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Meeting the challenge of a growing population

The explosion in human birth that took place in the 1960s and 70s is leading to a vast expansion of the younger fertile age group in the 1990s. If we are to accommodate these expanding numbers and achieve further increases in contraceptive prevalence then the number of contraceptive users in developing countries needs to approximately double in the 1990s. This goal is challenging but not unachievable, writes *Malcolm Potts* in this major article.

We have already travelled one-twentieth of the road from the 1990s to the end of the millenium. It is highly likely that in the remainder of this hectic and challenging decade by far the greater part of all family planning is going to be conducted with methods already in use, using familiar channels of distribution.

We can expect to see a large growth in condom use, partially propelled by fears of sexually transmitted diseases and the spread of the AIDS virus. Even more women are likely to use the familiar oral contraception in the future than used it in the past. Wherever the medical infrastructure is robust enough to permit safe insertion and adequate follow-up of women, IUD use will increase. More and more countries are likely to appreciate that it is virtually impossible to control



human fertility over a lifetime without offering men and women the choice of *Medical students being trained in sterilization techniques, Dhaka.*

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1977/PAULI HARRIS/SON

Social marketing in Bangladesh: flyers and calendar show that this shop sells condoms and Pills.

voluntary sterilization. It is quite possible that more sterilizations will be performed in the 1990s than in any decade of human history, either before or afterwards.

There are some advantages to using familiar methods. For one thing research and development costs of Pills have been written off and there is competition between manufacturers, so therefore high quality products are available in bulk at remarkably low prices. There is no reason to assume that industry cannot accommodate the

vast increase in Pills required, providing family planning programmes plan ahead and the resources are found to purchase them. Both Pill and latex condom manufacture are capital-intensive industries and it will only make sense to encourage local production when very large markets are available.

Wherever the contraceptives are made, governments or international agencies will have to buy part of the output to meet the needs of the very poor. Existing methods also have the advantage that medically they are well understood and the later 1990s may finally see resolution of the few outstanding questions that remain about Pill risks and benefits.

One tried and tested method which is open to great expansion is the use of injectable contraceptives. Work is going on a new generation of injectables which are likely to receive FDA approval in the 1990s but they are also likely to be relatively expensive. Ongoing clinical experience with Depo-Provera has not confirmed the hypothetical fears which inhibited its use in earlier years and if one or two important countries were to change their policy in relation to this useful method of contraception it would still be able to make an important contribution to the health and welfare of millions of families in the 1990s.

The 1970s and 80s were characterized by experiments in contraceptive distribution. A wide variety of community-based, industry-linked, clinic and marketing programmes were devised. The 1990s would be wise to concentrate on fewer channels selected for their ability to serve vast numbers of people in clinically responsible cost-effective ways. Quality assurance, particularly in relation to informed consent, in rapidly expanding voluntary sterilization programmes, will be particularly challenging. Donors who pretend this problem does not exist may end up making it worse, while those who try to help are likely to reap considerable rewards.

The commercial, for-profit, distribution for Pills and condoms is certain to expand and all those interested in family planning must recognize this sector of the market and encourage its growth. Already, in Latin America, three-quarters of all the oral contraceptives used are purchased at full price through commercial outlets.

For those who cannot afford the full price of Pills and condoms, then social marketing programmes will be increasingly important. Programmes of this type have been so successful in Bangladesh, India and Colombia. They are beginning in a number of other countries such as Zaire, but they will need to be replicated on a large scale in many other places in the 1990s. One of the advantages of social marketing is that it builds on the existing retail infrastructure and while success, as in all other aspects of family planning, is largely dependent upon the freedom of action of senior managers, social marketing programmes require relatively few people for their successful implementation.

The foreseeable expansion in the use of current methods has some important consequences. For one

thing incremental improvements in widely used methods, numerically, may prove more important than introducing fundamentally new methods. For example, studies show that oral contraceptives are often incorrectly used in developing country situations. Efforts to understand patterns of use and misuse could, in turn, lead to better packaging, instructional materials and counselling. It is quite possible that more unplanned pregnancies could be prevented by efforts to improve the correct and consistent use of the Pill in the 1990s than by the introduction of fundamental new methods, such as Norplant.

Further simplification of female sterilization would be particularly useful and research is taking place on a trans-cervical application of minute quantities of iodine as a possible method of tubal occlusion. Encouraging results have been obtained with the CU-fix, an inter-uterine contraceptive which is anchored in the uterus and which appears to have fewer side-effects and better continuation rate than even the excellent copper devices such as the CU-380A now in increasingly widespread use.

Efforts are taking place to develop a plastic condom and if perfected this would have the advantage of a better shelf-life, which is particularly important in developing countries where storage conditions may be of poor quality and distribution channels move relatively slowly.

So where does this leave the new methods of contraception? Norplant is already in use in some countries and is likely to receive USFDA approval in relatively short order. The rate-limiting factor in its expansion is going to be the cost of the method and maintaining the necessary quality of service in those who insert and remove the device. A variety of biodegradable sustained release systems are also under investigation. All these new formulations of old and well understood contraceptive steroids overcome irregularities of use associated with daily Pill taking. However, Gillespie has estimated that if by the year 2000, 3 per cent of all contraceptive users depend upon these new methods, then the total cost of providing the cost of contraceptives will rise by 16 per cent.

The new long-acting steroids (Norplant, biodegradable pellets, vaginal rings and injectables) will all be associated with lower failure rates than oral contraceptives. This in turn will mean that fewer women will resort to abor-

tion. Whether programmes will be able to secure the money to use these improved methods on a realistic scale will be an interesting test of whether governments and the international community are seriously committed to reducing the number of induced abortions taking place in the world.

Unless there is an increase in commitment to all aspects of family planning then as a result of the increasing number of women at risk of pregnancy, it is possible that more



Collecting Pills in rural Mexico.

abortions – legal and illegal – will be deliberately induced in the 1990s than in any other decade of human history. By the same token it is also quite possible that more women will die from pregnancy and childbirth than in any other decade in human history. If we allow these things to happen it will be a sad indictment of an already cruel and irrational century. The only escape will be by a more intensive and rational use of existing methods (including injectables) and a willingness to pay for new methods so that the rate-limiting fact in their introduction becomes the capacity of the medical infrastructure to deliver them rather than the ability of governments to pay for them. Unfortunately, the record to date is that the world expects to get it contraception 'on the cheap'.

At the same time, realism dictates that whatever is done, induced abortion will remain a significant variable in fertility control just as it has been throughout the 20th century. It is easy to forget, for example that illegal abortion played a very significant role

in achieved family size in developed nations before and between the two world wars when family size was falling in ways that are comparable with the changes taking place in contemporary developing countries.

RU-486 is the only genuinely new method of contraception to arrive since the introduction of the Pill in the 1960s. Clinically it is most effective at such an early stage of pregnancy that it challenges the very legal and ethical definition of abortion. The thinking of some contemporary theologians, such as Father Norman Ford, could even categorize its use as a contraceptive. The clinical experience with RU-486 in France has been very encouraging but more data is needed about its safety when used in a Third World setting, particularly in rural areas. If we are honest, however, the risk/benefit ratio will be most in favour of its use where abortions are done by dirty twigs, bent wires or dangerous herbal remedies.

No doubt antediluvian attitudes towards family planning will continue to cause controversy and setbacks in the 1990s but new visions will also become increasingly common. The fact that oral contraceptive use unambiguously reduces the risk of ovarian and uterine cancer in later life is the first time that modern medicine has devised a truly preventive therapy against cancer. Unfortunately, oral contraceptives do not bring about a similar reduction in the most common reproductive malignancy, breast cancer. However, at least two clinical trials have begun or are in the planning stage of entirely novel combinations of hormones which have the specific goal of both controlling fertility and reducing breast cancer.

Perhaps we will finally enter the 21st century with a vision and a confidence that the field in which we work is not a negative attempt to stop births, but a positive rational effort to save lives, improve the health of women and men over their reproductive years and ameliorate the problems of the menopause and the risks of reproductive cancer in later life. If we can do this, along with helping people who enjoy the best for themselves and for their families, then the 1990s will indeed be the decade when a fruitful harvest is reaped from the ground that was tilled and the seeds which were sown by the IPPF and its sister organizations in earlier decades.

Dr Potts is President of Family Health International.