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Katholieke Universiteit Leuven
Instituut voor Familiale & Seksologische Wetenschappen
Interfacultair Instituut voor Familiale & Seksuologische Wetenschappen
Prof. L. Lagrou

FAMILY PLANNING OF PORTUGUESE IMMIGRANTS AND INTEGRATION IN BELGIUM

JULIA S.N. FERRO BUCHER [1]

The knowledge and use of modern contraceptives was studied among 100 Portuguese women who immigrated into Belgium. The hypothesis was that the better the women's integration into Belgian society, the larger their knowledge and use of modern contraceptives would be. It was found, however, that the women's integration did not influence either the knowledge or the use of contraceptives. Instead, it was found that the use of modern contraceptives depended on the women's access to information about and availability of those contraceptives.

PROBLEM

Western Europe has observed a phenomenon of great importance in the past ten years : The massive immigration of workers and political refugees. Approximately 11 million immigrants, originating mainly from the Mediterranean and North-African countries, live nowadays in the industrialized West. They came to find work and better life-conditions, and to meet Western need for working-power. Of course, the actual economical conjunctures modified strongly the situation.

Belgium has always maintained an immigration policy that was different from that of neighbouring countries [2]. Its determining factors were not only economic interests, but also demographic problems (see 'Rapport Sauvy' and 'Rapport Delperée'). The latter strongly favoured integration of immigrant and native Belgian family rights, thus preserving an immigrant's family structure. This particular fact made possible our comparative research of the birth-control in their native milieu and after their inclusion into the new society, with the unavoidable change of the cultural context.

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[1] The article presents the results of research done on Portuguese immigrants in Belgium. The research has been the object of a Ph.D. thesis. Since January 1976 the author has worked in the Department of Psychology of the University of Brasilia (Brazil).

[2] Immigration policies are mainly conditioned by economic factors : The worker is appointed for a limited and specific period of time. He is sometimes obliged to leave his wife and children in his native country (see immigration policy in W. Germany, Switzerland and Holland). Contrary to the countries mentioned, Belgium has a more favourable immigration policy and for this reason Portuguese couples arrived simultaneously to Belgium (cfr. p. 15-16).

In the present article, we intend to discuss some of the results of our investigation, concerning particularly the influence of the new cultural experience on birth-control. Do the immigrants adopt the attitude-patterns of the receiving social group, or do they preserve the customs of their original community?

SAMPLE

We chose a population of foreigners living in a Brussels Urban Agglomeration Municipality. The sample consisted of 100 married women within a group of 998 Portuguese, as shown in the foreign register of the municipality. They were between 21 and 45 years old, were married legally and lived with their husbands when our investigation took place. The sample was chosen at random : We classified the municipality cards alphabetically, singling out every married woman, and proceeded with interviews until we reached the imposed number of one hundred.

METHOD

After having finished exploratory pre-interviews, we were convinced that the only method capable of giving us information about the aspects of our special interest, was to let the subjects explain themselves not only in their mother tongue, but also in their own proper terms. Considering the diversity of their cultural background and, moreover, the limited and stereotyped character of the questionnaires with closed answers, we decided to proceed with depth interviews.

In order to approach the more intimate problems, we moved gradually from rather neutral to more personal problems. Interviews lasted for two hours at most, otherwise two consecutive visits were paid to the subject. The questionnaire itself was divided in two parts. The first one consisted of questions about the subject's social and cultural integration into the Belgian society. The term "integration" was used in an operational perspective, and only one of its aspects was retained : Integration in the sense of the immigrants participation in the social and cultural life of their Belgian environment. Some questions about social and demographic characteristics smoothened the way to the problem of birth and birth-control. The second part of the questionnaire dealt mainly with the number of children desired in the future, and with the knowledge and the practice of birth-control.

Participation in the social and cultural life was investigated by studying the following aspects :

- *Language* : level of knowledge of and communication in the French language [3].
- *Mass communication system* : the listening to Belgian radio stations, television network, and the reading of Belgian newspapers, books, magazines.

[3] French is the language spoken in this area.

- *Circle of friendships* : association with Belgians in general, with their own countrymen, and with other foreigners in Belgium.
- *Nutritional habits*.
- *Housing conditions*.
- *Leisure and pastime* : the sort of leisure that immigrants have outside their everyday work and chores.

The answers were submitted to Content Analysis. The joint results on these variables were submitted to factorial analysis. The first factor taken into consideration explained 36% of the total variance after Varimax Rotation. This factor regrouped the variables : knowledge and use of the language, contact with the Belgian population, housing and leisure. It was found that the first factor depended 1. on the

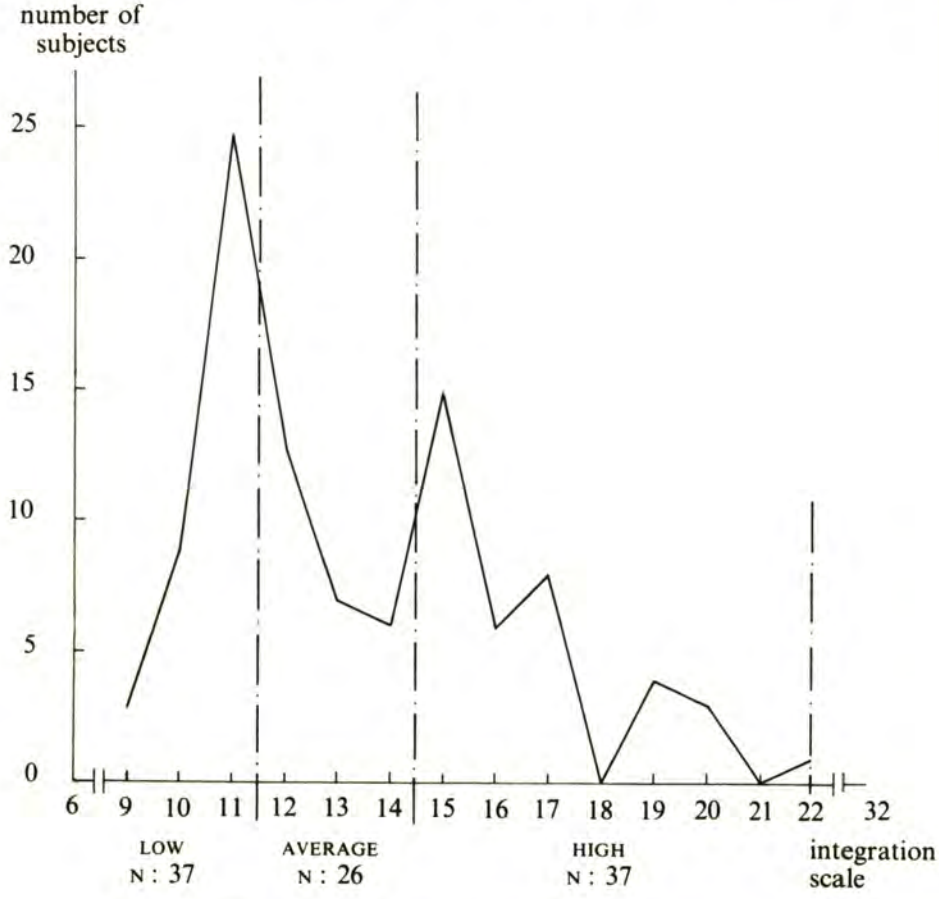

FIG. 1. DEGREE OF INTEGRATION OF A SAMPLE OF 100 PORTUGUESE IMMIGRANTS

cultural background, and 2. on the way natives of the host country accepted this immigrant. The scores of this first factor varied between a minimum of 6 points and a maximum of 32 points. The results obtained as to the integration of the group varied between 9 points minimum and 22 points maximum. The results permitted us to evaluate approximately the degree of integration of the subjects. In general the degree of integration turned out to be weak. The results were divided into three groups (see Fig. 1).

Low – 37 subjects (from 9 to 11 on the scale)
Average – 26 subjects (from 12 to 14 on the scale)
High – 37 subjects (from 15 to 22 on the scale)

RESULTS

SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

The average age of the sample was 34 years. Tab. 1 shows that women of the older categories of the sample are more numerous than the others. A possible reason would be that the older ones are more easily found at home, since most of them work as cleaning-women paid by hour. Their working day seemed to be less heavy.

The analysis of the duration of their married life gives us an average period of 7,89 years. In establishing the onset of the marriages, we did not only consider the immigrant's civil marriage. During the pre-investigation we realized that the marriages had been often legalized after a certain time of consensual union. Sometimes the reason of delaying marriage was the husband's refusal to serve in the army, which created an illegal situation; sometimes the reasons were purely economical, principally for those who came from the south of Portugal. Moreover, it often happened that the couple did marry only after a long period of already existing union. Some of these couples officially married in Belgium so as to regularize their papers for administrative purposes. The results of our investigation accordingly refer to the beginning of the conjugal union, apart from civil marriage. In our sample, 65 couples started their union with a civil marriage; 35 others got married only after a certain time of cohabitation. Out of the 100 couples married officially, 41 got married in church also.

The level of education of the greater part of the sample appeared to be very low indeed. Only a minority, mostly young women, had a prolonged education. It must be emphasized that the couples that were studied belonged to a generation brought up at a time when there was no compulsory schooling in Portugal. Their rural origin was also an important factor for the lack of formal education.

The average period of the sojourn in Belgium amounted to 6 years 3 months for men, and 6 years 1 month for women. Most of the couples (64) arrived simultaneously; in 18 cases the husband arrived

first, and was later followed by his wife. In the 8 remaining cases it was the wife who came first. The immigration we studied is relatively recent and characterized by the arrival of the whole family at the same time.

The majority of the sample (77%) came from the southern part of Portugal, characterized by low religious affiliation, a high number of illegitimate births, decreasing birth-rate, restrained families, and a longevity-rate that is one of the highest in Portugal (Lima dos Santos, 1970, p. 46; Evangelista, 1971; Livi-Bacci, 1971).

The average fecundity of the sample at the time of this investigation amounted to 1,74. Belgian women's fecundity amounts to 1,9 (Morsa, 1970, p. 15). The average immigrant's fecundity was therefore inferior to that of the native. As to the wish to have more children, more than half of the chosen subjects did not wish any more offspring (57 cases). Twelve women were not able to explain why they did not want any more children[4]. Twenty-four others still wished one or two more children and a small minority wanted to have 3 or 4 more children.

We were particularly interested in the fact that more than half of the chosen subjects did not want to have more children; the problem of the prevention of undesired pregnancies acquired thereby capital importance. When considering the age of the women in relation to the number of children still wanted, the number of those less than 35 years old was proportionately higher than the number of women above 35 years. From 36 years on a reverse relation was observed. A relatively high number of negative answers from the sample was reinforced by age group. Women called "fatalists" were less numerous (12) and were dispersed all over the age-categories. The average fecundity of women who do not want children is a 2,01. It was not known what the chances of change were. Women with six or nine children would probably not change their minds easily. However, it was necessary to examine these results afterwards, with respect to the age and the motives of the women.

We came across two extreme cases: Two women had no children and did not want any, owing to their special problems. The first one had great difficulties in establishing mutual understanding with her husband and, feeling undoubtedly insecure, refused to have children. The second woman had an unsuccessful child-birth and was probably still traumatized by the experience. In the category wanting 1-4 children there were 31 women who wanted to have more children. On the average they had 1,32 children. Considering both the children already born and those still wanted, the total aspiration of fecundity could be established. They amounted to an average of 3,1 children, which was distinctly superior to the first group's average. The present evaluation is of course fictitious, but might be attained in the future. The number of children still wished

[4] Sometimes they answered by: "only God knows", or some similar statement. We were inclined to describe them as fatalists.

level of education	age					total
	21-25 y	26-30 y	31-35 y	36-40 y	41-45 y	
1. inexistant and primary unfinished	—	6 (2,5%)	16 (26,0%)	19 (30,5%)	21 (34,0%)	62 (100%)
2. primary finished	4 (15,5%)	12 (46,0%)	4 (15,5%)	5 (13,0%)	1 (3,5%)	26 (100%)
3. prolonged	7 (58,5%)	5 (41,5%)	—	—	—	12 (100%)
total :	11	23	20	24	22	100

TAB. 1. AGE AND LEVEL OF EDUCATION OF THE SUBJECTS (N = 100)

age	number of children			additional children wanted			total
	0	1-3	+3	0	1-4	fatalistic	
21-25	5 (55,5%)	6 (7,0%)	—	3 (5,0%)	7 (22,5%)	1	11
26-30	3 (33,5%)	20 (22,5%)	—	7 (12,0%)	13 (42,0%)	3	23
31-35	—	20 (22,5%)	—	9 (15,5%)	9 (29,5%)	2	20
36-40	—	24 (27,0%)	—	20 (35,0%)	1 (3,0%)	3	24
41-45	1 (11,0%)	18 (16,0%)	3 (100%)	18 (31,5%)	1 (3,0%)	3	22
total	9 (100%)	88 (100%)	3 (100%)	57 (100%)	31 (100%)	12 (100%)	100

TAB. 2. THE ACTUAL NUMBER OF CHILDREN AND NUMBER OF ADDITIONAL CHILDREN WANTED RELATED TO THE AGE OF THE SUBJECTS (N = 100)

by these women went up to a maximum of 4. Category 3 consisted of 12 women who were not able to specify their wishes. They left the problem either to God's will or to simple hazard. Neither of them had more than 4 children (the average was of 1,5).

KNOWLEDGE AND USE OF CONTRACEPTIVES

The knowledge about contraceptives was generally low or even absent, and mostly erroneous. The following three categories were established empirically: 1. *ignorance*: the woman had never heard about them; 2. *low knowledge*, and very often erroneous: contraceptives were known by hearsay, but misunderstood; 3. *elementary knowledge*: things the women knew were nearer to reality, at least from the point of view of usage. A fourth category seemed to be useless: Only three women were found with a more complete general knowledge. For the majority of them knowledge remained very superficial, and the best-known methods were – as it will further appear – also those that were most frequently applied in practice.

No physiological questions were asked. But the practice of methods such as periodical continency demands rudimentary knowledge which was found among 36 women who had received some elementary information. The majority of these 36 women adopted the principle of continency between the 13th and 21st day of the menstrual cycle. Continency lasted from one to two weeks. Only three women had knowledge about ovulation and fecundation (the ones who were also well informed about contraceptive methods) and their level of education was also superior.

methods	knowledge			practice
	absent	erroneous or poor	elementary	
first group				
coitus interruptus	5	34	61	48
periodical continency	34	30	36	11
second group				
oral contraception	4	27	69	24
injection	79	5	16	8
condom	46	22	32	6
spermicide	65	27	8	1
diaphragm	89	2	9	—
I.U.D.	93	1	6	—

TAB. 3. KNOWLEDGE AND PRACTICE OF CONTRACEPTIVE METHODS (multiple answers) (N = 100)

According to the data in Tab. 3 the best-known method – at an elementary level – was the pill (69 women), followed by coitus interruptus (61 women). The knowledge of oral contraception was undoubtedly due to the widely spread publicity. A group of 27 women

was poorly or erroneously informed about it; they all claimed to have come to know it by hearsay. Only four women seemed to ignore it completely. As to coitus interruptus, 61 women, hesitantly or embarrassed, admitted to know that the risk of pregnancy was minimal when the man withdrew before ejaculation or, in their proper terms, "before the end". But again, in 34 cases this knowledge was incorrect or not precise. Five women seemed to ignore the method. It was of course difficult to know whether they were simply too shy when asked to explain the method, or really unable to understand it.

The I.U.D.s (Intra Uterine Device), the diaphragm and injection were methods least known by the sample : by 93, 89, and 79 subjects. Spermicides were sometimes mistaken as a means to interrupt pregnancy. The women who wouldn't admit their ignorance on the subject, said that they heard that these means, "when applied, stop the pregnancy". Yet, for two thirds of the subjects (65) the method remained unknown. Another method which was not included in Tab. 3, was the vaginal shower. It is widely spread (55 cases), but it seemed to be practised mainly for hygienical reasons. For example, the women who took the pill, simultaneously applied a vaginal shower after the coitus. It was difficult to know why. Furthermore, it was often a matter of home-made preparations, sometimes to help menstruation come, and sometimes for contraceptive purposes. Thirty-four women learned about oral contraception since they arrived in Belgium and 24 others knew about it when they were in Portugal. They all learned about injection only in Belgium. The information was acquired mainly in hospitals or maternity hospitals, which appear to be an important source of knowledge for immigrant women.

ACCESS TO CONTRACEPTIVES

Oral contraception : This method was known to a great number of the interviewed women; 24 used it in Belgium. It appeared to be the method that was practised most frequently, coitus interruptus being, then, the second one. Moreover, 48% of the women who used the pill, learned about it in Belgium. Results of the Belgian national survey (1966) indicated that 12% of the couples practised oral contraception. In 1970-71, the number had increased to 26%. More than a fourth of the couples resorted to the pill (Morsa, 1973, p. 25-26). There was a certain parallelism between the evolution of the adoption of the pill by the Belgian population and our sample. However, when the pill alone was taken into account, we arrived at the following conclusion : 37 of the 100 women came to know about the pill in Belgium; 24 of these 37 women started taking the pill and, what was most remarkable, 10 of them kept on having it sent from Portugal, showing a strong attachment to their native country. They justified themselves by saying that it was easier to get the pill in Portugal.

Indeed, when on vacation in Portugal, they bought a great quantity of drugs to be used for a long period of time in their new country. Moreover, they did not plan to continue taking it "all their life". To our surprise, six of them got a prolonged education, and the remaining four left school at the elementary level. They claimed that they knew, directly or indirectly, competent people, mainly chemists. This showed the importance of informal or half-formal channels of information in their country of origin. The asthonishing fact was that they were young women, with good knowledge of French, but unwilling to take the necessary steps in the adoptive country (medical visits, getting prescriptions, waiting in the hospitals...). The situation was entirely different when it referred to the uneducated women who also took the pill: They preferred the Belgian distribution channels. Is it due to their submissive attitude, passivity, the habit of obeying? Do the young ones tend to affirm their autonomy by ignoring the "Belgian practices"? Is this a resistance against contraception in general, or simply a refusal of acculturation, that is, unwillingness to follow the same path as the Belgian woman, when this type of contraception is needed?

Injection: This method was known to 16 women. Eight among them adopted it. Since most of the immigrants learned about these methods in Belgium, their number appeared to be quite high. In two cases, injection was proposed after the pill had proved inefficient. The 1966 national survey did not mention the frequency of the usage of injection, since the latter was commercialized only later.

Diaphragms and I.U.D.S were never employed by the subjects of our sample. The condom, called "Camisa de Vênus" ("Venus' shirt") was known to 32 women and employed by 8 couples only. This seems to be important, since its usage depends on the man. As far as various spermicides are concerned a small minority of the women admitted to have been informed about them (8). Only one woman actually employed the method, after child-birth.

"*Desmancho*": Thirty women declared they had done a "desmancho" at least once in their life, in one way or another. The term "desmancho", sometimes means a voluntary interruption of pregnancy and sometimes any other intervention, undertaken after an unexpected retardation of a period announcing a possible pregnancy. These women seemed to have used these interventions when still in Portugal; only two of them admitted having had a "desmancho" after their arrival in Belgium.

Since these acts are illegal, it was extremely difficult to get precise answers concerning their continuation in Belgium. The interviewed women were very reticent, especially when asked about the person who was eventually called on to help them to abort. It often seemed that there was no clear comprehension of the distinction between the notion of interrupting a pregnancy and intervening for a retardation

even though it had not lasted a long period. Indeed, the women intervened immediately by making the period come as if any of these retardations meant the beginning of a pregnancy.

These so-called abortion practices remained of course very questionnable, but the women considered these "rites" as a sort of auxiliary means of birth-control, especially if their other contraceptive methods offered them only a relative safety. According to the interviews the "desmancho" practices were always undertaken rather early, that is, before the foetus begins moving. As they justified it, "at the beginning there is only blood put together"; and, according to others, "if it begins moving, then it is already somebody". These data, concerning the women's idea about the first stages of "life", appeared to be very significant, especially in relation to the possible repercussions of the above mentioned practices.

What is the meaning of abortion then? During our investigation we were obliged to analyze the meaning of the concept at the very beginning of our interviews. Appropriately we are bound to insert here more remarks about the term. There are numerous countries and languages where "abortion" and "miscarriage" are designated by the same expression. Portugal, whose every-day language uses one single word to describe abortion or miscarriage, is one of them. "Desmancho" can be understood differently in various contexts. An abortion too can be understood differently: as an intervention (including baths, washings, and various beverages) that make "the period come down" to prove that "desmancho" is efficient; or as indeed pointing to a voluntary interruption of the process of pregnancy, brought about by the intrusion of a mechanical object by another person. Limiting oneself to quantitative aspects one might easily have been led astray by errors due to the difference in cultural backgrounds. These qualitative data enabled us to go deeper into the problem. During the investigation, we were often confronted with a problem of vocabulary, and also, as mentioned above, with heterogeneous conceptualizations due to individual differences in life patterns.

THE PRACTICE OF MODERN CONTRACEPTIVE METHODS

In the sample of a hundred interviewed Portuguese women, we met 32 women who were using – during at least the three years preceding the interview – contraceptives which could be obtained only with the help of a person not related to the couple.

Before our investigation the use of oral contraceptives in Belgium was examined through several surveys at the national level. The results of the 1966 survey were compared to the ones of 1971, where a third of the former respondants were re-questioned. The comparison gives the following results: In 1966, 12% of the female Belgian population were using oral contraceptives, and 26% in 1971. In Brussels alone, 19% were using them in 1966 and 36% in 1971, which means a net increase of 17% in five years. The authors of the research

found also the appearance of some sterilizing surgical interventions, as well as contraceptive injections and I.U.D.s, although the usage of these remained rare. According to these results, coitus interruptus remained widely practised among a high number of Belgian couples (Morsa and Julemont, 1971, p. 147-148).

To be able to assess the use of oral contraceptives and injections by immigrant women, we examine the degree of their integration into the Belgian society. Examination of the possible relation between the immigrant women's use of the pill or injection on the one hand, and their integration in Belgium, on the other, gave the following results.

The data of Tab. 4 indicate that the relation between practice of contraceptives and integration is not significant. That means that the use of modern contraceptives does not seem to be related to adaptation to the new cultural environment. It rather represented something quite new for both the immigrant and the native groups. Moreover, if the cultural factors play a determining role in the birth-

use of the pill and/or injections	integration			
	low	average	high	total
– no	29 (78)	17 (65)	22 (59,5)	68
– yes	8 (22)	9 (35)	11 (40,5)	32
total	37 (100)	26 (100)	37 (100)	100

TAB. 4. DISTRIBUTION AND PERCENTAGE OF THE USE OF THE PILL AND/OR INJECTIONS IN RELATION TO SOCIAL AND CULTURAL INTEGRATION IN BELGIAN SOCIETY
(N = 100) ($p < .30$)

control practices, these factors were already present in the immigrant's native country. Most significantly, we must notice moreover, that the integration of the immigrant population as a whole was generally low; a few individuals adapted to the new society more easily, but these were isolated cases.

What significance should we then acknowledge to contraceptive practices in relation to adaptation? We have already mentioned the fact that quite a number of the women had practised birth-control before. The means they used were generally those accepted by popular tradition (coitus interruptus, "desmancho"). This seems to be logical, since the modern methods are relatively recent, and a number of women we interviewed learned about them only after having emigrated. We assumed they might have adopted them in Portugal, if only they had had the occasion of getting adequate information. The application of modern contraceptives in Belgium seems to be the result of practical considerations : The access to the channels of information, distribution, reliable means, the type of communication between the couple, or between the immigrant woman and the doctor or paramedical staff. These factors are valid for the natives as well. For a number of

Portuguese women, the knowledge and/or practices will then depend on the circumstances and possibilities of the moment. They turned either to the existing channels in Belgium or to the ones proper to their native country. The latter can be interpreted as a refusal – at least, an implicit one – to get integrated in Belgium. When considering their birth-control practices, we must conclude that they adopted a family-plan, or even a feminine plan [5].

When examining the relation between the practices and the factors leading to the knowledge of modern contraception, we got the following results (see Tab. 5). As expected, the differences between the age groups in relation to knowledge were significant. More women learned about modern contraceptives in Belgium in the younger age group. Let us assert once more – after examination of individual cases – that from the women who knew both methods, 100% got informed about injections in Belgium, and 48% about oral contraceptives in Belgium.

age groups	knowledge		use	
	absent or acquired outside Belgium	acquired in Belgium	no	yes
21-30	17 (30,0)	17 (39,5)	21 (31,0)	13 (40,5)
31-35	6 (10,5)	14 (32,5)	9 (13,0)	11 (34,5)
36-45	34 (59,5)	12 (28,0)	38 (56,0)	8 (25,0)
total	57 (100)	43 (100)	68 (100)	32 (100)
	$p < .01$		$p < .01$	

TAB. 5. KNOWLEDGE AND USE OF ORAL CONTRACEPTIVES AND INJECTION IN RELATION TO THE AGE OF THE SUBJECTS (N = 100)

After regrouping the women between 21 and 35 years of age, 31 of them became informed about modern contraceptives in Belgium, against only 12 women of the age group of 36-46. This means: 57,4% of the younger against 26% of the older. Since mostly older women did not want any more children, their family-planning proved more difficult, because of absence of knowledge of contraceptives. In the contrary, the younger women, who were well informed, were able to apply contraception more successfully.

[5] This is also what Hoggart explained (1970: 80-81) after his research in England: "... the majority of the non-catholic couples in the popular milieu think of contraception as a normal and convenient practice, but the husband as well as wife would be embarrassed if they had to solicit counsels in a specialized center or clinic; they take such steps only if desperate... (the man) considers it as woman's matter and doesn't want "to torment himself with this business" and leaves the wife to care about it".

As indicated in Tab. 5, the relation between age and use of the two contraceptive methods is significant at .01. It may be the fact that the two contraceptive methods are recent. As the younger women did not "get used" to the traditional ways of birth-control practices, they are more receptive and open to the modern means, reputedly more efficient. As we mentioned above, they also knew more about them, than the older women.

Should we consider the use of modern contraceptives as a result of personal interest, or merely as a consequence of the opportunity to get informed? Both should be taken into account. Oral contraception has been widely recommended by the mass-media, and also by medical and social services. The injection being more recent, was less known among the population, and the information about it came mainly through medical centers. Birth-control, as understood and practised by the women, did not only depend on the opportunity of information but also on motivation (personal interest). Motivation, as noted in the interviews with the immigrants who refused to have more children, was connected with the life-conditions, immigration in general, or simply with their advanced age. The women who did want more children were younger and recently married. For a large number of them, the wish for more children did not mean "giving free way to one's own fecundity"; that was why some of those women consciously used this type of contraception. The doctor became then the principal agent, the one who prescribed "this medicament against becoming pregnant", or who gave injection with the same purpose.

The data in Tab. 6 indicate that the opportunity to visit a hospital or maternity is related to the knowledge and use of oral contraceptives. The younger subjects have more opportunities for child-birth in a Belgian maternity than the older ones. In this table, the relation

knowledge	use		births given in Belgium	
	no	yes	yes	no
absent or acquired outside Belgium	52 (76,5)	5 (15,5)	13 (29,5)	44 (78,5)
acquired in Belgium	16 (23,5)	27 (84,5)	31 (70,5)	12 (21,5)
total	68 (100)	32 (100)	44 (100)	56 (100)
	$p < .001$		$p < .001$	

TAB. 6. KNOWLEDGE AND USE OF ORAL CONTRACEPTIVES AND INJECTION RELATED TO BIRTHS GIVEN IN BELGIUM (N = 100)

between knowledge and the use of pills and/or injection is very significant ($p < .001$). The women who learned about modern contraceptives in Belgium were likely to use them fairly often (84,5% of them); in any case, much more often than those who know little about them or got informed somewhere else.

We saw also a clear relation between knowledge acquired in Belgium, and birth-giving to at least one child in that country (significant at $p < .001$). It is likely that the fact of delivering a child in a Belgian hospital presents an opportunity to get informed about contraceptives. Nevertheless, 12 women acquired the same knowledge without having given birth to a child in the adoptive country. This points to the existence of other channels of information.

CONCLUSION

The immigrant couples of our sample started living together when they were in their native country. For an important number of them it was a matter of consensual union, consolidated by a civil marriage in Belgium. In all these unions, formal or not, the aspirations of controlled fecundity already seemed to have been present, at least implicitly, in Portugal. The traditional ways seemed to be widely popular among the population, as shown by the number of "desmanchos" we were able to establish.

The transition from a traditional to an industrial society, as mentioned in the descriptive part of the research, had not included any of the great changes which should enable social and cultural integration in the new country. We must conclude that the majority of the interviewed immigrants remained poorly integrated into the Belgian society and a greater number of them were still strongly tied up to their national group and were almost in permanent contact with their original milieu. If we had not observed any significant changes of the cultural characteristics, we could not, however, find much indication of external and formal adaptation to the new society. By the pressure of imposed norms, the immigrants remodeled their own way of life as perfectly as they could.

In spite of their low integration, the women had access to information about modern contraceptives in Belgium (as well as in Portugal) depending on the media through which knowledge of birth-control was made available.

In our opinion, the information the women got depended on what was offered to them by society, the circumstances they got in touch with, and by the limits of a rather restricted contact with the new adoptive society. Difficulties encountered by immigrants in their relation with medical centers were mainly due to language barriers. A possible solution to this problem was proposed by Braeckman. His idea fostered the admittance of foreign medical students and social workers at medical centers frequented by immigrants (1973/74). Some medical centers solved this problem by including in their staff qualified foreign medical officers who spoke the immigrants' language[6].

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[6] As in the case of the Family Planning Center "Famille Heureuse".

Concerning family planning, it would be of paramount importance if consulting qualified groups were established at medical centers to give assistance and advice to both foreigners and natives.

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Universidade de Brasilia
Departemento de Psicologia
Campus Universitário ASA Norte
70.000 Brasília – DF
Brésil

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