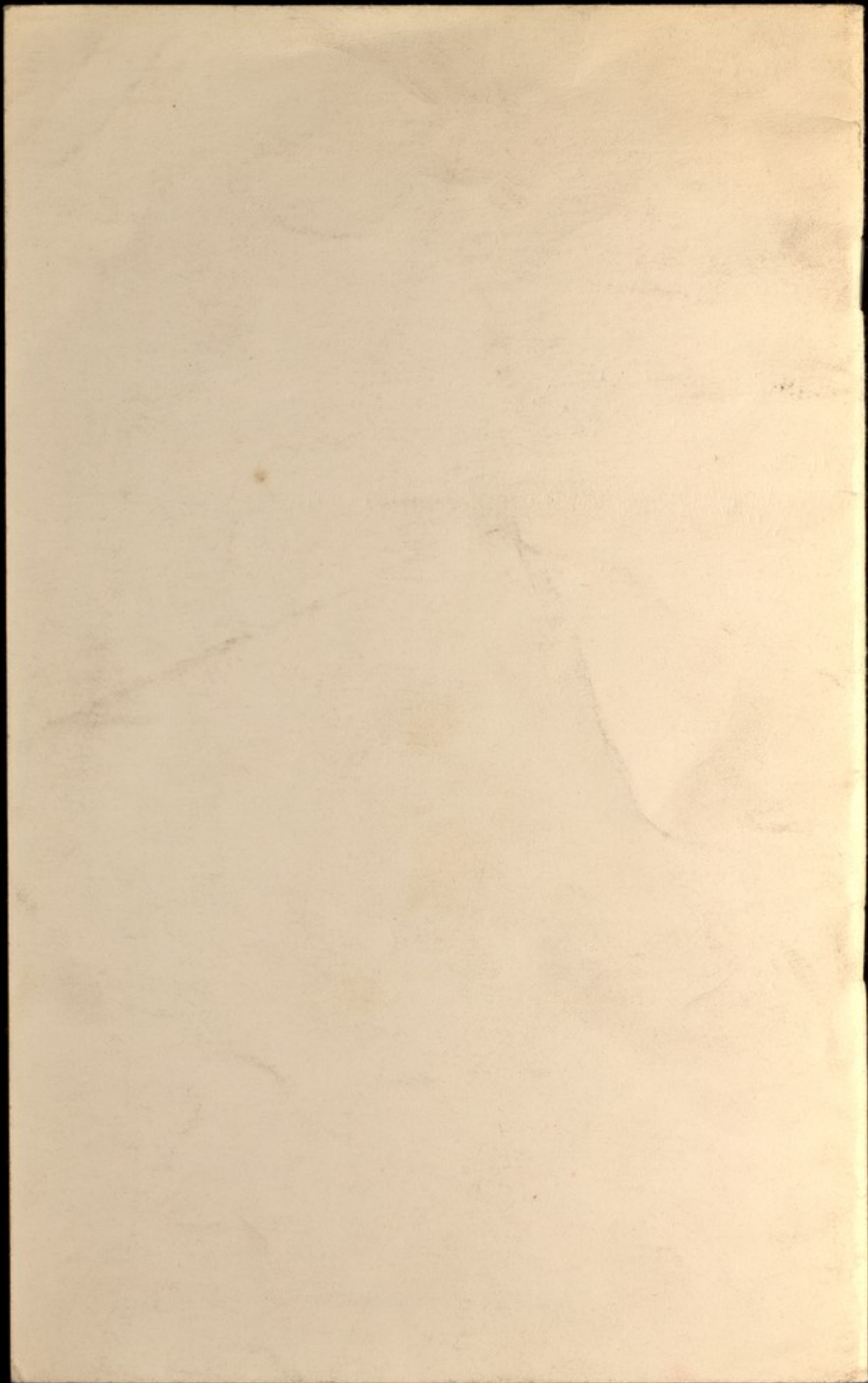


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FAMILY PLANNING IN FIJI • 1966



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INTRODUCTION

By His Excellency The Governor.

Limits have been set to the growth of the human population of the world since the beginning of time. In the past this control usually took the brutal and arbitrary forms of famine, pestilence, or war. Only exceptionally has it been the deliberate act of people themselves.

Over the last century much progress has been made in reducing the threat of famine and pestilence (less, unhappily, in eliminating war). If the world is not to relapse into barbarism and destitution it becomes ever more essential that people should exercise their own control over population growth.

It is an inescapable fact that if the people of Fiji are to derive any individual benefit from the efforts being made to improve standards of living, the present very high birthrate must be reduced. Happily this is universally recognised, as the variety of contributors to this manual testifies.

Methods of family planning are essentially a personal matter. It is important, however, that people should be well-informed on this subject and have available to them the best possible advice and facilities. The Family Planning Association and the Medical Department of Government are working in close cooperation to provide these. I welcome their decision to publish this manual and hope that it will be read widely and serve as a guide to all who value family and national well-being.

J. J. Tahvan

INTRODUCTION

By His Excellency The Governor.

Little have been said to the growth of the human population of the world since the beginning of time. In the past this growth has been slow and steady, but in the last few decades it has become rapid and extraordinary. It is estimated that in the year 1950 the world population was about 2,500,000,000 and that by the year 2000 it will have reached 4,000,000,000. This rapid increase in population has led to a corresponding increase in the demand for food, clothing, and shelter. It is therefore essential that we should find ways and means to meet this demand.

Over the last century much progress has been made in producing the food of man and his clothing. It is, however, in the field of shelter that the world is still in a backward position. It is essential that people should protect their own health and that of their posterity.

It is an undeniable fact that in the people of Fiji and in other parts of the world, the standard of living is still very low. This is due to a variety of causes, but the most important is the lack of modern methods of agriculture and industry. It is therefore essential that we should find ways and means to improve the standard of living in these parts of the world.

Methods of family planning are essentially a personal matter. It is important, however, that people should be well-informed on this subject and have available to them the best possible advice and facilities. The Family Planning Association and the Medical Department of Government are working in close cooperation to provide these. I welcome their decision to publish this manual and hope that it will be read widely and serve as a guide to all who value family and national well-being.

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FAMILY PLANNING 1966.

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MY VIEWS ON FAMILY PLANNING

By The Honourable Ratu Penaia Ganilau,
Secretary for Fijian Affairs and
Local Government.

The idea of family planning is looked at in different ways by different kinds of people.

Folk who live in the country, with ample land, mainly living on that land, are often not greatly interested, for they regard an added member of their family to be an added helper in field-work, and an added security for parents when they get old.

But for people who live in towns, and who work in offices and factories and buy their food, the picture is not the same. Firstly, added children are merely added mouths to feed and these children cannot help the family income until they get quite grown up, so they are a costly burden on the family budget. Moreover, in order to compete in the modern world, children must be fully equipped by education so that added children are not only non-producing consumers, but money must be spent on preparing them for adult life.

Townsfolk, therefore, see as I do myself, that the entry into the modern world means that we must limit our families to the numbers that we cannot only support but also educate.

The family planning movement in Fiji is one which many of us actively support now: and is one which most of us will come to favour in the future.

WHY I SUPPORT FAMILY PLANNING

By The Honourable A. D. Patel,
Member for Social Services.

Let me open by quoting poet Rabindranath Tagore:
"It is cruel crime thoughtlessly to bring more children to existence than could properly be taken care of."

I support and advocate family planning on humanitarian grounds.

To have children is a natural function as well as a social and religious obligation of every man. The human race must continue and proliferate through us. Our procreative urges are in fact God's command to "increase and multiply." It is therefore a sacred duty to fulfil the command and have children.

Children provide joy, meaning and purpose to life. According to some religion to beget children is to carry out God's will.

I love children. I like homes full of children. I like to see humanity increase and prosper. I am not a misanthrope nor a neo-Malthusian. Man is not born with a brain only but a pair of hands also. There is nothing wrong in having a large family if you can afford to look after the children and bring them up properly without undue strain on the mother. But only millionaires can afford to have dozens of children if they have strong and healthy wives.

Population explosion is a worldwide phenomenon of this century in spite of two destructive world wars. Even with this tremendous increase in numbers, man is comparatively better fed, better clothed and better housed than ever before even in the backward underdeveloped countries. This is brought about by the increased brain power and muscle power of mankind. The rapid increase of population has led to a still more rapid increase of knowledge, inventions and achievements. Knowledge explosion has surpassed population explosion. Agriculture and industries are undergoing remarkable revolutions through ever increasing discoveries of science.

Fiji is an underpopulated country and increase of population is a desirable economic and political objective. It may be asked why I advocate family planning if I love children and if I consider increase in population in Fiji a desirable economic and political objective.

Yes, I love children. I also believe that an increase in population is necessary for the prosperity of Fiji. For those very reasons I strongly advocate the necessity for family planning. We need children, but we want them to be healthy and well nourished. We want to give them opportunities to grow into strong healthy, well-educated men and women, with a capacity and facilities to earn and enjoy wealth. The wealthier and healthier

the parents the more children they can afford. Ironically enough, they are the very people who make use of birth control devices in order to seriously restrict the size of their families. On the other hand, strange as it may seem, it is the poor people, in an individualistic society, who need large families in order to ensure a measure of security and provide help, comfort and happiness in the latter part of their lives. This is the case even in the advanced countries of Europe and America. It is more so in a country like Fiji.

Before the western way of life overtook Indians and Fijians, their customs were so designed as to prevent improvident maternity. It was brought about by the wife and husband remaining apart and practising continence during the suckling period. Normally there was an interval of three years between two births. This gave the baby time to grow sufficiently not to need the full attention and nursing from the mother. The mother got ample time to recover and recuperate from the last birth and to gain sufficient health and strength to face the next. It also gave the father time to improve his economic condition further to feed an extra mouth.

However much we brag and boast about clinging to our traditions and customs, this customary way of family planning has disappeared completely from Indian and Fijian societies. Indians no longer live in joint families. Fijian fathers don't sleep in community bures away from their wives and children are increasingly bottle fed.

Gandhiji was a staunch advocate of birth control by celibacy and he practised what he preached. But even his most ardent and sincere disciples found it hard and very often impossible to follow his example. Family planning methods, medicines and devices are practical substitutes for custom and self-discipline. I believe that it is the sacred duty of every child welfare nurse to persuade women of all races and to teach them how to save themselves and their offspring from the evils of improvident maternity. Family planning means happier, healthier and longer lives both for mothers and children.

I also believe that the success of family planning campaign largely depends on the improvement of economic conditions and living standards of the masses. We must never overlook the fact that a poor man really stands in need of a larger family than the well-to-do. Reduce poverty and you will find a large number of families reduced to optimum size.

WHAT DOES THE CHURCH SAY?

By Rev. C. A. Hatcher,
 Director of Evangelism,
 Methodist Church in Fiji.

At the outset I would like to say that all religious denominations approve of the objectives of family planning and all of them approve some method of birth control to achieve those objectives. The main disagreement among religions is on which methods are permitted.

Many of the major Protestant denominations approved of family planning in the early 1930's. During the last decade they have again studied the problem, and it is quite evident from the many statements that have been issued that Protestant opinion is virtually unanimous in giving vigorous endorsement to birth control.

This attitude to Birth Control stems from the Protestant view of the basic purposes of marriage. These purposes include not only parenthood, but equally important, the nourishment of mutual love and companionship of husband and wife and their service to society. Therefore it is considered permissible to use birth control which may prevent procreation but help to enhance the other marital objectives of companionship and service.

Married couples should take into account several factors in determining the number and frequencies of pregnancies. These include the right of children to be wanted, loved, educated; the health and welfare of the mother and socio-economic conditions. When couples decide conscientiously that these conditions rule out another pregnancy, for the time being, then surely they are free to use any acceptable birth control method. Couples are free to use the gifts of science for family limitation, provided the means are mutually acceptable, non-injurious to health and appropriate to the degree of effectiveness required in the specific situation. Periodic continence (the rhythm method) is suitable for some couples, but is not inherently superior from a moral point of view. A planned parenthood that is practised within a Christian conscience fulfils rather than violates the will of God.

I feel that the responsibility for the deciding upon the number and the frequency of children has been laid by God upon the consciences of parents everywhere. This planning, in such ways as are mutually acceptable to husband and wife in Christian conscience, is a right and important factor in Christian family life and should be a positive choice before God.....The responsible procreation of children is a primary obligation..... The Choice must be made by parents together, in prayerful consideration of their resources, the society in which they live and the problems they face.....Scientific studies can rightfully help, and do help, in assessing the effects and usefulness of any particular means, and here in Fiji as in any other country people have every right to use the gifts of science for proper ends. It is therefore part of our duty to assist as far as possible, in this work, as an aid for the happiness and welfare for our families here in Fiji.

THE ROMAN CATHOLIC VIEW ON FAMILY PLANNING

By Dr. D. W. Beckett,
Assistant Director of Medical
Services (Health).

If you ask most people what the Catholic Church teaches about family planning they would answer, without hesitation, that she teaches that birth control is wrong and grievously sinful and must never be practised in any way and, furthermore, they would say, the Church insists that all Catholics have as many babies as possible.

Now this attitude is quite wrong. Not only does the Catholic Church not forbid family planning, it actively recommends it; it is only in the methods used to achieve this that opinions differ.

Unfortunately the belief that the Church condemns family planning is not held only by people who belong to other faiths. It is widespread among Catholics themselves - that is, among poorly educated Catholics who have not been sufficiently well instructed in their religion. It is partly for them that this chapter has been written. If any Catholic reader has doubts about the matter after reading it, let him bring this booklet to his priest who will, I know, confirm that what I say is the correct teaching of the Church.

What then do Catholics believe? First of all let me admit that when I said the Church recommends family planning, I made a statement for the sake of effect which should be qualified slightly. Family Planning is recommended by the Church only in certain circumstances but these are wide and whether they apply in any particular case is left to the judgement and conscience of the husband and wife.

We Catholics are free to believe what we like about the origin of species and how man developed, but we all believe that there is one thing that sets man apart from all other animals and that is that he has a soul and that he, and only he, is destined to have an eternal life after this one is over. We further believe that God put man on earth for only one purpose - to save his soul and get eventually to heaven to be with Him - and that He so loves man that He wishes all to be saved. This explains why we think parenthood is such a wonderful thing. In it a man and a woman are given the privilege of sharing with God the creation of a human who has an eternal destiny - who is beloved of God and whose soul, once created, will never die.

This task is, we consider, a privileged one which should be sought readily and with joy by those who embrace the married state. This explains why the Church teaches that children are the primary purpose of marriage and that the other purposes, important though they are, must take second place. But, on the other hand, this tremendous task is one which cannot be undertaken lightly and cannot be left to man's irresponsible desires. Irresponsible and feckless parenthood is as bad as

rejecting parenthood as the primary purpose of marriage and is condemned by the Church. This is a point which is seldom appreciated.

The Canon Law of the Church states that the primary purpose of marriage is the procreation and education of children. This indicates that the whole care of the child until it reaches an independent adult life is part of the primary purpose of matrimony. If parents are to fulfill this primary purpose properly the size of their responsibility must be kept within their ability to discharge it. This again reinforces the argument against allowing the number of children to increase without control.

I should, perhaps, at this point mention that when speaking primary purpose of marriage, I do not want it to be imagined that the Church considers that this is the only reason for the Sacrament of Matrimony. Man and woman are designed by God to love one another. Husband and wife are a help to one another; their mutual love sustains them; in their companionship they find comfort; not only are they supported but their personalities are developed by the love they give one another. All these things are subserved by marriage and in their development sexual intercourse is necessary; it is the most complete expression of conjugal love, it holds husband and wife together, it increases their devotion to one another. It would be quite wrong therefore to consider that the only purpose of sexual intercourse is to procreate children and the Church does not teach this.

It will be seen therefore that the Catholic Church recommends that parents should only bring into the world the number of children that they can look after properly. In view, however, of the great importance that the Church attaches to the giving of new life and the creation of new eternal souls, this limiting of families is considered a thing to be used with caution. It would be wrong for instance for a newly married couple to refuse to have children merely so that the wife could continue to work. It would be wrong to keep one's family unnecessarily small so that the parents could lead a life of luxury. But to keep one's family to the size that enables one to maintain a decent standard of living and to bring one's children up to the educational level that is expected of their class of society is not only acceptable - it is praiseworthy. Similarly families can be limited because of health reasons - for example the illness of the mother - or genetic reasons if, for instance, a hereditary disease is carried by either parent, or even for social reasons because one is expected to maintain a certain standard or because one cannot obtain a house.

The Church teaches that only parents can know how many children they should have and that, when they have had the position explained to them as has been outlined, it is up to them, and to them alone, to decide the size of their family. It is entirely a matter for their own consciences. This principle was clearly laid down by the second Vatican Council.

Having established that the size of the family may be regulated by Catholics we must now consider the methods they may use to do this. To explain the Church's arguments I must first

deal briefly with what is known as the Natural Law.

The natural law is what the Church calls that basic sense of right and wrong which everybody has regardless of religion, race or cultural background. It is also the natural result of a normal act. Thus nourishment is the natural result of eating. Deliberately to tamper with this natural and God-given law is, the Church teaches, wrong and sinful.

According to the natural law the natural result of sexual intercourse is the deposit of male spermatazoa in the female genital tract. The Catholic Church therefore believes that any unnatural interference with this normal result of a natural act is tampering with the natural law and is on that account morally wrong and sinful. Consequently it forbids the use of mechanical contraceptives, such as condoms, diaphragms, intra-uterine devices or even spermicides all of which interfere with this normal result. Coitus interruptus or withdrawal by the male is also forbidden for the same reason. Sterilisation of either partner also interferes with this natural law and is forbidden.

It should be noted here, however, that sterilisation may be the natural result of an operation carried out for another purpose such as a hysterectomy for a proper surgical reason. In such a case it is not performed purely or even mainly to prevent childbirth and so is not a transgression of the natural law and is not forbidden.

How then can Catholics regulate the size of their families?

I have said that the natural result of sexual intercourse is the deposit of spermatazoa in the female genital tract. Well, it is just that and nothing more. The natural result is not always pregnancy. It is only pregnancy if a sperm happens to fertilise an ovum. This, in fact, can only happen once in the monthly cycle of the female. Therefore, at other times of the month, although conception cannot occur, sexual intercourse is still in accordance with the natural law and is not in any way sinful. So long as a married couple avoid having intercourse during the fertile period, and provided that their reasons for doing so are justifiable, they commit no sin. This, of course, is the rhythm method of family planning, otherwise known as the use of the safe period, and it is perfectly acceptable to the Catholic Church.

It is commonly said that the use of the safe period is a very inefficient method of family planning but this is not true. So long as the method for working out the wife's fertile period is properly explained and so long as the partners stick to the safe period, it is a surprisingly safe method. In nearly all cases of conception occurring among partners using this method, questioning will elicit the fact that, on that particular month, they "took a chance". Naturally it is not 100 per cent effective but no other method of birth control except the contraceptive pill is either. Of course it does mean periodic abstinence and this requires a certain amount of self control. But abstinence does no one any harm. It is no great hardship to go for ten days or

so without intercourse. In fact, it often makes a couple love one another even more because they have to wait for a while each month. I do not think that statistics reveal that Catholic marriages where this method of family planning is used are any more likely to break up than any other. Indeed, one's impression is that they are, if anything more stable.

I have purposely left until last the problem of the contraceptive pill as this is a difficult one. As is well known the pill works by suppressing ovulation. Since it does not interfere with the natural result of sexual intercourse one would think that there would be no bar to its use. But it is also the natural law that a normal woman of child-bearing age should ovulate each month. Suppressing this is probably, therefore, an interference with the natural law. Sterilisation, as I have said, is considered such an interference because it deliberately prevents all chance of a sperm and an ovum ever meeting as, in nature, they are liable to do once a month. Suppressing ovulation is really nothing more or less than causing temporary sterilisation. The present teaching of the Catholic Church, therefore, is that the use of the pill purely for contraceptive purposes is wrong and cannot be permitted. Nevertheless, there is undoubtedly an argument to be put up on the other side. It may well be said that all the pill does is to lengthen the safe period throughout the month and that it is consequently not a transgression of the natural law. This matter is still under discussion by a special commission in Rome and a firm decision will eventually be made. In the meantime, however, the pill is considered as a mechanical contraceptive and its use as such is forbidden.

However, there is another point that should be considered in connection with the pill. It will be remembered that I stated that sterilisation resulting as a side effect from a surgical operation would not be considered as unnatural or as a violation of the natural law. Exactly the same principle applies to sterilisation following x-ray therapy for a malignant condition or following drug therapy for some disease. These are natural consequences. Contraceptive pills may be prescribed nowadays for a variety of gynaecological complaints and, if "the pill" has been prescribed by a doctor for some genuine medical reason, the fact that it has a contraceptive action too is merely an unavoidable side effect and must be accepted. Catholic women may freely take the pill in such circumstances and are at liberty to take full advantage of its contraceptive action.

That, then, is the teaching of the Catholic Church about family planning. It is permitted in a wide variety of circumstances but the methods to be used are limited to those which do not break the natural law. To all intents and purposes this means that the only permitted manner is the use of the safe period.

I have not written this chapter in an attempt to convert the reader to Catholicism and I know that very many sincere and good Christians just cannot see or accept the Catholic viewpoint. I have tried merely to explain what we believe and why, and I hope I have achieved this.

I should, however, before concluding, make it plain that what I have written is the present teaching of the Church. It has never been laid down as an unchangeable article of faith and could be altered tomorrow. The papal commission on birth control to which I have referred earlier could change it. But this, I think, is unlikely. Whatever conclusion the Commission comes to about the pill I think it is highly improbable that the Church's teaching about mechanical contraceptives will alter; it is rooted in the past, it is too firmly entrenched and, let us face it, it is too logical.

THE FAMILY PLANNING ASSOCIATION OF FIJI

By Mr. Robert Munro,
President Family Planning Association.

Family planning is planned parenthood. Family planning is not merely birth control. Family planning is part of social welfare. Family planning associations throughout the world aim not only to create an acceptance of the principle and the obligations of responsible parenthood but also to assist the attainment of parenthood.

The principal objects of The Family Planning Association of Fiji are:-

1. To advocate and promote the provision of facilities for scientific contraception so that married people may space or limit their families and thus promote their happiness in married life and mitigate the evils of ill-health, overcrowding and over-population.
2. To advocate and promote the establishment of Family Planning Centres at which, in addition to advice on scientific contraception, advice, and when necessary, treatment are given for either or both of the following:-
 - (i) Involuntary sterility.
 - (ii) Difficulties connected with the marriage relationship.
3. To encourage the production of healthy children who are an asset to the Colony, provided that their parents have the health and means to give them a reasonable chance in life.

Family planning is entirely a matter of personal responsibility with freedom of choice for the individual. The Association believes that freedom to limit family size to the number of children wanted by parents is a basic human right. The Association also believes that family planning enriches human life and assures greater opportunities for the individual.

To a greater extent that is generally realised, people in many parts of the world are ahead of their leaders in wanting and practising family planning. In Fiji, the desire of parents to plan or limit their families is evident. The current birth rate trend is downward and in 1965 there were actually 328 less registered births, for the whole population, than in 1964.

Why is there need for family planning in Fiji? Because we are an under-developed community with the bulk of our population having little education, but with aspirations for a higher standard of living than at present. For us all, the knowledge and duty of planned parenthood are fundamental necessities and such knowledge cannot be withheld from the people, leaving them

to decide whether to apply it in their own interests or not. The Association works to make family planning information available to the Colony's total adult population for their own personal welfare as well as in the wider interests of the Colony.

Nationally, population control is tied in with national economic development and welfare. If a country's population growth exceeds its productive growth it makes no economic progress and its living standards fall. Fiji's 1965 population growth was 3.07%, which is greater than that of Africa, Asia except Japan, and Latin America, where the average growth rate is about 2.5% and where the "population explosion" is spoken of as a fearful thing. In Fiji we are only starting on the road of economic development and our national productive capacity can as yet only be guessed at. But because we have a high population growth rate, with 55% of our population less than 19 years old, we have a situation which could make our population growth unmanageable unless population control, or limitation of family size, is practised.

Population control all comes down to control of family size and people are more interested in their own personal welfare than in their country's development. Prolific births and uncontrolled family size are burdensome to both parents and the general economy.

The Fiji Government has advocated the necessity of controlling the Colony's population growth. The Medical Department provides a Colony wide family planning service as part of its health service. The people are, we are confident, anxious to have family planning knowledge and assistance.

Backed by Government policy and with an annual Government subsidy, the Association works in close collaboration with the Medical Department. An official joint family planning committee, under the auspices of the Member for Social Services, and comprised of representatives from the Medical Department and the Association, meets to discuss policy.

The Association is a full member of the International Planned Parenthood Federation which unites the family planning associations of the world and is linked with its South-East Asia & Oceania Region. We have our own branches right throughout the Colony. Our work consists of motivation, communication and education, and we do this by mass distribution of leaflets; through press and radio advertising, posters, enamel signs, 16 mm films, and by postal franking, cinema slides and lectures.

We have three types of leaflet, each printed in English, Fijian and Hindustani, and they may be described as basic, methods, and our "New Era" Loop leaflet. The printings have been massive but already in 1966 we have had to order a further 156,000.

The aims of the Association are being pursued most vigorously. Our liaison with the Medical Department is happy and fruitful. We are confident that our work, supplementing the Colony's health service, can only contribute to the dispersal of ignorance, the increase of happy family life and the welfare of the Colony.

THE MEDICAL DEPARTMENT'S FAMILY PLANNING
PROGRAMME

By Dr. C. H. Gurd,
Director of Medical Services.

The Medical Department's augmented family planning programme commenced in November 1962 when His Excellency Sir Kenneth Maddocks, who was then Governor of Fiji, formally announced in his Budget address to the Legislative Council the acceptance by Government of Family Planning activities.

It will be appreciated that any public health service of this kind must have a sound administrative structure as well as a well organised chain of clinics.

It therefore became clear that it would be necessary to develop considerably the departmental structure of clinics as well as the administrative side before Family Planning could become really effective. The necessity to develop other services such as maternal and child health, infectious disease control, environmental sanitation etc., was also appreciated and it was therefore decided to integrate Family Planning into the general clinical and public health services, and more especially with the maternal and child health side. It was clear that to do so effectively would require not only a complete overhaul of the machine but also its development in several important respects.

Fiji is divided into four medical administrative divisions corresponding with those of the Government's general administrative machine. Each of these medical divisions are under the command of a senior medical officer. It was decided that the divisions should be further sub-divided into twelve sub-districts and that each sub-district should have its own sub-district headquarters under the command of an experienced medical officer and assisted by a sub-district team which would include a Public Health Nursing Sister and a Health Inspector (Sanitarian). It was decided that these sub-district teams would control the staffs of the other health centres, dispensaries and nursing stations within the boundaries of their sub-districts.

This plan not only necessitated a training programme to provide staff of the right calibre for these sub-district headquarters, but it also demanded a capital works programme to replace old and inadequate dispensaries by modern health centres equipped to tackle their new functions.

By the end of 1965, considerable strides had been made in this reorganisation and the pattern began to stand clear of the background. Three of the new large Health Centres had been built and eleven dispensaries had either been rebuilt or modified and extended to provide the facilities required. The Health Sisters' Clinics at Suva, Lautoka and Labasa had also been modernised and extended, and two smaller health sisters clinics had been built elsewhere. However, the completion of the whole programme will take several more years.

Family Planning advice and supplies are available at all Government hospitals, health centres, dispensaries and health sisters clinics. The loop is supplied and fitted free of charge at 21 centres in the Colony.

The supplies available are as follows:-

Spermicidal compounds and sponges	- No charge.
Condoms	- 2 units for 6d.
Contraceptive pills (Volidan & Anovlar)	- 2/6 for a month's course.
Loops	- No charge.

The main feature of 1965 in Family Planning was the greatly increased numbers of women coming forward for the loop. By the end of the year, these were being fitted at a rate of four hundred a month.

Family Planning advice is also given at ante and post natal clinics by specially trained nurses. Considerable importance is attached to the assistance which obstetricians and midwives can give, and it is considered that the improvement in maternity services will not be without significance as far as family planning is concerned. The first of the three new self-contained maternity units was commenced in the last quarter of the year at Nausori, a township not far from Suva. The other two units will be built in the townships of Nadi and Tavua in 1966.

The immediate target is to reduce the birth rate to 30 per 1000. To do this, a quarter of the married women in the reproductive age group will have to be protected by family planning methods. The total number of women in the 15 - 44 age group at the end of 1965 was just over 100,000 and so we require to protect 25,000 women at any one time if our target is to be reached. By the end of 1965, with an estimated 10,000 women protected, we were nearing the half way mark towards our target, and this was confirmed by the fall in the birth rate to 35.89 from its 1962 level of 39.55.

"FAMILY PLANNING" IN THE HOME

By Dr. Elizabeth Knowles,
Medical Officer in Charge,
Family Planning Clinic, Suva.

There are few happier places than a home where the family is secure and contented and few more wretched places than a home where the family is miserable and unhappy, with insecurity and all its attendant evils continually present. The basic aim of Family Planning is to produce a happy, secure, contented family where each child is a wanted child and there is living space and a reasonable economy to enable each individual member of the family to develop to his fullest extent.

There are many young couples nowadays who recognise the wisdom of planning their families from the beginning of their lives together and who attend a Family Planning Clinic either just before or just after marriage. These young people want a period of a year or so alone together before they start a family, and during this time they can adjust, enjoy each other's company, and get to know each other thoroughly. In some cases the wife may have a job, and may wish to continue working for a year or so to provide extras for the house, and to help establish a nest egg before the first child is born. Once the decision is made to have the first child one can be sure that the pregnancy will be greeted with delight and the baby will be truly a wanted one. Pregnancies can then be spaced at intervals of two or three years until the family is complete. Each baby will have a period of individual attention from the mother before the next one arrives and because of this feeling of "wantedness" and love, should grow into a stable and integrated person. Each child will be well fed, and well clothed, and will have adequate living space, and each child will be assured of the education best suited to its needs, and later on, if appropriate, the opportunity for higher education. In such a spaced and contented family each individual can, and does, develop himself to the fullest possible extent.

The mother in such a planned family is a tranquil and contented one. She is happy to see her children well clothed and receiving the right foods, and as much of them as they need, she is happy to have plenty of time to devote to each new baby before another pregnancy starts. She can thoroughly enjoy each baby, whilst at the same time thoroughly recovering her health and strength after each delivery. Even a normal pregnancy places an immense strain on a woman and a period of time, during which recovery can occur and strength can be regained is essential.

The father in such a planned home is also tranquil. He is able to provide adequately for all the needs of his family, and can also provide occasional luxuries. He is not harrassed and beset by worries about how to feed, and clothe, and educate too many, but can enjoy each one of his children and his ability to provide for them. Such a couple have leisure to enjoy each other's company and their marital harmony is complete and unmarred by the perpetual fear of unwanted pregnancy.

"A PIECE OF CAKE"
OR
FAMILY PLANNING AND ECONOMIC DEVELOPMENT

By Dr. C. H. Gurd,
Director of Medical Services.

Please come with me for a short but leisurely tour of that borderland where economics and family planning meet and let us consider the importance of Family Planning to the economic development of Fiji.

Ever since man gave up making a precarious existence hunting for food and collecting wild fruits, and turned instead to the cultivating of crops, the community has gradually learned to share the products of its collective labour. At the beginning, goods were simply exchanged. The wheatgrower paid for the services of the miller in wheat. He obtained the necessities of life by exchanging his wheat or flour with the woodcutter, with the weaver and so on. This was Barter but it did not make for easy trading and so a device to facilitate trade was one of man's earliest inventions, this invention was called "money".

Money merely represents goods and services, or to put it another way, money represents production. If more money is produced without a corresponding increase in production the value of money falls - this we call "inflation".

What has all this to do with Family Planning? -
Continue to walk with me and let us see.

The national income is the total wage packet of the country and that of Fiji is calculated to be about £50 million per year. Now money as we have discovered represents goods and services and so it follows that the annual production of goods and services must equal the national income. The more we produce the larger our national income becomes and this is "THE CAKE" we all have to share. When we visualise dividing this Cake equally between every man, woman and child in the country, each of the pieces represents the "per capita income" and it is upon the size of this "Piece of Cake" that our individual prosperity depends. The "per capita income of one of the developed countries exceeds two hundred pounds. Many of the underdeveloped countries have a per capita income of less than £50 while Fiji has a per capita income of £100.

How can we increase the size of our piece of cake?

It is clear that there are three ways:-

- (a) By increasing the size of the national income -
(the overall cake).
- (b) Decreasing the number of people who have to share the cake.
- (c) A combination of the two ((a) and (b)).

In Fiji we are in fact striving hard to follow the third alternative at (c) above.

Increasing the size of the cake:

This is what our development plan is all about. We have to increase production in all sections of our economy to produce a bigger cake for us all to share. WE HOPE TO ENSURE THAT THE INCREASE OF NUMBERS OF PEOPLE WHO HAVE TO SHARE THE CAKE DOES NOT GET UNMANAGEABLE BY THE USE OF FAMILY PLANNING TECHNIQUES.

How can we increase the size of the cake?

In a word, it can be done by the application of modern technology to the job in hand. It doesn't much matter what the job is, the principles are the same. Fiji is an agricultural country so let us see how the principles apply to agriculture.

We can go about increasing agricultural yields in two ways. Firstly, we can increase the area under culture or we can increase the yield per acre, or, of course, we can do a bit of both. The biggest increases in agricultural production have been achieved by using modern technology to increase the yield per acre, by the introduction of machines, by improving the quality of land, by introducing high yielding varieties of the plants concerned, and also by controlling plant pests and diseases. A good example of such a process in Fiji is supplied by the Sugar industry.

In Fiji, we have as yet done little to apply the same process to other crops - to rice or to dalo although we are now beginning to overhaul the copra industry.

There is one snag in economic development and that is the prior need for the investment of capital (money) in the industry before we can obtain increased yields.

Economists have worked out that a country needs to put fifteen per cent of its national income into development - if it hopes to take off from poverty into the realms of prosperity. And so we are faced with the dilemma that if we remove this 15% from our cake before we share out, our individual pieces will become even smaller - while on the other hand if we do not do so then we cannot expect a bigger cake to feed the population of the future.

A very good example of this is the new estate of Lomaivuna. This estate is now producing a large proportion of Fiji's banana exports and modern methods have been used to produce high quality fruit but an investment of about £350,000 was required before production commenced.

I know very little about rice but I can imagine a highly productive "rice bowl" in the Rewa Delta but before this could be achieved a great deal of capital would have to be spent on drainage, irrigation and machines.

I think you will see that development takes not only money but also time. If in the time it takes to increase the national income by 20% the population increases by 20%, then our per capita income will be unchanged. It therefore follows that our individual prosperity can only increase if the growth of our national income outpaces the growth of our population. This is where Family Planning can help to keep population growth in step within economic development. If we fail in this our standard of living will fall.

In Fiji we are already witnessing a population explosion, and our living standards are in real danger of deterioration.

How has this population explosion occurred?

Curiously enough it is a success story of the application of modern technology, and results from the enormous investment made in health and health services. In the old days of famine and pestilence the excess of births over deaths was very small; indeed, sometimes deaths exceeded births, as was the case in the latter part of the nineteenth century when the Fijian race was threatened with extinction. The population dilemma has not been caused by increased virility and births, it has been caused by the deliberate control of the death rate by the application of modern medical and public health technology.

At present the population of Fiji is increasing by about 3% per year. Unless we can do something about it the population will double in just over twenty years. There will be twice as many people to share the cake. But can the cake to be shared be twice as large? I don't think so.

It would seem clear that if we deliberately apply modern knowledge to control death then we must also apply other newfound knowledge to control births so that we can be released from the old bonds of poverty to a new world of peace, prosperity and dignity for the individual.

In my view an intelligent couple will want to plan a family to enable the family group to live happily together. The size of their family is something they must decide for themselves. However just as the development of agriculture requires an initial capital investment, the same principles apply to the individual. Responsible parents will want to invest in their children's future by providing all that a growing child needs for physical and mental health, and if necessary will make sacrifices to achieve this. Fewer better fed, better clothed, better educated children will be the result. A rising standard of living will follow as night follows day.

DIAGRAM 1

FEMALE PELVIS

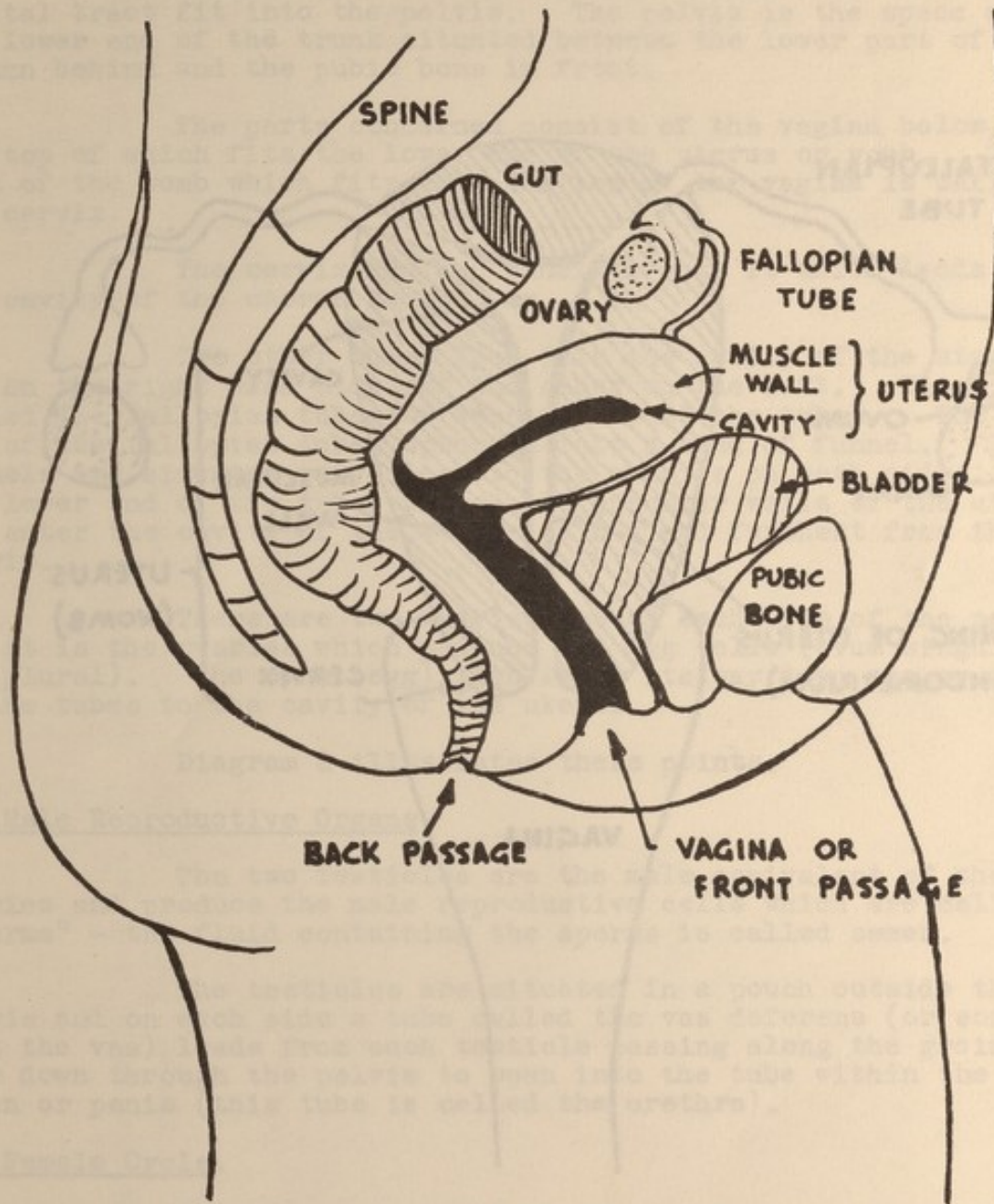
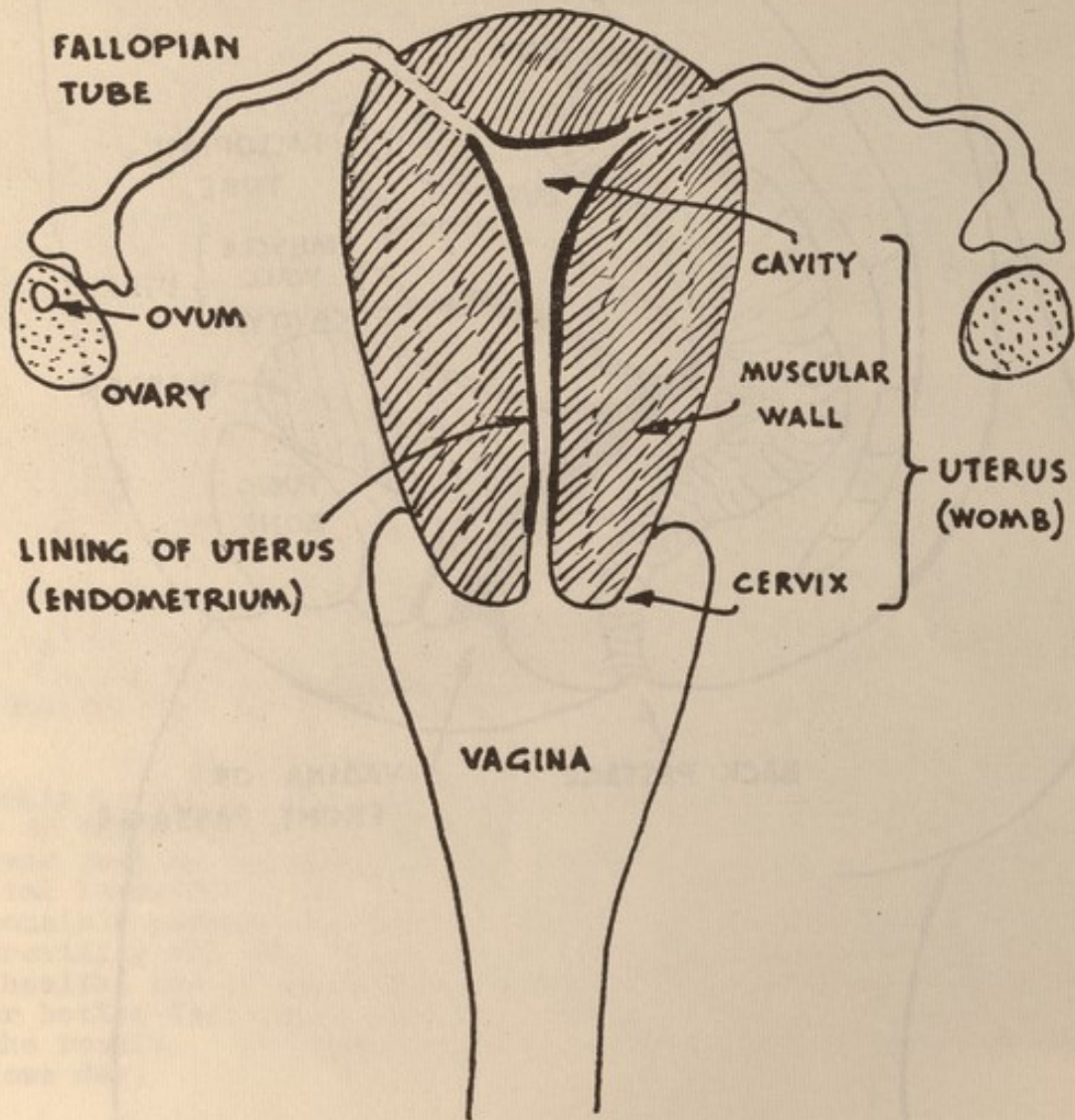


DIAGRAM 2

FEMALE REPRODUCTIVE ORGANS



PHYSIOLOGY OF REPRODUCTION

By Dr. David Lancaster,
Consultant Obstetrician &
Gynaecologist,
C.W.M. Hospital.

The Female Reproductive System.

Diagram 1 shows how the various parts of the female genital tract fit into the pelvis. The pelvis is the space at the lower end of the trunk situated between the lower part of the column behind and the pubic bone in front.

The parts concerned consist of the vagina below, into the top of which fits the lower end of the uterus or womb. The part of the womb which fits into the top of the vagina is called the cervix.

The cervix has a channel through it which leads into the cavity of the uterus (womb).

Two other tubes lead into the cavity of the uterus, one on the right hand side and the other on the left. These are called the fallopian tubes or sometimes just the tubes. The other end of the fallopian tubes open out into a kind of funnel. These funnels are situated very close to the ovaries on both sides. The lower end of the tubes pierce the muscular walls of the uterus and enter the cavity of the uterus at the end furthest from the cervix.

There are two ovaries one on each side of the pelvis, and it is the ovaries which produce the egg cells (ovum singular, ova plural). The ovum (egg) then finds its way down one or other of the tubes to the cavity of the uterus.

Diagram 2 illustrates these points.

The Male Reproductive Organs.

The two testicles are the male equivalent of the ovaries and produce the male reproductive cells which are called "sperms" - the fluid containing the sperms is called semen.

The testicles are situated in a pouch outside the pelvis and on each side a tube called the vas deferens (or sometimes just the vas) leads from each testicle passing along the groin and then down through the pelvis to open into the tube within the male organ or penis (this tube is called the urethra).

The Female Cycle.

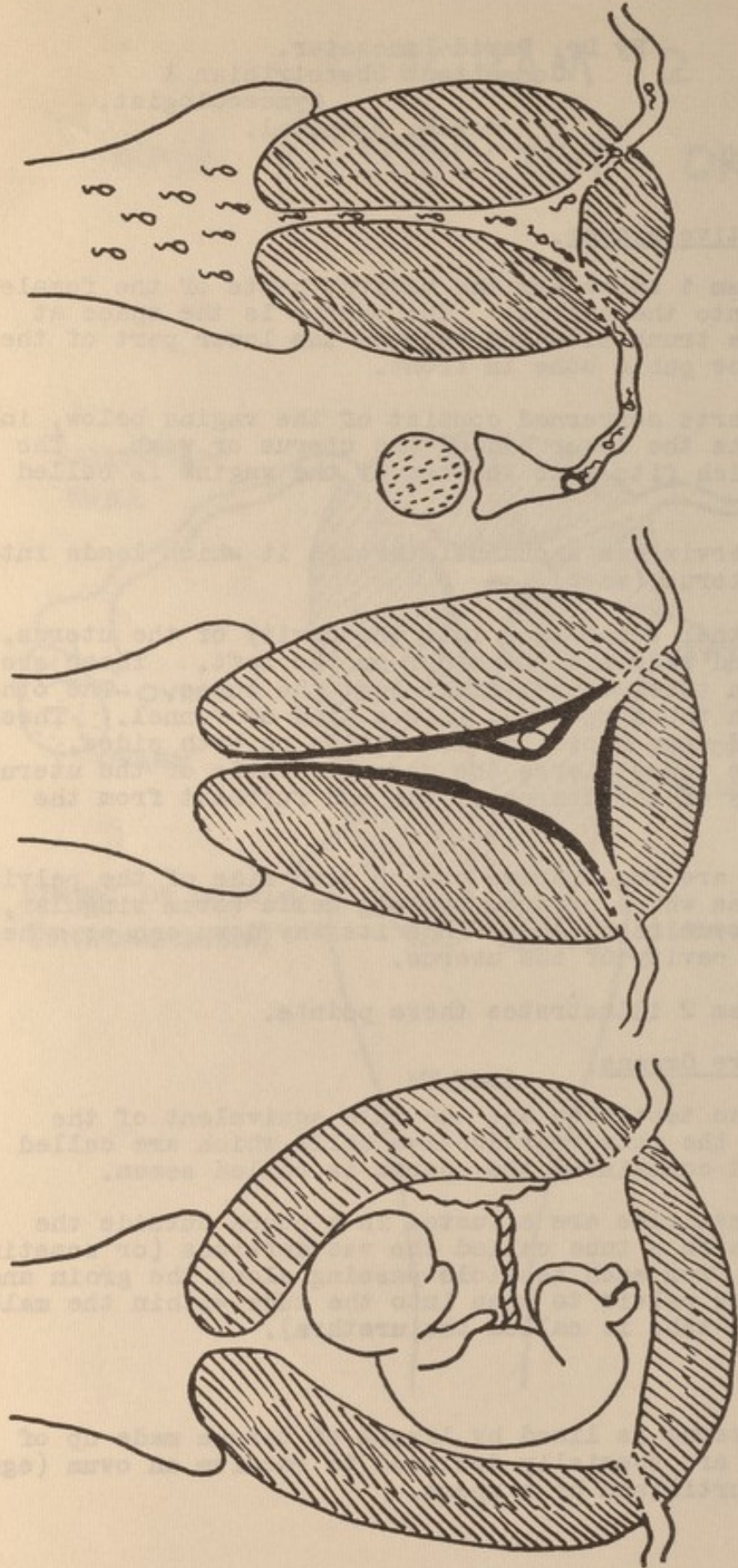
The uterus is lined by layers of tissue made up of special cells which are specially designed to receive an ovum (egg) after it has been fertilised by a sperm.

DIAGRAM 3 - CONCEPTION

A: THE SPERM FERTILIZES THE OVUM.

B: THE OVUM IS IMPLANTED IN THE LINING OF THE UTERUS

C: THE BABY GROWS IN THE WOMB



The lining of the uterus (endometrium) is shed every month during a woman's reproductive life and every month a new lining is formed. When the lining is shed the process is accompanied by some bleeding and the broken down lining mixed with blood passes out through the cervix. This whole process takes three to five days to complete and is called the menstrual period or "the period".

About fourteen days later, counting from the first day of the period, one ovary or the other sheds an egg cell (ovum) which passes through the right or left tube down into the cavity of the womb (uterus).

If it meets a male reproductive cell or sperm on the way, then the female cell becomes fertilised and by this time in the cycle the lining of the womb is at the right stage to receive the fertilised egg cell and the cell becomes imbedded in the lining. This is the earliest stage of the future baby. The fertilised cell divides into two and then again and so on until it consists of many cells. Gradually the future infant begins to be formed. The womb gets larger as the baby within it grows and finally after about nine months a baby is born. Please see Diagram 3.

The Sexual Act.

During the sexual act fluid passes from the male organ or penis into the vagina.

This fluid or semen contains millions of male reproductive cells or sperms. These sperms are able to swim rather like fish, by means of a tail. Because they are so small they can swim through the fluid which moistens the wall of the vagina and cervix and pass through the canal of the cervix into the body of the uterus and often up into the tubes, where fertilisation most often takes place. Wherever the egg is fertilised it then finds its way back into the uterus.

The Safe Period.

Sperms can only live for a day or two inside the female.

A woman therefore can only get pregnant for a day or two before and after the release of the female egg cell. As we have already said the egg cell is usually released about the fourteenth day of the female cycle counting from the first day of the period.

These facts are the basis of the so-called safe period because a woman is less likely to get pregnant during the week before and after her period. The difficulty, however, is that the production of the ovum may sometimes, for unknown reasons, take place at an earlier or later time of the month than usual.

The oldest method of contraception is the withdrawal of the male organ from the female before the sperms are released. This is not satisfactory and very often some sperm fluid is released before the main flow; it is therefore not only unsatisfactory but it is also unsafe.

RECOMMENDED METHODS

By Dr. Elizabeth Knowles,
Medical Officer in Charge,
Family Planning Clinic,
Suva.

It has now become clear that there are certain methods of family planning which are extremely suitable for use in Fiji and these are described below.

Intra Uterine Contraceptive Devices.

There are several types and sizes of these devices but all are made of inert plastic, impregnated with a barium salt to make the device opaque to X-rays. These devices are inserted into the uterus through a slender plastic tube and, once in place, will effectively prevent pregnancy until removed.

The device being used in Fiji is the Lippes Loop. It takes the form of a double "S", to one end of which two nylon threads are attached.

Insertion and removal of the loop is a simple office procedure which causes no pain, requires no anaesthetic and takes only a few minutes. The loop is threaded into a straight plastic tube and expressed into the uterus by a plunger. Removal is even simpler and is accomplished by pulling on the nylon threads. The nylon threads lie in the upper part of the vagina and patients are instructed to feel the threads at intervals and so assure themselves that the loop has not become displaced.

The patient is seen after a month and then at yearly intervals. The loop may be left in place indefinitely, as long as pregnancy is not desired. When the loop is removed the patients previous fertility is restored.

The intra uterine contraceptive device has the great advantage of simplicity and cheapness, it is very effective and requires only one act of motivation on the part of the patient. On the other hand intra uterine contraceptive devices are not 100% effective and about 3 women in 200 will become pregnant using them. Other disadvantages are that expulsion of the loop may occur, and some women have uterine bleeding and cramps. These complications however are uncommon and can be treated. Intra uterine contraceptive devices are fitted free of charge in a number of Government Clinics in Fiji.

Oral Contraceptives.

These compounds consist of a progestagen combined with an oestrogen.

There are two preparations currently in use in Government Clinics in Fiji, both equally effective and free from side-effects.

Conception takes place when a sperm fertilises an egg-cell or ovum and this can usually happen only once a month after an ovum has been released from the ovary. Oral contraceptives prevent conception by suppressing the production of ova (eggs). The standard procedure with most oral contraceptives is to swallow one pill each day, beginning on the fifth day of the menstrual cycle, counting the day that menstruation begins as the first day. The medication MUST then be taken every day until the pack is empty. The patient then stops taking it and some days later a menstrual period will begin.

The same procedure is followed during every menstrual cycle, beginning on the fifth day. It is most important that these directions are followed exactly. If even one day's pill is missed the woman has a slight chance of becoming pregnant. On the other hand women who faithfully take the pills on schedule will not become pregnant.

When another baby is wanted, the wife has only to stop taking the pills and she will become liable to conceive during the next cycle.

A small proportion of women using oral contraceptives develop temporary short term side-effects. These consist of nausea, vaginal staining, or bleeding in the middle of a cycle, weight gain or headache. These side-effects are rare and almost always subside if the medication is persevered with for one or two cycles. On the positive side there are 3 menstrual advantages of the pills reported by most patients. The flow is less, there is no pain and the cycle is very regular and premenstrual tension or discomfort is nearly always relieved. The products currently in use in Government Clinics are free of most side-effects.

Pills have many advantages over other methods. They are harmless and reliable and are 100% effective if they are taken correctly. They are simple to take and have the further advantage that so long as they are taken regularly, sexual intercourse is safe at any time. They are sold at all dispensaries and Health Centres and cost 2/6d. for a month's supply. This price is subsidised by Government.

Sterilisation.

Sterilisation can be carried out on the male or the female, and may be carried out for a variety of reasons. The main reasons for sterilisation is to preserve the health of the mother.

The health of a woman is seriously affected by having a large number of children too rapidly. A large family usually means that there is insufficient money properly to feed, clothe and educate the children and it is the mother that usually suffers most.

It therefore happens that because of lack of the necessary knowledge a family can reach a point where another baby can spell disaster to the family as a whole.

Before sterilisation can be performed, on either male or female, both partners must give written consent to the operation and must fully understand that once sterilised, it is impossible for the couple to have further children even if they subsequently wish to have them.

The Condom or Sheath.

This is one of the best known and most generally available of birth control measures and it has the advantage of simplicity and cheapness.

The type of condome sold in Government Clinics is made of thin rubber. It is designed to be placed on the erect penis before intercourse and when the semen is released it remains in the end of the sheath and is prevented from reaching the vagina.

For added safety it is wise to use a chemical contraceptive as well as a sheath and this should be applied to the sheath or introduced into the vagina before intercourse. Condoms are sold at Government Clinics and cost two for sixpence.

Chemical Spermicides.

There are many varieties of chemical spermicides in the form of aerosols, creams, jellies, pastes, pessaries and foaming tablets.

In Fiji Government Clinics a spermicide of proven sperm killing capacity is available in the form of a paste contained in a soft metal tube or in the form of foaming tablets which dissolve in the presence of moisture and release the active spermicide into the vagina. These are far more effective if used in conjunction with a condom but do provide some degree of protection if used alone. They are available without charge at Government Clinics.

The Safe Period.

It is now generally believed that a woman normally produces only one egg cell or ovum during a menstrual cycle. The cell is released from the ovary about two weeks before the beginning of the next menstrual period. The ovum lives only for 24 to 48 hours, this being the time during which it is capable of being fertilised by a sperm cell. The sperms in turn, when they are in the uterus (womb) or tubes, retain their ability to fertilise the ovum also for about 48 hours. Conception can therefore occur only when sexual intercourse takes place during the few days around the time of ovulation. During the other days of the month, a woman probably cannot become pregnant, and these days before and after the period are called the "safe period" and, roughly speaking, this time is the week before and after the period, the middle two weeks being unsafe. Conception therefore can be prevented by avoiding intercourse during the fertile days of the cycle.

The problem therefore is to ascertain the exact day of ovulation for the individual woman. This can be done by a

study over a period of several months of the woman's menstrual cycles, the safe period then being calculated with the use of a mathematical formula.

Alternatively the ovulation time can also be determined by recording the woman's temperature daily. The temperature is taken daily immediately on awakening and will show a slight rise about the time of ovulation and will remain higher for the rest of the cycle. By a study of the menstrual and temperature records over a period of 8 to 12 months it is possible to estimate quite accurately the safe and unsafe days.

The last three methods are considerably less effective than the first three though they do provide some protection. For this reason intra uterine contraceptive devices and oral contraceptives are always suggested to patients first as being the method of choice.

TABLE II
Estimated Number of Women Protected by use of Oral Contraceptive Agents

It is estimated that by December 1955, 10,000 women in the child bearing age group were protected from pregnancy by one or other of the above mentioned methods of contraception.

The figures in the number protected by oral contraceptives and those in italics are as follows:

Year	Number of women protected by oral contraceptives	Number of women protected by intra-uterine devices	Number of women protected by temperature method	Total number of women protected
1950	1,000	1,000	1,000	3,000
1951	1,500	1,500	1,500	4,500
1952	2,000	2,000	2,000	6,000
1953	2,500	2,500	2,500	7,500
1954	3,000	3,000	3,000	9,000
1955	3,500	3,500	3,500	10,500
Total	15,500	15,500	15,500	46,500

A REVIEW OF FIJI'S FAMILY PLANNING CAMPAIGN

By Dr. C. H. Gurd,
Director of Medical Services.

1. Attendances at Family Planning Clinics.

The growth of the Campaign is best illustrated by the following table of attendances:-

TABLE I.

<u>Year.</u>	<u>First Visits.</u>	<u>Return Visits.</u>	<u>Total Attendances.</u>
1959	Not recorded		2,242
1960	"	"	2,700
1961	"	"	2,256
1962	"	"	2,644
1963	"	"	2,732
1964	4,129	12,950	17,079
1965	4,554	18,263	22,817

2. Estimate of Numbers of Women Protected by one or other Contraceptive Method.

It is estimated that by December 1965, 10,000 women in the child bearing age group were protected from pregnancy by one or other contraceptive technique or by sterilisation.

The increase in the numbers protected by oral contraceptives and loops is indicated in the following table:-

TABLE II.The Estimated Number of Women Protected by Oral Contraceptives or Intra Uterine Loops.

	<u>December 1964.</u>	<u>June 1965.</u>	<u>December 1965.</u>
Oral Contraceptives	2,600	2,900	2,600
Intra Uterine loops (Lippes)	800	1,300	3,300
Totals	3,400	4,200	5,900

In addition, 376 women in the reproductive age group were sterilised by surgery in 1965. No reports were received of sterilisation of males during the year.

The results of the Campaign.

It would not be correct to assume that the fall in the birth rate was a direct result of the Family Planning service. The causes for a change in a birth rate are complex. Nevertheless the Family Planning campaign must attract to itself some credit for the falling birth rate illustrated in figures in the tables set out below.

TABLE III.

Year.	B i r t h R a t e s			Overall Birth Rate.
	Indian.	Fijian.	Others.	
1959	47.36	36.90	41.25	41.78
1960	43.75	37.36	30.94	39.95
1961	45.54	37.43	31.05	40.88
1962	42.64	37.84	30.13	39.55
1963	40.20	37.80	26.66	38.02
1964	39.84	37.40	28.14	37.82
1965	37.29	36.19	26.35	35.89

TABLE IV.

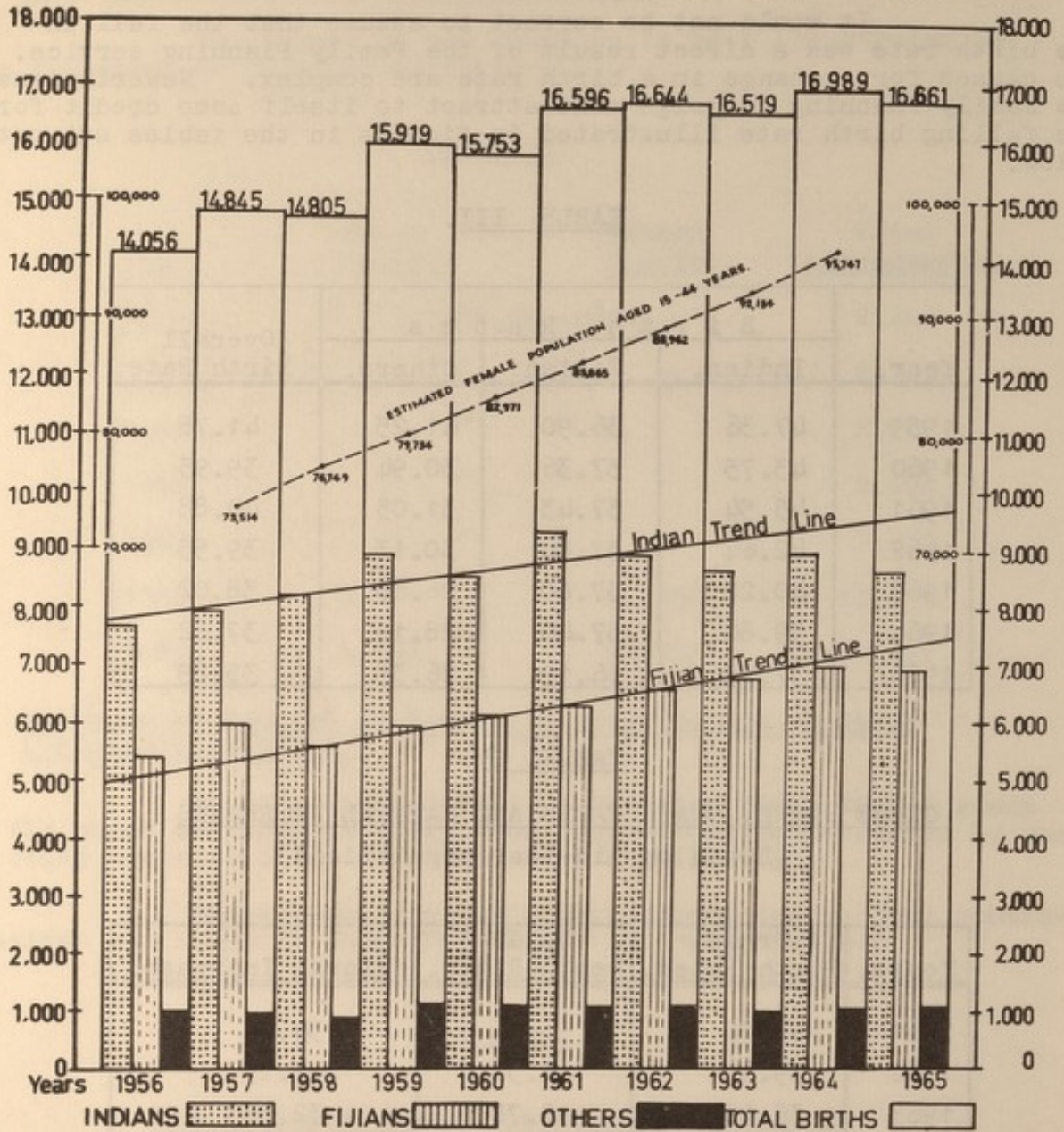
CRUDE BIRTH, DEATH RATES AND NATURAL INCREASES

(Based on mid-year population)

Years.	Crude Birth Rates.	Crude * Death Rates.	Natural Increase.
1961	40.88	6.44	34.44
1962	39.55	6.30	33.25
1963	38.02	5.78	32.24
1964	37.82	6.05	31.77
1965	35.89	5.13	30.76

* Although the birth rates are thought to be reasonably reliable, there is considerable evidence indicating under reporting of deaths. A crude death rate of around 7 - 8 per 1000 is probably more realistic.

BIRTHS RECORDED DURING YEARS 1956 — 1965



The Effect on Registrations of Births.

This is set out pictorially on the attached graph. It will be seen that in 1961, 16,596 births were registered compared with 14,056 in 1956, an increase of 2,540 births. Whereas in 1965, 16,661 births were registered which showed an increase of only 65 over the 1961 figure.

This flattening of the curve is also illustrated by the numbers of Fijian and Indian registrations. It will be seen that the number of both Indian and Fijian births registered are moving away from their respective trend lines. It is also apparent that the Fijian movement has occurred later and is of smaller magnitude than that for Indians. This is in accordance with impressions gained by Family Planning workers.

The results so far obtained are therefore greatly encouraging, and they are all the more rewarding when considered in the light of the growth of the female population in the reproductive age group.

The Future.

By the end of 1965 the greater part of the work necessary to launch an effective Fiji-wide programme had been completed and the number of women presenting themselves at Family Planning clinics for the fitting of loops was increasing rapidly.

A mobile clinic for the Western Division was placed on order early in the year, and its delivery was eagerly awaited. Funds were voted at the close of the year for the purchase of a further mobile clinic for the Northern Division in 1966.

Progress so far has been encouraging, and it seems certain that targets can be achieved by the development of Family Planning services on the lines which are already well established.

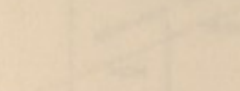
Although this booklet deals with progress in Family Planning in 1965, we feel it would be appropriate to add that in January 1966 the Oxford Committee for Famine Relief agreed to grant up to £5,000 for the purpose of building a new family planning headquarters clinic in Suva.

The Effect on Registrations of Births

This is set out pictorially on the attached graph. It will be seen that in 1957, 16,395 births were registered compared with 15,125 in 1956. The increase of 1,270 births in 1957 is due to an increase in the number of births registered in the first three months of the year.

The increase in the number of births registered in the first three months of the year is due to an increase in the number of births registered in the first three months of the year. This is in accordance with the increase in the number of births registered in the first three months of the year.

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By the end of 1957 the greater part of the work done in the first three months of the year had been completed. The increase in the number of births registered in the first three months of the year is due to an increase in the number of births registered in the first three months of the year.

A similar increase in the number of births registered in the first three months of the year is due to an increase in the number of births registered in the first three months of the year. This is in accordance with the increase in the number of births registered in the first three months of the year.

The increase in the number of births registered in the first three months of the year is due to an increase in the number of births registered in the first three months of the year. This is in accordance with the increase in the number of births registered in the first three months of the year.

All these figures show a steady increase in the number of births registered in the first three months of the year. This is in accordance with the increase in the number of births registered in the first three months of the year.

