

Letters to the Editor

SIR—Potts' assertion (March 12, p 662) that the intrauterine insertion of quinacrine pellets is a safe and effective method of sterilisation for Vietnamese women is of concern to non-governmental organisations (NGOs) for women in Asia and Pacific.

Women's health advocates are most worried about safety, especially long-term physiological effects and the risk of abuse or coercion. Hieu and colleagues' in their report of a large field trial of Vietnamese women admitted "we could not study risk of cancer of the uterus by exposure to quinacrine". In view of these facts, the inconclusive outcome of the earlier Chile trials, and questions raised about

methodology of this research by the Association for Voluntary Surgical Contraception, New York,² it seems that caution is essential in proclaiming the method to be safe and effective. WHO's Toxicology Panel which reviewed the use of quinacrine in 1991 at the request of the United Nations Population Fund has also recommended further studies of its safety in sterilisation.

International standards for contraceptive safety cannot be modified according to a country's demographic goals and should apply to all countries. In Vietnam, the challenge is to improve the quality of contraceptive services by making available an accessible range of contraceptive methods for both women and men, thus reducing dependence on intrauterine devices (IUDs), which many Vietnamese women find unacceptable. Potts' statement that in Vietnam "most previous IUD users prefer quinacrine" has to be understood in this context. Women's perceived preference for quinacrine indicates their dissatisfaction with the IUD and the limited availability of other methods. In future field trials in Vietnam, women should be interviewed to obtain users' views and preferences. Since the insertion procedure is identical for both the IUD and quinacrine, women might not have fully understood that one method was permanent and the other not. Quinacrine involves no surgical procedure, unlike other sterilisation methods, which is another reason why women may not fully comprehend its permanency, despite signing a consent form.

Vietnam has a national policy to reduce the fertility rate from 4.0 to below 3.0 by the end of the century. Other Asian countries that have a strong commitment to reducing population growth (eg, Indonesia, India, China) have a history of over-enthusiastic marketing of long-term or permanent, provider-controlled contraceptive methods in order to meet targets. Abuse of women's rights to make an informed and individual choice can easily result. In some countries, this abuse has had a negative effect on the use of contraception and the credibility of population and family-planning programmes, thus contributing to the non-achievement of both national demographic goals and the reproductive needs of individuals.

Vietnam's health programme is at a critical point. It is vital that planners, medical researchers, and programme providers incorporate a woman-centred approach to their work.

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- 1 Hieu DT, Tan TT, Tan DN, Nguyet PT, Than P, Vinh DQ. 31 781 cases of non-surgical female sterilisation with quinacrine pellets in Vietnam. *Lancet* 1993; 342: 213-17.
- 2 Pollack AE, Carignan CS. The use of quinacrine pellets for non-surgical female sterilisation. *Reprod Hlth Mat* 1993; 2: 119-22.