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EDITORIAL

CONTRACEPTION

Few general practitioners can nowadays afford to disclaim knowledge of contraceptive methods and techniques. Whatever the social and religious reservations that one may have on the morality of the principle, none will deny—least of all the average practitioner in a modern community—that some sort of plan must be followed in raising a family. Young married life is an economic venture that needs to be planned and navigated as carefully as an ocean voyage, to which an unexpected baby can often have the same dire result as an uncharted rock. Contraceptive guidance is a task usually devolving upon the medical adviser of the family, and the methods and techniques of practising it have become part of the stock-in-trade of the family doctor. It is said to be as commonplace as antenatal advice and baby care and as important as gynaecological success, on which the welfare of the practice traditionally depends.

Despite the intelligent attitude of many married couples, there is an influential body of both tacit and active opposition to contraception. The most active—and certainly the most dogmatic—disapproval is that based upon purely religious grounds. Those that oppose it on these grounds hold that fecundation is an integral part of the act of coitus and that any procedure aimed at thwarting the course of nature is contrary to God's will. Therefore, any artificial contraceptive is forbidden. (This argument falls completely outside the professional sphere of the medical man; it affects him only as a member of the human family. In the same way as anyone else, he either accepts the principle of contraception or rejects it.) However, on the purely scientific level sufficient opposition exists to put an edge on the apathy surrounding its scientific study, and to maintain the whole question in a state of controversy. Many other problems of preventive medicine in the modern community, e.g. traffic accidents and safety in the home, are chronically neglected; but contraception suffers under the additional disadvantage of being socially unacceptable as well. The suspicion and semi-disapproval of all but the most liberal thinkers of the community has, in the past, cast a cloud over the activities of the Family Planning Association in Britain and similar pioneers in South Africa, and it has undoubtedly hampered the healthy distribution of contraceptives and what may be called their legitimate use. Far, however, from curtailing the trade in contraceptives, this attitude has forced

VAN DIE REDAKSIE

DIE VERHOEDING VAN BEVRUGTING

Deesdae kan min geneeshere dit bekostig om kennis van voorbehoedemetodes en -tegnieke te veronagsaam. Wat ook al die individu se sosiale en godsdienstige voorbehoud in verband met die morele beginsel is, kan geneene dit betwis nie—allerminste die gewone huisdokter in die hedendaagse gemeenskap—dat een of ander vorm van gesinsbeplanning nodig is. Die eerste jare van die huwelikslewe is 'n ekonomiese onderneming wat net so sorgvuldig beplan en bestuur moet word as 'n wêreldseereis—die geboorte van 'n baba waarvoor geen voorsiening gemaak is nie kan tot dieselfde rampspoedige gevolge lei as 'n rots wat nog nie op 'n kaart gebring is nie.

Ten spyte van die intelligente houding van baie getroude pare is daar sterk teenstand stilswyend en uitgesproke teen die verhoeding van bevrugting. Die mees aktiewe—en seer seker die mees dogmatiese—afkeuring berus op die suiwer godsdienstige grondslag dat bevrugting 'n integrale deel van paring is en dat enige prosedure wat die dwarsboming van die natuur beoog, teenstrydig met die wil van God is. Derhalwe is kunsmatige geboortebepanking verbode. (Hierdie redenering val geheel en al buite die professionele sfeer van die geneesheer, dit raak hom net as mens. Net soos enige ander individu aanvaar hy of verwerp hy die beginsel van die verhoeding van bevrugting). Nietemin is daar op suiwer wetenskaplike peil genoegsame teenstand om die apatie waarin die wetenskaplike studie van die probleem verkeer te vererger en om die geskil aan die gang te hou. Baie ander probleme i.v.m. voorbehoedgeneeskunde in die moderne gemeenskap, soos bv. verkeersongevalle en tuisveiligheid, ly aan kroniese verwaarloosing, maar verhoeding van bevrugting ly nog aan die verdere kwaal dat dit deur die gemeenskap afgekeur word. Die agterdog en gedeeltelike afkeuring waarmee almal, behalwe die mees liberaaldenkendes, hierdie probleem bejeen, werp 'n skaduwee op die aktiwiteite van die Family Planning Association in Brittanje en op die werk van dergelyke baanbrekers in Suid-Afrika. Dit het sonder twyfel die heilsame verspreiding van voorbehoedmiddels en die gebruik daarvan wat as wettig bestempel kan word, bemoeilik. Insteede egter dat hierdie houding die handel in voorbehoedmiddels ingekort het, het dit die verkoop van hierdie middels, onder die toonbank' gedryf. Die half agterbakse handel in voorbehoedmiddels vir mans wat in sekere skugter plekke plaasvind, asook in kroë, haarkappers-

their sale to be carried on 'under the counter'. The semi-clandestine trade carried on in male contraceptives from certain shy places, and from saloon bars, barber shops, etc., can hardly elevate the respectability of contraception as a practice. Inevitably the public will associate contraceptives and contraception with this rather sordid method of purchase, as something 'not nice', something associated with extra-marital relations. It emphasizes the less defensible aspects of contraception. While the majority of contraceptives are probably sold in more reputable circumstances, over the chemist's counter or on the prescription of a doctor, this clandestine traffic is sufficiently large to be damaging to its respectability.

In marked contrast are the sound socio-economic reasons advanced in modern times, not only in justification of the practice, but also for propagating knowledge of it and promoting research into safer and simpler techniques. The British Royal Commission on Population (1949) stated: 'Control by men and women over the numbers of their children is one of the first conditions of their own and the community's welfare, and in our view mechanical and chemical means of contraception have to be accepted as part of the modern means, however imperfect, by which it can be exercised'.¹ This attitude, viz. that contraception is a means of extending human freedom of choice, is the strongest moral argument of those who hold these views. 'The biologist who gives time to this problem', states the *Lancet*² in editorial comment, 'need have no doubt that he is meeting a universal human need and wish'. Many people are unaware—or too unintelligent to be made aware—of the economic boon of a planned family, and it is at this class of individual that the advice and guidance given by the family planning associations is chiefly directed. Educated people with good sanitary facilities can practise contraception, as far as avoiding pregnancy is concerned, with ease and fair success; but for the ill-equipped and unintelligent it is another matter. 'It is the poor man (and woman) under bad conditions who most needs and desires an advance in biological methods of controlling fertility'.² It is in this work, rather than by invoking neo-Malthusian doctrines to justify it, and in the measure in which they can contribute to human happiness in the future, that the advocates of contraception for intelligent family planning will find their true reward.

winkels e.d.m. besoedel die probleem. Die publiek sal noodwendig voorbehoedmiddels en die verhoeding van bevrugting met hierdie iewat onsmaklike verkoops-metode assosieer as iets wat nie juis ordentlik is nie, iets wat met buitewelike verhoudings gepaard gaan. Dit lê klem op die verdagte aspekte van teenbevrugting. Alhoewel die meeste voorbehoedmiddels waarskynlik onder ordentlike omstandighede oor die apteker se toonbank of op voorskrif van die geneesheer verkoop word, is die onsmaklike verkoop nogtans groot genoeg om die ordentlikheid te ondermyn.

In opvallende teenstelling is die deeglike sosio-ekonomiese redes wat deesdae aangevoer word om nie alleen teenbevrugting te verdedig nie maar ook om kennis daarvan te propageer en navorsing i.v.m. veiliger en eenvoudiger metodes aan te wakker. 'n Verklaring deur die British Royal Commission on Population (1949) lui as volg: 'Control by men and women over the numbers of their children is one of the first conditions of their own and the community's welfare, and in our view mechanical and chemical means of contraception have to be accepted as part of the modern means, however imperfect, by which it can be exercised'.¹ Hierdie houding dat teenbevrugting die individu se vryheid van keuse verhoog is die sterkste morele redenering van diegene wat hierdie standpunt handhaaf. In 'n hoofartikel van die *Lancet*² verskyn hierdie opmerking: 'the biologist who gives time to this problem, need have no doubt that he is meeting a universal human need and wish'. Baie mense is onbewus—of te onintelligent om daarvan bewus gemaak te word—van die ekonomiese seën van 'n beplande gesin, en dit is vir hierdie groep waarvoor die advies en leiding van gesinsbeplanningsverenigings bedoel is. Opgevoede mense met goeie higiëniese fasiliteite kan, sover dit die vermyding van swangerskap betref, teenbevrugting met gemak en redelike welslae beoefen; maar vir die swak-toegeruste en onintelligente is dit 'n ander kwessie. 'It is the poor man (and woman) under bad conditions who most needs and desires an advance in biological methods of controlling fertility'.² Dit is in hierdie werk, eerder as om hul op neo-Malthusleerstellings te beroep om dit te regverdig, en tot die mate waartoe hul tot die geluk van die toekomstige geslagte kan bydra, dat die voorstanders van intelligente gesinsbeplanning, hul opregte beloning sal vind.

1. *Report of the Royal Commission on Population*. (1949): London: H.M. Stationery Office.
2. Editorial (1956): *Lancet*, 1, 142.

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2. Van die Redaksie (1956): *Lancet* 1, 142.