

# *Devotees of Venus*

A History of Sexuality in Malta



J. Savona-Ventura

# **DEVOTEES OF VENUS**

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## **A HISTORY OF SEXUALITY IN MALTA**

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*Devotees of Venus: A History of Sexuality in Malta*

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Front Coverpage: after *The Syphilitic* by Albrecht Durer, 1496  
Back Coverpage: *Aphrodite* found at Rabat, Malta: 3<sup>rd</sup> cent. BC  
Museum of St. Agatha Church, Rabat;  
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## *Chapter 1*

### *Introduction*

Many human societies are typically characterised by a monogamous one-male-one-female breeding unit. Cultures allowing for a polygamous relationship have generally adopted this practice because of past social and cultural needs. Pair-bonding is a biological requirement that generally characterises those groups of animals where the burden of rearing the young is too great for one parent alone, and requires the male and female partner to stay together throughout the breeding season. Human pair-bonding should be a biological life-long commitment since the human young are characterised by a long period of dependency that makes very heavy demands on their parents. The laborious task of rearing and training the slowly-developing young demands a cohesive family unit ensuring that the partners remained faithful to each other so that the offspring are provided with the maximum of care and attention <sup>1</sup>.

In addition to the biological dimension, monogamy was further promoted by the human social dimension that required established patterns of behaviour in a cohesive community. The establishment in Western society of a cohesive faithful pair-bond was further encouraged during the last two millennia

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<sup>1</sup> D. Morris: *The Naked Ape*. Transworld Publ., London, 1967, p.57

by Christianity, that at some periods considered the role of sexuality to be solely the production of children and hence an increase in the Christian community. Sexuality practised solely for pleasure, particularly outside the family unit, was considered illicit and sinful. In spite of the biological and social impositions placed on sexuality, many ignored or reacted against the impositions and engaged in extramarital sexuality in the form of adultery and the development of prostitution.

Historically civil and religious governmental bodies have addressed extramarital sexuality and prostitution in a number of ways. One of the first laws that deals with a codified separation of prostitutes and wives was the Code of Lipt-Ishar promulgated in 2000 BC <sup>2</sup>. The Assyrians circa 1100 BC enforced the first dress code for prostitutes; while in the 6<sup>th</sup> century BC Solon of Athens organised a legalised prostitution industry where slaves were conscripted to work in state-run brothels. Independent prostitution was controlled by the imposition of high taxes <sup>3</sup>. The Codex Justinianus promulgated in 529 AD defined the status of a child borne out of wedlock to a prostitute. *"If persons unite themselves in contravention of the*

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<sup>2</sup> *"If a man's wife has borne him no children, but a prostitute has borne him children, he shall provide for that prostitute wine, oil and clothing and the children which the prostitute has borne him shall be his heirs but as long as the wife lives, the prostitute shall not abide in the house with the wife."* C. Leigh: Prostitution and the Law: International Policies and Practices. San Francisco Task Force on Prostitution. Final Report 1996. Internet page <http://www.ci.sf.ca.us/archives/sfjfp/ushist.htm>

<sup>3</sup> C. Leigh, 1996: *ibid*.

*rules thus laid down, there is no husband or wife, no nuptials, no marriage, nor marriage portion, and the children born in such a connection are not in the power of the father. For, with regard to the power of a father, they are in the position of children conceived in prostitution, who are looked upon as having no father, because it is uncertain who he is; and are therefore called spurii, either from a Greek word sporadan, meaning "at hazard," or as being sine patre, without a father. On the dissolution of such a connection there can be no claim made for the demand of a marriage portion. Persons who contract prohibited marriages are liable also to further penalties set forth in our imperial constitutiones"* <sup>4</sup>. Since the Maltese Islands fell under the jurisdiction of the Justinian Empire, there is a strong likelihood that the Codex was applicable to the Maltese community.

### ***Sexuality in pre-Medieval Malta***

Fertility and sexuality were important considerations in Maltese prehistoric and classical mythology. Maltese mythology in the 4<sup>th</sup> to 3<sup>rd</sup> millennium BC was closely linked to concepts of fertility with the development of a cult dedicated to the Mother Goddess and the building of a large number of megalithic

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<sup>4</sup> OJ Thatcher (ed.): *The Library of Original Sources (Milwaukee: University Research Extension Co.,1907)*, Vol. III: *The Roman World*, pp. 100-166. Scanned in and modernized by Dr. Jerome S. Arkenberg, Dept. of History, Cal. State Fullerton. This text is part of the Internet Medieval Source Book. The Codex Justinianus was a compilation of all the extant imperial constitutions from the time of Hadrian. It used



temples. It is tempting to interpret a Temple Period clay statuette excavated from Tarxien Temples as an attempt to represent a pregnant woman with the lymphadenopathy of secondary treponemal infection. However this would be pure conjecture. This statuette was described as "*A small baked clay model of a naked female figure....The right arm hangs down by the side and the hand points to the genitalia. ....Anteriorly the breasts are seen to be large and pendulous. The abdomen is very large and prominent. The umbilicus is indicated. Below in the region of the left groin appears to be a large swelling or tumour. The genitalia are very plainly indicated..... Posteriorly eight vertebrae and their ribs have been clearly marked out. A curious feature of this figure is that small pieces of white shell were stuck into it when it was in the wet condition. Such fragments are found in the neck, in the umbilicus, on the mons veneris, in both groins, in the base of the figure, on two of the ribs, three of the vertebrae and on both scapulae*"<sup>5</sup>.

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both the Codex Theodosianus and private collections such as the Codex Gregorianus and Codex Hermogenianus

<sup>5</sup> T. Zammit and C. Singer: Neolithic representations of the human form from the Islands of Malta and Gozo. *Journal of the Royal Anthropological Institute*, 1924, 54:p.96-97. The authors interpret the figure to possibly represent a case of abdominal swelling and enlarged groin and other glands possibly resulting from "Filariasis". P. Cassar suggests the shells to represent some form of shamanism. P. Cassar: *The Medical History of Malta*. Wellcome Hist. Libr, London, 1965, pl.1. C. Savona-Ventura interpreted the distended abdomen as representing the pregnant state. C. Savona-Ventura: *Outlines of Maltese Medical History*. MidSea Publ., Malta, 1997, p.3

During the Punic Period, importance was also given to sexuality as evidenced by the presence of a sanctuary dedicated to the female divinity Astarte, known also as Ashtar, Ishtar (to the Babylonians), Ashtoreth (to the Hebrews), and Tanit (to the Carthaginians). The locality of this sanctuary has now been established at Tas-Silg at Marsaxlokk, Malta where excavations carried out by the Italian Archaeological Mission from the University of Rome in the 1960's revealed several scores of inscriptions invoking the goddess. Astarte was the goddess of fertility of the Semitic races. Her domain embraced all nature, vegetable and animal as well as human. Afterwards she became the goddess of love in all its forms <sup>6</sup>. The Punic cultural influence and religious beliefs continued well into the Roman era, these Punic beliefs being slowly assimilated into Roman mythology. The Punic deity Astarte was equated with the Grecian deity Aphrodite and the Roman deity Venus. While the Tas-Silg Sanctuary was subsequently dedicated to Grecian deity Hera by Ptolemy and the Roman deity Juno by Cicero <sup>7</sup>, the cult to Aphrodite-Venus persisted during the Classical Period. A 3<sup>rd</sup> century BC small marble statue of the goddess Aphrodite was

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<sup>6</sup> T.C. Gouder: *Phoenician Malta. Heritage. An Encyclopaedia of Maltese Culture and Civilization*, 1978, 1:173-186; Bonanno: *Quintinus and the location of the Temple of Hercules at Marsaxlokk. Melita Historica*, 1982, 8(3):190-204; J. Quintin d'Autun: *Insulae Melitae Descriptio*, Lyons, 1536 (facsimile ed. Malta: Bibliotheca), p.3-4; H.C.R. Vella: *The earliest description of Malta (Lyons 1536). Translation and Notes*. Malta: DeBono Enterprises, 1980, p.20-23; G.F. Abela: *Della descrizione di Malta isola nel Mare Siciliano con le sue antichita'*. Malta; Paolo Bonacota, 1647 (facsimile ed. Malta: Midsea Books, 1984), p.154-157; O. Bres: *Malta Antica Illustrata co' Monumenti e coll'Istoria*. Rome: Stamperia De Romanis, 1816 (facsimile ed. Malta: Midsea Books, 1986), p.70-147

found in Rabat and is now kept in the Saint Agatha Museum. Like the Punic deity Astarte, Aphrodite was a fertility goddess whose domain embraced all nature, vegetable and animal as well as human. Afterwards she became the goddess of love in its noblest aspect as well as its most degraded. Aphrodite Urania was the goddess of pure and ideal love; Aphrodite Genetrix or Nymphia favoured and protected marriage; while Aphrodite Pandemos or Aphrodite Porne was the goddess of lust and venal love - the patroness of prostitutes <sup>8</sup>.

In contrast the Grecian Hera presided over all phases of feminine existence and was considered the goddess of marriage and maternity. Similarly the Roman deity Juno was considered as the goddess and symbol of the Roman matron, and in this respect the deity occupied an important part in the ceremonies of marriage and afterwards. Juno had many titles - Juno Lucina protected the pregnant wife and was invoked by barren women, Juno Ossipago strengthened the bones of the infant, Juno Rumina assured the mother's supply of milk, while Juno Sospita received fervent invocations at the time of labour and delivered the baby <sup>9</sup>.

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<sup>7</sup> T.C. Gouder, 1978: op. cit., p.178

<sup>8</sup> F. Guirand: Greek Mythology. *New Larousse Encyclopedia of Mythology*. London: Hamlyn Publ, 1981, p.106, 130

<sup>9</sup> F. Guirand, A.V. Pierre: Roman Mythology. *New Larousse Encyclopedia of Mythology*. London: Hamlyn Publ, 1981, p.203-204

## *Chapter 2*

### *The Late Medieval Period*

Medieval Society in Malta appears to have been based on the principles of feudalism that resulted in a subdivision of society in several strata with differing obligations and rights, some of the differences being established by law. The highest estate was composed of the aristocracy and gentry, while the clergy formed another distinct estate, having a lower status but possessing various distinctive privileges. The third estate included the commoners incorporating the serfs, free peasants, merchants and artisans <sup>10</sup>. Many of the obligations and rights of the various estates were codified by the *Liber Augustalis* promulgated in 1231 by Emperor Frederick II for the Kingdom of Sicily and applicable also to the Maltese Islands. This same codex regulates the punishment for prostitution and adultery, which regulations reflect a strong sense of honour and shame.

#### *Legislation*

*"The penalty against adulterers who attach the wives of others must no longer be the sword. Rather we introduce the penalty of confiscation of their property if they have no legitimate children from the violated marriage or another..... But a woman must*

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<sup>10</sup> A. Giddens: *Sociology*. Polity Press, Cambridge, 1989, p.208

*not be handed over to her husband who would rage against her until he killed her. Instead, the slitting of her nose, which is more severely and cruelly introduced, should pursue the vengeance of the violated marriage. But if her husband is unwilling to give her punishment, we will not allow such a crime to go unpunished but will order her to be publicly flogged."* Anyone who simply solicits the loss of chastity of another was to be considered to have committed adultery and punished accordingly. The charge of adultery was to be tried by the Ecclesiastical rather than the Civil Court. *"A woman who has exhibited her body for sale far and wide cannot be accused of adultery. But we prohibit violence to be done to her, and we forbid her to dwell among women of good reputation."*<sup>11</sup>

There is no evidence that the above laws relating to adultery were rigidly adhered to in Malta, however fifteenth century Maltese society still had a strong sense of honour and shame in matters pertaining to adultery <sup>12</sup>. Some cases, especially those involving individuals belonging to different social strata, were settled amicably. The notarial deeds belonging to notary Giacomo Zabbara record that on the 10<sup>th</sup> April 1487 Michael Farruge of Zebbug forgave both his wife Antonia and the Noble Peri Johannes de Mazara the injury done to him by way of

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<sup>11</sup> *The Liber Augustalis or Constitutions of Melfi promulgated by the Emperor Frederick II for the Kingdom of Sicily in 1231*. [translated by J.M. Powell].University Press, Syracuse, Title LXXIV - LXXXV, p.145-148

adultery. He renounced all further rights to accuse them and declared himself to have reconciled completely with his wife. The reasons recorded for this renouncement of civil and criminal rights were divine precepts that promoted unconditional forgiveness<sup>13</sup>.

In spite of being married since 1434<sup>14</sup>, De Mazara appears to have been quite an amorous fellow since nearly two months later, on the 27<sup>th</sup> June 1487, he reconciled himself with Stephanus Seychell over a similar matter. The contract records that Stephanus' wife Laurencza had prior to her marriage been living in concubinage with de Mazara. After her marriage to Stephanus, she again entered de Mazara's household as a concubine during her husband's absence at sea. It was alleged that in her husband's absence, Laurencza started living a shameless life having carnal relations with several men. Allegedly de Mazara took Laurencza back in his household to save her from the shameless life she had embarked upon. Stephanus acknowledged de Mazara's actions and thanked him for the care given to his wife. He forgave de Mazara and his wife all fault, offence and injury committed by the adultery and concubinage, renouncing all civil and criminal rights. He

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<sup>12</sup> G. Wettinger: Honour and Shame in late fifteenth century Malta. *Melita Historica*, 1980, VIII:p.65-77

<sup>13</sup> S. Fiorini (ed.): *Documentary sources of Maltese History. Part I Notarial documents. No.1 Notary Giacom Zabbara R494/1(I):1486-1488*. University of Malta, 1996, item.165; G. Wettinger, 1980: *ibid*

further declared that he was ready to take his wife back and treat her well as if nothing had happened<sup>15</sup>.

The cuckolded husband Stephanus may have had second thoughts or alternatively Laurencza may have continued her affair with de Mazara, since on the 11<sup>th</sup> September 1487 Stephanus is recorded as having considered prosecuting de Mazara for adultery but had again opted to pardon him and take back his wife<sup>16</sup>.

The sense of family honour and shame in Medieval Maltese society is reflected by the murder of Nicolaus Caxaru by the Siggiewi inhabitants in 1473. Nicolaus had solicited the attention of a married woman named Catherina at Siggiewi. Even though she refused to bear him company and his subsequent departure from the village, he was accosted by a large number of villagers, eventually cornered and killed. According to Catherina's family members, his murder occurred simply because he and his two companions "*entered our house and brought two others with him for the sole purpose of embracing your sister and Catherina. They came into our house*

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<sup>14</sup> GF Abela: *Della Descrittione di Malta*. Paolo Bonacota, Malta, 1647, p.497 [facsimile edition: Midsea Books Ltd, Malta, 1984]

<sup>15</sup> S. Fiorini, 1996: *op. cit.*, item. 206; G. Wettinger, 1980: *op. cit.*

<sup>16</sup> S. Fiorini, 1996: *op. cit.*, item. 284

and shamed us. Tomorrow we shall be reviled by the inhabitants of the village." <sup>17</sup>

Concubinage in Malta and Gozo, as in Sicily, was largely accepted at all levels of medieval society including the clergy<sup>18</sup>. Prostitution was similarly an ongoing concern. *Santo Spirito* Hospital at Rabat, Malta founded in the fourteenth century catered for the care of poor infirm individuals, foundlings and patients. The patients mentioned in the 1494-96 records include an unnamed *peccatrici* or prostitute, underlining the existence of these women in the community <sup>19</sup>. The existence of *peccatrice* or *meretrice* is further arrested by specific mention in the sixteenth century Baptismal Records kept by the Mdina Cathedral. During the period 1542-1576, infants were born to a number of named prostitutes including Isabella ta Hapap, Ioanna Iordaina, Agatha ta Sihaytira, Margarita Pauli Vella Sandar, and Luchia ta Xiffi <sup>20</sup>. The respectable community may have been reluctant to allow women of ill-repute to live in certain quarters. This reluctance may have been

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<sup>17</sup> *Museum Cathedralis Melitae [MCM] Curia Episcopalis Meluae [CEM], Acta Originalia vol.I*, fols. 90, 156-163v, 203-210. Reported by G. Wettinger, 1980, *op. cit.*

<sup>18</sup> G. Wettinger: Concubinage among the Clergy of Malta and Gozo ca. 1420-1550. *Journal of the Faculty of Arts*, 1977, VI(4):p.165-188

<sup>19</sup> *MCM Archivum Cathedralis Melitae [ACM] Misc. 438 N. 1* (1494-96): fol.30-31v. In: S. Fiorini: *Santo Spirito Hospital at Rabat Malta. The early years to 1575*. Department of Information, Malta, 1989, p.39

<sup>20</sup> *Archivum Archiepiscopali Cathedralis Melitae Lib. Bapt. I* (1.xi.1542) fol.46; (22.xi.1546) fol.64; (6.iv.1547) fol.67; (3.ii.1561) fol.137; (29.ii.1576) fol.224. In: S. Fiorini, 1989: *ibid.*



the reason why the prostitute Clara in August 1537 was ordered to change residence under pain of a birching and a fine <sup>21</sup>.

### *Venereal Disease*

Besides the social consequences of prostitution, illicit promiscuity brought with it the dangers of venereal disease or *morbo gallico*. The *morbo gallico* is known to have definitely affected members of the Maltese population during the late medieval period. Skeletal remains excavated from Hal Millieri Church dated to the late medieval-early modern period have included a skull with bone erosions in the parietal bone possibly of syphilitic origin <sup>22</sup>. The origin of syphilis is still disputed. The first unquestionable epidemic of syphilis occurred in Europe at the end of the 15<sup>th</sup> century. With this epidemic, came a chorus of blames. Travellers were blamed, prostitutes were blamed, soldiers were blamed and Columbus was blamed. By most historical accounts, it does seem that France was the likely starting point for the European epidemic propagated during the 1495 Italian campaign of the French King Charles VIII. The French mercenaries returned home with this new sickness. It spread quickly and viciously. By 1497, the disease had spread throughout Europe; and by less than a decade later had spread

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<sup>21</sup> *National Library of Malta [NLM] Univ. 13* (4.viii.1537) fol.144. In: S. Fiorini, 1989, *ibid*, p.40.

<sup>22</sup> J.L. Pace and S. Ramaswamy: *Skeletal Remains. Excavations at Hal Millieri, Malta: a report of the 1977 campaign conducted on behalf of the National Museum of Malta and the University of Malta.* eds. T.F.C. Blagg, A. Bonanno, and A.T. Luttrell. University Press, Malta, 1990, p.84-95.

to nearly all corners of Europe. The French called it the Neapolitan disease, while everyone else called it the French disease. The Muscovites called the disease the Polish sickness, the Poles called it the German sickness.

Some of the Spanish soldiers were noted to have accompanied Columbus on his second voyage, and this gave birth to the notion that syphilis was originally an American disease introduced into Europe. This led to the disease being referred to as the American disease. It is however possible that the treponema micro-organism was prevalent in the European community but with different pathogenic characteristics. It changed its pathogenic character and thereafter attacked an unprotected population with devastating effect and rapidity.

In addition to the skeletal archaeological evidence, the *Santo Spirito* accounts register further records that in 1544 two females were prescribed treatment for venereal disease. Similarly in 1547 similar authorisations were made to treat a male individual and two other females. The cost of treatment in all cases was 6 *tari* 18 *grani*. The disease also affected members of the higher society including *Magnifico* Francesco Ingomes and the dominican Padre Giuseppe Scicluna who received private treatment <sup>23</sup>. The prescribed treatment

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<sup>23</sup> *MCM ACM Misc. 440 N.I* (1540-44) 22: *Comandamenti* fol.63,64; *Archivum Notarile Valletta Not. B. Caxaro R175/5* (28.ii.1541) fol.268. In: S. Fiorini, 1989: *ibid*.

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consisted of *unguenta vulneraria* like *Aegyptica* and *Masticino* for the management of venereal lesions. Furthermore ointments made from turpentine and aloes tincture [referred to as *digestivi 1 2 3 4 5 contra morbo gallico*] to free wounds from pus were also applied<sup>24</sup>.

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<sup>24</sup> S. Fiorini: A prescription list of 1546. *Maltese Medical Journal*, 1(1):p.19, 1988/89

## *Chapter 3*

### *Hospitaller Malta*

The ceding of the Maltese Islands to the Knights of the Order of St. John of Jerusalem in 1530 resulted in a significant upsurge in the population. This sudden population increase was the result of the inflow of the members of the Order and their entourage of servants and slaves, and accompanying families from Rhodes. The Knights entourage included several mistresses and concubines. The Order of St. John from its foundation required the vow of chastity from its members, this being originally formalised by Grandmaster Raimond Du Puy *"to maintain and observe, with the grace of God, the three things that they have promised, viz. Chastity, obedience, ie that they will perform exactly every thing that shall be enjoined them by their master, and to pass their lives without possessing any thing in property."* The Statutes of the Order enacted by Grandmaster Anthony Fluvian further enforced that *"it has been very wisely enacted that no brother, of what quality soever he be, should be allowed to have, keep, or maintain, concubines in his own house or elsewhere, or to have any commerce with them."*<sup>25</sup>

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<sup>25</sup> *The Old and New Statutes of the Order of St. John of Jerusalem. Translated from the edition of Borgoforte.* p.7, 111. In: [R.] de Vertot: *The History of the Knights of Malta.* London, 1728, vol.2 [facsimile edition, Midsea Books, Malta, 1983]

### ***Courtesans and Mistresses***

In spite of these stringent regulations, many of the Knights of the Order had by the sixteenth century put aside their vow of chastity and freely consorted with courtesans and kept mistresses. Numerous accounts of the second half of the sixteenth century attest to the exceptional abundance of international courtesans in the Grand Harbour region. By 1551, Birgu had become notorious for the large number of courtesans that lived there. The German scholar Hieronymus Megister who visited Malta in 1588 reported that "*there are also many courtesans and mistresses. Among them there are the most beautiful Italian, Spanish, Greek, Moorish and Maltese women*"<sup>26</sup>. Other sixteenth century writers made similar observations<sup>27</sup>.

To remedy the problem, in June 1581, Grandmaster Jean l'Evsque de la Cassiere issued an edict to banish all loose and disorderly women from the capital Valletta, forcing them either to quit the island or retire into the villages and hamlets which lay remote from the residence of the convent. This edict further fanned the prevalent resentment against the Grandmaster, a

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<sup>26</sup> H. Megiser: *Propugnaculum Europae*. Henning Gross d.J, Leipzig, 1606. In: A. Friggieri and T. Feller: *Malta. The Bulwark of Europe*. Gutenberg Press, Malta, 1998, p.149

<sup>27</sup> M. Heberer von Bretten: *Aegyptiaca Servitus*. Heidelberg, p.434; N. de Nicolai: *Le Navigazioni et Viaggi nella Turchia*. Anversa, 1576, p.37. As reported by A. Friggieri and T. Feller, 1998: *ibid*; and C.L. Dessoulavy: *Visitors to Malta from the 15<sup>th</sup> to the 18<sup>th</sup> Century*. *The Sundial*, 1940, iv:p.97

resentment that eventually resulted in his disposition from office<sup>28</sup>.

The political turmoil following la Cassiere's disposition and subsequent re-instatement by the Holy See enabled the return of the courtesans and street prostitutes to the capital. In 1595, Grandmaster Martino Garzes founded the Magdalen Asylum for the reception of penitent women. The funding of the Asylum was augmented by the donation of a fifth part of the estate of every prostitute whose will was declared illegal and invalid unless containing a clause for such a legacy. This Asylum and the Foundling Hospital, led the English traveller George Sandys in 1673 to remark that there were three nunneries in Valletta *"the one for Virgins, another for penitent Whores (of impenitent here are store) and the third for their Bastards"*<sup>29</sup>.

Baron Georg von Friedrich visited Malta on 1663: *"In general the knights are more jealous of their courtisans than the Maltese of their wives. The inhabitants really regard the knights as their saints."..... "If a female pimp in Malta prostitutes and sells girls or is discovered in her business, she is put on a donkey. Her hands are chained in front while her feet are chained under her. Her back is bare and she has to ride through the streets of the city. She is followed by a man with a*

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<sup>28</sup> [R.] de Vertot, 1728: *op. cit.*, vol.2, p.55

<sup>29</sup> G. Sandys: *Sandys travels*. London, 1673, p.182

*trumpet. Whenever this man blows the trumpet, she is flogged by a hangman with a whip. Then she is made to embark on a ship and perpetually exiled from the island"*<sup>30</sup>

In 1631, prostitutes were prohibited from living in specified streets in Valletta, notably St. John's Street, St. James' Street and St. George's Street - a provision that remained in force with modifications well into the twentieth century<sup>31</sup>. In spite of the various restrictions on courtesans in Valletta, the city in 1677 was noteworthy for the remarkable number of destitute women and for the libertinism in which the people lived. This had become more prevalent after the 1675-76 plague epidemic<sup>32</sup>. Through an edict published in 1754, courtesans were prohibited from boarding galleys in harbour under pain of a public flogging<sup>33</sup>. In 1770 Patrick Brydone, an English visitor to Malta, remarked that while the Order's galleys was leaving the harbour to assist the French against the Bey of Tunic, the circa thirty knights in each galley were "*making signals all the way to*

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<sup>30</sup> "*About the Prodigious events and the Prodigious situation in this paradoxical world recounted mostly out of personal experience and then enriched with writings and comments of devoute, diligent and experienced persons and edited by the one who is called "the Prodigious One" in the Fruchbringede Gesellschaft" and "Diarium" des Baron Georg Friedrich zu Eulenburg. Private archive of the noble family of Wallenrode, Konigsberg Manuscript 46, fol.400-457. In: T. Freller: The Cavaliers Tour and Malta in 1663. PIN, Malta, 1998, p.121, 174*

<sup>31</sup> *Ordinationi Capitulari*, 1631. F.89t [ms. Originally in holding of Chev. J. Galea as reported by P. Cassar, 1965: *op. cit.*, p.225]; *Malta Government Gazette* 20.vii.1923, p.666; 12.xi.1928, p.800; 1.viii.1930, p.600

<sup>32</sup> G. Semprini: *Malta nella seconda metà' del seicento. Archivio Storico di Malta*, 1934, 4:p.97

<sup>33</sup> *NLM: Ms. 429, Bandi 1744-1756*, f.160. As reported by P. Cassar, 1965: *op. cit.*, p.226

*their mistresses, who were weeping for their departure upon the bastions; for these gentlemen pay almost as little regard to their vows of chastity, as the priests and confessors do*<sup>34</sup>.

Further legal provisions to attempt curb commercial sex were incorporated in the 1724 De Vilhena code of laws. Any married man of means who frequented *donne meretrici* was liable to a fine in the first two instances, but was banished from the Island since he was considered to be *incorregibile*. Those from the lower classes were punished by whipping or for later offences a period of hard labour. The *metretrici* were punished at the discretion of the Grand Master<sup>35</sup>. The statutes were re-codified by the De Rohan Code in 1784. Foreign courtesans were barred from entering the country, while the Maltese ones were subject to a number of social and legal restrictions. They were prohibited from opening their doors between sunset and sunrise, and were prohibited from frequenting taverns and inns. Punishment for legal infringements was appropriated at a different scale to courtesans and prostitutes as compared to other female offenders with the former being sentenced to a flogging or exile in contrast to a fine in the latter for similar

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<sup>34</sup> P. Brydone: *A Tour through Sicily and Malta in a series of letters to William Beckford, Esq of Somerly in Suffolk*. J. Potts et al, Dublin, 3<sup>rd</sup> edition, 1775, vol.1, p.223

<sup>35</sup> *Leggi e Costituzioni*. Malta, 1724



offences<sup>36</sup>. Periodical examination of prostitutes to identify infected individuals was introduced.

### *Superstition and Magic*

Women who lacked the protection of a husband were often suspected of sorcery and of being *magare* and reported to the Inquisitional authorities. In 1597, the five daughters of a diseased Greek priest who had continued to live under the same roof even after marriage had the reputation of dabbling in witchcraft. Prostitutes occasionally resorted to love potions to retain their relationships with their male "friends". A particular case that appeared before the Inquisitor's Tribunal in 1617 describes how two courtesans Sulpitia de Lango and Violante Vergotti attempted to prepare a love potion based on a recipe that included pulverising periwinkle leaves pounding it with honey and milk from a mother and daughter while reciting a narration of a passage from the Scriptures and other readings. Nine masses were then to be said over the concoction. Mixed with food, the love potion helped strengthen love desires. Sulpita was obliged to abjure in public, receive a public whipping and be imprisoned for eight years. Her imprisonment lasted only two years on the grounds that she behaved like a good catholic. In 1626, the Sicilian prostitute Serafina Danieli was accused of an endless number of crimes including magical

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<sup>36</sup> *Del Dritto Municipale di Malta. Nuova compilazione con diverse altre cositudine.* G. Mallia, Malta, 1784, p.159, 182, 254, 258, 276

healing and invocation of the devil. She was publicly flogged and exiled from the Islands. The 211 cases heard by the Inquisitor Mgr. Antonio Pignatelli during the period December 1646 to May 1649 included 40 cases that dealt with love charms and aphrodisiacs<sup>37</sup>.

The lack of morals commented upon by Patrick Brydone in 1770 no doubt effected the morals of the general population. Coleridge concluded that "*It may be safely concluded that the knights were little better than a perpetual influenza relaxing and diseasing the hearts of all the families within their sphere of influence. Every respectable family had some knight for their patron as a matter of course and to him the honour of a sister or a daughter was sacrificed as a matter of course.....Alas! in nine instances out of ten this patron was the common paramour of every female in the family*"<sup>38</sup>.

### *Abnormal sexual practices*

While commercial sex by the members of the Order was frowned upon, abnormal sexuality was harshly condemned. The statutes of the Order state that "*T is a shame to see our habit worn by persons infected with crimes: it shall therefore be*

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<sup>37</sup> C. Cassar: *Sex, Magic and the Periwinkle. A Trial at the Malta Inquisition Tribunal, 1617*. PIN, Malta, 2000; C. Cassar: Witchcraft, women and the Malta Inquisition tribunal. *The Sunday Times [Malta]*, 26<sup>th</sup> October 1998, p.44-45; C. Cassar: Witchcraft beliefs and social control in seventeenth century Malta. *Journal of Mediterranean Studies* 1993, 3(2):p.316-334

<sup>38</sup> S.T. Coleridge: *The Friend*. London, 1866, p.352

taken away from such as shall be guilty of the following ones, viz. Heresy, **sodomy**, murder robbery, or desertion to the Infidels" <sup>39</sup>. A number of knights were accused and subsequently defrocked for the practise of sodomy. Soon after the Order's arrival to Malta, Fra Marianus Serranus was in 1541 tried and convicted of sodomy. In 1562, another knight Fra Nicola Carratello was similarly accused and convicted. The practise of sodomy also received the attention of the Inquisition. In 1616, a Spanish soldier and his young Maltese boyfriend were burnt to ashes by the Inquisition for the "*public profession of Sodomy*". Michele Farrugia in the late 17<sup>th</sup> century was denounced to the Inquisition by his mother-in-law as having in the past enjoyed being sodomised by infidel slaves, this practice resulting in his being infected by anal venereal disease that was treated by a barberotto in the Order's galleys. The physician Grech Gio Battista Dingli was denounced by his colleague Angelico for having had anal intercourse with his wife. Dingli responded that since he was master over his wife's body, he could have sex any way it pleased him <sup>40</sup>.

Transvestism were also frowned upon and anyone caught wearing the opposite sex clothes was punished. In 1566 Fra

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<sup>39</sup> [R.] de Vertot, 1728: *op. cit.*, vol.2, p.107

<sup>40</sup> *NML: AOM 86*, f.115; *AOM 429*, f.131r. As reported in G. Bonello: Footnotes for a history of sexual diversity in Malta. *The Sunday Times [Malta]*, August 17<sup>th</sup>/24<sup>th</sup> 1987, Part1:p.37 and Part2:p.53; J. Debono: *Women, the Sacred and the Inquisition*. MA Thesis University of Malta, 1998 [reported by S. Mangion: Winning over women. *The Malta Independent on Sunday*, 13<sup>th</sup> October 2002 p.16-17]

Francois La Douser was caught walking around in female clothes. His penalty was one year *in turris*. The possibility of wearing the wrong clothes for one's sex posed a problem in cases of hermaphrodites. Rosa Mifsud from Luqa in 1774 petitioned the Grand Master to be recognised as a male since 'she' had a male voice and had no mammary development. The Grand Master commissioned two medical teams of experts to examine Rosa and determine 'her' true sex. Both concluded that Rosa's sex was male though incapable of procreation. The Grand Master sanctioned the legal sex change and ordered that Mifsud should henceforth wear only male clothes<sup>41</sup>.

### *The Morbo gallico*

The generalised promiscuity engendered by the lax morals and continued presence of prostitutes and courtesans on the Islands created an ideal environment for the spread of venereal disease. Archaeological and documentary evidence for the presence of the *morbo gallico* in the Maltese community during the late Medieval and Early Hospitaller Periods has already been described. The presence of the *morbo gallico* among the population in the 16<sup>th</sup> century is evidenced by the fact the local physicians initially mistook for venereal disease the swollen inguinal glands in cases of plague during the 1592 epidemic<sup>42</sup>.

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<sup>41</sup> *NML AOM* 89, f.80. As reported in G. Bonello 1987: *op. cit.*; *NML Lib. Ms.* 429, f.80 as reported by P. Cassar: Change of Sex sanctioned by a Maltese law court in the 18<sup>th</sup> century. *British Medical Journal*, December 11<sup>th</sup> 1954, p.1413

<sup>42</sup> P. Parisi: *Aggiunta agli avvenimenti sopra la peste*. Palermo, 1603, p.59

By 1596, the Council of the Order was deliberating the provision of a permanent place for the treatment of the *morbo gallico*, however provision for a specific ward for the treatment of the condition was made only in the seventeenth century. This consisted of a small building known as the *Falanga* adjoining the *Casetta delle Donne*, which accommodated female patients suffering from the disease <sup>43</sup>. By 1679, this arrangement was considered to be unsuitable, and a proposal was made to set up a ward in the *Sacra Infermeria* to replace the old *Falanga*. The new accommodation was functioning by 1682. By 1787, the new *Falanga* had grown into an irregularly shaped annex situated at the back of the Great Ward of the *Sacra Infermeria*. The *Falanga* had rooms for mercurial inunction of both sexes and was further provided with hot-air rooms. This treatment was managed by the *stufarola* or stream-bath attendant. During 1787, the total number of patients that received treatment amounted to 356 individuals including 193 foreigners. In the subsequent year the number had fallen to 293 with 160 foreigners <sup>44</sup>.

Before undergoing treatment, all patients were examined by the Principal Surgeon and Principal Physician. Those found suffering from gonorrhoea were managed on an outpatient

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<sup>43</sup> *NML: AOM 99*, f.69; *Ms. Treasury B, 307D*, f.243. As reported by P. Cassar, 1965: *op. cit.*, p.225, 232

<sup>44</sup> *NML: AOM 1713*, f.8, 19; *AOM 6498G*, n.p.; *Ms. 142*, vol.6, f.344. As reported by P. Cassar, 1965: *op. cit.*, p.232

basis. Married men found to be suffering from the disease were only treated if their wives also presented themselves for treatment. A special female attendant called *spalmante* or *spalmiadora* was employed to look after the patients undergoing mercurial unction. The treatment was actually administered by convicts or Christian slaves who were paid a *tari* daily, besides receiving three white loaves and a small measure of wine <sup>45</sup>. The administration of mercury was not without hazards for the carers. In 1786, the *spalmante* Anna Maria Alessi employed during the period 1749-1786 petitioned for the transfer of her duties to her 13-year old daughter since because of her developing hand deformities "*she no longer remained capable of administering the mercurial inunctions, so much so that her patients were never completely cured and they had to return to hospital for further treatment after a short time*" <sup>46</sup>.

The treatment for the *morbo gallico* concentrated primarily towards the primary lesion with the application of various *unguenta vulneraria* and *digestivi* <sup>47</sup>. Paracelsus during the early 16<sup>th</sup> century popularised the use of mercury for managing the primary lesions of syphilis. Ore cinnabar had been used in the 1300s for the treatment of various skin disease including

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<sup>45</sup> *NML: AOM 1714*, f.147, 204; *AOM 1713*, f.8, 9. As reported by P. Cassar, 1965: *op. cit.*, p.232-233

<sup>46</sup> *NML: AOM 1194*, f.202; *AOM 1195*, f.93-100. As reported by P. Cassar: Female employees in the Medical Services of the order of St. John in Malta. *Melita Historica*, 7(3):p.225-233

<sup>47</sup> S. Fiorini, 1988/89: *op. cit.*

leprosy. The application of the ointment to syphilitic lesions was an obvious choice and started being used after 1496. Mercury was administered in the form of ointments, oral administration, and vapour baths. This effective though toxic therapeutic measure was introduced in the pharmacological armamentarium of the physicians at the *Sacra Infermeria*. In 1762, the Physician on the Order's galleys Fortunato Antonio Cren published *Tractatus physico-medicus de Americana Lue, ac omnium Tutissima curandi Methodo Mercurii Sublimati corrosivi ope* [Malta, 1762]. This publication was apparently criticised by an unidentified *melitensem doctorem*, a criticism that elicited a response by Dr. Cren who published *Responsio ad epistolam in Tractatu physico-medico* [Catania, 1764]. Dr. Cren further mentions the use of Keiser's pills, of unstated composition, that were being administered to patients suffering from syphilis<sup>48</sup>. Dr. Cren recommended the use of the sublimate of mercury dissolved in *spiritus frumenti*, in lieu of employing crude mercury. The contemporary eighteenth century surgeon Dr. Michelangelo Grima noted that syphilis, like scurvy, was likely to retard the healing of wounds. He thus recommended that injured patients suffering from syphilis were to receive specific treatment for the disease. Because of the toxic effects of mercurial medications, Grima proposed the use

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<sup>48</sup> A. Cren: *Tractatus physico-medicus de Americana Lue, ac omnium Tutissima curandi Methodo Mercurii Sublimati corrosivi ope*. Malta, 1762; A. Cren: *Responsio ad epistolam in Tractatu physico-medico*. Catania, 1764.

of a decoction made from the sarsaparilla plant<sup>49</sup>. Anti-venereal treatment was considered harmful if administered during the summer months, a belief that required the closure of the *Falanga* during this period<sup>50</sup>. Regular mercurial applications in the management of syphilis was detrimental to the health of the patients, and probably augmented the nervous system effects of tertiary syphilis. No one was spared the consequences of the disease. In 1716, Giacomo Capello reported how Grand Master Ramon Perellos became paralysed through the overuse of mercury for exceeding in chastity<sup>51</sup>. The Maltese form of syphilis may have been a particularly virulent form. An anonymous author in 1679 wrote that "*There is no place in the whole world where venereal disease attacks faster and spreads easier than in Malta, for here it is a compound of all the poxes in the world*"<sup>52</sup>. The Physician accompanying the French troops Claude Etienne Robert commented that "*la maladie venerienne y est tres repandue et commune; elle complique la plupart des autres maladies. La petite-verole reste plusieurs annees, quelquefois dix ans, sans y paroître; mais quand elle y existe, elle est meurtriere, et fait de grande ravages*"<sup>53</sup>. A Mattia Preti

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<sup>49</sup> M.A. Grima: *Della medicina traumatica altrimenti detta vulneraria*. Firenze, 1773, p.61

<sup>50</sup> P. Cassar, 1965: *op. cit.*, p.232

<sup>51</sup> G. Bonello: Knights and Courtesans. *The Times [of Malta]*. 10<sup>th</sup> December 2000, p.48-49

<sup>52</sup> *Nouvelle Relation d'un Voyage et description exacte dell'isle de Malthe*. Paris, 1679, p.169

<sup>53</sup> [C.E.] Robert: *Memoire sur la topographie physique et medicale de Malte, suivi de l'histoire des malades qui ont regne dans cette ville parmi les troupes francaise, sur la fin de l'an 6, et pendant les annees 7 et 8*. P. Didotlaine, Paris, 1802, p.28



[b.1613; d.1699] painting depicting "St. Jerome and the last trumpet" in the artistic realism practice of the seventeenth century illustrates the main protagonist with a thoracic aneurysm typical of tertiary syphilis together with gummata over the sternum<sup>54</sup>.

### *Illegitimacy*

The other "fruit of sin" were children born out of wedlock. The concern vis-a-vie child welfare in Malta dates to the Medieval period, when the *Universita`* established a system for the receipt of unwanted babies and foundlings and catered for their well-being and upbringing. The earliest mention of foundlings at *Santo Spirito* Hospital dates to 1518 when mention is made in the hospital accounts of payment being made to two wet-nurses<sup>55</sup>. The same hospital continued offering this child welfare service well into the early modern period. By 1615, the hospital had introduced a system of infant deposition though a contrivance termed the *ruota*, set up in a small window of the hospital. This consisted of a wooden cot or cradle that revolved on a vertical axis with the view of anonymously depositing the infant into the hospital premises<sup>56</sup>. This contrivance and the care afforded to the foundlings was described by the

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<sup>54</sup> "St Jerome and the Last Trumpet": Three copies of this painting authenticated by Prof. John T. Spike are extant: a very good copy is found in a private collection; one good copy is found at the Chapter Hall of the Basilica of Senglea; and a very inferior copy previously belonging in St. Philip's Church is now to be found at the Church Museum at Vittoriosa.

<sup>55</sup> S. Fiorini, 1989: *op. cit.*, p.35

philanthropist John Howard in 1786. *"At the back of the hall, over the Knights' Arms, a cross is a marble crown, and under it, on white marble, is the inscription "Infantium incolumitati". There is wooden cradle, turning on an axis, and a pin strikes a bell, to give notice of the reception of infants into the Foundling Hospital. These infants after being received are sent to the Governess of that Hospital, who provides nurses for them in the country; and on the first Sunday of every month, these nurses bring back the children, to show them, and at the same time to receive their pay, the Governess very properly being present. On one of these occasions I had the pleasure of seeing a number of fine, healthy children. In the Foundling Hospital there were 39 girls, between 7 and 12 years of age"*<sup>57</sup>.

Similar child welfare arrangements were made at the Hospitaller *Sacra Infermeria* at Birgu in the mid-sixteenth century, with two women being employed to bring up these children. These services were eventually transferred to the Valletta *Sacra Infermeria*. These children were kept in a room next to the kitchen in the basement of the hospital adjoining the Great Magazine. The foundlings were kept here until they were farmed out to foster-mothers. Two women, known as *ospitaliere*, who resided in the hospital, originally cared for the foundlings and ensured that they were well looked after and

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<sup>56</sup> P. Cassar, 1965: *op. cit.*, p.27

<sup>57</sup> J. Howard: *An account of the Principal Lazzarettos in Europe*. London, 1789, p.58-60

properly nourished. By 1642, these two women were no longer quartered in the hospital. Towards the end of eighteenth century just over 200 infants were being received annually by the hospital. These were cared for in the *Casa delle Alunne* attached to the *Casetta* until they reached the age of eight years<sup>58</sup>. Foundling care facilities including the *ruota* were also offered in St. Julian's Hospital for females in Gozo set up in 1787 and managed by the Church authorities<sup>59</sup>.

The state also allowed persons of good character to take foundlings from the *Casa delle Alunne* for adoption and fostering. The family would then be legally bound to afford parental solicitude and assistance to the child and to have in return a right to the personal services of the same until the attainment of the age of majority. The foster parents were to train and educate the child as to make him or her a good Christian member of the community and to start the child off into the world by providing the necessary means<sup>60</sup>. During the period May 1778 to April 1785, state expenses to cover the care of *Bambini Esposti* amounted to 40139 *scudi*, an annual average of about 5734 *scudi*<sup>61</sup>.

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<sup>58</sup> P. Cassar, 1965: *op. cit.*, p.42,48-49,352-353

<sup>59</sup> J. Bezzina: *The Sacred Heart Seminary. The heart of Gozo*. Bugelli Publ., Malta, 1991, p.13

<sup>60</sup> P. Cassar, 1965: *op. cit.*, p.353-354

<sup>61</sup> J.M. Wismayer: *The Seven year balance sheet of the Sovereign Military and Hospitaller Order of St. John of Jerusalem of Rhodes and of Malta from 1<sup>st</sup> May 1778 to end of April 1785 by the Chevalier Bosredon de Ransijat Secretary to the Venerable*

Provision for the future welfare and education of the foundlings was first made by the Order on the 21<sup>st</sup> April 1555. In the eighteenth century, on attaining the age of eight years, the boys were put under the care of the priest at Fort Ricasoli. These were then apprenticed to several artisans to learn a trade and received financial assistance until the age of sixteen years. They were also enrolled in the Order's naval and military service. The girls were admitted into the *Conservatorio* when they were eight years. They were given accommodation and taught a handicraft until the age of twenty, when they either settled in marriage or were employed as servants in the service of respectable families or as attendants in the *Casetta* <sup>62</sup>.

The *Conservatorio del Gran Maestro* situated at Floriana was built by Grandmaster De Vilhena in 1734 and housed 131 girls under the care of eight women. The expenditure for this conservatory in 1798 was estimated at 6,679 *scudi*. Other orphanages for girls were set up by public or private donation. The *Conservatorio del Padre Agius* at Cospicua, housing 15 girls, was established in 1699 by Lady Laurica Hagus who loaned a capital sum of 4,525 *scudi* to the Grandmaster to help set up the orphanage. This sum was repaid by Grandmaster Perellos in 1708 and served to maintain the institute by interest

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*Common Treasury with an Introduction and Glossary*. Universal Intelligence Data Bank of America, Malta, 1984.

accruing from it. In 1798, the interest amounted to 377 *scudi*, but a further 307 *scudi* were required to cover the annual expenses of the home. Another conservatory at Cospicua with an annual income of 878 *scudi* housed a further 18 girls<sup>63</sup>.

The *Conservatorio del Priore*, housing 15 girls, established in 1606 for the reception of girls coming from a morally unsound home. The Conventual Chaplain of the Order Fra Francesco Condulli made the premises for this orphanage available. They were given a new residence in the premises attached to the Church of St Catherine and endowed with a bequest by Oliviero and Caterina Vasco. The house was eventually turned into an Augustinian monastery under the title of the Presentation of Our Lady. In 1798 the *Conservatorio del Priore* had an annual income of 645 *scudi*<sup>64</sup>.

Other orphanages for girls at the turn of the eighteenth century included the *Conservatorio Sagnani* housing 21 girls with an annual income of 819 *scudi*; and the *Conservatorio delle Zitelle* in Gozo with an annual income of 1,150 *scudi* housing as many inmates as could be accommodated by that income<sup>65</sup>.

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<sup>62</sup> P. Cassar, 1965: *op. cit.*, p.353

<sup>63</sup> *NML: Registres des Deliberations de la Commission du Gouvernement. AOM 6523 B*, fol.109-119. Manuscript volume, National Library – Malta, 1798. Quoted in C. Testa: *The French in Malta 1798-1800*. Midsea Books, Malta, 1997, p.181; A. Bonnici, *History of the Church in Malta. Vol.II - Period III 1530-1800*, Malta, Catholic Institute, 1968, vol.2, p.130

<sup>64</sup> C. Testa, 1997: *op. cit.*, p.181; A. Bonnici, 1968: *op. cit.*, p.129

<sup>65</sup> C. Testa, 1997: *op. cit.*, p.180-181

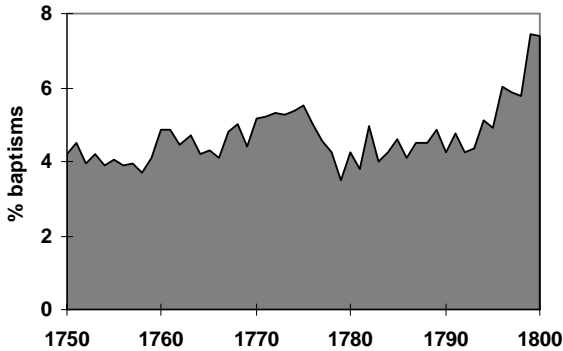
Santo Spirito Hospital continued to offer its services of taking care of foundlings in the late eighteenth century. It was also contributing towards the maternity services on the Islands, when during 1750-1800 it accounted for approximately 0.62% of all births in Malta. Of these 8.8% were from outside the Rabat-Mdina area. The Women's Hospital in Valletta offered similar services accepting 418 foundlings during 1787-89. The mortality rate of these infants at this hospital was excessively high approximating 62.7%<sup>66</sup>. The services offered by this hospital may in part account for the high out-of-wedlock birth rates recorded from the Porto Salvo Parish of Valletta (25.7%) for the period 1750-1800. The foundlings at this hospital came from diverse localities in Malta. During 1776-1786, out of 134 out-of-wedlock offspring, 62 (46.3%) belonged to women from outside Valletta, suggesting that unwed women from outside Valletta went there for the delivery to conceal their pregnancy. A similar relative high out-of-wedlock birth rate (4.3%) is recorded from Rabat, Gozo<sup>67</sup>.

The out-of-wedlock birth rate for the Maltese Islands during the second part of the eighteenth century amounted to 4.7% of all baptisms, there being a wide range of out-of-wedlock birth rates from the various towns and villages in Malta and Gozo.

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<sup>66</sup> F. Ciappara: *Marriage in Malta in the Late Eighteenth Century*. Associated News (M) Ltd., Malta, 1988, p.85-86,110

<sup>67</sup> Ciappara F, 1988: *op. cit.*, p.84-86



Source: *F. Ciappara. Marriage in Malta in the Late Eighteenth Century*  
**18<sup>th</sup> century out-of-wedlock birth rates**

The overall out-of-wedlock birth rate in Malta was 5.1%, while in Gozo the rate was 2.1%. It appears that whereas the out-of-wedlock birth rates were high in the capital city parishes (Valletta 3.2 - 25.7%), main towns and harbour villages (Mdina/Rabat, Balzan, 2.4 - 3.1%; Vittoriosa, Senglea, Cospicua 2.6 - 6.0%), the rates were generally low in the outlying villages ranging 0 - 1.6%. The pattern is similar in Gozo with Rabat having a rate of 4.3%, followed by Nadur with a rate of 1.2%. The other villages recorded rates in the region of 0.3 - 0.5% <sup>68</sup>. While this may suggest more rigid attitudes towards virtue in the outlying villages particularly in Gozo, it more likely reflects a hurried marriage in the presence of an out-of-wedlock pregnancy. While during the late eighteenth century sex was permissible only within marriage,

it apparently was socially accepted that engaged couples did not remain chaste before marriage. For the period 1750 to 1798, 26.8% of couples who applied for marriage dispensations had pre-marital sex. Pre-marital pregnancy rates for Balzan (1700-97) and Siggiewi (1748-78) were reported at 4.9 and 5.8% respectively. While these rates are lower than those reported from Protestant England (10.2-46.2%) and Catholic France, they are similar to some towns in France <sup>69</sup>. The out-of-wedlock birth rates throughout the late eighteenth century maintained a generally increasing trend with a sharp rise during the final years of the century attributed to the social upheaval caused by the uprising against the French <sup>70</sup>.

The Order's rule in Malta came to an end when they were ousted by Napoleon Bonaparte in 1798. After only a few months, the Maltese rose against their French rulers and blockaded the garrison in the Grand Harbour fortified towns. The latter event disrupted civil life in Malta. The civil strife and blockade lasted two years. Soon after taking over the *Sacra Infermeria* to serve as a military hospital for the French troops, the *Falanga* ward, housing 120 beds, was modified with the provision of large windows and connected to the Great Ward to increase the

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<sup>68</sup> Ciappara F, 1988: *op. cit.*, p.84 [out-of-wedlock birth rates:- 1751-1760 4.11%; 1761-1770 4.59%; 1771-1780 4.81%; 1781-1790 4.39%; 1791-1800 5.49% total baptisms]

<sup>69</sup> Ciappara F, 1988: *op. cit.*, p.76-80

<sup>70</sup> Ciappara F, 1988: *op. cit.*, p.125-126,128



number of beds available for febrile patients<sup>71</sup>. Venereal disease soon became evident after the arrival of the French troops. It reached such significant proportions that the monastery of St. Scolastica and the Anglo-Bavarian Auberge were converted into venereal hospitals to treat the French troops<sup>72</sup>. In an attempt at controlling the spread of this disease and in addition decrease the dependants in the fortified cities, General Vaubois on the 16<sup>th</sup> December 1798 proclaimed that "*toutes les femmes dont les maris sont absents, les veuves et les filles faisant la metier de tricoteuses, fileuses, blanchisseuses ou coutouriere, se rendront demain a` une heure apres-midi avec leurs effets, savoir celles de la citte' de l'ouest (don't la Florianna fait partie) sur la place de la liberte', et celles de la citte' de l'est chez le commandant, elles seront conduites de suite aux portes et mises dehors.*"<sup>73</sup>. By banishing all women whose husbands were absent from the cities, Vaubois hoped to banish all prostitutes to the countryside sending them as "*a nice gift to the insurgents*"<sup>74</sup>.

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<sup>71</sup> [C.E.] Robert, *op. cit.*, p.32-37

<sup>72</sup> P. Cassar, 1965: *op. cit.*, p.63

<sup>73</sup> C.H. Vaubois: *Journal du Siege de Malte*. 1800, Les Archives Nationales, Paris: AF III 73. In: W. Hardman, *A History of Malta during the period of the French and British Occupations 1798 - 1815*. Longmans, London, 1909, p.582

<sup>74</sup> B. Ransijat: *Assedio e blocco di Malta*. Malta, 1843, p.119

## *Chapter 4*

### *British Period*

With the capitulation of the French in 1800, the Maltese Islands eventually fell under the dominion of the British sphere of influence serving as a link within the British Empire. This placed the Islands in an important point the net of maritime communications, opening the community to the spread of specific diseases including venereal ones.

#### *Lock Hospitals*

In line with the ordinances promulgated by the Order, the periodical examination of prostitutes by the Police Physician continued to be enforced. Until May 1832, these women were examined in a building situated in *Strada Tramontana* in Valletta. However, it was noted that that "*indecencies*" were occurring on those days when examinations were scheduled. It was therefore resolved to transfer the clinic to a ward under the venereal wards of the *Casetta*, and place a sentry near the hospital to disperse any "suitors". In 1830, more than 160 women were being examined each month <sup>75</sup>. In 1834, syphilis accounted for a total of three deaths (0.11% of total deaths registered that year) <sup>76</sup>. In 1859, it was realised that this

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<sup>75</sup> P. Cassar, 1965: *op. cit.*, p.228

<sup>76</sup> R. Montgomery Martin: *The British Colonial Library comprising a popular and authentic description of all the Colonies of the British Empire*. H.B. Bohn, London, 1837, Vol. vii, p.208

traditional periodic examination was not sanctioned legally, and prostitutes resisted further examinations and failed to present themselves. This resistance culminated in the enactment of Ordinance IV of 1861 that legally re-established the compulsory periodic examination of prostitutes and detained in hospital those found to be infected until treatment was effective. In 1865, the prostitution population numbered 120<sup>77</sup>. The legislative attempt to control the spread of venereal disease in Malta was looked upon favourably by the British Naval Authorities, who in 1867 published the Skey Parliamentary Committee Report recommending the necessity of registering and examining prostitutes, as was the practice in Malta, in all big ports. It also recommended increasing the facilities to accommodate infected women in Lock Hospitals<sup>78</sup>.

A dedicated Lock Hospital was set up during the French interlude at the Anglo-Bavarian Auberge at Valletta, however this was closed down early during the early British Administration. After 1861, the provision of a Lock Hospital became necessary. This was set up as a detached pavilion of the Central Hospital at Floriana and consisted of two closely

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<sup>77</sup> P. Cassar, 1965: *op. cit.*, p.229

<sup>78</sup> C. Lloyd and J.L.S. Coulter, *Medicine and the Navy 1200-1900*. E&S Livingstone Ltd, Edinburgh, 1963, vol.4 (1815-1900), p. 197-201. The first Malta lock Hospital was named according to British terminology for voluntary hospital caring for venereal diseases. The first British Lock Hospital was set up in 1746 in London by William Bromfield. The original building for the hospital was at Grosvenor Place, near Hyde Park, (1746-1841). In 1842 it moved to Harrow Road, Westbourne Grove. A new

supervised wards accommodating thirty patients. These wards continued to function until they were transferred to the Poor House at Mghieret in 1910<sup>79</sup>. The Poor House Lock Wards accommodating 10 beds continued to function until their closure in 1930, though a Venereal Disease Clinic was opened in March 1926<sup>80</sup>.

A suggestion to repeal the 1861 Ordinance was forwarded in 1888 in line to its repeal in the United Kingdom in 1886. This was strongly opposed since it was considered that there was *"no reason why this Island should be converted into a pest house for the propagation of the foulest and most insidious diseases which undermine the health and the life, not only of the immediate sufferers but of innocent generations yet unborn"*<sup>81</sup>. The Ordinance was hence kept on the legal books and in fact was re-enacted with minor amendments as the Venereal Disease Ordinance in 1920, subsequently confirmed by Ordinance VII of 1930 that made it also a criminal offence to knowingly transmit a venereal disease through sexual contact or to engage in any occupations likely to spread the disease<sup>82</sup>. This Ordinance was repealed the subsequent year, but required its re-introduction during the Second World War. The Venereal

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building was opened in 1862 at Dean Street and Harrow Road became "The Female Hospital". It was taken over by the National Health Service in 1948 and closed in 1953.

<sup>79</sup> P. Cassar, 1965: *op. cit.*, p.233-234

<sup>80</sup> *Malta Government Gazette supplement*, 7<sup>th</sup> July 1927, p.941

<sup>81</sup> *Public Opinion*. 27<sup>th</sup> November 1888; P. Cassar, 1965: *op. cit.*, p.230

Disease (Treatment) Regulations, promulgated in 1943, were re-enacted in 1948 as the Venereal Disease (Treatment) Act that enforced compulsory treatment for known infected persons<sup>83</sup>.

After the promulgation of the 1920 Venereal Disease Ordinance which was designed to ensure stricter surveillance on clandestine prostitution, the number of patients committed to the Lock Hospital increased significantly from 83 cases in 1919-20 to 238 in 1920-21, 248 in 1921-22, and 258 in 1922-23. In the latter year, the cases treated included gonorrhoea (233 cases), chancroid (10 cases), syphilis (11 cases) and Bartolinitis (4 cases). Cases of gonorrhoea were discharged after three negative bacteriological examinations, while cases of syphilis were made to undergo a complete course of novarsenobillon besides mercurial and potassium iodide treatment. They were discharged when free from any symptoms of the disease. The number of cases of "insanity" attributed to syphilis admitted to the Lunatic Asylum during the year numbered three individuals<sup>84</sup>.

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<sup>82</sup> *Malta Government Gazette supplement*, 21<sup>st</sup> May 1920, p.149; *Malta Government Gazette supplement*, 1<sup>st</sup> August 1930, p.977

<sup>83</sup> *Malta Government Gazette supplement*, 29<sup>th</sup> July 1931, p.949; *Malta Government Gazette*, 31<sup>st</sup> August 1943, p.710

### ***Medical treatment***

The Venereal In-Patient section at the Central Hospital, Floriana consisted of a six-bedded ward for males and another six-bedded ward for females. A total of 17 males and 19 females were treated in this unit during 1937, with 13 cases being admitted for the treatment of syphilis, 22 cases for gonorrhoea and one case for condylomata. The Venereal Out-Patients Clinic opened at the Central Hospital in 1926. During 1937 the Clinic dealt with a total of 159 male and 71 female patients. Attendance and treatment was offered free and the strictest secrecy was observed in order to encourage more frequent use of the Clinic. The cases seen included syphilis (111 cases), gonorrhoea (110 cases), chancroid (1 case), vulvovaginitis (1 case), condylomata (5 cases) and balanoposthitis (1 case)<sup>85</sup>.

The use of potassium iodide in the treatment of syphilis was introduced in medicine during the 1840s when the chemical was found to be amazingly effective even on patients with later stage of the illness. Mercury had only been moderately effective on late stages of syphilis and was not effective on very deep

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<sup>84</sup> A. Galea: Office of the Charitable Institution. *Reports on the Working of Government Departments during the Financial Year 1922-23*. Government Printing Office, Malta, 1925, sec.Q: p.2, 11

<sup>85</sup> V.M. Curmi: Report of the Medical officer in Charge of the Venereal and Dermatological Department, Central Hospital, for the year 1937. *Annual Report on the Health Conditions of the Maltese Islands and on the work of the Medical and health department for the year 1937*. Government Printing Office, Malta, 1938, App. MD, p.cxxxi-cxxxvi

lesions. The use of arsenic compounds like novarsenobillon in the treatment of syphilis was introduced in 1910. The treatment regiments during 1937 at the Venereal section of the Central Hospital were based on arsenic, bismuth and mercury compounds for syphilis, while gonorrhoea was managed by local therapeutic measures. Sulphonamides (Uleron and Dagenan) were soon to be identified as useful in both acute and chronic cases of gonorrhoea (1938-39)<sup>86</sup>; while Penecillin became available for use in the Venereal Disease cases in 1945<sup>87</sup>.

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<sup>86</sup> V.M. Curmi, 1938: op. cit.; V.M. Curmi: Report of the Medical officer in Charge of the Venereal and Dermatological Department, Central Hospital, for the year 1939. *Annual Report on the Health Conditions of the Maltese Islands and on the work of the Medical and health department for the year 1939*. Government Printing Office, Malta, 1940, App. MC, p.lxiv-lxvi

<sup>87</sup> V.M. Curmi: Report of the Medical officer in Charge of the Venereal and Dermatological Department, Central Hospital, for the year 1945. *Annual Report on the Health Conditions of the Maltese Islands and on the work of the Medical and health department including the emergency medical services for the year 1945*. Government Printing Office, Malta, 1948, App. MB, p.lxxiv-lxxv

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<b>Syphilis</b>	◆ Arsenic compounds	◆ Neosalvarsan ◆ Tryparsamide ◆ Treparsol
	◆ Bismuth compounds	◆ Bismuth metal ◆ Bismuth hydroxide ◆ Bismostab ◆ Bismarsol ◆ Iodo-Bismuthate of Quinine
	◆ Mercury compounds	◆ Mercuric biniodide ◆ Mercuric perchloride ◆ Mercuric salicylate ◆ Mercuric calomel ◆ Inunctions of Ung. Hydragryi
<b>Gonorrhoea</b>	◆ Autogenous Vaccine	◆ stock or combined
	◆ Irrigations	◆ Using 1:8000-10000 Potassium Permanganate solution
	◆ Electrolysis	◆ In cases of strictures
	◆ Ionization	◆ In cases of persisting discharge
	◆ Diathermy	◆ In women for uterine or adnexial complications and cervical cautery in chronic endo-cervicitis ◆ In man for epididymitis and prostatitis
	◆ Antiseptics and balsamics	◆ Santal wood oil - Salol - Methylene Blue capsules ◆ Sulphonamides
	◆ Urethroscopy ◆ Urethral dilatation ◆ Massages	◆ In chronic cases

*Source: Medical & Health Annual Reports*

**TREATMENT REGIMENS FOR VENEREAL DISEASE: 1937**



### *Out-of-Wedlock births*

The late nineteenth century saw a change in attitudes towards pre-marital sex and out-of-wedlock birth, so that the out-of-wedlock birth rates were reported at about 1.2 - 1.6% total births during the period 1871-1900<sup>88</sup>. The Victorian era heralded a prudish attitude towards sex, particularly pre-marital sex. The attitudes were transmitted to colonial Malta. The Roman Catholic Church considered pre-marital intercourse or cohabitation a "reserved sin" with the penalty of excommunication. Amorous adventures were perhaps not uncommon, but any mischief arising was many times remedied by a hasty marriage, this being more so in Gozo and the outlying villages. Unmarried girls sometimes even sought a pregnancy to force a marriage unwanted by the parents. A large proportion of unmarried mothers delivered their infants in the hospitals. In 1868 more than one-half of the maternity cases at the Central Hospital at Floriana were unmarried young women<sup>89</sup>.

In Gozo foundlings were rare, though St Julian's Hospital had facilities to receive them. Fathers, from motives of conscience, generally maintained their unwanted or out-of-wedlock children. The out-of-wedlock birth rate in Victoria Hospital in Gozo was

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<sup>88</sup> The birth element in population growth. *Malta Review*, 14:p.12-17, 1963. [out-of-wedlock birth rates:- 1871-1881 1.6%; 1881-1891 1.4%; 1891-1901 1.2%; 1901-1911 0.95%; 1911-1921 1.1% of total births.]; C. Savona-Ventura: Illegitimacy in the Roman Catholic Community of Malta. *Planned Parenthood in Europe*, 22(2):p.30-32, 1993

<sup>89</sup> P. Cassar, 1965: *op. cit.*, p.457

during the period 1876-93 apparently higher than in the general population. A study of the sociological aspects of women admitted to the Lying-in ward of that hospital during this period, showed that in 8.6% of instances the father was unknown. These women were generally unmarried, but a few were widowed (11.8%) or married (8.8%). There were only 11 of the admissions to the ward who reported that their father or their husband's father was unknown, suggesting an overall out-of-wedlock birth rate of 1.7%. Out-of wedlock births may have been recurrent in families. The mean age of the unmarried mothers was 25.6 years with the youngest being 15 years and the oldest 40 years. This mean age was lower than the mean for all the mothers admitted to the hospital computed at 32.26 years. Six of the 34 mothers delivering out-of-wedlock infants came from Malta, three of whom were admitted by the Comptroller's or the Assistant Secretary to Government's authority. Two mothers of this group were the only paying patients admitted to the hospital during the period <sup>90</sup>. Gozo had a higher birth rate than the parent Island but the rate apparently fell slowly throughout the first part of the nineteenth century. The decline in out-of-wedlock births was apparently faster than the fall in the birth rate <sup>91</sup>.

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<sup>90</sup> C. Savona-Ventura: Giving birth in 19<sup>th</sup> century Gozo 1876-1893. *Storja* 2001, p.52-66

<sup>91</sup> J. Bezzina: *Religion and politics in a Crown Colony. The Gozo-Malta story 1798-1864*. Bugelli Publ, Malta, 1985, p.40,51-52

In 1804, foundlings in Malta were transferred from the *Casetta* to an annex of the *Ospizio* at Floriana, which became the official foundling hospital. In 1833, the foundlings were again moved to the House of Industry at Floriana, where facilities remained very poor and unhygienic contributing to a high infant mortality rate amounting to circa 80% in the 1833-36 admissions. The concept of the *ruota* introduced by the Knights was abolished. However infants were still deserted being left in the streets and in churches. The population was urged to give instant assistance to any child found deserted before being taken to the police. In 1852, the foundlings were again uprooted and transferred to the Orphan Asylum. This accommodated a total of a hundred children of each sex. At the Asylum, the children were educated in literary and industrial work, while they could mix with other children from Government schools during the school hours. The first Criminal Code promulgated under the British in 1854 penalised parents who were guilty of abandoning their children under the age of seven with imprisonment of up to a year. The foundlings remained at the Orphan Asylum at Valletta until these abandoned infants were transferred to the Poor House at Mghieret. In 1937, these infants were placed in the *creche* run by the Ursoline Nuns<sup>92</sup>.

In 1903-04, the daily number of inmates at the Orphan Asylum in Valletta averaged 85-89 individuals with a daily cost of 11 pence

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<sup>92</sup> P. Cassar, 1965: *op. cit.*, p.354-355

per head. The Ursuline Sisters further looked after 40-50 children in a subsidised Government House at Valletta enabling mothers who have to provide subsistence to their families to go out to work.<sup>93</sup> In 1921-22, the average number of children at the Orphan Asylum amounted to 98-106<sup>94</sup>.

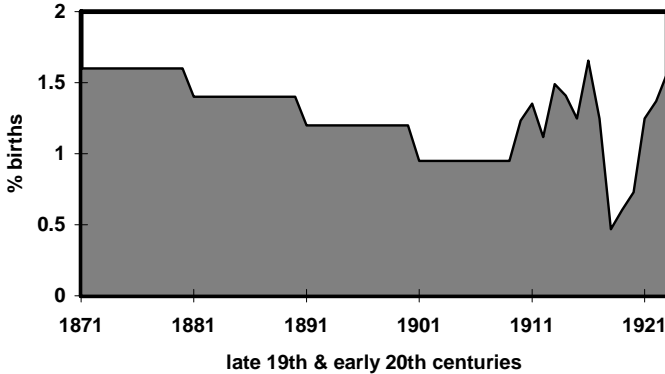
Out-of-wedlock births in the late twentieth century in the Maltese Islands continued to decrease progressively, so that the average 1.6% total births rate for the years 1871-1880 reached the 0.98% level in 1901-1910. The social upheaval of the First World War did not appear to affect the out-of-wedlock birth rate adversely. The advent of war in any country heralds a total upheaval in the social and demographic characteristics of the community. The changes in the social circumstances of the population affect variably the obstetric performance of the community. During the First World (1914-18), the Maltese Islands were only indirectly affected by the hostilities, but the war was followed by a period of economic deterioration. The disturbance to family life brought on by the calling up of a large number of men to the services and the presence of a large number of foreign soldiers in the Islands did not appear to affect the out-of-wedlock birth

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<sup>93</sup> R. Micallef: Office of the Comptroller of Charitable Institutions. *Malta Government Gazette supplement*, 8<sup>th</sup> December 1905, 4867: p.iv, vii

<sup>94</sup> A. Galea, 1925: *op. cit.*, sec.Q: p.4

rates during the First World War years. This reflected the strong Roman Catholic moral standards in force at the time<sup>95</sup>.



*Source: Malta Review, 1963*

#### **19-20<sup>th</sup> centuries Out-of-wedlock birth rates**

The Second World War promoted an increase in promiscuity among the population particularly at risk. The majority of cases were contracted from abroad. The next source of infection included prostitution, which in 1945 was noted to have increased. The barmaid was also considered to belong to a dangerous class, and as a source of infection emulated the 'street-girl'. There appeared to be in 1945 a fall in the number of cases transmitted by barmaids, a fall attributed to the withdrawal of the barmaid's licence once a report was lodged against her<sup>96</sup>.

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<sup>95</sup> *Malta Review*, 1963: *op. cit.*; C. Savona-Ventura, 1993: *op. cit.*; C. Savona-Ventura: Reproductive performance on the Maltese Islands during the First World War. *J.R. Army Med. Corps*, 141:p.107-111, 1995

<sup>96</sup> V.M. Curmi, 1948: *op. cit.*

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<b>Year</b>	<b>Syphilis</b>	<b>Gonorrhoea</b>
1937	33	81
1938	99	136
1939	63	100
1940	44	105
1941	48	129
1942	37	80
1943	87	58
1944	120	80
1945	72	66

*Source: Medical & Health Annual Reports*

**Number of New Cases seen at the Malta Venereal Clinic**



## *Chapter 5*

### ***POST-INDEPENDENCE PERIOD***

The post-Second World War period brought about a drastic change of attitudes towards sexuality throughout Europe, a change that slowly but gradually permeated into Maltese society. Unlike the Victorian and post-Victorian era where sex was considered a disruptive force, sex in the 1960s started being looked at as good fun. Various reasons were responsible for these changes in sexual attitudes. Advancement of knowledge about the women's reproductive physiology helped women attain a positive attitude towards their sexuality giving them control over their sexual behaviour. In 1959 the first oral contraceptive pill was put on the market, thus bringing with it sexual freedom to women. The fear of pregnancy with every sexual act in and out of marriage bed was removed, thus creating a sense of sexual freedom and uninhibited pleasure.

#### ***Contraceptive practices***

These advances and attitudes promoting sexual freedom evident on the European continent were initially only slowly introduced in the Maltese Islands. By 1966, during the first meeting of the European Congress of Catholic Doctors held in Malta, reference was made by local gynaecologists to the use of oral contraceptive steroids and the moral standpoint of the Roman Catholic Church. A plea was made for the "*reappraisal of the*



place of our 'natural law' argument against progestational steroids when used for fertility control." <sup>97</sup> Other Maltese doctors participating in the Congress expressed similar views, particularly the use of the progestational agents to prolong the infertile period <sup>98</sup>.

The first oral contraceptive to be advertised in the Maltese medical literature in 1967 was Ortho-Novin marketed by the local agents Hugo Pace & Sons Ltd for Ortho Pharmaceutical Corporation. The preparation was marketed for menstrual cycle control <sup>99</sup>. In 1969 Syntex Pharmaceuticals with V.J. Salamone Ltd as local agents advertised Norinyl-2 and Norinyl-1 in the Maltese medical press, both being marketed as "progestogenic" cycle regulators <sup>100</sup>. The first medical review dealing with oral contraceptive treatment appeared in the medical student journal "*Chestpiece*" in 1971, this paper having been previously presented to the Annual Clinical Meeting of the Association of Surgeons and Physicians of Malta in November 1970 <sup>101</sup>. The same journal issue also carried an advertisement for Norinyl-1 and Norinyl-2 being still marketed as cycle regulators rather

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<sup>97</sup> L.J. German: Medical problems of Catholic Family planning. In: A. Gerada, A. Galea, and F.F. Fenech (eds): *The Catholic Doctor and his apostolate within the family. Proceedings of the First European Congress of Catholic Doctors*. MAM, Malta, 1966, p.169-170

<sup>98</sup> E.A. Agius: Medical Problems of Catholic Family Planning; L. Spiteri: The Use of the Pill. In: A. Gerada et al, 1966: *op. cit.*, p.172-175

<sup>99</sup> *St. Luke's Hospital Gazette*, 1967, 2(1); *St. Luke's Hospital Gazette*, 1968, 3(1)

<sup>100</sup> *St. Luke's Hospital Gazette*, 1969, 4(1); *St. Luke's Hospital Gazette*, 1969, 4(2); *St. Luke's Hospital Gazette*, 1971, 6(1); *Chestpiece*, April 1971, 24:p.8

<sup>101</sup> Elder M.G.: The problematic pill. *Chestpiece*, n.d.[1972], 25:p.5-9; 12

than as an oral contraceptive, an attitude that persisted in the 1973 medical journal issue <sup>102</sup>.

This attitude towards the promotion of oral contraceptive preparations in the 1960s and 1970s reflects the general contraceptive attitudes of the general population. In a 1971 survey of 321 women under 45 years of age, some form of family control was being practised by 87%. About one-fourth of those practising contraception used the rhythm method alone, the remainder using methods not approved by the Church, with *coitus interruptus* being the most commonly used. The oral contraceptive was used by only 2% of women. In 1976 an article dealing with the sympto-thermic method of contraception as promoted by the Roman Catholic Church appeared in the Medical students journal <sup>103</sup>.

The trend slowly changed in the following decades after the introduction of state-managed family planning clinics in 1982. In these clinics all methods of contraception, except termination of pregnancy that remained illegal, were promoted and made available freely. These clinics increased not only the awareness of the need of family size control, but also the awareness of the available methods of contraception <sup>104</sup>. Further information on

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<sup>102</sup> *Chestpiece*, n.d.[1972], 25:p.12; *St. Luke's Hospital Gazette*, 1973, 8(1)

<sup>103</sup> A. Gatt: The sympto-thermic method of family planning. *Chestpiece*, 1976, p.20

<sup>104</sup> A. Gerada et al., 1966: *op. cit.*; R.G. Milne: Family Planning in Malta. *Population studies*, 27(2):p.373-386, 1973.

family planning was disseminated by the Parent Craft Lecture program organised by the Midwifery Department for all pregnant women booking for delivery at St. Luke's Hospital.

The Government-run Family Welfare Clinics were initially managed from three Health Centres or PolyClinics at Floriana, Paola and Mosta. These services were in 1985 extended to a new Health Centre at Gzira, and after 1987 to a purposely-built centre at Qormi. The number of women seeking contraceptive advice seen at these centres increased progressively. In parallel to these Family Planning Services, the Health authorities also introduced Well Women Clinics in the various Health Centres to screen for cervical and breast cancer. In 1989, the two services were amalgamated into one Well Woman Clinic run from five Health Centres offering cervical cancer screening facilities and family planning advice. This has now been extended to six Health Centres<sup>105</sup>.

In a survey of 5286 puerperal women giving birth in 1983, only 8.6% stated that they did not plan to use any form of contraception, while 11.8% planned to use the natural method as recommended by the Roman Catholic Church. *Coitus interruptus* was the method chosen by 59.2% of women, while hormonal intervention was planned by 5.5%. A similar 5.4%

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<sup>105</sup> E.S. Grech and C. Savona-Ventura: *The Obstetric and Gynaecological Service in the Maltese Islands - 1987*. Malta, 1988

planned to use the IUCD and 6.2% barrier/foam methods. The remainder opted for sterilisation with 1.2% being sterilised at Caesarean Section <sup>106</sup>.

In spite of the increasing use of oral contraceptives by the general population which occurred in the early 1980s, it was only in 1988 that the local drug import agency Vivian Commercial Corporation advertised in the local medical press the triphasic preparation Trinordiol marketed by Wyeth International for specific contraceptive use, while in 1989 Minulet also marketed by Wyeth International was similarly advertised <sup>107</sup>. The medical representatives of the various local companies importing oral contraceptives preferred a direct approach to medical practitioners rather than advertising in the local medical press. This academic approach towards medicinal promotion was maintained in the late 1970s and 1980s by the Schering representative in Malta through the general distribution of the Schering (9<sup>th</sup> Edition, 1977) "*Pharmaceutical Specialities and Suggestions for Dosage*" which reviewed all the hormonal preparations marketed by Schering and detailed their indications and usage. A detailed review of the oral

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<sup>106</sup> Savona-Ventura C: The influence of the Catholic Church on Midwifery practices in Malta. *Medical History*, 1995, 39(1):p.30-31

<sup>107</sup> *Maltese Medical Journal*, 1988/89, 1(1):p.49; *Maltese Medical Journal* 1989, 1(3):p.50

contraceptives in use in Malta appeared in the medical student journal in 1989<sup>108</sup>.

The change in attitudes towards contraception is the result of the accelerating process of secularisation that has influenced ideas about marriage and human procreation. A questionnaire study carried out on about 400 families in 1983 showed that 34% of participants who stated that they readily obeyed ecclesiastical authority agreed with the use of artificial contraceptives. This contrasted to the 68% acceptance of artificial contraceptives by person who did not accept ecclesiastical authority. Similar trends were shown in the case of abortion (28% versus 54%)<sup>109</sup>.

The present Birth Control State services available are managed from the Well Women Clinics run by a Consultant Obstetrician-Gynaecologist from six Health Centres. Further Birth Control advice is given from the Gynaecological Clinics at St. Luke's Hospital. Educational programs in the form of a lecture given to antenatal patients are organised by the Midwifery Department. All forms of contraceptive methods, excluding pregnancy termination, are discussed with the women attending the various clinics. However the Roman Catholic Church influence is still

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<sup>108</sup> C. Savona-Ventura: Rational prescribing of oral contraceptives. *Medi-Scope*, 1989, 13:p.23-28. See also C. Savona-Ventura: Precautions before prescribing the pill. *Malta Prescribers Review*, 1988, 7:p.2-3

felt in the overall practice being offered from the State Clinics. The service of IUCD insertion in the state's family planning clinics, introduced in the 1980s was suspended in 1993 following a concerted outcry in the local newspapers by pro-life individuals. Furthermore the Church's objection to sterilisation has similarly influenced its availability in the state hospitals where it is performed only for cases with a medical complication and is not freely available for family control. The Church's objection to the promotion and use of the condom remains unchanged even in the light of the AIDS epidemic of the last decades. It continues to counsel safe sex by staying with one sexual partner in marriage, but encourages responsible parenthood. The Church still manages its Family Planning Clinics based on the rhythm method run by the Cana Movement.

The Cana ovement is a voluntary organization within the Catholic Church in Malta set up on the initiative of Fr. Charles Vella in 19576. From its early years, the Movement set out to teach methods of natural family planning to engaged and married couples, using the services of volunteer doctors, nurses and midwives. It opened its first Natural Family Planning clinic in 1961 and in 1975 set up the Natural Family planning Unit. Its early services were associated with a drop in the overall fertility

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<sup>109</sup> C. Tabone: *The secularization of the family in changing Malta*. Dominican Publication, Malta, 1987, p.163

rates in Malta, thus helping set the scene for the introduction of responsible parenthood concepts.

In private practice, the medical practitioners offer all forms of birth control, though some methods such as the diaphragm, the vaginal foam and the female condom do not appear to be popular with Maltese women and their importation has been abandoned by the drug importers. Sterilisation is freely available being performed in the various private hospitals in Malta. Pregnancy termination remains illegal, and patients opting for abortion often proceed overseas to Sicily and London to obtain professional services.

A population study carried in 1993 showed that 14.2% of women still practised no form of birth control, while abstinence/*coitus interruptus* was practised by 48.5%. The rhythm method promoted by the Church was practised by 19.4%. Oral contraceptives were used by 15.8% of the population. The changing trends in birth control methods being used by the Maltese population is evident when one compares the two similar studies carried out in 1971 and 1993 <sup>110</sup>.

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<sup>110</sup> R.G. Milne, 1973: *op. cit.*; R.G. Milne. and R.E. Wright: Changing pattern of contraceptive use in Malta. *Economic & Social Studies*, 1993-94, 7:p.1-7

<b>METHOD</b>	<b>1971</b>	<b>1993</b>
• None	12%	14.2%
• Abstinence	1%	7.9%
• Rhythm	40%	19.4%
• <i>Coitus interruptus</i>	70%	40.6%
• Condon	12%	21.9%
• Diaphragm	Low level of use	1.0%
• Oral Contraceptive	2%	15.8%
• IUCD	Low level of use	2.9%
• Abortion	Low level of use	0.1%
• Sterilisation - wife	1%	2.2%
• Vasectomy	1%	2.2%
• Other	Low level of use	0.2%

Source: R.G. Milne. *Population studies*, 1973;  
R.G. Milne & R.E. Wright. *Economic & Social Studies*, 1993-4.

### **Contraceptive use in Malta**

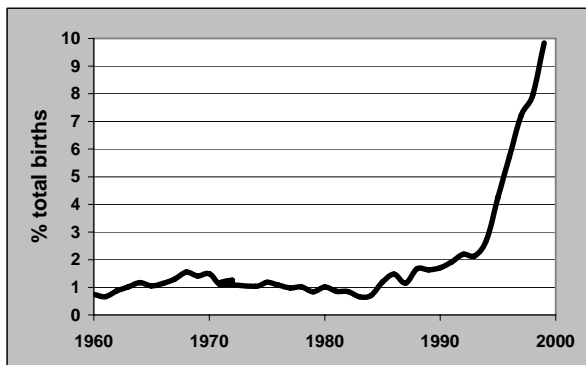
#### *Out-of-Wedlock births*

In spite of the increased availability of effective contraceptive methods, the problem of infants born out-of-wedlock has demonstrated a persistent increase, particularly among the younger generation. The out-of-wedlock birth rates at the beginning of the 1960's averaged 0.7% live births (1959-1962). The 1960's saw a steady rise in the rate to reach a peak of 1.56% in 1968, thereafter the rate subsequently decreased slowly until 1984 reaching the 0.7% level<sup>111</sup>. After 1980 there was a definite rise in Out-of-Wedlock pregnancies, with a sharp dramatic rise occurring after 1994.

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<sup>111</sup> C. Savona-Ventura, 1993: *op. cit.*





Source: *Demographic Reviews*

### **Out-of-wedlock birth rates 1960-1999**

The rate has risen by about 8.4 times from 1980-84 to 1995-99 periods. In both periods under study, out-of-wedlock pregnancies appeared to be very much commoner in the <25 years age groups, though the rate of increase appeared generally proportionate (except in the 20-24 years age group where rate of increase reached (x11.0)<sup>112</sup>.

<b>Maternal Age</b>	<b>1980-84</b>	<b>1995-99</b>	<b>1995-99/1980-84 ratio</b>
	<b>Age-specific rates %</b>	<b>Age-specific rates %</b>	
<20	8.15	46.11	5.7
20-24	0.93	10.19	11.0
25-29	0.40	3.27	8.2
30-34	0.46	2.95	6.4
35-39	0.60	4.37	7.3
40	0.68	5.11	7.5
<b>TOTAL</b>	<b>0.82</b>	<b>6.91</b>	<b>8.4</b>

Source: *Demographic Reviews*.

### **Comparative age-specific out-of-wedlock rates**

<sup>112</sup> Central Office of Statistics. *Demographic Reviews for the Maltese Islands*. COS, Malta, 1961-2000, annual publications

Teenage pregnancies have always shown a very highly significant rise from the figure of 5.67% in the period 1961-1965 when the overall rate was 0.75%., to 8.15% in 1980-84 and 46.11% in 1995-99 <sup>113</sup>.

During 1990, the number of out-of-wedlock deliveries at St. Luke's Hospital amounted to a total of 103 cases. One third of the women delivering (37 cases) were under the age of 20 years. The youngest mother was 14 years of age, five were 15 years and one mother was 16 years old. The majority of out-of-wedlock births occurred in women aged 20-30 years; a few were over 30 years old. About 32 women having an out-of-wedlock birth had already experienced a previous pregnancy suggesting these to be habitual and possibly living in a stable relationship. The majority of the teenage mothers were having their first child. There did not appear to be any particular locality that appeared to be at greater risk of out-of-wedlock births. During 1990, Valletta saw the birth of 12 out-of-wedlock infants, Senglea - Cospicua a further 15 cases, Gzira 6 cases and Sliema - St. Julians a further 9 cases.. Most out-of-wedlock conceptions appear to occur during the summer months so that 15 pregnancies were conceived in August, 11 in July, 13 in October. The numbers conceived during the

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<sup>113</sup> C.O.S.: *Demographic Review for the Maltese Islands for the years 1960-2000*. COS, Malta, annual publications, 1961-2001

summer months contrast with those conceived during the remaining months with 7 cases in April, 4 cases in May and 5 cases in June <sup>114</sup>. This may reflect the “free time” available to teenagers during the summer months in contrast to the scholastic period.

The rise in teenage pregnancies is a disturbing factor. Promiscuity in the under 20 years age group could be blamed on the extensive propaganda given to sexual and emotional gratification coupled by the glamour which is so often associated with sex. The youth culture which commenced in the "swinging" 1960's was associated with commercial pop music, the miniskirt and a complete break away from conventional values. This together with the emergence of various teenage communities who rejected the norms of society and based their ideologies on the love cult and the immediate gratification culture promoted by the commercialised society has contributed to a permissive society. Studies have shown that the young mother is predisposed to various medical problems during pregnancy. Teenagers are more likely to have a premature labour resulting in a low birth weight baby. Stress within the family and the gravity of the problem all contribute to a stressful situation that on occasion results in a pre-term baby. These young mothers are more likely to delay seeking antenatal care in an attempt to conceal her situation. Due to

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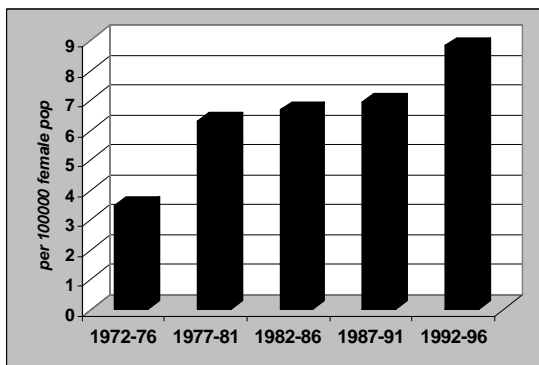
<sup>114</sup> M. Savona-Ventura: *Illegitimacy in the Maltese Islands*. Dissertation: Diploma in Social Studies, Centre for Social Leadership, 1991

society's disapproval of an out-of-wedlock birth, marriage is often viewed as a necessary consequence of premarital pregnancy. Although marriage may allow the adolescent to avoid social disapproval or discrimination, it does not eliminate the adverse consequences of an early and hasty marriage. The immaturity of the couple and the problems that they are forced to face so early in life can easily result in a marital breakdown and separation. Adolescents coming from problem families are more likely to end up with an illicit pregnancy. Their environment tends to increase the probability of drug-taking, smoking and venereal diseases.

The increasing promiscuity evidenced by the rising out-of-wedlock pregnancies has had correlates with increasing trends in venereal disease incidences, though there is unfortunately no legal requirement for the registration of various forms of venereal disease in Malta.

One registered disease that is considered to have a sexual aetiology is cervical cancer. The aetiology of cervical cancer has been closely linked to Human Papilloma Virus [HPV] infection of the cervix. The five-year average incidence rates of cervical cancer show a definite rise in rates since the 1970s and appears now to occur in a younger age group than in previous

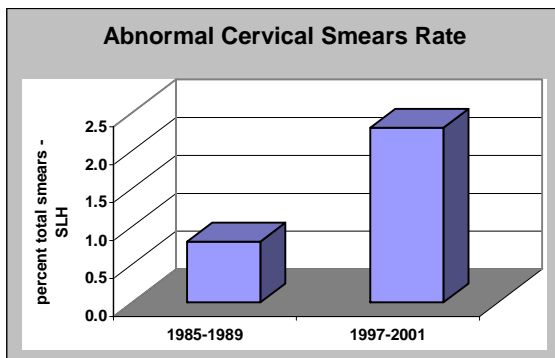
years <sup>115</sup>. There appears to have been also a drastic increase in the number of pre-cancerous lesions of the cervix. The latter is evident when one considers the rates of abnormal smears reported from the Cytology Laboratory of St. Luke's Hospital for the period 1985-1989 [0.8% total smears] and 1997-2001 [2.3%]. The mean estimated prevalence of abnormal smears in the period 1997-2001 computes as 68.6 per 100000 female population; a figure that must be considered an underestimate since it does not include the data from private laboratories which probably perform the majority of cervical cytology examinations in Malta <sup>116</sup>.



**CERVICAL CANCER INCIDENCE - 5 year averages**

<sup>115</sup> C. Savona-Ventura: Cervical Cancer in the Maltese population. *Health Information News*, 1996, 3:p.1-2,5; *National Cancer Registry*. Department of Health Information, Department of Health, Malta

<sup>116</sup> *Annual Reports: Cytology Laboratory Department of Pathology*, St. Luke's Hospital, Malta [raw data furnished by N. Ciantar and M. Taliana]



**ABNORMAL CERVICAL SMEAR RATES**  
5 year averages - Cytology Laboratory, SLH

<b>HPV Cases</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>TOTAL</b>
Cervical cytology	111	97	70	76	57	<b>411</b>
Vulvo-vaginal cauterly of warts	20	26	20	15	9	<b>90</b>
<b>TOTAL HPV Cases</b>						<b>501</b>
<i>Rate</i>						<b>53.2</b>
<i>Per 100000 female pop.</i>						

<b>Abnormal Cytology</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>TOTAL</b>
HPV	85	63	50	61	38	<b>297</b>
CIN I	24	21	12	17	7	<b>81</b>
CIN I + HPV	20	29	18	13	13	<b>93</b>
CIN II	14	9	14	7	4	<b>48</b>
CIN II + HPV	6	3	2	2	5	<b>18</b>
CIN III	17	13	12	7	6	<b>55</b>
CIN III + HPV	0	2	0	0	1	<b>3</b>
Carcinoma	4	7	6	5	2	<b>24</b>
Endometrial cells present	8	5	2	7	6	<b>28</b>
<b>TOTAL CASES</b>						<b>647</b>
<i>Rate</i>						<b>68.6</b>
<i>per 100000 female pop</i>						

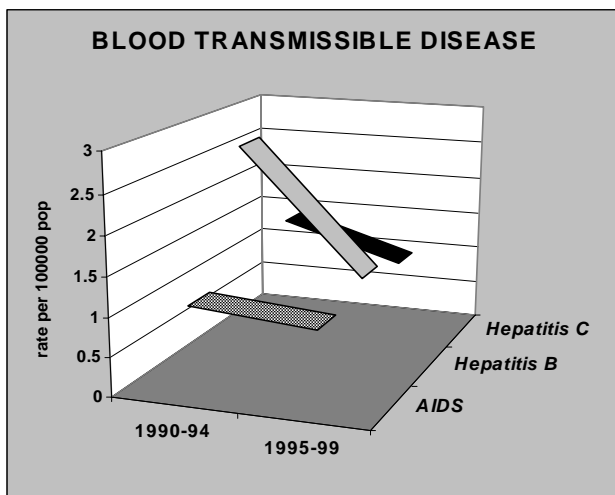
The HPV virus appears to have made particular inroads in the Maltese community. The prevalence of cervical and vulvo-vaginal warts has shown a marked increase from the 1980s with the personal observation of most "old-time" clinicians being that this viral infection is being seen more frequently than previously and appears to be more aggressive. No definite population statistics relevant to this infection are available. However the annual mean number of cases of vulvo-vaginal warts treated surgically at Karin Grech Hospital during 1997-2001 averages 18 cases suggesting an incidence of about 9.6 per 100000 female population. This figure is however a very low estimate of the size of the problem considering that minor cases of vulvo-vaginal warts are usually self-treated by chemical destruction of the lesions, and the figures exclude those cases operated in the Gozo and private hospitals<sup>117</sup>. The annual mean number of cervical smears reported to have clear features of HPV infection averaged 82 cases suggesting an incidence of about 43.6 per 100000 female population<sup>118</sup>.

The only sexually transmitted infection that is registered is AIDS. The AIDS infection was identified in Malta in the late 1980s primarily in the haemophilic population. It has since made inroads in the homosexual population, but has as yet spared the drug-abusers and hence still remains low in the

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<sup>117</sup> *Registers: Minor Operations Gynaecological Theatre*, Karin Grech Hospital, Malta, 1997-2001

heterosexual population. This is reflected by the relative drop in incidence rates that appears to have occurred since the mid-1980s. The marked education drive during the 1990s aimed at the drug-community to avoid needle-sharing and the free availability of syringes and needles from government centres has contributed towards limiting the spread of this disease in this heterosexual community. A similar decrease in infection incidence can be noted for other blood-transmissible [and also sexually transmissible] infections like Hepatitis B and C. The introduction of vaccination against Hepatitis B has shown a marked decrease in incidence rates <sup>119</sup>.



<sup>118</sup> *Annual Reports: Cytology Laboratory: op. cit.*



No statistics are available in regards to the traditional STD infections. However, it is a general observation by practising clinicians that during the early 1980s the commonest STD infections seen by gynaecologists were trichomonas and gonorrhoea with the occasional syphilitic case being diagnosed. The situation at the end of the twentieth century has seen a change in STD profile. Those venereal infections like syphilis, gonorrhoea and trichomonas, which are very susceptible to standard broad-spectrum antibiotics, have decreased dramatically over the last two decades. This is probably due to free use of these antibiotics for even minor conditions and blunderbuss treatment either by the patient him/herself or by their general practitioners. In contrast there has been a rise in those STD infections such as chlamydia and genital herpes simples which are not susceptible to the commonly used antibiotics<sup>120</sup>. Over the period 1997 to 2001 the number of requests for chlamydia tests made to the Pathology Department at St. Luke's Hospital have increased progressively from 213 in 1996 to 867 in 2001. During the period 1998 to May 2002, a total of 2759 tests were requested, of which 195 [7.07%] proved

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<sup>119</sup> *Notifiable Infectious Disease in the Maltese Islands: Annual Reports*. Health Information Services, Department of Health, Malta, 1990-1999

<sup>120</sup> *Personal information [csv]*: Dr. C. Savona-Ventura. Consultant Obstetrician-Gynaecologist, qualified specialist 1985

positive. This approximates a mean annual incidence of acute chlamydia infection of 4.68 per 100000 female population <sup>121</sup>.

The Genitourinary Clinic was set up on the 1<sup>st</sup> January 2000. During the two-year period 2000-01, the GU Clinic dealt with a total of 1660 consultations; the majority [74%] being self-referrals. A review of the socio-biological characteristics of these cases has been undertaken though this review may be biased because the cases seen represent only the "tip of the iceberg". There may also be a further bias since a large proportion of cases, particularly females, are still being seen by their general practitioners and gynaecologists.

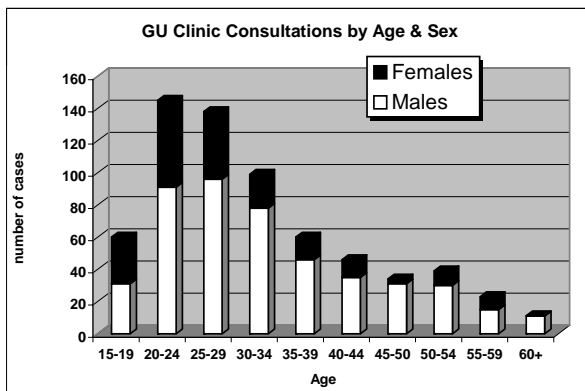
<b>YEAR</b>	<b>Number of laboratory requests for Chlamydia</b>	<b>Number proved positive for Chlamydia</b>
<b>1996</b>	213	?
<b>1997</b>	246	?
<b>1998</b>	366	↑ 195 ↓ 7.07%
<b>1999</b>	392	
<b>2000</b>	761	
<b>2001</b>	867	
<b>Jan-May 2002</b>	373	

Overall the cases attending the GU Clinic were generally male [70%] and a larger majority were unmarried [60% single; 6% separated; 2% divorced]. The age of the attendees was generally under 30 years, this age group accounting for 52.2% of cases

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<sup>121</sup> *Annual Reports: Virology Laboratory Department of Pathology, St. Luke's Hospital, Malta* [raw data furnished by M. Meachen]

seen. The larger majority of cases were heterosexual [Homosexual 7%; bisexual 3%]; while 44% of cases had a sexual experience with a casual untraceable partner [Prostitute 6%; Spouse 20%; regular 30%]. Very few individuals reported condom use [always 15%; sometimes 10%].



The larger majority of cases [460 cases] presented themselves for HIV counselling and testing, though only two cases were found to be HIV positive. A total of 323 cases presented themselves for assessment in spite of being symptom-free but had indulged in sexually risky behaviour. No pathology was found in these cases. Some cases had multiple pathologies<sup>122</sup>.

<sup>122</sup> P. Carabot: *Genitourinary Clinic Report: January 2000 - December 2001*. GU Clinic, Malta, 2002, +8p.

*Devotees of Venus: A History of Sexuality in Malta*

❖ Non-specific urethritis	168	8.4%
❖ Non-specific genital infection	39	1.9%
❖ MPC	27	1.3%
❖ Chlamydia	31	1.5%
❖ Gonorrhoea	3	0.1%
❖ Warts	124	6.2%
❖ HPV infection [on cytology]	10	0.5%
❖ Candida	141	7.0%
❖ Bacterial vaginosis	73	3.6%
❖ Desquamative inflammatory vaginitis	4	0.2%
❖ Pelvic inflammatory disease	15	0.7%
❖ Balanitis	80	4.0%
❖ Molluscum contagiosum	13	0.6%
❖ HIV counselling & testing	460	22.9%
❖ HIV positive	2	0.1%
❖ Hepatitis	25	1.2%
❖ Pediculosis	4	0.2%
❖ Scabies	4	0.2%
❖ Herpes	31	1.5%
❖ No pathology identified	323	16.1%
❖ Other	429	21.4%



*Chapter 6*  
***OUT-OF-WEDLOCK PREGNANCIES***  
***SOCIO-BIOLOGICAL CHARACTERISTICS***

The Maltese community has seen a dramatic increase in illicit sexuality over the last decade of the twentieth century as evidenced by an apparent increase in sexually transmitted disease and out-of-wedlock pregnancies. In the absence of modern available socio-biological data on individuals diagnosed as suffering from sexually-transmitted disease, the cohort of women having an out-of-wedlock pregnancy are the ideal group to study in respect to social factors.

***MATERIAL & METHODS***

The study population includes all the out-of-wedlock births born in the Maltese Islands. The data was collected and made available by the National Obstetric Information System [NOIS] project of the Department of Health Information. The NOIS project is a case-based level database that was launched in 1999 and collaborates closely with the WHO-OBSQID project. Non-identifiable case-based socio-biological data for out-of-wedlock births occurring during 1999-2001 was made available to *DISCERN* by the Department of Health Information. This data was analysed using Excel. Where available, the aggregated data was compared to NOIS data published in the Departmental

Annual Reports<sup>123</sup>. During the period under review, there were a total of 12540 maternities that resulted in 12714 births; 1328 maternities with 1341 births occurred out-of-wedlock. The remainder included women with a legally married status, widows and separated/divorced individuals. Statistical analysis, where relevant, were carried

## ***RESULTS***

The overall rate for out-of-wedlock maternities during the three-year period 1999-2001 averaged 10.59% of all maternities. The annual rates, even over this short period, show a marked rise from the 9.74% in 1999 to 12.33% in 2001 reflecting the steep rise in out-of-wedlock birth that has occurred in the last decade of the twentieth century.

<b>YEAR</b>	<b>Out-of-Wedlock Maternities</b>	<b>Total National maternities</b>	<b>Rate per 100 maternities</b>
1999	420	4311	9.74%
2000	425	4311	9.86%
2001	483	3918	12.3%
<b>TOTAL</b>	<b>1328</b>	<b>12540</b>	<b>10.59%</b>

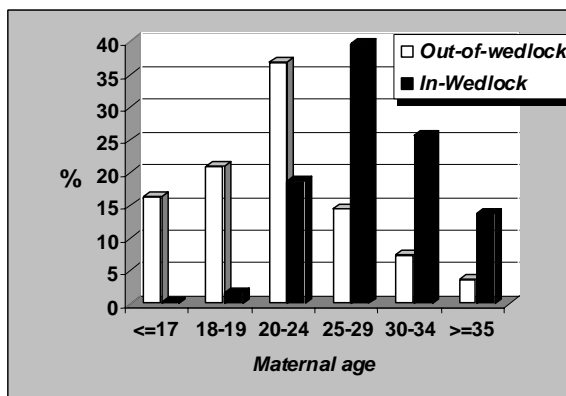
More than a third of out-of-wedlock maternities [37.2%] occurred in women aged <20 years, contrasting with 2.1% that occur in in-wedlock maternities ( $p < 0.0001$ ). A total of 216 out-

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<sup>123</sup> L. Janulova: *National Birth Statistics in Review: 1995 to 2001 - NOIS Annual Report 2001*. NOIS - DHI, Malta, 2002

of-wedlock maternities [16.3%] occurred in women aged less than 18 years.

<b>Maternal Age at delivery</b>	<b>Out-of-Wedlock Maternities</b>		<b>In-wedlock Maternities</b>		<b>ODDS RISK RATIO</b>
<15	10	16.29%	-	0.29%	<b>x56.17</b>
15	35		-		
16	67		5		
17	104		27		
18	137	20.97%	74	1.76%	<b>x11.92</b>
19	141		123		
20-24	491	37.03%	2083	18.66%	<b>x1.98</b>
25-29	193	14.56%	4430	39.68%	<b>x0.37</b>
30-34	99	7.47%	2871	25.71%	<b>x0.29</b>
35-39	43	3.7%	1209	13.90%	<b>x0.27</b>
>40	6		343		
<i>Unknown</i>	2		47		
<b>TOTAL</b>	<b>1328</b>		<b>11212</b>		<b>p&lt;0.0001 *</b>

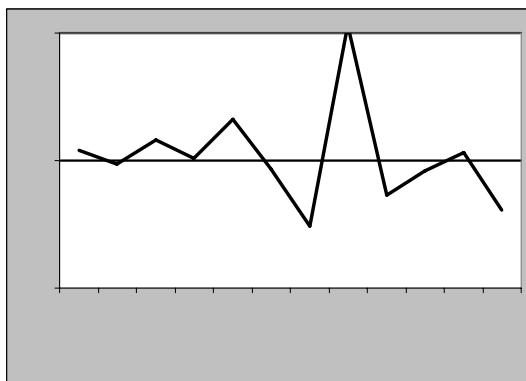


Fifty-five [4.4%] out-of-wedlock maternities occurred in foreign women. The monthly distribution of out-of-wedlock



conceptions in women aged <18 years compared to those aged  $\geq 18$  years of age shows a statistically significant ( $p < 0.0001$ ) higher peak in the month of August with an odds risk ratio of 2.1; while July exhibited a particularly non-statistically significant low peak with an odds risk ratio of 0.5 ( $p = 0.0550$ ).

MONTH	<18 years		$\geq 18$ years		odds ratio
January	20	9.26	95	8.54	1.1
February	17	7.87	90	8.09	1.0
March	23	10.65	102	9.17	1.2
April	16	7.41	81	7.28	1.0
May	20	9.26	78	7.01	1.3
June	20	9.26	110	9.89	0.9
<b>July</b>	<b>8</b>	<b>3.70</b>	<b>85</b>	<b>7.64</b>	<b>0.5</b>
<b>August</b>	<b>28</b>	<b>12.96</b>	<b>70</b>	<b>6.29</b>	<b>2.1</b>
September	13	6.02	92	8.27	0.7
October	17	7.87	95	8.54	0.9
November	20	9.26	97	8.72	1.1
December	14	6.48	117	10.52	0.6
<b>TOTAL</b>	<b>216</b>	<b>100</b>	<b>1112</b>	<b>100</b>	



**ODDS RISK RATIO BY MONTH: <18 vs  $\geq 18$  years age**

The significance of the elevated risk of conception in the younger teenager during August requires clarification particularly since it is directly preceded by a month showing a markedly low risk. The observed higher risk in August may however be due to the relative freedom of movement these teenagers experience in the summer holidays.

The large majority of women with out-of-wedlock maternities were having their first pregnancy. However a total of 346 women [26.1%] gave a history of one or more previous pregnancies.

<b>Previous Gravidity</b>	<b>Out-of-Wedlock Maternities</b>	
<i>Total number of women with previous maternities</i>	346	26.05%
❖ Vaginal deliveries		
# 1	184	
# 2	52	70.23%
# 3+	25	
❖ Caesarean sections		
# 1	42	8.91%
# 2	4	
❖ Spontaneous miscarriages		
# 1	81	
# 2	8	19.96%
# 3	5	
❖ Induced abortions		
# 1	5	0.89%
❖ <b>Total Gravidity</b>	<b>561</b>	

A history of a previous maternity in these women may suggest that they could be enjoying a non-legalised stable relationship and may thus have adequate social support. In fact only 126 women [9.5%] having an out-of-wedlock maternity reported not having adequate support at home to help raise the child. Of these, 26 women gave a history of one or more previous maternities.

The younger woman (<18 years of age) having an out-of-wedlock pregnancy was less likely to report a previous maternity. Only nine [4.2%] of the women aged <18 years reported a previous maternity that terminated either in a vaginal delivery [n = 7], a caesarean section [n = 1] or a spontaneous miscarriage [n = 1]. None of these mothers reported ever undergoing an induced termination of pregnancy. Sixteen [7.4%] of these young mothers reported that they had inadequate support at home to care for their child.

<b>Gestation of first antenatal visit</b>	<b>Out-of-Wedlock Maternities</b>	
❖ ≤12 weeks	461	35.65%
❖ 13-24 weeks	704	54.45%
❖ 25-32 weeks	102	7.89%
❖ >32 weeks	26	2.01%
❖ <i>unspecified</i>	35	

About 9.9% of out-of-wedlock maternities booked for antenatal care the third trimester of pregnancy reflecting poor antenatal

care. This however does not preclude medical care availed of from private medical practitioners or specialists. The younger (<18 years) woman having an out-of-wedlock maternity was less likely [7.4%] to defer her first formal antenatal visit to the third trimester.

<b>Substance Abuse</b>	<b>Out-of-Wedlock Maternities</b>		<b>In-wedlock Maternities</b>		<b>ODDS RISK RATIO</b>
Tobacco	339	25.53%	736	6.56%	<i>x3.89</i> <i>p&lt;0.0001</i> *
Alcohol	4	0.30%	14	0.13%	<i>x2.31</i> <i>p=0.2263</i>
Drugs	22	1.66%	14	0.13%	<i>x12.77</i> <i>p&lt;0.0001</i> *

A larger proportion of women having out-of-wedlock pregnancies gave a history of substance abuse during pregnancy including a significantly higher proportion of cigarette smoking ( $p<0.0001$ ), and drug abuse ( $p<0.0001$ ). The number of these mothers partaking alcohol during pregnancy was also proportionately greater than in the general population, though the difference was not statistically significant ( $p=0.2263$ ). Forty women [18.5%] aged <18 years having out-of-wedlock maternities reported regular cigarette smoking during pregnancy. None of these young mothers abused alcohol or drugs.

<b>Maternal Problems</b>	<b>Out-of-Wedlock Maternities</b>		<b>In-wedlock Maternities</b>		<b>ODDS RISK RATIO</b>
Haemorrhage	27	2.03%	230	2.05%	<b><i>x0.99</i></b> <b><i>p=0.6878</i></b>
Hypertension	64	4.82%	796	7.10%	<b><i>x0.68</i></b> <b><i>p=0.0347</i></b> *
Pre-DM	6	0.45%	38	0.34%	<b><i>x1.32</i></b> <b><i>p=0.5106</i></b>
Multiple	13	0.98%	155	1.38%	<b><i>x0.71</i></b> <b><i>p=0.4957</i></b>
Mode of Delivery	293	22.06%	1707	15.22%	<b><i>x1.45</i></b> <b><i>x1.01</i></b> <b><i>p&lt;0.0001</i></b> *
❖ LSCS	52	3.92%	436	3.89%	
❖ Op. vag.					

The incidence of maternal complications such as antepartum haemorrhage, pre-existing diabetes and multiple pregnancy do not appear to be altered in women having out-of-wedlock maternities when compared to in-wedlock maternities. Mothers having out-of-wedlock pregnancies appear to be statistically ( $p<0.0001$ ) more likely to be delivered by caesarean section. Hypertensive disease on the other hand appear to be statistically ( $p=0.0347$ ) less common in the out-of-wedlock maternities.

Hypertensive disease is generally associated with primigravid pregnancies and thus would have been expected to show a higher incidence in the out-of-wedlock maternities. The observed lowered incidence of hypertensive disease in out-of-wedlock maternities may be a result of the literature-quoted

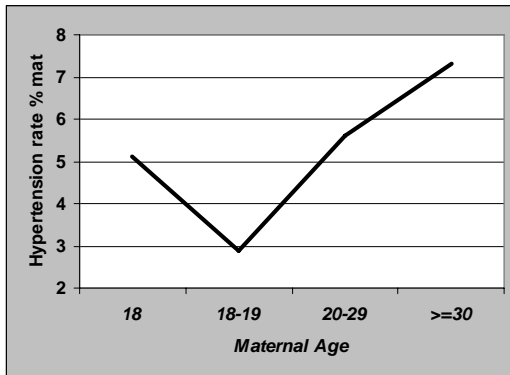
protective effect of cigarette smoking. However while hypertensive disease in this population appeared to occur less frequently in primigravida smokers having out-of-wedlock pregnancies compared to primigravida non-smokers [3.9% vs 5.2%], the difference was not statistically significant ( $p=0.5623$ ). A similar non-statistically significant ( $p=0.8542$ ) pattern was also evident for multigravida women.

<b>Cigarette Smoking</b>		<b>Hypertension</b>	<b>No.</b>	<b>%</b>
Primigravida Non-smokers <i>N</i> =768		Normotensive	728	94.8
		Hypertensive	40	5.2
Primigravida Smokers <i>N</i> = 205		Normotensive	197	96.1
		Hypertensive	8	3.9
Multigravida Non-smokers <i>N</i> = 209		Normotensive	199	95.2
		Hypertensive	10	4.8
Multigravida Smokers <i>N</i> = 134		Normotensive	129	96.3
		Hypertensive	5	3.7

The risk of developing hypertension during pregnancy has been reported to be closely related to the age of the mother. Similarly in the present study, out-of-wedlock maternities showed a J-shaped non-statistically significant ( $p=0.200$ ) risk for the development of hypertension with maternal age. The lack of statistical significance observed with cigarette smoking and also maternal age may be a result of the small population of

hypertensive women. Bigger population studies are necessary to identify any significant correlations<sup>124</sup>.

<b>Maternal Age</b>	<b>Hypertension</b>	<b>No.</b>	<b>%</b>
<18 years <i>N = 214</i>	Normotensive	203	94.9
	Hypertensive	11	5.1
18-19 years <i>N = 278</i>	Normotensive	270	97.1
	Hypertensive	8	2.9
20-29 years <i>N = 684</i>	Normotensive	646	94.4
	Hypertensive	38	5.6
>=30 years <i>N = 150</i>	Normotensive	139	92.7
	Hypertensive	11	7.3



Infants of women having out-of-wedlock maternities did not appear to be at any particular risk of an adverse outcome reflected by any tendency towards low or high birth weight, a lowered Apgar score at 5 minutes, or a stillbirth/neonatal death.

<sup>124</sup> W.H.O.: *The hypertensive disorders of pregnancy*. WHO Technical report 758, Geneva 1987

There did appear to be a statistically ( $p<0.0001$ ) increased risk of premature deliveries in these infants. The risk of prematurity has been associated in various studies with a poor social circumstance and in the Maltese environment has been previously described to be more likely in teenage mothers and women suffering from spouse abuse<sup>125</sup>.

<b>Infant Problems</b>	<b>Out-of-Wedlock Maternities</b>		<b>In-wedlock Maternities</b>		<b>ODDS RISK RATIO</b>
Birth weight					
❖ <1500 g	9	0.67%	108	0.95%	<b><i>x0.70</i></b>
❖ 1500-2499	73	5.44%	607	5.35%	<b><i>x1.02</i></b>
❖ 2500-3999	1190	88.74%	9925	87.46%	<b><i>x1.02</i></b>
❖ >4000 g	69	5.15%	708	6.24%	<b><i>x0.83</i></b>
❖ <i>unspecified</i>			25		<b><i>p=0.3072</i></b>
Prematurity					
❖ <32 weeks	15	1.12%	104	0.91%	<i>x1.23</i>
❖ 32-36 wks	158	11.78%	520	4.57%	<i>x2.58</i>
					<b><i>p&lt;0.0001</i></b>
					*
Apgar Score =>6 at 5 min	21	1.57%	131	1.15%	<b><i>x1.19</i></b>
					<b><i>p=0.0996</i></b>
Outcome					
❖ Stillbirth	6	0.45%	63	0.55%	<b><i>x0.82</i></b>
❖ Early ND	5	0.37%	39	0.34%	<b><i>x1.09</i></b>
❖ Late ND	2	0.15%	12	0.11%	<b><i>x1.36</i></b>
					<b><i>p=0.9223</i></b>

<sup>125</sup> C. Savona-Ventura, E.S. Grech. Risks in pregnant teenagers. *Int J Gynaecol Obstet* 1990; 32(1):7-13; C. Savona-Ventura, M. Savona-Ventura, S. Drenghed-Nielsen, K.S. Johansen. Domestic abuse in a central Mediterranean pregnant population. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 2001, 98(1):3-8



Infant care, on the other hand, did appear to be adversely altered with a significantly lowered rate of breastfeeding, both at birth and at discharge from hospital, in women having out-of-wedlock maternities. This may reflect the perception of the mothers towards their newborn infants and possibly may have a bearing on subsequent attitudes towards the child.

<b>Postpartum care of infant</b>	<b>Out-of-Wedlock Maternities</b>		<b>In-wedlock Maternities</b>		<b>ODDS RISK RATIO</b>
Breastfeeding ❖ At birth	388	28.93%	4062	36.23%	<b><i>x0.80</i></b> <b><i>p&lt;0.0001</i></b> <b>*</b>
❖ At discharge	661	49.29%	7282	64.95%	<b><i>x0.76</i></b> <b><i>p&lt;0.0001</i></b> <b>*</b>

### ***CONCLUSIONS***

It would appear therefore that out-of-wedlock maternities are more likely to occur in the teenager population with 37.2% of reported cases during 1999-2001 occurring in women under the age of 20 years. The advent of a teenage out-of-wedlock pregnancy brings about a major social upheaval to the mother and her family. Fortunately less than a tenth of out-of-wedlock maternities do not find support to help them care for the child. Teenage mothers were in fact more likely to find the necessary support. About a fourth of the reported out-of-wedlock maternities gave a history of one or more previous pregnancies,

sometimes terminating in an induced abortion. The relative high rate of multigravida women having out-of-wedlock maternities during 1999-2001 may reflect a population that is living in a stable though not legitimised marital status. This group may also include "habituals" who fail to avail themselves of suitable contraceptive measures to prevent a pregnancy. A high proportion of out-of-wedlock women reported some form of substance abuse including cigarette smoking and drug abuse. There may also be a element of alcohol abuse, though this has not been shown conclusively. The relationship to drug abuse is disturbing since these women find themselves in dire straits to satisfy their drug craving and are induced to resort to prostitution to obtain the necessary funds for the drug. In these circumstances, they often fail to adequately protect themselves against pregnancy and sexually transmitted disease.

Antenatal care of out-of-wedlock maternities appear to be relatively poor with about one-tenth of women seeking formal antenatal care only in the third trimester of pregnancy. Fortunately, it appears that the antenatal course of pregnancy is relatively uneventful with no increased risks of diabetes or antepartum haemorrhage being observed. The incidence of hypertension in these women is decreased, this being possibly a function of cigarette smoking though a definite association could not be confirmed. The adverse social and psychological circumstances of these women predispose towards premature

delivery, though the infant outcome does not appear to be adversely affected. Operative abdominal delivery is more frequently resorted to with the associated short-term morbidity and long-term obstetric consequences. These women appear to be less interested in the care of the infant as evidenced by the relatively lower breast feeding rates documented.

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## *Chapter 7*

### **CONCLUSIONS**

Out-of-Wedlock sexuality has been a characteristic of Maltese human society since very early times. This has been associated with the effects of such irresponsible sexual activity including out-of-wedlock pregnancies and sexually transmitted disease. The sexual freedom revolution experienced in the North American and European continents in the 1960s was in part suppressed in Maltese society by the strong religious influence exerted by the Roman Catholic Church in Malta at the time. While the strong Catholic cultural environment helped keep back the tide of problems brought on by sexual freedom, the increasing secularisation of family values experienced in the late 1970s and early 1980s resulted in deterioration in Catholic norms on sexuality. This has led to an increase in the social problems that could arise from such sexual activity - notably a marked increase in out-of-wedlock births and a higher incidence of sexually transmitted disease. With an out-of-wedlock incidence of greater than 10% of all births occurring in the Maltese Islands, it is imperative that the social partners responsible undertake a multifaceted intervention program aimed at increasing sexual morality and responsibility. On the other hand, the intervention program should also address and

assist in minimising the social effects that arise from irresponsible sexual practice.

The HIV/AIDS problem identified in 1980s stimulated the Catholic Church agency CARITAS to set up a service called XEFAQ in September 1997 to provide a counselling service to individuals seeking HIV screening. It collaborates closely with the government-sponsored GenitoUrinary Clinic set up in January 2000; and has extended its counselling service to all forms of sexually-transmitted disease. Both XEFAQ and the GU Clinic carry out a continuous promotional campaign using all forms of advertising media, supported by the Sexually Transmitted Infection Prevention Committee set up by the Ministry of Health.

### ***INTERVENTION***

The ideal intervention effort to reduce the effects of illicit and irresponsible sexuality - venereal disease and out-of-wedlock pregnancies - would be to initiate an intervention program aimed at increasing the sexual morality of the population, particularly in the teenage one. This intervention program must be a continuing educational program started during childhood and enforced during the teenage years. It requires a multifaceted approach with the joint participation of parents, educators, legislators and the clergy. Unfortunately it would appear that formal education on the various aspects of social morality is

today being either completely ignored or not given its due importance. An intervention program set to attempt maintain social morality must be a continuous one since its must combat the opposing message promoting erosion of sexual morality being spread by the multimedia.

Sex education is a highly controversial issue in most parts of Europe. Responsible parents feel a deep-rooted need to protect their children as much as possible from the many dangers of the adult world, and sexuality is a threat that lures their children into irresponsible behaviour that can eventually disrupt their future. Sex education is feared because it teaches youngsters to take control over their own sexuality and to gain responsibility for it as independent human beings. The Catholic Church in Malta unfortunately apparently views the idea of sex education as a threat to its teachings and contributing to the breakdown of moral values in the country. The lack of suitable sex educators in the various government, church-run and private schools in Malta and Gozo has resulted in a poor preparation of Maltese youths in issues pertaining to sexuality. Sex education should not imply the selling or promoting of contraceptives at senior schools or colleges, it should incorporate a broad range of feelings, norms, ethics, values and also practical information; it should encourage the development of personal and interpersonal skills.

Maltese society has changed and with it the needs of today's youth. Contemporary youngsters must be prepared to live in a modern democratic society which itself is constantly changing and which requires psychologically strong and independent individuals. They have to learn how to deal with their own emotions and sexual desires and gain control over them. The education programme in Malta does not contribute much to children achieving a wide spectrum of concepts of life and its problems. The main concern of education is the acquiring of academic certificates that will eventually enable the youth to compete in the work community. Sex education is usually left to the discretion and initiative of the teacher. Establishing a school curriculum regarding sex education requires experts in the field who would be able to provide information about the topic according to the ages of the students and the phases which children pass through at that particular age. Parents should be made an integral part of the programme. In various European countries, sex education has been seriously considered, introduced, and adapted to the needs of that particular country. While moral values should be preserved, young people should be empowered to find a path for themselves in a world where customs are constantly changing due to influences from various countries and where fixed models of morality are no longer a reflection of attitude and behaviour. The problems associated with sexuality can only be reduced by making available a comprehensive sex education programme outlining the

advantages of maintaining moral values and providing unrestricted information about practical measures available to reduce the risks associated with sexuality.

A second intervention policy to combat the medical and social effects of illicit sexuality should make available and strengthen the support facilities for those whose sexual activities have had an adverse outcome. It is imperative that the Genitourinary Clinic set up on the 1<sup>st</sup> January 2000 to counsel and treat individuals with sexually transmitted disease is given its due importance in order that the short and long-term effects of these infections are minimised. Similarly the Well-Women Clinics set up in the 1980s should be reorganised to ensure that cervical screening for pre-cancerous lesions is freely and regularly available to all irrespective of income and social class. High-risk population groups, such as drug abusers, should receive particular attention. The presence of these clinics should be adequately advertised and attendance should be facilitated. Close co-operation between the various services dealing with aspects of sexually transmitted disease is necessary to enable best use of resources.

Social support facilities for those having an out-of-wedlock pregnancy should be made available. An out-of-wedlock pregnancy, particularly in a teenager, brings a cascade of social events that can have long-lasting detrimental effects on the



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individual. Adequate and effective social assistance during pregnancy and after the birth of the child should be made available to ensure that the erring mother does not suffer directly or indirectly from the social pressure placed upon her. A number of services are presently being provided by various governmental and religious institutions. These are unfortunately still relatively fragmented and are in urgent need for consolidation and amalgamation to enable the provision of a comprehensive multidisciplinary support structure.



The last decade of the twentieth century has seen a marked rise in sexual promiscuity that has been accompanied by the immediate gratification syndrome of modern-day society.

The present study reviews the history of sexuality in the Maltese Islands starting from the Medieval period, with the accompanying effects of such behaviour namely venereal disease and out-of-wedlock pregnancies.



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