

PN-ABH-341

# AGENCY FOR INTERNATIONAL DEVELOPMENT PPC/CDIE/DI REPORT PROCESSING FORM

70272

ENTER INFORMATION ONLY IF NOT INCLUDED ON COVER OR TITLE PAGE OF DOCUMENT

1. Project/Subproject Number

2. Contract/Grant Number

3. Publication Date

[Empty box]

DPE-3041-A-00-0043

1990

4. Document Title/Translated Title

Child Survival: The Role of Family Planning

5. Author(s)

1. M Potts  
S Thapa  
2.  
3.

6. Contributing Organization(s)

FAMILY HEALTH INTERNATIONAL

7. Pagination

8. Report Number

9. Sponsoring A.I.D. Office

16 pages

90-37

POPULATION

10. Abstract (optional - 250 word limit)

[Empty box]

11. Subject Keywords (optional)

1. infant mortality  
2. birth spacing  
3. breast-feeding  
4. family planning programs  
5. cost effectiveness  
6.

12. Supplementary Notes

[Empty box]

13. Submitting Official

14. Telephone Number

15. Today's Date

Debbie Wade

919/544-7040, ext 247

March 7, 1991

.....DO NOT write below this line .....

16. DOCID

17. Document Disposition

[Empty box]

DOCRD [] INV [] DUPLICATE []



---

# Child Survival

*The Role of Family Planning*

Family Health International  
International Planned Parenthood Federation

The International Conference on Better Health for Women and Children through Family Planning held in Nairobi in 1987 was sponsored by the International Planned Parenthood Federation (IPPF); the Population Council; UNICEF; the United Nations Development Programme (UNDP); the United Nations Population Fund (UNFPA); the World Bank and the World Health Organization (WHO).

One of the Conference recommendations was that the agencies involved in the field should continue to compile and disseminate the results of the latest studies on the effects of family planning on maternal and child health and survival. This booklet is being issued in the spirit of that recommendation.

*Child Survival, The Role of Family Planning* has been prepared by Drs. Malcolm Potts and Shyam Thapa and produced by Family Health International (FHI) with partial funding from UNFPA. FHI is also grateful to IPPF for its support.



---

*Child survival and family planning are not a prerequisite to each other, rather each can have an impact on the other: contraceptive use can improve child survival; child survival can increase the demand for family planning.*

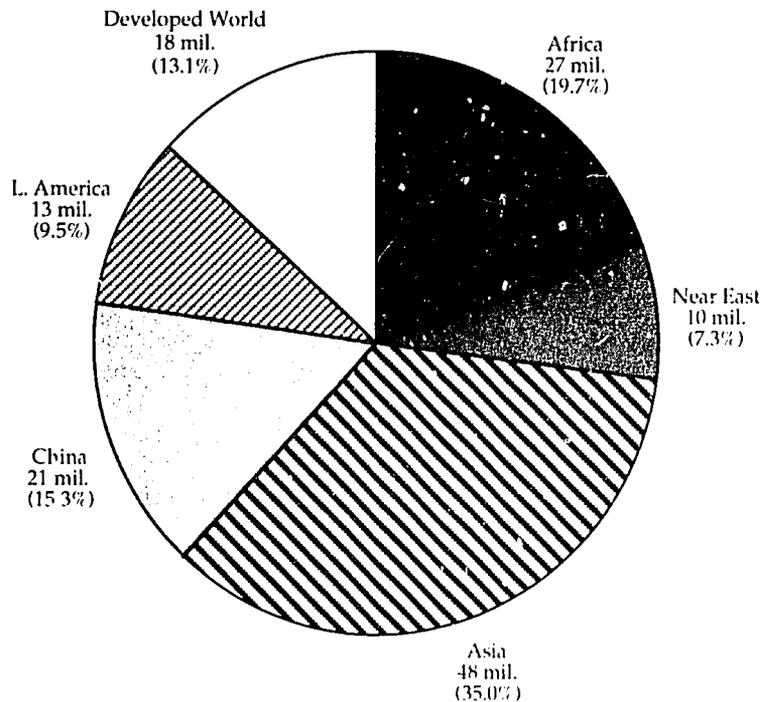
## Record Births Record Deaths

**A**t least 1.3 billion babies will be born between now and the end of the century, more births than in any previous decade in human history. At the same time, the final decade of the twentieth century may witness the death of 170 to 180 million infants and children, if mortality levels remain the same as in the 1980s. That means about 50,000 infants and children will die every day.

In general, about half of all childhood deaths under the age of five occur during the first year of life. About half to two-thirds of all deaths to infants take place within four weeks of birth.

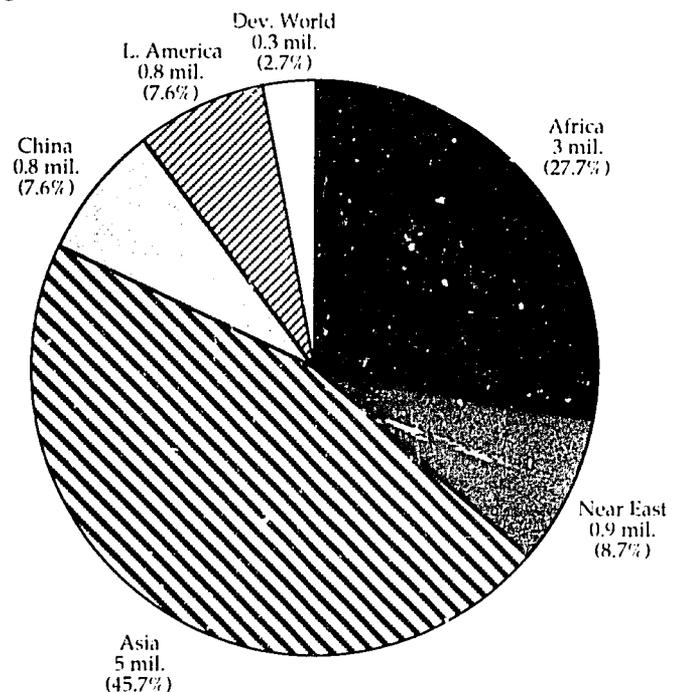
Fortunately, knowledge and technologies are available to prevent a significant proportion of these tragic deaths. For some years now, GOBI programs (growth-monitoring, oral rehydration therapy, breast-feeding, and immunization) have been pursued as a comprehensive strategy for improving infant and child mortality worldwide. These interventions continue to play a critical role in primary health care for children. An equally important component in reducing infant and child mortality is family planning.

### Over 85% of the World's Births Occur Every Year in Developing Countries



During the period 1990-1994, 685 million births are expected to occur worldwide. The vast majority will take place in developing countries.

### Over 95% of the World's Infant Deaths Occur Every Year in Developing Countries



During the period 1990-1994, more than 50 million babies may die within their first year of life. Most of these deaths will occur in developing countries.

## Role of Family Planning

**F**amily planning targets couples; child survival interventions target infants and children. Both are primary health interventions and can contribute to lowering the number of infant and child deaths.

This monograph provides a broad view of how family planning complements child survival initiatives and is a necessary component in the effort to reduce infant and child mortality.

In the developing world, the rate of infant mortality has fallen from approximately 150 deaths per 1,000 live births in the 1950s to approximately 80 per 1,000 today. Technological change, socioeconomic development and fertility regulation have all contributed to this decline.

Over time, however, because the total number of births keeps increasing, the total number of babies dying in their first year of life has continued to rise. The challenge of the 1990s is to continue and to accelerate the decline in the rate of infant mortality. We must also begin to close the gap in infant and child deaths between rich and poor countries.

Family planning can help couples choose when to start a family. It can provide couples an effective means to space births as they choose, and to enable them to stop

having more children once they have the number of children they want.

Contraceptive use can contribute to saving the lives of infants and children both directly and indirectly because it:

- Allows very young women, whose infants are prone to higher mortality, to delay childbearing until a later age.
- Allows older and especially high parity women, whose infants are at considerably higher risk of dying, to stop having babies.
- Contributes to longer intervals between births, which have been found to improve infant and child survival.
- Reduces maternal mortality.
- Changes the environment in which couples set their family size goals.

Equally important, family planning provides a cost-effective route to reducing infant and child mortality.

*Contraceptive use can contribute to saving lives of infants and children both directly and indirectly.*



# High-Risk Births

**W**omen in societies experiencing high infant and child mortality often marry at an early age. Marriage marks the beginning of childbearing, which typically continues, in the absence of any volitional control, through menopause.

Pregnancies to teen-age mothers and to those in the final stages of their childbearing years are known to be high-risk. Data from over 40 developing countries show that infants born to teen-age mothers have 30% higher rates of mortality, and those born to women over 40 years old have 47% higher mortality, compared to those born to women aged 20-29.

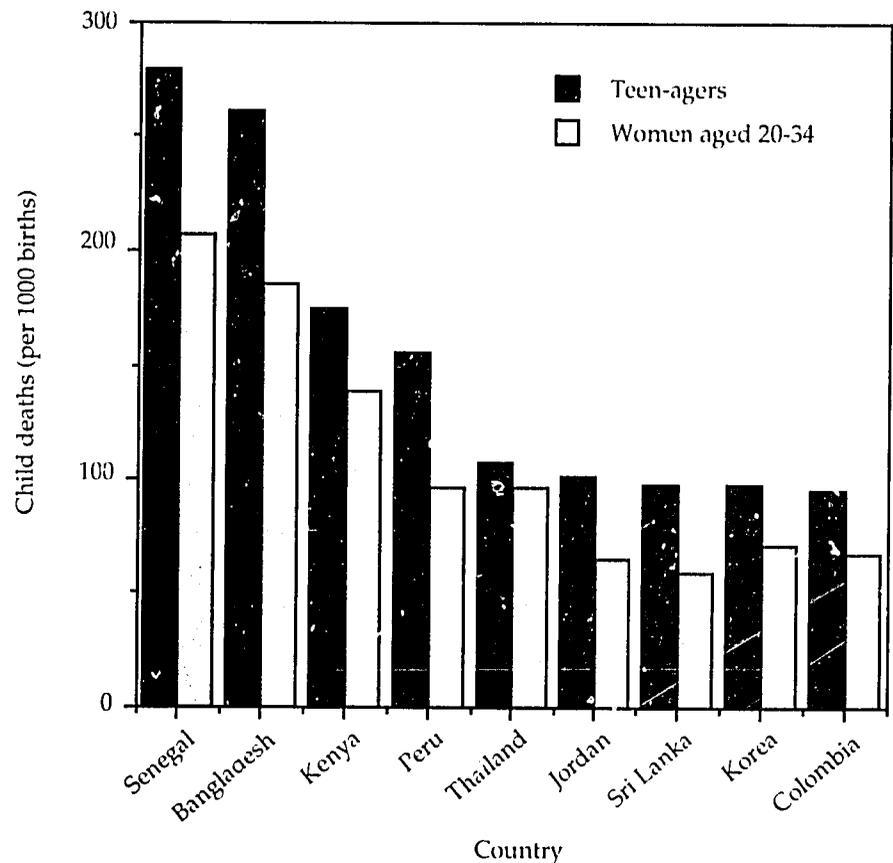
While in some countries, such as Korea, the proportion of births to teen-age mothers is small (less than 10%), in many countries the proportion of births to teen-age mothers constitutes a significant number. For example, in Bangladesh, over 85% of all first births are to teen-agers. Because high rates of birth to teen-agers are so common, infant and child mortality among this group are correspondingly high.

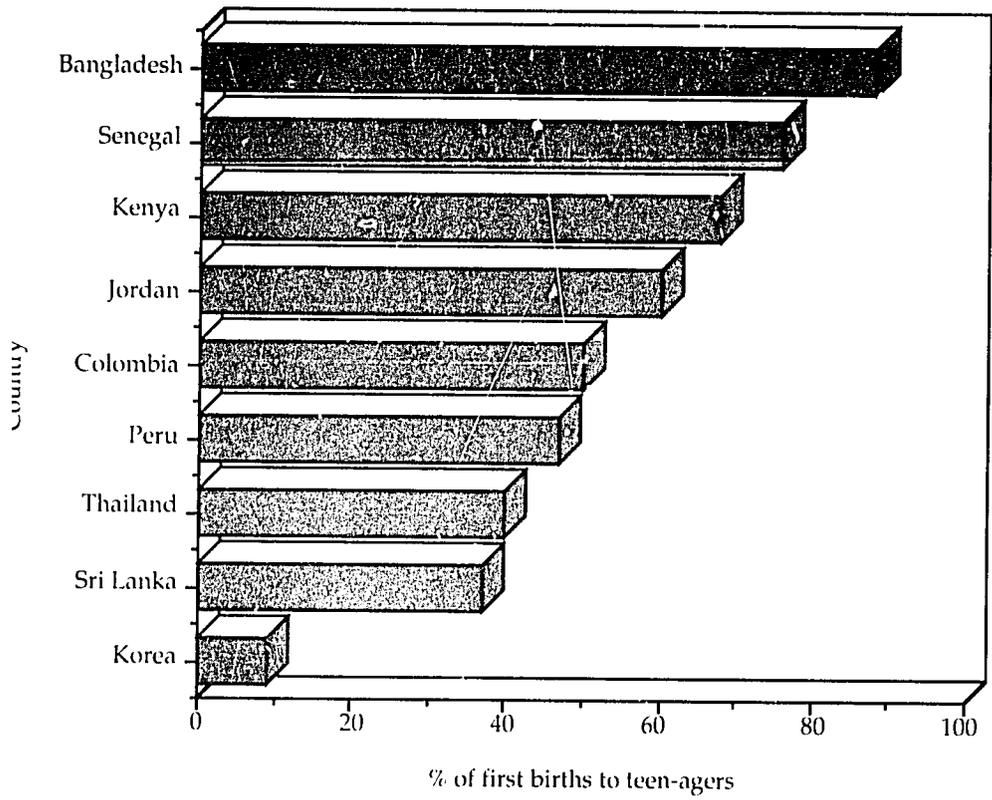
Women who give birth to many children, or high parity women, also experience excessive infant and child mortality. A woman who has had more than six births runs a 40% higher risk of losing her later-born babies during infancy than

women who have only 2-3 births. Family planning can also help reduce maternal mortality. Studies have shown that when a mother dies, in most cases her infants already born also have a very high risk of dying.

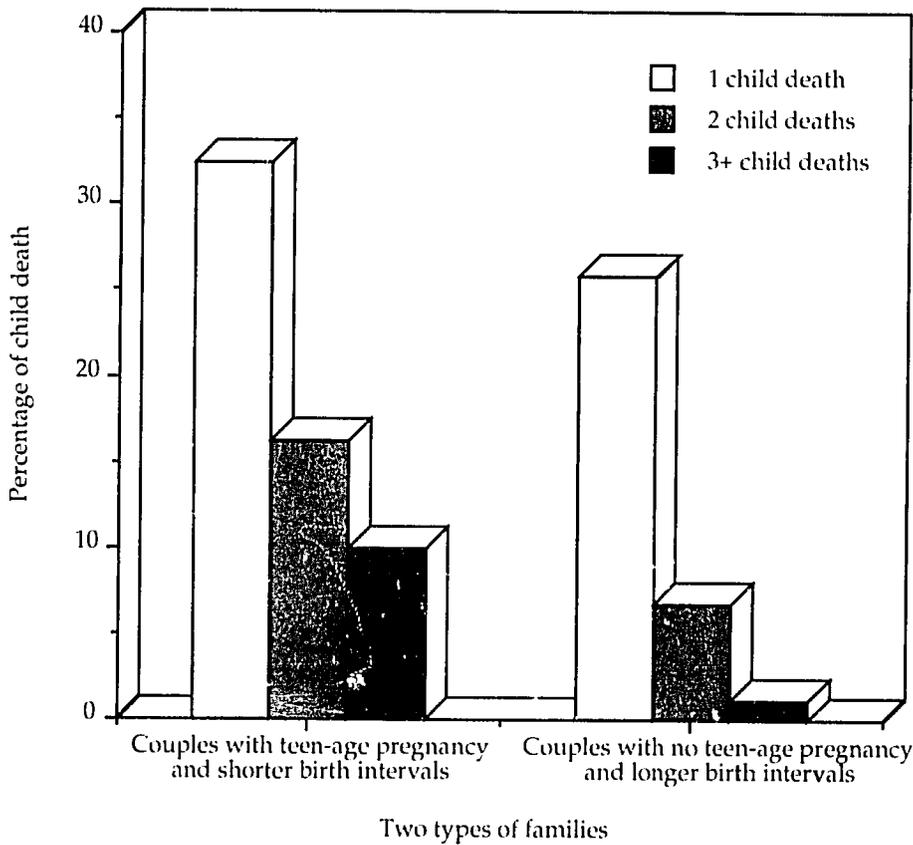
In short, infant and child mortality can be reduced substantially through family planning, particularly by reducing high-risk births at either extreme of a woman's childbearing age and by lowering the total number of births per woman.

Child Mortality is Higher Among Births to Teen-age Mothers





**Births to Teen-agers  
Constitute a Significant  
Proportion of all First  
Births**



**Avoiding Teen-age Pregnancy  
and Spacing Births Lead to  
Fewer Child Deaths**

# Birth- Spacing

**D**uring the 1970s and 1980s, researchers undertook the largest-ever surveys aimed at understanding the determinants of fertility and infant and child mortality in several dozen developing countries. Comprehensive analyses of these data have shown unequivocally that birth-spacing is a critical factor to improved child survival.

Longer intervals between births improve both the infant's survival chances and the mother's health. We now know that:

- A baby born less than two years after the birth of its older sibling has a more than 2-1/2 times greater risk of dying in infancy than a baby born more than two years later.

- There is a greater chance that a baby born very soon after a previous delivery will be premature, and prematurity is associated with a higher risk of infant and childhood death.

The older child is at risk as well:

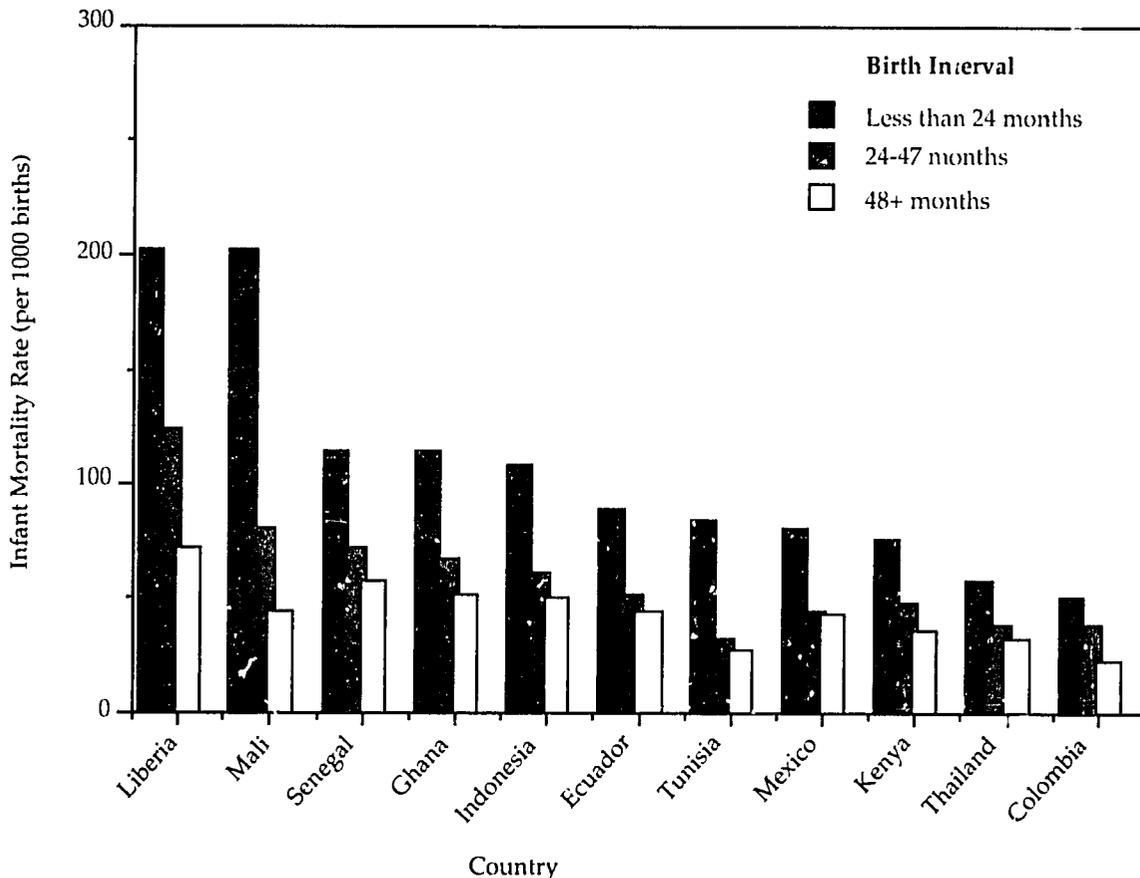
- If a mother becomes pregnant again too soon, the older child's risk of dying increases by 63%. Close pregnancies may lead to a child competing with a newborn for the mother's attention, food and

other resources. The existing child is likely to receive less maternal care and be weaned earlier.

*Longer intervals between births improve both the infant's survival chances and the mother's health.*

In short, a child's survival is affected by the age gap between its older and younger siblings: longer gaps are better. The implication is clear: birth-spacing saves children's lives. Several million infant deaths could be prevented in the 1990s if all births were spaced a minimum of two years apart.

**Birth Spacing Saves Infant Lives**



# Breast-Feeding

In many societies, a major factor influencing the interval between two births is whether the mother breast-feeds her baby. Breast-feeding is of key importance in child survival because:

- Colostrum and breast milk contain antibodies which protect the child against infections.
- Artificial milk formula, particularly when prepared under unhygienic conditions, can expose the child to a heavy load of pathogens leading to diarrhea and other infections.

■ Breast milk contains a maturation factor which facilitates the development of the infant's gut and its ability to resist infection.

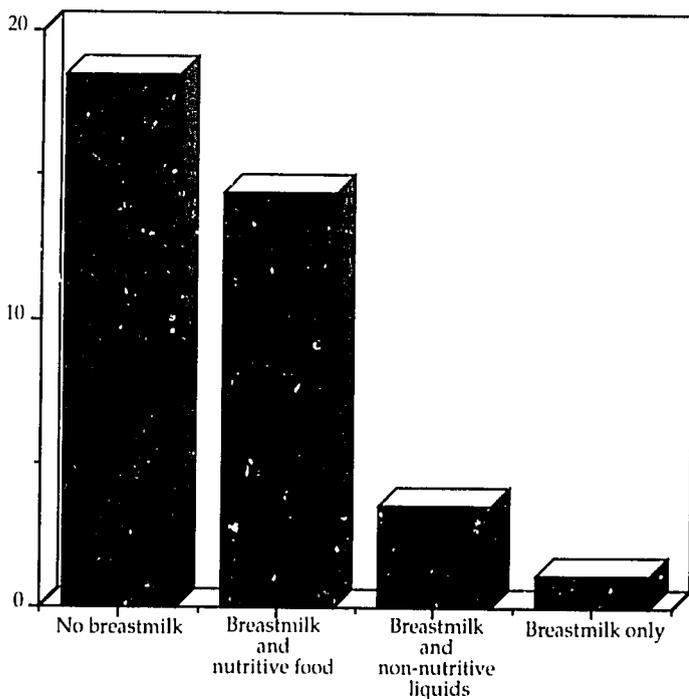
■ Suckling is associated with a natural inhibition of ovulation: breast-feeding is nature's contraceptive.

In Asia and Africa, breast-feeding averts an average of four potential births per woman. In addition, due to its protective effect against diarrhea and infections, it is estimated that current breast-feeding practices, if maintained, would save an estimated 70 million infant lives in the 1990s. Furthermore, 10 million additional lives could be saved if modest improvements in breast-feeding practices were to occur.

If, however, rapid declines in breast-feeding should occur, very dramatic increases in contraception will be required to prevent fertility from rising and save the lives of children.

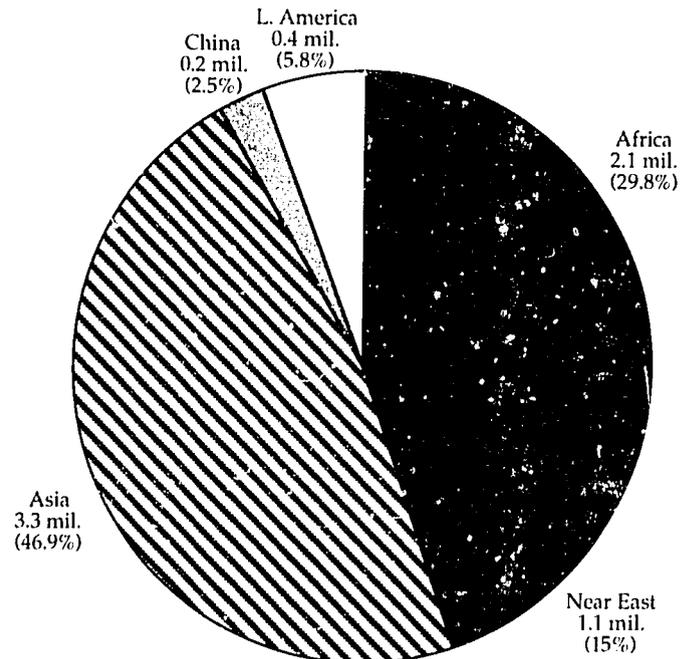
Since the contraceptive protection offered by breast-feeding is limited, other means of contraception must be introduced at an appropriate time. If a breast-feeding woman initiates a contraceptive method when menses resumes, when she begins to supplement her child's feeding, or by six months postpartum (whichever comes first), she will be protected from an unplanned pregnancy and not forced to wean her child because of a new pregnancy. Contraceptive use, thus, helps obtain the maximum nutritional and immunological benefit from breast-feeding.

**Breast-feeding Reduces Diarrhea Morbidity**



Data from Cebu, an urban region in the Philippines, shows that infants of two months of age who are given breastmilk only experience the lowest incidence of diarrhea (in previous 7 days).

**Breast-feeding Saves Infant Lives**



Breast-feeding protects babies from illness and deaths due to diarrhea and respiratory infections, which are leading causes of infant deaths in developing countries. It is estimated that as a result of breast-feeding, over 7 million babies are saved from dying annually in developing countries.

## Infant Mortality and Fertility

One of the reasons often given for high fertility in developing countries is that couples fear that several of their children will die at very young ages. It is suggested that couples have large families to insure that they have enough children who survive to provide for the parents' old-age security. Only after infant and child mortality is reduced, it is argued, will parents recognize that they need not have such large families to insure the survival of a few.

Evidence from historical Europe and some contemporary developing countries calls into question the assumption that infant mortality must decline for couples to be interested in using contraception. Indeed, countries that have high rates of infant mortality also have high fertility rates. However, it is impossible to say which is the cause and which is the effect since both affect each other. These findings hold for both developed and developing countries.

Studies in Bangladesh and Pakistan suggest that, among couples who do not practice contraception, successive births are not affected at all by the death of the children already born. A woman who loses her infant through death returns to fertility more quickly. This biological factor leads her to be pregnant again soon.

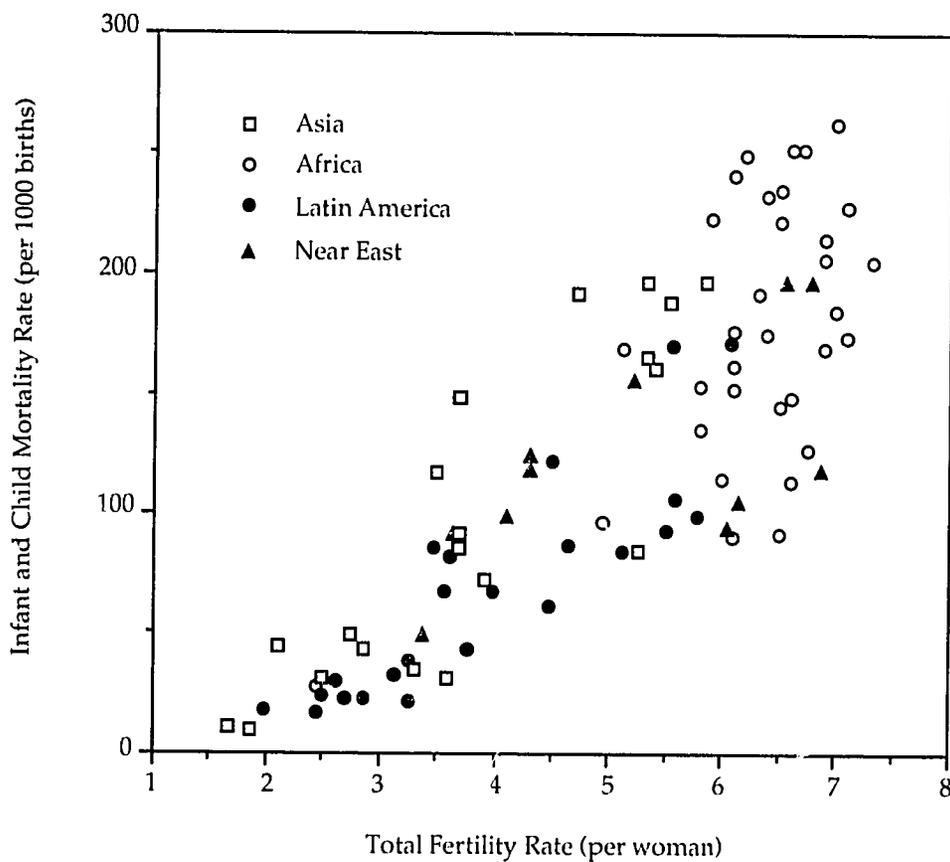
In societies such as Costa Rica and Korea that have undergone rapid fertility decline, some women who lose a child through death have been found to go on to have another child. The magnitude of this effect varies considerably from country to country, depending on the level of fertility. In no population, however, are as many as 50% of child deaths replaced by additional births. The policy implication of these results is that efforts aimed at lowering infant and child mortality alone will do little to lower aggregate deaths. In short, simultaneous efforts must be made to reduce fertility.

Policies aimed at reducing child mortality *and* lowering fertility could produce synergistic effects: a reduction in infant and child mortality could motivate the parents to desire a smaller number of children, and lowering the number of births per woman could further accelerate the decline in infant and child mortality.



*Countries that have high rates of infant mortality also have high fertility rates. However, it is impossible to say which is the cause and which is the effect since both affect each other.*

**Higher Fertility Countries also Have Higher Infant and Child Mortality**



A cross-sectional view of the association between fertility and infant and child mortality for the year 1987 in 89 developing countries.

## Insights from History

The transition from high to low fertility has been studied closely in historical Europe in relation to changes in infant mortality.

When vital statistics for England and Wales were examined in detail, the decline in the birth rate which occurred in the second half of the 19th century was found to have preceded the fall in infant mortality. In other European countries, infant mortality sometimes declined before the birth rate and sometimes *vice versa*. In Germany in the mid-19th century, infant mortality did not fall before the

adoption of family planning and hence the decline in fertility.

In France also, the decline in fertility began before industrial development and changes in mortality. Similar patterns were found in Russia, where group size and ethnicity were more important factors in early fertility reduction. In Belgium and Italy, fertility declines began in regions that encompassed distinct dialect groups and where socioeconomic changes had not yet advanced.

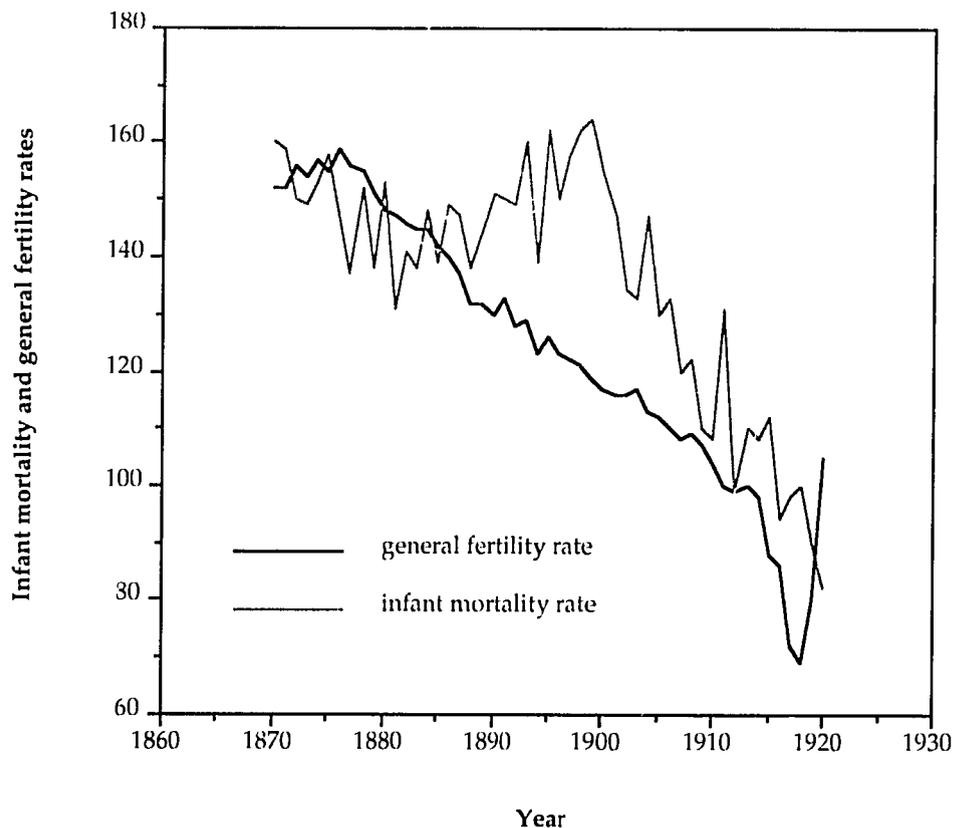
Lower birth rates in these countries in Europe took place in regions which followed similar linguistic, ethnic and cultural boundaries, despite varying levels of development. Similarly, fertility decline in the middle two quarters of the 20th century in the United States preceded any significant declines in infant mortality.

Thus, reductions in infant and child mortality or improvements in other socioeconomic spheres have not necessarily been preconditions for fertility decline; rather, communication of attitudes and contraceptive technology were more important ingredients for fertility reduction. Awareness of effective fertility regulation techniques and their availability helped couples to translate into reality their desire for smaller families.

*Reductions in infant and child mortality have not always been preconditions for fertility decline in historical Europe.*

### Decline in Fertility Does Not Always Precede Decline in Infant Mortality

Time series data from England and Wales show that fertility began to decline rapidly even before infant mortality declined. (General fertility rate refers to live births per thousand women aged 15-44.)



# Declining Family Size

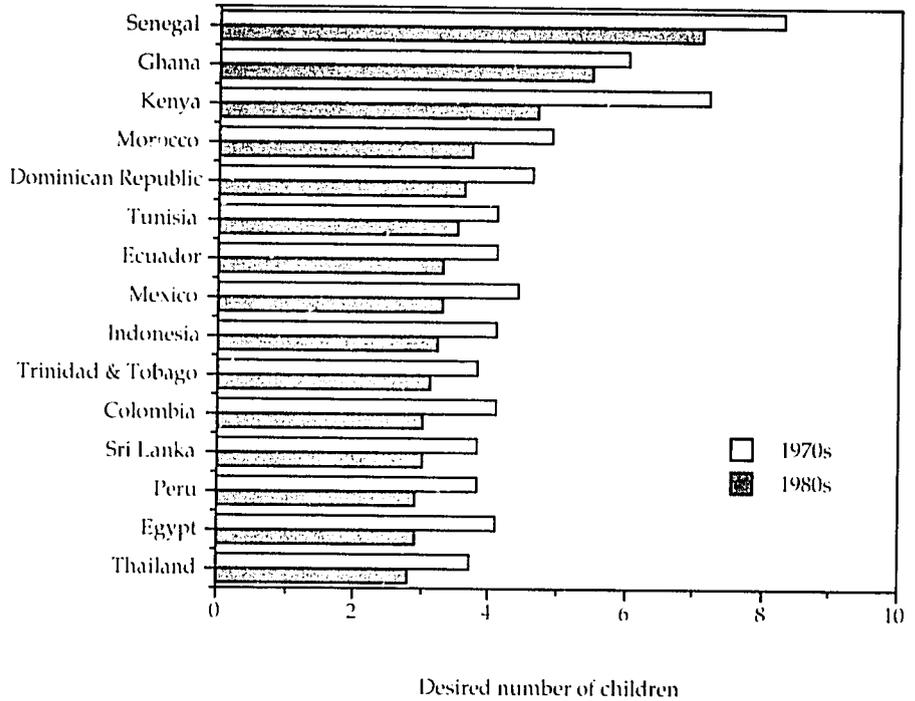
One of the remarkable changes that has taken place over the last 10-15 years in many developing countries is that the number of children desired is substantially lower than the biological maximum—and is continuing to decline dramatically. More important, women's desire for lower fertility has been documented in diverse socioeconomic settings with different levels of infant and child mortality.

In many developing countries, the desired family size averaged 4.5 children in the 1970s (ranging from 3.7 to 8.3 children), while it declined to an average of 3.5 (ranging from 2.8 to 7.1 children) in the 1980s. In Senegal, the number of women who did not want any more children increased from 8% in the late 1970s to 17% in the 1980s. During the same time in Peru, this number increased from 61% to 73%.

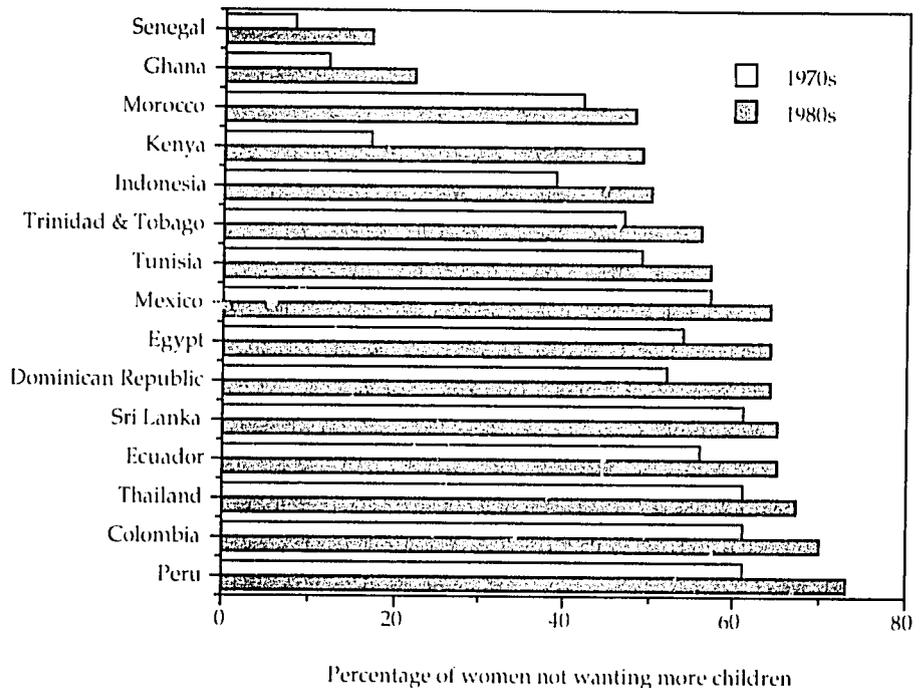
Several factors affect family size preferences and changes in these preferences over time. In some situations, rapid changes in socioeconomic conditions have helped bring about the desire for smaller family size, without a prior or concomitant decline in infant mortality.

*Continued*

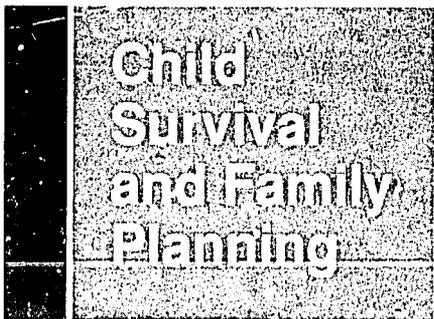
Desired Family Size is Declining



Percentage of Women Not Wanting More Children is Increasing



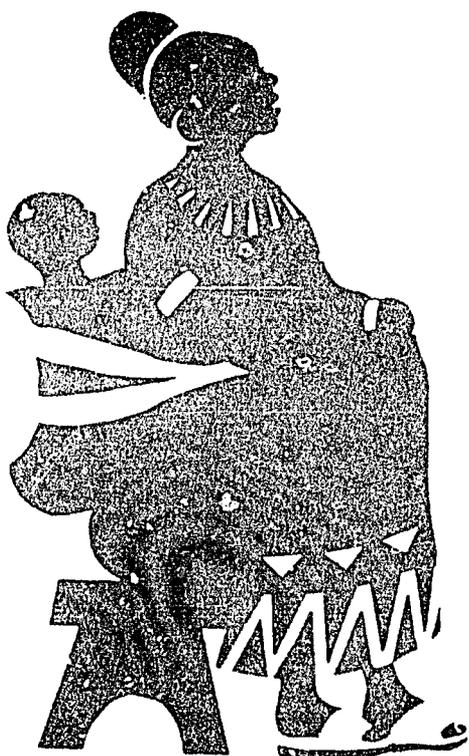
However, it has been less well recognized that contraceptive use itself plays a role in bringing about changes in family size preferences. The availability and awareness of effective techniques of fertility regulation have been an important ingredient in fertility decline in both historical Europe and contemporary developing countries. Studies in Asia and Latin America have shown that well-designed family planning programs affect the acceptability and use of contraception by promoting awareness that couples can control their fertility.



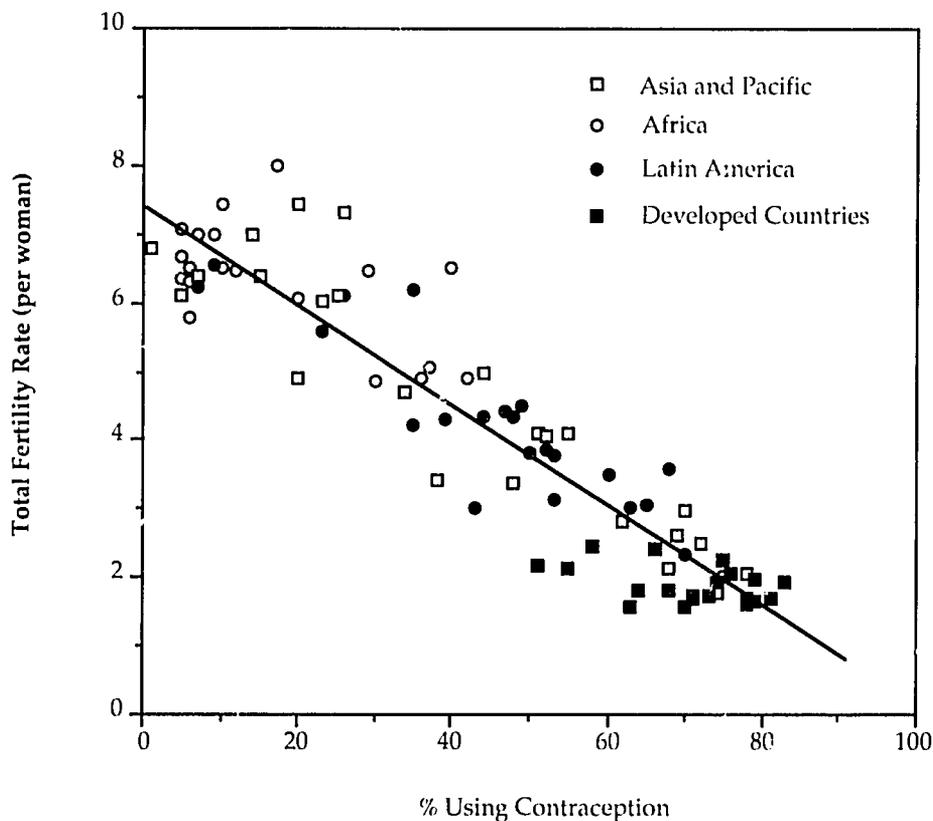
Family planning can affect both child survival and the desired family size, just as these two factors can influence the use of contraception. Fertility reduction in turn increases the demand for family planning services.

**D**esired family size and child survival are both major factors influencing a couple's motivation for having a smaller number of children. The larger the gap between the desired number of children and the number of children surviving, the less motivation for couples to space or stop childbearing, and *vice versa*.

Child survival and family planning are not, therefore, a prerequisite to each other; rather each can have an impact on the other. Contraceptive use can improve child survival; child survival can increase the demand for family planning. Resources and efforts concentrated in only one or the other of these are likely to fall short of long-term improvements in child survival.



The Higher the Contraceptive Use, the Lower the Fertility



Analysis of the latest available data from 86 countries shows that an increase of about 14 percent in contraceptive prevalence leads to a decrease of one child per woman.

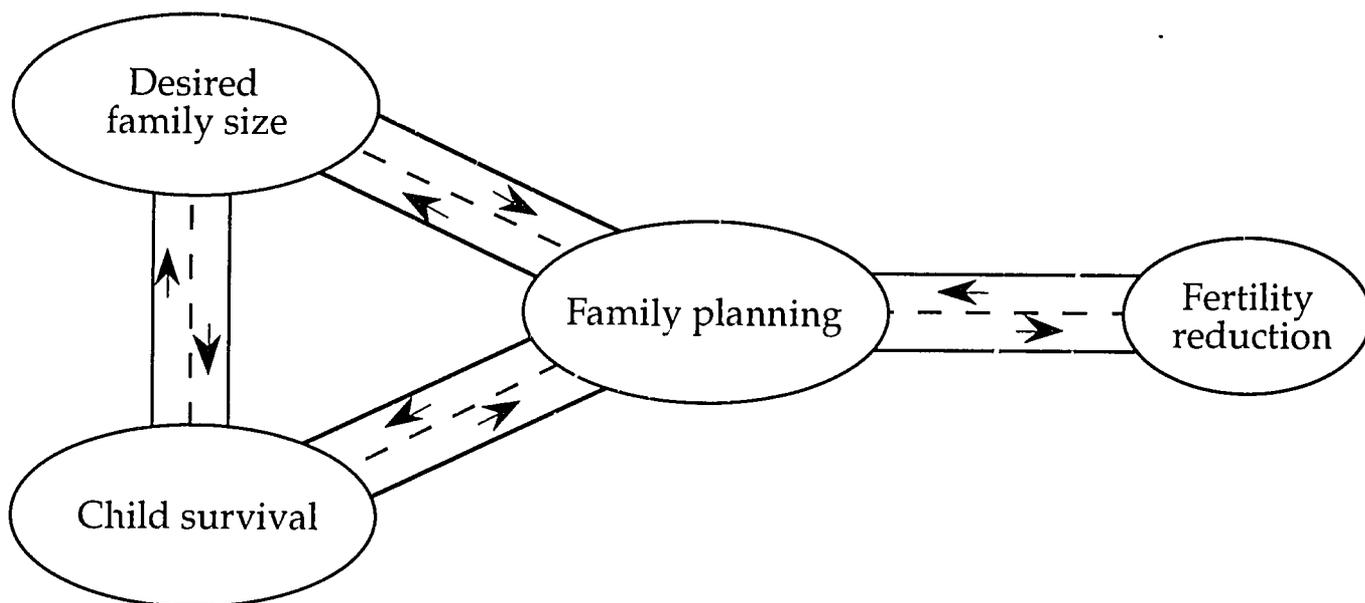
In the final analysis, the most effective means a couple has for having fewer children is through contraceptive use. Other alternatives to achieving a smaller number of children, such as induced abortion, complete sexual abstinence or non-marriage, are neither desirable nor practical. The availability of contraception plays a critical role in changing the reproductive behavior of couples.

This fall in fertility, through the mechanisms outlined above, can contribute to child survival.




---

**Family Planning is the Main Route to Fertility Reduction**



A smaller family size improves the prospects for child survival; similarly, improved child survival motivates couples to want to have fewer children. Research shows these two forces interact with each other. Both these factors, in turn, lead to greater use of family planning. But family planning increases child survival and helps create an environment for a smaller family size. Family planning is the only effective means to fertility control. Higher fertility control creates greater demand for family planning services. The effects are therefore not uni-directional.

## Policy Imperative

Family planning, like other primary health care services can save the lives of children. But family planning also contains a paradox. Preventive or therapeutic measures aimed directly at children are universally acceptable and publicly applauded, while family planning services targeted at adults touch on a private area that remains sensitive and controversial in many societies. As a result, family planning has sometimes not received the attention it merits as an essential component of child survival programs.

Experience has shown that when well-designed programs are implemented, family planning can succeed even in traditional, poor socioeconomic settings. Family planning programs are relatively easy to set up and can be implemented effectively, whether or not they are combined with existing maternal and child health services.

Yet, if family planning services are not adequate, other efforts aimed at improving child survival may become ineffective, due to the sheer increase in the numbers of children resulting both from high birth rates and increasing child survival. Furthermore, family planning is the key ingredient for reducing high-risk pregnancies, for increasing the spacing between births and for reducing the fertility level itself.

Family planning programs are a cost-effective means of reducing infant and child mortality and should be an important element of primary health care services. Even if the cost of the delivery of family planning services were to be equal to that of other primary health care services, it would still be important to invest resources in family planning as a key health measure for women and children.

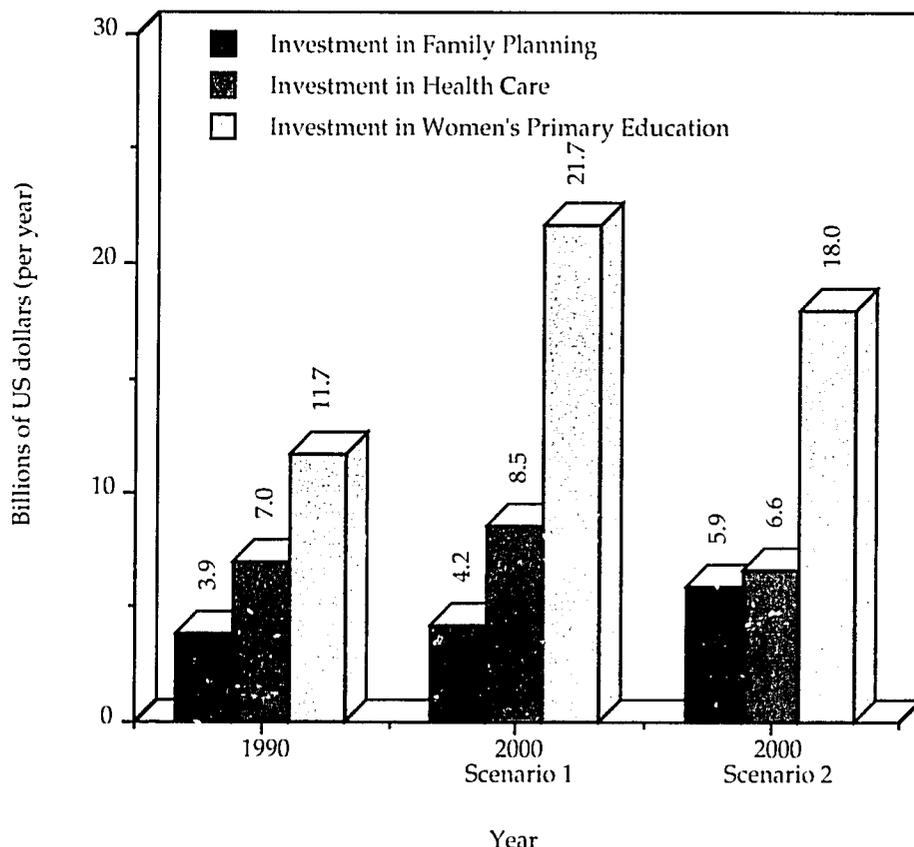
Family planning enables women to control their own fertility, helps to limit family size, and, indirectly, improves access to educational opportunities for their children and increases family wealth.

As a result of the high birth rates of the past several decades, the

number of women of reproductive age worldwide will continue to increase rapidly during the 1990s. The vast majority of nations endorse a couple's human right to choose the number and spacing of their children.

All over the world, more and more couples are trying to have smaller families. Improvements in child survival and declines in family size will together place a greater demand on family planning services, provided through both integrated and vertical delivery systems. Contraceptive use is the only direct means to translate into action a couple's motivation— influenced by improved child survival and other factors— for a smaller family size.

Investing in Family Planning is Cost-effective



With increased investment in family planning in developing countries from \$3.9 billion in 1990 to \$5.9 billion in the year 2000, more resources will be released for health care and women's basic education.

Currently 300 million women use modern methods of contraception in developing countries. In order to prevent the world's population from growing incessantly, two critical factors need to be addressed. First, we need to maintain the level of existing family planning services and second, to expand services to additional couples. The number of women of childbearing age is increasing (from approximately 700 million in 1990 to over 900 million by the year 2000, excluding China), despite recent declines in the total fertility rate. Hence, the potential number of women needing family planning services will be significantly larger than it is today.

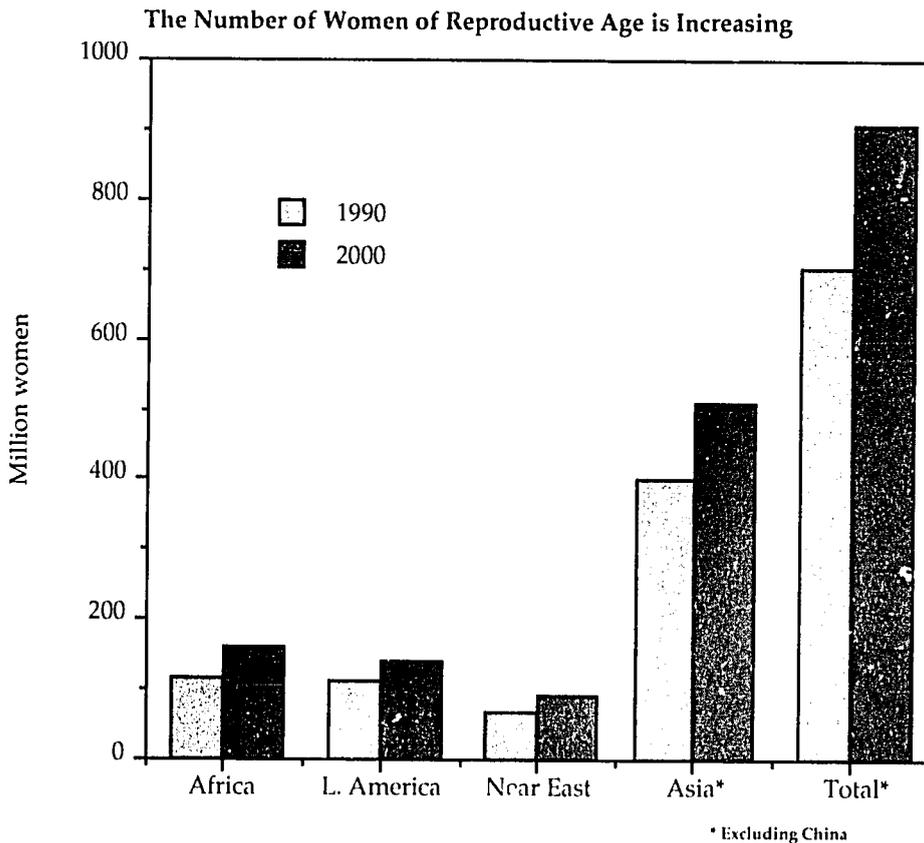
Given adequate resources, it is possible to reduce infant and child mortality considerably and, at the same time, stabilize population growth in the 21st century.

There already exists sufficient knowledge to make family planning work efficiently and effectively. Government leaders and international agencies together have the responsibility to make family planning methods available and accessible to every couple that wants to use them. It would be tragic, indeed, if the 1990s were to become the decade of lost opportunities for the present and future generations.

*“Family planning touches and is touched by so many other facets of human progress that it simply cannot be ignored. There are today 300 million couples in the developing world who do not want any more children but who are not using any effective means of limiting family size. A strong demand for planning births therefore already exists. If that demand were to be met then a number of major gains could be made.”*

**James P. Grant**

*The State of the World's Children, 1990*



Due to higher birth rates in the past, the number of women of reproductive age will continue to increase for the remainder of this century. This is true despite the fact that fertility worldwide is declining.

---

## Selected Bibliography

- Bongaarts, J. 1990. "The measurement of wanted fertility." *The Population Council Research Division Working Papers*, No. 10. New York: The Population Council.
- Bongaarts, J. and R.G. Potter. 1983. *Fertility, Biology, and Behavior: An Analysis of the Proximate Determinants*. New York: Academic Press.
- Bulatao, R.A. and R.D. Lee (Eds.) 1983. *Determinants of Fertility in Developing Countries, Vol. I and II*. New York: Academic Press.
- Cleland, J. and J. Hoberaft (Eds.) 1985. *Reproductive Change in Developing Countries: Insights from the World Fertility Survey*. New York: Oxford University Press.
- Coale, A.J. and S.C. Watkins (Eds.) 1986. *The Decline of Fertility in Europe*. Princeton: Princeton University Press.
- Cocmane, S. and K. Zachariah. 1984. "Infant and child mortality as a determinant of fertility: The policy implications." *World Bank Staff Working Papers*, No. 556. Washington, D.C., World Bank.
- Family Health International. 1988. "Consensus statement: breast feeding as a family planning method." *Lancet*, 2:1201-1205.
- Institute for Resource Development. 1986—. *Demographic and Health Survey Reports* (Various Countries). Columbia, Maryland: Institute for Resource Development.
- Easterlin, R.A. and E.M. Crimmins. 1985. *The Fertility Revolution: A Supply-Demand Analysis*. Chicago: University of Chicago Press.
- Fortney, J.A. 1987. "The importance of family planning in reducing maternal mortality." *Studies in Family Planning* 18, 2:109-114.
- Grant, J.P. 1990. *The State of the World's Children*. New York: Oxford University Press.
- Havanon, N., J.Knodel, and W. Sittitjai. 1990. "The impact of family size on wealth accumulation in rural Thailand." *Research Report*, No. 90-177. Population Studies Center: University of Michigan.
- Hoberaft, J.N. 1987. "Does family planning save children's lives?" Technical background paper prepared for the International Conference on Better Health for Women and Children Through Family Planning, Nairobi, Kenya.
- Kocher, J.E. and B.C. Buckner. 1989. "Estimates of global resources required to meet population goals by the year 2010." Research Triangle Park, Research Triangle Institute.
- Lapham, R.J. and G.B. Simmons (Eds.). 1987. *Organizing for Effective Family Planning*. Washington, D.C.: National Academy Press.
- Lapham, R.J. and W. Parker Mauldin. 1985. "Contraceptive prevalence: The influence of organized family planning programs." *Studies in Family Planning* 16, 3: 117-137.
- Levine, R.E., S.L. Huffman, M. Labbock, and J. Shelton. 1990. "Breastfeeding saves lives: an estimate of breastfeeding-related infant survival." Bethesda, Maryland. Center to Prevent Childhood Malnutrition.
- Mensch, B.S. 1985. "The effect of child mortality on contraceptive use and fertility in Colombia, Costa Rica and Korea." *Population Studies* 39, 2: 309-327.
- National Research Council. 1989. *Contraception and Reproduction: Health Consequences for Women and Children in the Developing World*. Washington: National Academy Press.
- Phillips, J.F., R. Simmons, J. Chakraborty and A.I. Chowdhury. 1984. "Integrating health services into an MCH-FP Program: lessons from Matlab, Bangladesh." *Studies in Family Planning* 15, 4:153-161.
- Popkin, B. et al. 1990. "Breast feeding and diarrhea morbidity." *Paediatrics*. (In press).
- Preston, S.H. (Ed.) 1978. *The Effects of Infant and Child Mortality on Fertility*. New York: Academic Press.
- Rutstein, S.O. 1984. "Infant and child mortality: levels, trends and demographic differentials." *World Fertility Survey Comparative Studies*, No. 43. Revised edition. Voorburg: International Statistical Institute.
- Taylor, C.E., J.S. Newman, and N.U. Kelly. 1976. "The child survival hypothesis." *Population Studies* 30, 2: 263-278.
- Thapa, S., R.V. Short, and M. Potts. 1988. "Breastfeeding, birth spacing and their effects on child survival." *Nature* 335, 6192:679-682.
- United Nations. 1987. *Family Building by Fate or Design: A Study of Relationships between Child Survival and Fertility*. ST/ESA/SER.R/74. New York: United Nations.
- United Nations. 1989. *Levels and Trends of Contraceptive Use as Assessed in 1988*. New York: United Nations.
- United Nations. 1989. *World Population Prospects - 1988*. New York: United Nations.
- van de Walle, E., and J. Knodel. 1980. "Europe's fertility transition: new evidence and lesson for today's developing world." *Population Bulletin* 34, 6.
- International Statistical Institute. 1974—. *World Fertility Survey Reports* (Various Countries). Voorburg, Netherlands: International Statistical Institute.
- Woods, R.L., P.A. Watterson and J.H. Woodward. 1989. "The causes of rapid infant mortality decline in England and Wales, 1861-1921. Part II." *Population Studies* 43, 1: 113-132.
- Yamada, T. 1984. "Causal relationships between infant mortality and fertility in developed and less developed countries." *National Bureau of Economic Research Working Paper*, No. 1528. Cambridge, Mass: National Bureau of Economic Research.

---

## Credits

Editor: Elizabeth Robinson  
Publications Manager: Dee Reid  
Illustrations: Grace Wang  
Joyce Hopkins  
Chart Production: Chad Adams  
Graphic Design: Dick Hill, HillStudio  
Front Cover Photo: Ray E. Ellis  
Back Cover Photo: Shyam Thapa

Published by Family Health International (FHI) and the  
International Planned Parenthood Federation (IPPF)  
September 1990

**Family Health International**  
Malcolm Potts, President  
P.O. Box 13950  
Research Triangle Branch  
Durham, North Carolina 27709  
USA  
Telephone: 919-544-7040  
Fax: 919-544-7261  
Telex: 579442  
Cable: FAMHEALTH

**International Planned Parenthood Federation**  
P.O. Box 759 Regent's College, Inner Circle  
Regent's Park, London, NW1 4LQ  
United Kingdom  
Telephone: 071-486-0741  
Telex: 919573 IPEPEE