

## How Pharmacists may Influence Family Planning

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Continuously greater attention is paid at present to the problem of population reproduction and family planning. There arise, on the one hand, the views that our planet is threatened with overpopulation and a number of countries are concerned with the problems of relations between human reproduction and economic possibilities regarding the necessary amount of food and sufficient opportunities for employment. In some countries, on the other hand, the problem is quite the opposite: their low birth rate does not guarantee a perspective of continuous supply of manpower, the rate of economic development is negatively influenced, and there is a disproportion between the potential economic activity and the number of future consumers.

In Czechoslovakia, as well as in a number of other European countries, the low reproduction rate of the population is a historic phenomenon, which has been found since the beginning of this century. In the thirties, in this respect, the situation developed quite catastrophically. It was only after World War II that some improvement set in for some years, but on the whole population reproduction remains—as ascertained by various investigations—at an insufficient level of 2.20 children per family.

Under these circumstances, it is understandable that we in Czechoslovakia, just as in neighbouring socialist countries, have a population policy which aims at achieving an optimal population increase and an entire system of measures concerning the living standard of families with children, support in motherhood, education for healthy parenthood, and which establishes conditions for a favourable population climate. It has improved in recent years and at present a family with three children is considered to be the ideal model family. If we accept this viewpoint, it is also essential to provide individuals with the means to make regulation of the number of children in the family possible.

The idea of conscientious, responsible and planned parenthood is gaining continuously greater response. There are increasing objections to spontaneous procreation of children who would arrive unwelcomed in an environment which would be unfavourable for their future development from the outset. It is impossible to regard it as real domestic happiness if a child is born at a time when it would be unwanted for a number of objective reasons or when it has not been reckoned with at all.

Man, as such, undoubtedly wants children, but only when he regards the given situation as favourable. Pregnancy is welcomed at a time when the economic and social situation of the family and the health of the father and mother are most suitable. Then even the confinement is awaited in a happy environment, the child becomes a real bliss and the family develops to its own benefit and that of society as a whole. A quite different situation arises in the opposite case, when the child is born against the wishes of the parents, in unsettled conditions, in a family who have already several children, if the parents are too old, or conversely, too young, or if the parents are in poor health.

Each member of the family benefits from conscientious and responsible procreation of offspring. The parents may plan to have as many children as they wish and as they are not only able to support but also to bring up successfully so that they become decent citizens. It permits optimal chronologic intervals between individual births and thus safeguards the health of the mother, who does not become exhausted by a too rapid series of pregnancies, parturitions and the indispensable care of young children. Parents have more time for the children, they are able to give them a better start in life, afford them a higher education, and can give them more care and attention and at the same time are able to derive greater pleasure from them.

Planned parenthood makes marriage happier and more satisfactory. Elimination of fear of unwanted pregnancy makes it possible to experience fully the joys of love, especially for the woman who chiefly bears the consequences of unwanted pregnancy. Harmonious sexual life acts not only as a stabilising factor in the family but also has a positive effect on society as a whole.

An essential condition for the realisation of planned parenthood is to have the means to regulate the number of children in the family. This regulation is directed not only towards quantitative adjustment of the population (control of the absolute number of children) but also at the same time (and this is no less important) affects even the quality of the population because it permits the birth to occur in relatively optimal conditions for the further development and growth of the child, possibly preventing the procreation of eugenically undesirable offspring.

These general health policy data are also the guidelines for the approach to the problem of family planning by pharmacists, because it will become apparent from my later remarks that it is the pharmacist, along with the physician, who controls the means for family planning under his professional responsibility.

Efforts to effect birth control have been made for ages and although a variety of methods have been used in the course of time, up to the present two methods have been applied in principle—the suppressive and the preventive.

The suppressive method is first of all the artificial interruption of pregnancy—legal or illegal. It is a relatively frequently used method; in Czechoslovakia, since Law No. 68 of 1957 was introduced, there have been 80,000—100,000 abortions carried out on average per year. Being aware that this statement may give rise to concern, it must be said quite realistically that for many wives and families the abortion is quite a blessing which helps in the case concerned to resolve an intricate situation favourably. This is, however, an emergency expedient in any case which abruptly resolves a critical situation and although it removes (at the price of health hazards) the consequences, it cannot remove the causes.

The preventive method has for its *raison d'être* the intention to prevent unwanted pregnancies occurring

as well as arising from one of the fundamental principles of our socialist health care—the principle of prevention. The preventive method allows undesirable critical situations to be tackled a priori by removing the possibility of their arising.

Contraception makes the man aware of his important reproductive function and to direct it conscientiously towards its natural goal, to procreate offspring of continuously better quality and to prepare for them optimal conditions for further development. It gives the mother the right to choose motherhood freely, the right to make a personal decision on whether or when she wishes to have a child, without being obliged to realise this right by means of a risky abortion, in the case of an unwanted pregnancy.

The idea of preventing pregnancy has existed for thousands of years. From time immemorial, mankind sought to find effective means of preventing conception and proof of this may be found in ancient documents (Pietri Papyrus, Hippocrates, et al.). Only since the middle of the last century have physicians been concerned with the development of contraceptives on a scientific basis. Along with the development of individual branches of science and technology in the last decades there have also been concrete results in the investigation and production of contraceptives in various forms.

Due to intensive research, workers in the field of reproductive physiology have achieved important progress in contraceptive methods. A method of hormonal contraception has been discovered and the method of preventing pregnancy by means of intrauterine loops (IUD) has been revived.

These new, more effective methods, and their mass production, represent a fundamental change in the possibilities and purpose of contraception as an essential condition for providing conscientious, responsible and planned parenthood.

But one must be aware that the demands relating to contraceptives are great and that their care must be entrusted to specialists who will mainly bear the medical aspects in mind, because it is well known that immense damage to health will be done if "birth control" falls into the hands of "quacks" whose chief interest has been and will be the greatest possible profit even at the price of human suffering.

The modern contraceptive must not only be reliable, simple in application, aesthetically acceptable, but also low-priced and available, and must be above all medically safe. The pharmacist, as much as the physician, must be aware of possible undesirable effects of contraceptives and also that the use of all, especially the modern and very effective peroral contraceptives, must be followed up and checked regularly.

I cannot and do not even wish to discuss in this report the individual types of contraceptives used. These questions are being dealt with by others more competent to do so in the respective Sections and Symposia.

The pharmacist—new style—who is close to clinical practice is certain to be well aware of the strong influence upon the organism which hormone therapy has, especially during the first months after starting on a contraceptive.

A number of national and international organisations (FDA, WHO, etc.) are studying the consequences of peroral contraception carefully, opinions are being exchanged, new side effects are being discovered, and discussions are being held on the long term effects of steroids and prostaglandins. The pharmacist must take an interest in all this, since he needs to know about it in order to carry out his profession.

It is necessary to study and record the side effects of peroral contraception with individual preparations. As I mentioned already, complaints decrease considerably after three months and generally speaking, some of the side effects are caused by oestrogens, some by gestagens. Amongst other things, improvement can be brought about by changing the preparation to have a higher or lower content of the steroids mentioned or by changing their relative amounts. It is evident from this that the pharmacist must have a wider choice of peroral contraceptives at his disposal and that he must be up-to-date regarding their pharmacodynamic actions so as to be able to co-operate rationally with the physician regarding their administration.

This is one of the most important tasks of pharmacists in safeguarding family planning, the task of being the specialist responsible for all the types of contraceptives necessary, the description and classification of which would exceed the scope of this report. The pharmacist is responsible for their quality as well as quantity, he must control a wide selection of contraceptives and as regards preparations sold without physician's prescription he must give sound advice. He should also ensure the feedback of information to production and research because he is directly acquainted with the practical application of these preparations and should pass on his experience to his colleagues in pharmacy, in industry and in research institutions, where they have their specific tasks according to their place of work.

The principles I have quoted should certainly apply in general to all types of drugs, but nevertheless contraceptives should be subject to special treatment, because it cannot be claimed that these preparations are administered to patients. Conversely, it is sometimes an undertaking concerning a depopulation programme, which apparently stands in contrast to the healthy development of reproduction, even if from the socio-economic viewpoint excessive.

Thus we return to be problems of medical, moral and economic policies about which I spoke in the introduction. And this is where the second very important task of the pharmacist comes in; on the one hand it is his task as a member of a profession which is charged with putting into effect a certain line of medical policy, while on the other hand he is a worker entrusted with the work of health education of the population.

As far as the pharmacist is concerned with medical policy in questions of family planning, the political systems in the individual countries must be taken into consideration. In some, it is an individual attitude, that is to say a completely free one. But the majority of countries, however, direct their population policy from a position of state control or by directive, because it is a matter of problems concerning the existence or non-existence of the entire nation.

These questions will be treated differently in countries where population reproduction is unsatisfactory, where it must be supported by socio-economic measures, and where contraceptives are quite intentionally distributed slowly and selectively. The socialist countries are an example of this; peroral contraceptives are produced in a restricted range only, in Hungary, Czechoslovakia, the German Democratic Republic and Poland, and a wider selection is fulfilled by import. Although in most cases drugs in these countries are practically free of charge, contraceptives must be paid for in a number of cases.

As a concrete example, I shall mention conditions in the Czechoslovak Socialist Republic:

1. For examination in connection with prescribing hormonal contraceptives and for special control during a period of one year, a fee of 100.—Kcs is charged.
2. For examination and introduction of an intrauterine device and control after its insertion (including the price of the device), a fee of 200.—Kcs is charged.
3. The sum is not paid by women from families where the net monthly income per person does not exceed 620.—Kcs, by women preparing for future occupation as a trainee or day student, by women in whom pregnancy would require in abortion for health reasons, by mothers with more than 3 children, and by mothers of genetically damaged children, if they produce the necessary documents.
4. The director of the Institute of Public Health may excuse from the fee women for whom this method of contraception would be desirable but who do not have the necessary funds.

I do not wish to describe the situation in countries with a population increase of 40 to 50%, where depopulation is being considered as a vitally important task.

Internationally organised financial and moral support is directed towards this. Representatives of the countries concerned will speak on this matter for themselves. It is to this state of affairs to which the activity of pharmacists must be directed.

The health policy line followed by pharmacists in matters of family planning reflects their activity in health education of the population. Health education is in effect the sum of wide professional knowledge, the necessary knowledge of psychology and teaching, and the health policy of a given country.

The educational work of health personnel in the field of planned parenthood is of great importance and makes great demands from the ethical and technical viewpoint, and is accompanied by far-reaching economic impact.

It will be the task of the pharmacist to be well prepared for all points of view in order to be able to fulfil his professional obligations.

I would further draw attention to the fact that my views on this problem are undoubtedly influenced by my function as organiser of the pharmaceutical service and a worker in the field of health education in a country where the socialist principle of work is applied in health care.

I am convinced, however, that it is useful to supplement the proceedings of the present Symposium with these aspects which I have mentioned. I should like to thank you for your attention which you have been kind enough to give to my paper.

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