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Volume 2

IUDs AND FAMILY PLANNING

Edited by
E S E Hafez and W A A van Os

Progress in Contraceptive Delivery Systems

Series Editor: E. S. E. Hafez

(2)

VOLUME II

IUDs and Family Planning

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This volume is dedicated to *Margaret Sanger (1879–1966)*. Margaret Sanger was the founder and first President of the International Planned Parenthood Federation. Her autobiography is published by Dover Publications, Inc., 180 Varick Street, New York City, New York 10014, USA.

In the photograph opposite, Margaret Sanger is seen leaving Brooklyn Court of Special Sessions after her arraignment on January 4, 1917.

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Preface

This volume is devoted to certain theoretical and practical aspects of intrauterine devices as they apply to family planning. It deals with the logistic and technical limitations to the introduction of copper and progesterone-releasing IUDs. The barriers of attitude and politics, as well as the clinical and physiological problems facing family planning, are also discussed.

The contributors, from a wide spectrum of professional groups, have considerable experience in some aspects of reproductive physiology, gynecology and/or family planning. There has been an attempt to provide a total coverage of current progress in IUDs and family planning. It is hoped that this volume will serve as a stimulus to basic scientists and clinicians concerned with intrauterine devices to intensify their research for better contraceptive techniques.

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E. S. E. HAFEZ
Series Editor

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E.S.E.H
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Foreword: IUDs and family planning programs

J. DONAYRE

The intrauterine devices continue as one of the main methods of contraception in use worldwide. Their modern age, initiated only two decades ago, has seen a proliferation of models, some built with considerable engineering ingenuity. It has also seen the emergence of a variety of statistical methodologies to follow their degrees of success or failure. A few devices have remained, at all times, the most utilized on the basis of their effectiveness, acceptability and safety. The longevity of the Lippes Loop is rather exceptional in a field where hopes for a significant innovation dim as rapidly as they emerge.

It is hard, if not impossible, to find any logical pattern in the use of intrauterine devices around the world. The use of the IUD seems to flourish and to falter both in less developed and developed countries. It seems to adapt well to the needs of the rich and the poor, the well educated and the illiterate. It seems to be rejected equally well by these groups in the face of side-effects or complications. And it seems to be as sensitive to public airing of its shortcomings as any other contraceptive method; witness the drop in use and increase in extractions for personal reasons following poor press and the spread of rumors through interpersonal communication.

Although precise national figures are not available for all countries, the various attempts at estimating use and, more recently, the gradual availability of the results of World Fertility Surveys raise a number of important questions whose study may influence the future of the IUD as a major contraceptive method. Current IUD use in developed countries varies from a high of over 25% of all methods, as occurring in Sweden and Finland, to around 3% in Belgium and Hungary, while in the USA, England and Denmark the figure sets at around 8%. In developing countries with available data high reliance on IUD use occurs at levels over those found in developed countries (over 30% of all methods in Tunisia, Indonesia and Mexico and around 50% in Ecuador), even though the total number of

women practicing contraception is about one half of those in developed countries. It is indeed surprising that countries with poor access to privately dispensed health services and with inadequate public ones clustered around urban agglomerations use more of a medical service intensive method.

With very few exceptions the IUD share of total contraceptive use seems to decline with time, perhaps in relation to the availability of oral contraception or sterilization. The major national programmes initiated in the late 1960s, particularly in Asia, had the IUD as the method preferred by one half or two thirds of the women involved and the same pattern seems to develop in more recently established programs. The IUD therefore seems to be the method for young programs with older women typically their early customers. A relative ease of introduction contrasts with the difficulties in maintaining acceptability.

The sobering thought seems to be gaining currency that although design and technological developments are important, particularly for the control of side-effects, the way in which the method is administered, or the services are provided and counsel is offered, may be the most significant factors in the continued use of IUDs.

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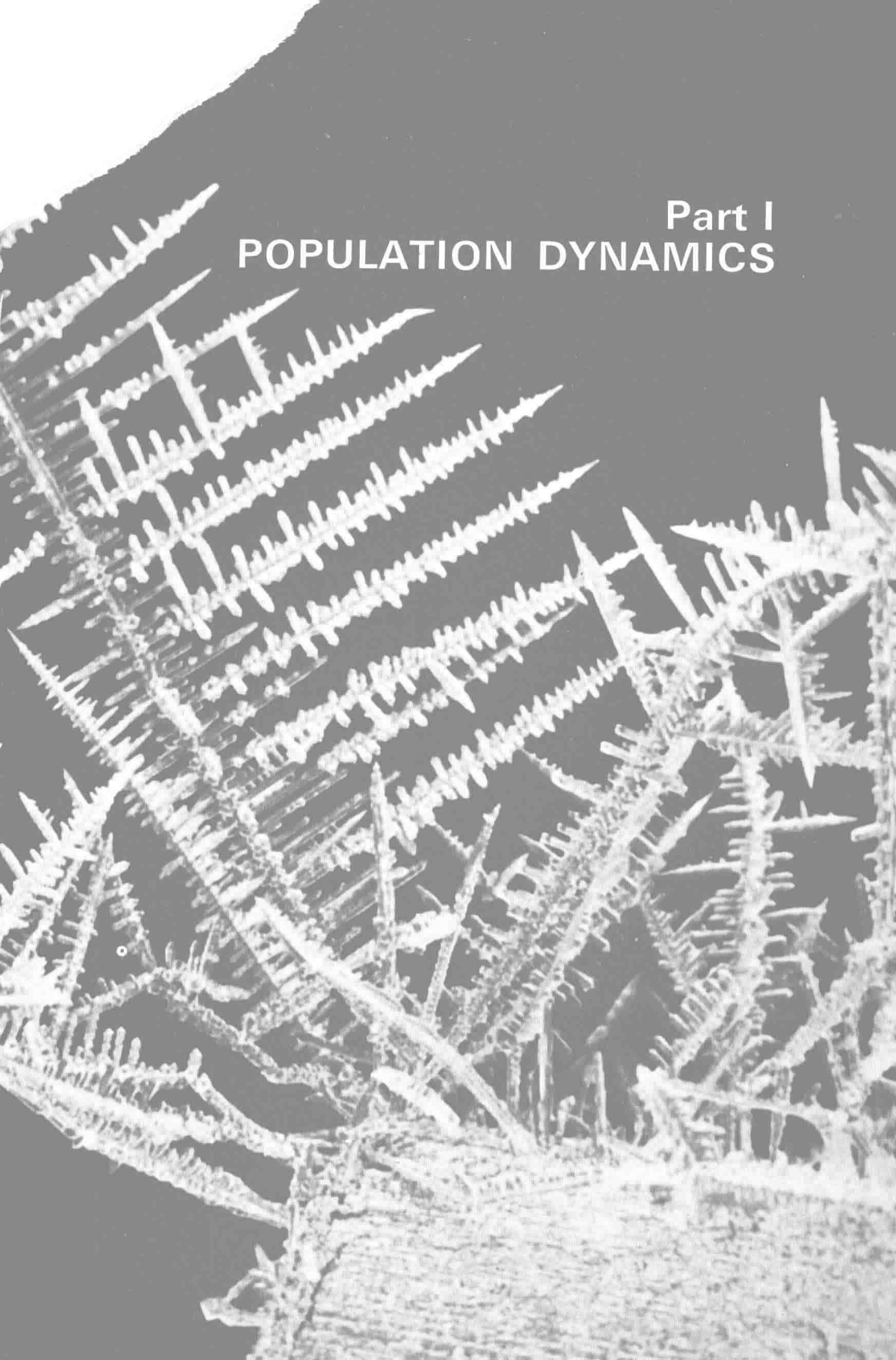

Part I
POPULATION DYNAMICS

1
Introduction to family planning

E. VEDER-SMIT

In the Western world the beginning of the 19th century is marked by a significant population growth. The economic and social progress, partly due to the industrial revolution, led to a decline in mortality and in particular in infant mortality. This decline was later facilitated, in part, by improved health care, use of efficient medicines and the application of new biomedical technologies. The remarkable reduction in infant mortality resulted in a prolonged lifespan and contributed to the rapid growth of the population. The subsequent decline in fertility was influenced by the measures used to combat collective and individual poverty and by the increase of social mobility. A situation came about in which many people began to realize that family planning offered possibilities for improving the health of mother and child and for preventing poverty.

In the Netherlands, too, fertility quickly declined after the Second World War. In the period 1945 to 1949 the birth rate was 25.9 per thousand; in 1977 it was still only 12.5 per thousand. In the same year the natural growth of the population was 0.46%. The total fertility rate dropped to 1.7 in 1973, so that the net replacement factor in the Netherlands is now 0.84. This means that the growth of the Dutch population will come to a halt within the forseeable future and that the geriatric proportion of the population will continue to increase, with all its attendant problems. It is remarkable that the drop in fertility has occurred in spite of the rise in the marriage rate, at least up to 1970, and in spite of the increasingly early age for first marriages. This leads to the conclusion that it only took a short time for family planning to become well established in the Netherlands. The decline in the growth of the Dutch population has not been the result of a National Program but has come from the population itself. Yet there have been certain persons and private organizations whose efforts to promote family planning have been especially noteworthy. Of these, one who particularly deserves to be mentioned is Holland's first woman doctor, Dr Aletta Jacobs, who received her doctor's diploma at the State University of Groningen on the 8th of March, 1879, just over a hundred years ago. Concerned as she was with the social aspects of health, she became the first doctor in the Netherlands to prescribe contraceptive devices, in this case

the diaphragm pessary. Her tremendous social involvement and keen intellect also made her a leading figure in areas other than medicine. She was President of the Association for Women's Suffrage and co-founder of the World Federation for Women's Suffrage.

After the 1960s had shown that the attitude of the Dutch population had obviously changed in favor of family planning, the Government, in July 1972, at the instigation of certain political parties, made oral contraceptives and intrauterine devices available under the national health scheme.

In the developing countries the application of modern biomedical techniques and the improvement of health care made their appearance before any distinct improvement had occurred in social and economic conditions. The decline in mortality, which had started in the 1930s, continued to accelerate after the termination of the colonial period and was the cause of the population problem.

In 1966 the General Assembly[1] of the United Nations recognized the 'sovereign right of each nation to formulate, promote and implement their own population policies, with due regard to the principle that the size of the family should be the free choice of each individual family'. This principle was confirmed by the Declaration on Social Progress and Development adopted in 1969 by the General Assembly[2] which declared that 'parents have the exclusive right to determine freely the number and spacing of their children'. The population debate culminated in the World Population Conference in Bucharest, 1974. After discussions which often became emotional, the 135 participating countries agreed upon the World Population Plan of Action. This document proposes, among other things, that 'the study of the population problem should not be restricted to the analysis of the causes of population growth such as mortality and fertility'; and that 'the present situation in the developing countries can be traced back to the unequal socio-economic development which has kept the people divided since the beginning of the nineteenth century'.

If this problem is to be solved, social-economic development is a necessity. But this development is not, in itself, sufficient to bring about a new equilibrium in population growth. For, if this growth is too rapid it will considerably intensify the social and economic problems, which is one of the reasons for the underdevelopment in these countries.

During the conference held in Mexico City on behalf of International Women's Year in 1975, emphasis was once again placed on the connection between progress and development on the one hand and the population problem on the other. Progress and development, however, cannot do without the participation of half of the world population, that is, without women. And yet still this half is far from taking an active part, as it should, in genuine and concerted efforts to make this world a better one. Emancipation is necessary to realize the active participation of women in progress and development. Family planning, having a built-in concept of sexual equality and providing women with the possibility of having children by choice and not by chance, is an important means for emancipation of women.

The governments of many developing countries have drawn up popula-