



Humanity

ALL ABOUT LIFE * ALL ABOUT LIFE * ALL ABOUT LIFE * ALL ABOUT LIFE

We are guilty of many errors and many faults.
But our worst crime is abandoning the child.
Neglecting the fountain of life.
Many of the things we need can wait.
The child cannot
Right now is the time his bones are being formed.
His blood is being made.
And his senses are being developed.
To him we cannot say "Tomorrow."
His name is "Today."

These eloquent lines by the Nobel Prize-winning Chilean poet Gabriela Mistral have appeared in United Nations material promoting children's needs.

It is sadly ironic that those controlling the International Year of the Child should decide to abandon the child before birth. This is the child whose bones are being formed, whose blood is being made, whose senses are being developed. To him (and her), the IYC national commission does not even say "Tomorrow" or "Next year." It simply ignores the existence of the unborn.

So much for the Declaration of the Rights of the Child, the preamble of which states that "... the child, by reason of his physical and mental maturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth." So much for the fact that the 1977 United Nations resolution declaring the Year of the Child urged special attention to "the most vulnerable and particularly disadvantaged groups." What group is more vulnerable than the unborn?

The IYC counterpart in the United States has been under attack for similar reasons. But there, at least, the National Right to Life Committee has been accepted as a member of the IYC working group. The equivalent organisation here, the Society for the Protection of the Unborn Child, has been denied affiliation to the national commission.

Yet other organisations which have been involved in the abortion controversy, either pro-abortion (the Family Planning Association, the Committee on Women) or pro-life (Pregnancy Help, the Catholic Church), have been accepted.

Viewed in its wider context, the policy of ignoring the unborn appears part of a thrust made necessary by the current world-wide abortion epidemic.

The journal *California Medicine* faced the situation squarely in 1970 when it noted the erosion of the Western ethic of the value of each human life: "Since the old ethic has not yet been fully displaced it has been necessary to separate the idea of abortion from the idea of killing, which continues to be socially abhorrent. The result has been a curious avoidance of the scientific fact, which everyone really knows, that human life begins at conception and is continuous either intra- or extra-uterine until death. The very considerable semantic gymnastics which are required to rationalise abortion as anything but taking a human life would be ludicrous if they were not often put forth under socially impeccable auspices ..."

Abortion, therefore, becomes "termination of pregnancy." The unborn child is "the products of conception." Shades of Lewis Carroll and George Orwell!

What next? Will the Concise Oxford Dictionary change its definition of child from "Unborn or newborn human being ...?"

Much more serious, but still quite logical, would be a re-writing of the Declaration of the Rights of the Child to exclude reference to the child before birth.

Last October the United Nations adopted the Animal Charter. It begins: "All animals are born with an equal claim on life and the same rights to existence ..." Will a child's rights in future be similarly defined — from birth?

Feminist File and Feedback are on page 11.

Mother's milk is for

More mothers should be encouraged to breast feed their babies, according to the infant nutrition subcommittee of the Paediatric Society of New Zealand.

In a comprehensive statement published in the New Zealand Medical Journal (August 10, 1977), this expert group said proponents of breast feeding had been labelled as cultists and accused of denying women their rights to a freer life.

"Nevertheless," the statement continued, "evidence continues to accumulate that an important contribution to child and possibly adult health can be made by an increased prevalence of breast feeding."

These are some of the advantages listed by the subcommittee:

Breast milk is "the only scientifically established infant food." It confers remarkable protection against gastroenteritis, even in unhygienic surroundings. But cow's milk, even in a partly breast-fed infant, leads to the establishment of a large bowel environment favourable to the growth of disease-producing organisms.

"Gastroenteritis is likely to be most prevalent in developing countries, but remains a real problem in New Zealand. It was responsible for 538 admissions to hospital in Auckland alone in 1975-76 and for an infant mortality rate in New Zealand of 0.5 per thousand live births."

Respiratory infections, inflammation of the middle ear, and other infections have been found to be less common in

breast-fed infants. Babies can also be expected against meningitis, tetracycline, activity against virus and herpes simplex (which causes cold sores) also been demonstrated in laboratory.

"The immunological in favour of breast feeding braces prevention of disorders as well as infection. This aspect is based on information ... On the evidence it would appear for breast feeding to be encouraged in family history of asthma and other allergic diseases."

Recent studies have shown effectiveness with which absorbed from breast the adequacy of its content. These explain established fact that it

How bottle feed

As birthrates in industrial countries declined, Western companies manufacturing artificial milk preparations made up for the drop in sales by aggressively promoting bottle feeding in underdeveloped nations.

Their rigorous promotion campaigns persuaded poor and often illiterate mothers to abandon breast feeding in favour of powdered milk formulas which, in most cases, they did not need, could not afford, and were unable to use safely.

The outcome of the resultant misuse of artificial milk has been widespread malnutrition and increased mortality among infants of the Third World.

Since no "need" existed, except in a few medical or social situations, the companies set out through their advertising to create a need.

In some instances, the appeal was subconscious, according to Dr J. Kreysler, a World Health Organisation nutrition specialist in Botswana. Milk powder symbolised the world of the white man's power and status for many dark-skinned mothers. The companies created "a magic belief in the white man's white milk powder."

Free samples

Intensive promotion at hospitals and clinics, messages on

billboards and jingles on the radio conveyed the impression that breast feeding was a thing of the past and bottle feeding the wave of the future.

Even possible inadequacies of mother's milk were implied, leading many uninformed mothers to believe powdered milk was better for their babies. Free samples helped to persuade them to try it.

In Singapore, one of the milk companies' markets, the popularity of breast feeding dropped from 71 per cent in 1951 to 5 per cent in 1971.

If a mother's milk is not used during the first few weeks after the baby's birth, it dries up. Then the mother is stuck with the artificial formula — which she cannot afford.

According to the United Nations protein advisory group, the cost of feeding a six-month-old baby on bottled milk would take 23 per cent of an average family's income in Peru, 47 per cent in Nigeria, and 62 per cent in Pakistan. All this for a product the mother could produce herself.

So the mother simply dilutes the formula to stretch it.

No pure water

Several studies in the Caribbean found that many women were stretching a four-day supply to last three weeks. Dilution robs infants of the nutrients they need. Severe and sustained malnutrition results.

Milk preparations usually sold in developing countries are powdered, requiring pure water for mixing. But 80 per cent of the world has no access to pure water.

Bottle feeding also requires sterilisation of the water, bottle and teat. Without proper sterilisation, severe intestinal infection can occur. In the absence of equipment or fuel for sterilising bottles, and with illiteracy often making it difficult for directions to be followed, it is not surprising that some research has shown 80 per cent of babies' bottles to be contaminated.

American writer Leah Margulies calls the resulting sickness and deaths among babies "commercial malnutrition." As is so often typical of problems in developing countries, she comments, the problem has nothing to do with lack of available resources, but with ill-fated Western intervention.

Mental damage

"In Chile in 1973, three times as many deaths occurred among infants who were bottle fed before three months old than among wholly breast-fed infants. In some African hospitals, babies suffering from malnutrition are in beds marked "Lactogen syndrome"

after Lactogen, a baby food made by Nestle ...

"When breast feeding is widespread, malnutrition does not become severe until weaning, usually in the second year of life. Now the age of children suffering from malnutrition in parts of the world is months. One dangerous effect of this earlier malnutrition is often damage to the mental development."

Klim makes as strong



Klim builds strong, healthy babies.

"Your baby needs full-cream milk."

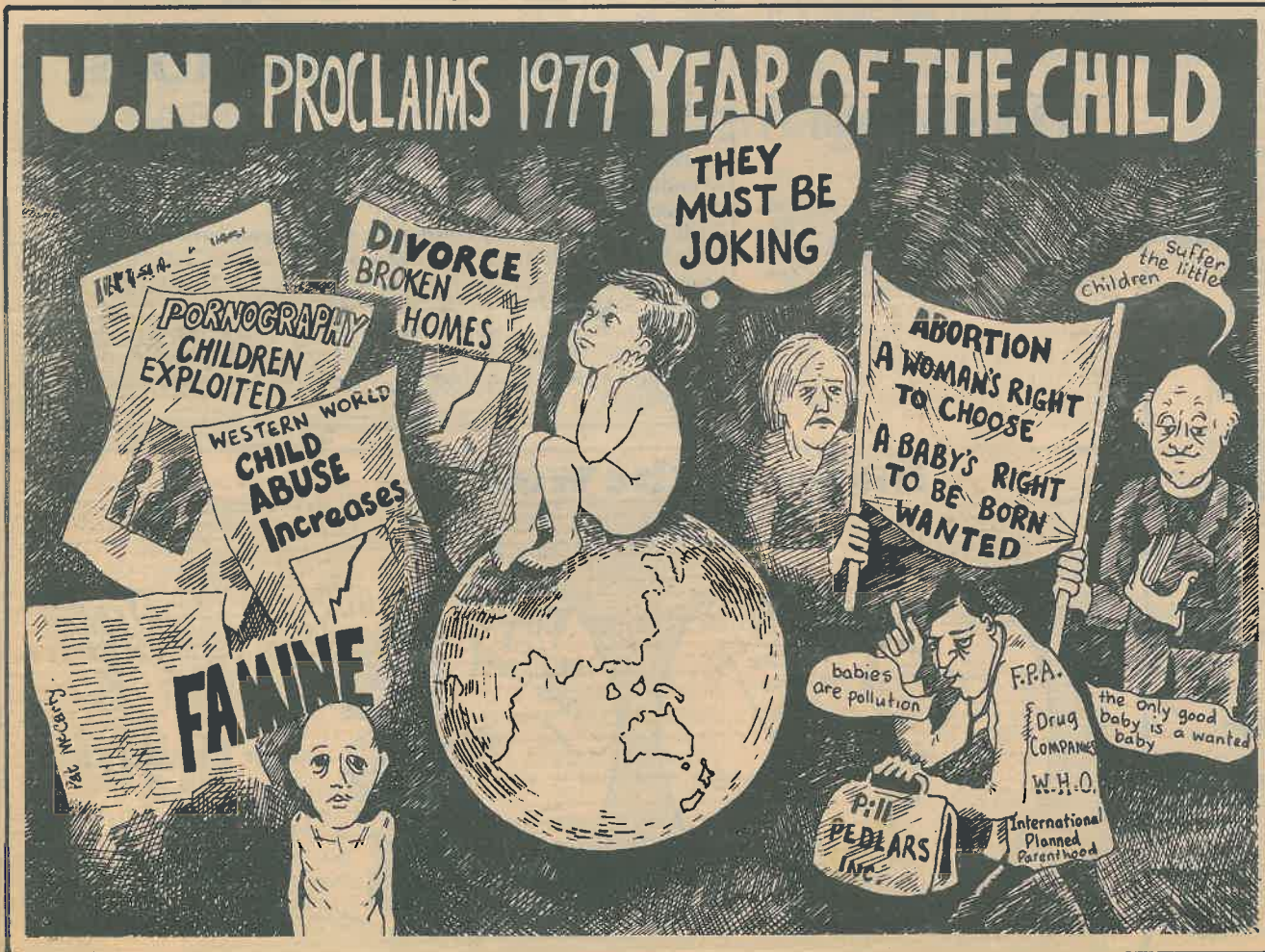
N.Z. can

Following allegations that change from breast to bottle feeding was producing malnutrition in Western Samoa, New Zealand firm of Borden Laboratories agreed to change its advertising and print label for cans and packets of baby formula.

The allegations appeared in April in a front-page article in the Government newspaper, *Savali*.

It quoted two health workers who said modern milk powder were unsuitable for tropical climates.

One of the officials, Christine Quested, a New Zealand nutritionist, said she had seen two or three children with obvious malnutrition in Western Samoa each week.



babies, cow's milk is for calves

breast milk common for term breast-fed babies to suffer from either anaemia or rickets. There may also be important psychological benefits from breast feeding. Bottle feeding has a number of possible hazards. Infection may result from unhygienic preparation of feeds, aggravated by lack of protection provided by breast feeding. There are also nutritional and metabolic hazards. "It is possible that these negative aspects of artificial feeding are responsible for the poorer nutrition of non-breast fed infants compared with their breast-fed fellows observed in a recent Auckland survey." Human milk is a chemically complex substance and artificial formulations can only approximate some of its properties.

There can be deficiencies in certain vitamins, amino acids and trace elements.

"In New Zealand, where there is little enforcement of standards for commercially prepared infant formulas and where resources for monitoring are limited, the risk of nutritionally inadequate formulas being marketed is greater."

It has been suggested that the bottle-fed infant is more likely to be over-weight in later life. Association of artificial feeding with the development of heart disease and high blood pressure has been suspected. Reduction of blood calcium, leading to convulsions, occurs almost exclusively in the bottle-fed.

An infant fed cow's milk runs a greater risk of dehydration, par-

ticularly in association with otherwise easily tolerated stresses such as mild gastroenteritis, reduced fluid intake and hot weather.

Then, the subcommittee said, there are the economic arguments against formula feeding — the expense of associated illness and deaths; material waste in the inefficient conversion of energy from grass to cow's milk to infant growth; discarding of unused milk by households and industry; and expensive technology to produce a formula like human milk.

"For the family there is the needless economic burden of an expensive formula advertised seductively by an increasingly competitive industry. It has been stated that 'the world is too poor to give up breast feeding.'"



NEW INTERNATIONALIST

ing was sold to the Third World

One doctor has called milk powder "the passport to death" in the tropical Third World. While Third World infants suffer from this inappropriate importation of Western technology, so too do the economies of their countries, which must sustain what one nutritionist estimates is the export of over \$1000 million a year for these expensive preparations.

The obvious conflict between

multinational corporate profits and the public interest on this issue has made the "bottle-baby scandal" a focus for citizen education and action.

Court action

In 1975 an agency of the United States National Council of Churches launched a shareholders' campaign to force accountability and reform by U.S.-based infant formula manufacturers.

The Sisters of the Precious Blood, an Ohio-based Catholic order of nuns, joined other church stockholders in court action against Bristol-Myers, documenting the inaccuracy of a company statement that its products were not promoted "where chronic poverty or ignorance could lead to misuse."

Another company, Borden, claimed its Klim (milk spelt backwards) was not sold for infant use, only for older children and adults. When church investigators produced evidence of radio commercials in Venezuela — a baby wailing, the mother upset, and a man's voice recommending Klim to make the baby happy — the firm agreed to drop all its promotion for infant milk.

The campaign led Abbott Laboratories to discontinue its practice of sending "milk nurses" — sales personnel in white nurses' uniforms — to visit new mothers, doctors and clinics to promote sales. But other companies continue to use nurses' uniforms to give their products the guise of medical endorsement.

Nestle accused

The largest seller of commercial baby milk in underdeveloped countries is the Swiss-based Nestle company. The second largest food company in the world, it has an an-

nual turnover said to exceed the gross national product of any one of 40 African nations.

In 1974 a Swiss group republished a War on Want pamphlet accusing Nestle of unethical and immoral sales methods and holding the company responsible for the deaths or injury of thousands of children.

Nestle sued and the judge found that the pamphlet's title — "Nestle Kills Babies" — was indeed defamatory. He fined each member of the group, but added that Nestle was not acquitted and should fundamentally rethink its promotion methods.

"Up to now," he said, "Nestle's advertising practice can transform a life-saving product into one that is dangerous and life-destroying."

In Sierra Leone, where radio commercials told mothers "Now Lactogen a better food cos it don get more protein and iron, all de important things dat go make pikin strong and well," a hospital survey found 713 out of 717 babies admitted because of malnutrition had been bottle-fed.

Support for campaign

In the United States, the Infant Formula Action Coalition (INFAC) has organised a nationwide consumer boycott of Nestle products. It seeks an end to mass promotion and free samples of artificial milk preparations, and steps to prevent them from getting into the hands of people who do not have the means to use them safely.

The campaign has attracted support from a broad section of the community, from radicals who oppose multinational companies to right-to-lifers concerned for the health of children.

Occasionally the promoters of bottle feeding are made to confront reality — a sharp contrast to their glossy advertisements.

In a 1976 interview on West German radio, Dr Elizabeth Hillman, a paediatrician at Kenyatta National Hospital, Nairobi, told of a visit by two Nestle representatives who asked for opinions on the War on Want pamphlet about their company.

Vivid demonstration

"They really wanted us to say that the Nestle company did not kill babies, and we dis-



U.S. boycott button

cussed this at length with them and were not able to say, of course, that Nestle either does kill or does not kill, statistically speaking," she said.

"But, to illustrate the point, I mentioned to these two gentlemen that there was a child over in our emergency ward... who was very near to being dead, because the mother was bottle feeding with the Nestle's product (Lactogen, a milk preparation), and for interest I asked whether they would like to see the baby.

"I took the two representatives over into our emergency ward and as we walked in the door the baby collapsed and died... And after the baby was pronounced dead, we all of us watched the mother turn away

from the dead baby and put the can of Nestle's milk in her bag before she left the ward... It was a vivid demonstration of what bottle feeding can do, because this mother was perfectly capable of breast feeding.

"They walked out of that room very pale, shaken and quiet and there was no need to say anything more."

Countries act

From Lusaka, Zambia, came a touching photograph of a child's grave. It is adorned only by a feeding bottle and a Lactogen tin. The mother believed to the end, as she had been told, that these were her baby's most valuable possessions.

More than 40 countries are now taking action to curtail the promotion of imported milk-powder preparations for babies. Malaysia has instituted a breast-feeding campaign. Papua New Guinea has banned the advertising of bottle-feeding products. Algeria has nationalised baby-milk imports.

Since a small proportion of mothers cannot breast feed, either because of medical problems or because they must work away from their infants, Zambian nutritionists have developed a cheap locally-made substitute.

One of the great difficulties in the situation is that the multinational companies concerned are bigger than the governments trying to control them. Ultimately, it seems, the companies will have to be controlled from their countries of origin rather than their countries of operation.

(Sources for this article include the New Internationalist, The Uncertified Human, the Washington Star, Healthright and INFAC.)

es babies grow long as iron.



m Klim... A 1976 South African adver-

company involved in Western Samoan complaints

Part of the fault lay with traditional beliefs, part with the "modern-age baby milk powder companies, notably Glaxo Laboratories in New Zealand," the article said.

Miss Quested and the head of the Apia family welfare clinic, Dr Vio Annandale, said a high level of technology was needed for bottle feeding — a refrigerator, a good supply of fuel, clean water, special utensils, bottles and teats. In most parts of rural Samoa, these were not available.

In large families, to economise, the baby was often fed a diluted, contaminated formula which could lead to diarrhoea and malnutrition.

The officials said it had been shown repeatedly that in the

tropics the best safeguard against infant malnutrition and gastro-intestinal infections was breast feeding.

They called for limited importation, promotion and distribution of artificial substitutes for natural foods.

The report had an immediate effect in New Zealand. Glaxo, the biggest supplier in the area, sent a delegation to meet Western Samoa's Prime Minister, health officials and members of the Prime Minister's department.

At the meetings, the company agreed to change its radio and newspaper advertisements. It also agreed to change the labelling on its containers to make the language simpler, to translate the instructions into Sa-

moan (previously they were mostly in English), and to include a warning that misuse could result in sickness for the infant.

The company's manager, Mr K. D. Huse, said it had never claimed that mothers should use Glaxo if they could breast feed. Glaxo was only an alternative for mothers who could not breast feed.

He said Glaxo had developed a special type of milk powder for use in the Islands. If the powder was made up for each feed, there was no need for a refrigerator.

Dr Annandale also expressed concern that Anchor full cream milk products (from the N.Z. Dairy Board) were being used in Samoa as a baby food — and, un-

like Glaxo, had no Samoan advice on the cans.

In New Zealand, the Auckland-based Baby Foods Action Group has been drawing attention to the baby foods issue, as it is known. The group was formed in 1977 under the umbrella of Corso.

Sue Neal, a spokeswoman for the group, says Pacific Island mothers do not realise the need to increase the strength of milk formulas for older babies.

"Milk formula for a six-month-old baby costs a good quarter of a Western Samoan labourer's wage. So they water it down," she said.

The group wants much more stringent control of distribution and labelling of artificial milks

and more emphasis on the value of breast feeding.

"It's too easy to put your baby on the bottle in New Zealand maternity wards," she said. "Uneducated mothers can genuinely get the impression that there is something wrong with their own milk."

The group said the tendency to bottle feed is being picked up by Pacific Islanders in New Zealand and taken back to the Islands.

They bottle feed because many mothers need to go to work and few employers make provision for breast feeding. They also pick up the New Zealand "modesty" which makes public breast feeding an embarrassment to many.

Growing traffic in adoptions

LOS ANGELES. — Government officials say there is a growing traffic, both legal and illegal, in the adoption of Mexican children by childless American couples.

Mexico, they say, has become a primary source of babies for American couples who want to adopt a child but find that none is available or that they must wait a year or longer at a public adoption agency or that they are disqualified because of age or other factors.

More are sterile

WASHINGTON. — Use of oral contraceptives in the United States fell in 1976 for the first time in years, but there was a sharp increase in sterilisations, according to a survey by the National Center for Health Statistics.

Kathleen Ford, the statistician who compiled the report, said pill usage "increased rapidly during the 1960s and early 1970s and it was still the most popular method. But sterilisation was taking over because it is so effective."

Of all couples with a wife of child-bearing age, 28.3 per cent were sterile as a result of surgery and 1.9 per cent were sterile for non-surgical reasons, such as congenital defects or disease, the report said.

Fivefold

WASHINGTON. — Despite increasingly effective methods of birth control, the annual number of illegitimate births in the United States increased more than five times between 1940 and 1975.

A Census Bureau report showed that the annual number of births occurring outside marriage went from 90,000, or 3.6 per cent of all births, in 1940 to 448,000, or 14.3 per cent, in 1975.

The report said there were nearly three legal abortions for every 10 babies born in 1975. Contraception was widespread, with 89 per cent of married women using some form.

Chinese cheapie

PEKING. — As China endeavours to strengthen external links, its health authorities have begun encouraging women in Hong Kong to come to Canton, the nearest major Chinese city, for abortions.

Scores of young women are taking advantage of this unexpected new facility. Abortions are provided for only \$3.15 and sterilisations for \$9.50.

Worldwide help

TOLEDO, Ohio. — The world federation of Alternatives to Abortion International, a rapidly expanding movement of prolife service centres assisting women with problems arising from pregnancy, now numbers 2300 centres in 54 countries.

Although the number of legal adoptions of Mexican children is growing, sources in the legal community here said there are also indications of a growing illegal market in Mexican children. One attorney said Mexican infants have been offered to him at prices ranging upwards from \$4000.

"An associate in San Diego told me about a place south of Tijuana where couples can go down and pick out a child from a room full of babies, sort of like a supermarket," he said.

Secret entry

Kidnapping rings also are reportedly dealing in babies, and some smugglers promise to help families cross the border in return for the infants.

Because many children are believed to be brought into the country without notice to immigration authorities, no one can estimate how many might be involved.

"About the only time we hear about them is when a couple has lost a child after the Mexican mother changes her mind and wants it back," said Miriam Rapte, district director of the Children's Home Society in San Diego.

Fewer babies

Adoption agency officials said that, since there is a sharp drop in the availability of American babies for adoption because of the declining birth rate, the increased demand for Mexican babies is no surprise.

Mrs Rapte's agency received 652 inquiries last year from couples or individuals seeking to adopt but only 38 babies were available. "We used to have 200 to 250 children a year," she said.

Smoking damage shown

CHICAGO. — Evidence that smoking during pregnancy damages the unborn child has been presented by a Danish cardiologist.

Dr Inger Asmussen says the damage consists of several alterations in blood vessels, identical to those in atherosclerosis produced experimentally in animals.

She reported results of a study of placental from 15 non-smokers and 13 smokers to an international symposium on childhood prevention of atherosclerotic and hypertensive diseases.

In mothers who smoked, exami-



WASHINGTON. — Interest in the British hospice concept is increasing in the United States, where it was virtually unknown until a few years ago.

The Secretary of Health, Education and Welfare, Joseph Califano, is seeking proposals for experimental funding of programmes of care for the terminally ill. He has also called for a federally sponsored hospice conference in Washington this year.

Backroom abortion now legalised

CHICAGO. — All the hallmarks of assembly-line abortions were revealed in a five-month investigation of Chicago's multi-million dollar abortion trade by investigators from the Better Government Association and the *Sun-Times*.

Some findings were:

- Doctors perform abortions on non-pregnant women.
- Inexperienced or unqualified people perform abortions and record-keeping is shoddy.
- Doctors race each other to see who can perform the most operations a day. Without waiting for anaesthetics to take effect, they complete abortions in "an excruciating two minutes."

• Instead of being properly counselled, women are sold on abortion through high-pressure tactics and false information. At one clinic, telephone operators were told: "We have to corral the patients."

• Clinics are run under unsanitary conditions and use haphazard procedures, sometimes leading to infection and internal damage that require a hysterectomy.

One doctor went from one abortion to the next without washing hands or donning sterile gloves. Another performed an abortion while a

nurse gave him a "sensual massage" and on another occasion did abortions after drinking champagne at a clinic party.

Reporter Pamela Zekman concluded: "In 1973 the Supreme Court legalised abortion. As it turns out, what they legalised in some clinics in Chicago is the highly profitable and very dangerous back-room abortion."

State officials, who did not know 12 women had died after clinic abortions in the state since 1973, set a task force investigating.

Help to die gets gaol

STOCKHOLM. — A doctor and a woman writer who advocated "death help" have been convicted of manslaughter and sentenced to eight months in prison for helping a paralysed man to die.

In Sweden's first euthanasia case, the court found that Berit Hedeby, 53, wrongly killed her journalist friend, Sven-Erik Handberg, 34, by giving him 70 sleeping pills and an insulin injection after he said he wanted to die. Dr Ragnar Toss was convicted of prescribing the medicine while knowing how it was to be used.

Miss Hedeby, former leader of a group called Right to Our Death, denied the charges but in a recent book on euthanasia she admitted helping the journalist commit suicide.

Assisting suicide is not a crime in Swedish law as long as it does not involve "active participation." Euthanasia is illegal.

Abortion prayer rejected

LONDON. — A special prayer for use after abortion was rejected by the General Synod of the Church of England, despite support from the Archbishop of Canterbury, Dr Donald Coggan, and most lay

At the first convention of the National Hospice Organisation, Mr Califano (left) spoke of visiting a small hospice in New Haven, Connecticut:

"I went there with the idea that hospice was about dying. I came away realising that hospice is something far more. It is about living a way of life more fully and completely, embraced by human concern and supports, up to and through to the end of life."

Pill, IUD cause divorce?

WASHINGTON. — According to a two-year study at Stanford University, the contraceptive pill and the IUD comprise the biggest single factor in America's divorce rate.

Dr Robert T. Michael, associated professor of economics, says these techniques account for 45 per cent of the rise in the divorce rate for four reasons:

• The lowered birth rate has made divorce easier and cheaper for most couples;

• Women who are "relatively free of the threat of pregnancy" can pursue careers not focussed on homes and husbands;

• "When a husband and wife both work, sharing household tasks as if room mates, there is less incentive to keep the marriage going than when each gets separate, different benefits from the relationship;"

• Mates who "play around" because extramarital sex is "safer" are likely to find new partners they prefer.

'Attack' on families

LONDON. — An attack on one-parent families and their special needs is quietly being mounted by Government officials and deeply-rooted prejudice against such families is emerging with "an official stamp of approval," according to the National Council for One Parent Families.

The council says powerful voices in the Department of Health and Social Security are challenging the fundamental finding of the 1974 Finer Committee that one-parent families have special needs which have been ignored longer than those of any other group of poor.

Now . . . the fetus as an organ farm

NEWYORK. — After three years' treatment, a kidney patient is growing desperate. Regular need for a dialysis machine means he cannot work. He feels weak and is suffering side effects from the treatment.

A transplant seems impossible. He was adopted as an infant and does not know his natural family. And his rare tissue type makes it unlikely that a suitable dead person's kidney can be found.

Then his wife suggests a solution. She will become pregnant and, after five or six months, have an abortion. The fetal kidneys could be transplanted into her husband.

Would this be ethical? The question was posed by the Institute of Society, Ethics and the Life Sciences in its Hastings Center Report.

Of three experts invited to com-

ment, theologian Daniel C. Maguire of Marquette University suggested allowing the baby to be born and then donate a kidney. Carol Levine, the Report's managing editor, opposed the idea of "a potential person" being a source of spare parts for another's body.

But Mary Anne Warren, a philosopher at San Francisco State University, saw "no serious moral objection" to the scheme.

Church urged

LONDON. — The Church of England should make its voice heard more loudly on abortion, the Bishop of Ripon, the Rt Rev. David Young, has urged. He said doctors would have more support in deciding not to abort if the church expressed greater concern.

To alert Church of England members to the issue of abortion, an organisation called Anglicans for Life has been set up.

Futures game sees people in consumption terms

Secondary school pupils will this year begin playing a game in which their "life decisions" on life-style and population will be evaluated in terms of resource consumption.

In the New Zealand Futures Game, pupils spend their life's income by choosing "product cards" — for example, a new house in the suburbs, a small apartment, a large car, a family set of bicycles, higher education, or a heated swimming pool.

Then they choose how many children they want and their immigration and population preferences.

Three population policies are presented: Equal employment for women is encouraged; Free family planning is available to everyone; Families with more children pay more tax.

Pupils who disagree with any of these are dealt an equivalent number of chance cards, half of which involve an "unexpected offspring."

Result of choices

Resource requirements of the various choices are tallied, then each pupil receives a scenario describing the population, economy and environment of the New Zealand future resulting from his or her choices.

Abortion was among the population choices in models tested last year in selected schools. When the game's designer, Mr Graeme Scott, introduced it at the congress of the Australian and New Zealand Association for the Advancement of Science in Auckland last month, he hinted that abortion was dropped because

of the general election result.

Mr Scott, a research fellow of the Joint Centre for Environmental Studies at Canterbury University, said teachers should not influence pupils' decisions, but point out the cost these decisions involve in resources.

He said the game can also be played in reverse, with pupils selecting a future and making product and population choices to achieve it.

A teacher's guide proposes a follow-up in which classes consider "changes in laws and social attitudes that may be necessary to implement a particular preferred future."

The Commission for the Future is distributing the game to all high schools. It is also considering producing the New Zealand Population Game.

Abortion was an issue

Despite what some politicians said, abortion was a key issue in the 1978 general election.

In a Heylen survey a week after the election, abortion rated third place (after the economy and unemployment). It was the top issue for 10.7 per cent of voters — most of them women — and for 17.4 per cent of new voters.

In Wairarapa electorate, the subject of a special survey, abortion was named the second most important issue (equally divided between "conservatives" and "liberals"). But of the 9 per cent who said they voted for a candidate because of his personal stand on abortion, all except one voted for successful prolife Mr Ben Couch.

No lack of knowledge

A study of 31 Dunedin women seeking abortion in 1976 showed that, although all knew about contraception, only 12 were using some form when they became pregnant, and only 14 had ever used any form.

In a survey of high school students reported in the same issue of the *N.Z. Medical Journal* (December 27, 1978), Dr Margaret Sparrow, former president of the Abortion Law Reform Association, concluded that ignorance of contraceptive methods did not appear to be a major factor in unplanned pregnancies.

To look at new law

The new Minister of Health, Mr Gair, has indicated he will be looking into the way the abortion legislation is working.

But, according to the *N.Z. Herald* (December 15, 1978), he stressed that his responsibility was to administer the law as it stood, and any changes would be up to Parliament.

Mr Gair led the opposition in Parliament to the passage of the present law. He is also Minister of Social Welfare.

Another who opposed the present legislation is the new Minister of Justice, Mr McLay, who has said (speaking in general terms) that he regards law



Mr Gair reform as an essential function of a good government.

Benefit idea backed

Support for the idea of beginning the family benefit three months after conception has come from Professor G. C. Liggins, professor of obstetrical and gynaecological endocrinology at the Postgraduate School of Obstetrics and Gynaecology, Auckland.

Speaking in a panel discussion during a session on "Life's Beginnings" at the national conference of home science alumnae, he suggested that six months should then be lopped off the upper limit of the benefit.

He said he proposed the change because of the need for prenatal care for both mother and child.

(Last year the Society for the Protection of the Unborn Child announced it would urge the new Government to begin the family benefit from the time a pregnancy is confirmed.)

Home care helps family prepare for grief

When a dying patient is nursed at home by relatives, the family's grief is resolved in a much more desirable way than if he or she had died in a hospital.

This is the main finding of a Tauranga general practitioner, Dr C. A. Smith, in a five-year study reported in the *New Zealand Medical Journal* (November 22, 1978).

The difference in grief responses reflected the peace and dignity of the home situation where a patient came to terms with the dying process, the report says. Home care helped the family to anticipate and prepare for their grief by involving them in the treatment and ultimately the death of the patient.

"The relatives of the home-cared patients also had a better opportunity to share their feelings with the patients and the professional helpers before death."

"Interpersonal relationships, in spite of the emotional and physical demands of nursing care, were enriched. It was this involvement and anticipation which played a big part in the later resolution of the grief, as if on reflection a difficult task had been completed with consideration satisfaction and benefit."

More rubella feared

Rubella cases may increase this year, following an upsurge in Britain, and the Health Department says up to 19 per cent of New Zealand women may not be immunised.

Fifty per cent of mothers who contract the virus will have babies affected in some way. One in 10 of these will have severe mental retardation.

New Year honours for proliferers

Miss Thelma Burton, national president of Pregnancy Help, received the MBE in the New Year's Honours list.

Miss Burton, of Lower Hutt, received the honour for services to nursing. She is a former executive director of the New Zealand Nurses' Association.

Other prominent prolife persons to be honoured included:

• Mrs Olive Manning, Mayoress of Onehunga, who received the QSO. Her community service includes being chairperson of the National Old People's Welfare Council and a member of the Auckland Hospital Board. She shares a prolife commitment with her husband, Mr Leo Manning, a former president of the Auckland branch of the Society for the Protection of the Unborn Child.

• Mrs Grace Williams, of Kaitia, who received the QSM. Among many community activities, she has been secret-



Miss Burton

ary of the Kaitia Plunket Society for 21 years and a member of the Kaitia Social Services Council for the past 15 years. She is patron of the Kaitia SPUC branch.

• Mrs Kathleen Redmond, of Whangarei, who also received the QSM. She is chief nursing officer of the Northland Hospital Board and a former president of the Whangarei SPUC branch — an office now held by her husband, Mr J. Redmond.

TV2 acknowledges using wrong information

TV2 has admitted using untrue information about the abortion complication rate at National Women's Hospital, Auckland.

The inaccuracy, contained in an "Eye Witness" programme on October 26, was acknowledged by TV2's director-general, Mr Allan Martin, in a letter to the Auckland Hospital Board.

The programme featured a claim by Dr Hilary Weeks, formerly of the Auckland Medical Aid Centre abortion clinic, that

25 per cent of women obtaining abortions at National Women's were readmitted with complications.

The true readmission rate — about 1 per cent — had been given to a TV2 researcher by the acting medical superintendent.

The programme gave the impression that the former AMAC clinic provided a superior abortion service to that of National Women's.

After the programme, the Christchurch branch of the Abortion Law Reform Association, quoted the figure of 25 per cent in submissions to the North Canterbury Hospital Board arguing in favour of establishing an out-patient abortion clinic in Christchurch.

CWL warns

The Catholic Women's League has issued a warning about the United Women's Convention at Hamilton in April.

It has told its members that anyone attending should realise that their participation could be interpreted as supporting radical feminist objectives such as abortion on demand and acceptance of the validity of all forms of sexual preference.

Calling collectors

Here's a scheme to raise money for a worthy cause...

A stamp and coin dealer has offered his services in selling stamp or coin collections for *Humanity* readers who wish to donate the proceeds to *Humanity* (or to any other pro-life organisation).

If you have an old collection that is gathering dust and you would like to dispose of it for a pro-life cause, please send it by registered mail to the Editor, *Humanity*, P.O. Box 26-113, Epsom, Auckland 3.

Alternatively, if you wish to sell a collection for your own benefit, our dealer will dispose of it at the best possible prices for a 10 per cent commission to *Humanity* or another pro-life organisation.

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