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CONTRACEPTIVE TECHNOLOGY 1984-1985

12th Revised Edition



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Preface and Dedication

Contraceptive Technology 1984-1985

The Centers for Disease Control (CDC) in Atlanta, Georgia, to whom this edition of *Contraceptive Technology* is dedicated, imposes high standards of excellence in research, writing, and editing on all of its employees. As taxpayers, all of us can be proud of this Federal institution which is respected so highly by the medical profession, the general public, and public health officials who rely heavily on CDC's epidemiologists. In many countries, the CDC is sought out for its expertise in areas ranging from measles or smallpox eradication to complications of sterilization procedures or treatment of exotic tropical infections.

No group of individuals has contributed more to *Contraceptive Technology* over the years than the staff at the Centers for Disease Control. Most of the help has come from the Division of Reproductive Health (formerly called the Family Planning Evaluation Division) in the Center for Health Promotion and Education. Others from the V.D. Division with responsibility in the area of sexually transmitted diseases have lent invaluable support. Still others have contributed editorial or artistic abilities to this effort.

Individuals from CDC who have made major substantive contributions to *Contraceptive Technology* include Dr. Ward Cates, whose enthusiasm, encouragement, and insight have inspired, challenged, and enlightened us so much during the preparation of each of the last three editions, and Dr. Beach Conger, whose idea it was in the late 1960's to prepare a body of information like this for medical students. Others who have contributed greatly include:

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 Nadine B. Williams, Editor

To each and every one of you, our heartfelt thanks!

We close this dedication to the CDC contributors to *Contraceptive Technology* by referring to a recent report by the Division of Reproductive Health to the ranking official at CDC, Dr. William N. Foege. It seems particularly appropriate in view of the emphasis of this edition — population and family planning. The 1982 annual report of the Division of Reproductive Health was introduced by pointing out that 1 out of every 7 children born in the history of mankind will have been born during Dr. Foege's lifetime. In 1936, the year of Dr. Foege's birth, there were 2.2 billion people living on the earth. In 1982, the population was up to 4.6 billion. The report notes that world population will be 6.3 billion by the year 2000 when the World Health Organization hopes to achieve better health for all. By the time Dr. Foege reaches 84, his present life expectancy, the world's population will be 8.3 billion; should Dr. Foege live to the age of 100, he would be living in a world populated by 10 billion people.

WORLD POPULATION GROWTH DURING DR. WILLIAM FOEGE'S LIFE

Year	Dr. Foege's Age	World Population (billions)	Total Population Ever Born (billions)
1936 (your birth)	0	2.2	67.9
1982	46	4.6	72.7
2000 (health for all)	64	6.3	75.5
2020 (your life expectancy)	84	8.3	78.8
2036 (your age goal)	100	9.7	81.1

One focus of this 12th edition of *Contraceptive Technology* is the important subject of population and its relationship to family planning.

There can be little doubt that population pressures are placing the importance of birth control in a new light. The importance of population growth in his lifetime has not escaped Dr. Foege. It escapes very few world leaders today, whether they come from the field of public health, politics, economics, or ecology. Our little spaceship earth almost has more folks than it can handle.

The contributions of Dr. James Trussell of Princeton University to this edition are very much appreciated. His primary contribution — the population chapter — is indeed a valuable addition and will be an important reference for those involved in family planning on a local, day-to-day basis who also want an expanded view of the ways in which family planning interfaces with world population growth.

Finally, a special note of appreciation goes to the secretarial staff of the Department of Gynecology and Obstetrics, Emory University School of Medicine, especially to Mary M. Mullis whose talents contributed considerably to the production of the manuscript for this book.

January 1, 1984

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INTRODUCTION:

Principles of Family Planning

We believe that. . .

1. *Voluntary family planning is an important health measure.* The availability or unavailability of services has an enormous impact on the health of an individual, a relationship, a family, a community, and, indeed, an entire nation.
2. *Unless a certain method is contraindicated, patients have a right to make a voluntary, unpressured decision concerning birth control methods.* Practitioners should avoid labeling certain methods as “good” or “bad” or presenting methods in any biased manner.
3. *It is the family planning practitioner’s responsibility to provide thorough information to, and to encourage questions from, the patient.* Each patient has a right to all information necessary for informed consent.
4. *Patients have a right to be treated with dignity in a private setting.* This encourages frank discussion of embarrassing questions and personal matters and reduces the fear of examination.
5. *Patients have a right to complete confidentiality in data systems and medical records.*
6. *Family planning practitioners are responsible for providing high quality health education to the community as well as to individual patients.*
7. *Each member of society has a right to family planning care regardless of financial or social status.* Family planning is a right of each individual, including teenagers, prisoners, psychiatric patients, and indigents.
8. *Contraception, abortion, and sterilization are all vital components of a voluntary, comprehensive family planning program.*
9. *Participation of male partners in family planning adds an important dimension to care.* This encourages couples to share responsibility for fertility decisions.
10. *Family planning clinics can provide many noncontraceptive services to patients.* We cannot assume that every individual coming to a family planning clinic is there for contraception. Patients may be there for a Pap smear, breast examination, treatment of a vaginal infection, V.D. test, or evaluation of an infertility problem.
11. *The family planning clinic can facilitate the entry of individuals into other components of the health care system.*
12. *Population concerns should not be the major focus or objective in a family planning clinic.* For the most part, our patients do not come for services out of concern for world population pressures. Patients may be antagonized by the association of their medical clinics with efforts to achieve population stabilization.

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1. Choosing a Contraceptive: Effectiveness, Safety, and Important Personal Considerations

CONTRACEPTIVE CHOICE AND POPULATION GROWTH

The ability to control one's own reproductive destiny and to choose between birth control methods on a completely voluntary basis is an important personal freedom in any society. Yet this personal freedom may be endangered if a society suddenly perceives population growth as a threat to its quality of life and moves from voluntary birth control to strong incentives to use contraceptives, sterilization, and abortion, and thence to strong coercive programs.

EFFECTIVENESS

Patient questions

In the absence of a perfect method of birth control, two considerations are particularly important to couples who explore their contraceptive options: effectiveness and safety. Effectiveness is paramount, and family planners hear many questions about it:

- “Does this *really* work?”
- “Which is the most effective method?”
- “Which would be the most effective method for me?”
- “Why did one doctor tell me diaphragms are 98% effective and another say they’re only 80% effective?”
- “Can you get pregnant if you take your Pills every day?”

**NO WONDER OUR PATIENTS ARE CONFUSED.
WE ARE CONFUSING THEM!**