

COMMENTARY

Family planning in Vietnam

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A trial of nearly 32 000 quinacrine pellet female sterilisations in Vietnam needs to be seen in the context of a country in transition. Working in Vietnam since 1987 for various United Nations agencies I have witnessed the country's rapid transition from a centrally planned to a market-oriented economy. From being a rice importer, Vietnam has now emerged as a major exporter. After a period of political isolation it is now forming links with the international community. Sadly, the US embargo continues to hinder some investments needed to modernise, and the gross national product is still only around \$200 per head. It is within this context of low budgets and an increasing population of reproductive age, that the country has forged its population and family planning policies. The main objectives are small family size (preferably a two child family), a lower infant mortality rate, from 45 to 25 per 1000, lower child malnutrition rates from 50% to 25%, reduced maternal mortality from 120 to 50/100 000, increase in contraceptive use by 20% from its present rate of 33%, and reduction in fertility rate from 4.0 to below 3 by the end of the century.

There is strong awareness that, without voluntary but vigorous family planning, the population could double to 170 million within 30 years. The government has trebled its population and family-planning budget, but this still amounts to only 15 US cents a head, while neighbouring countries are said to spend 6-10 times as much. Vietnam may need to spend 60 cents per head to achieve its goals. Even with international donor support Vietnam's budget for population and family planning is tiny.

The search is on to broaden the range of family planning methods currently in use. In 1990 there were reported to be about 1 million abortions, another million insertions of intrauterine devices, around 223 000 pill users, and 23 000 sterilisations. Menstrual regulation is legal and free, and is available in communes where there is a three-year trained health worker. Research is in progress in Ho Chi Minh City on injectable and implanted contraceptives. Acceptance of male sterilisation is said to be increasing. Longer term government policy emphasises increased local production of some contraceptives, including condoms.

The context in which field trials of quinacrine pellet non-surgical female sterilisation have been carried out in Vietnam is multifaceted. In the study by Hieu and co-workers, physicians and midwives trained in IUD

insertion were used. Vietnam is currently in the throes of a major overhaul of health manpower and health facilities. It may in future be possible to have one full-time health professional to act as family planning focal point at every commune health station. If quinacrine pellet sterilisation were to be offered on a wide scale, there would, theoretically be no shortage of health staff trainable in such a procedure. However, there are weaknesses in district level health services, including family planning, and problems also in providing health staff with continuing education. Another issue is standard of sterility in the health facilities where this procedure would be done. Further research is also required—for example, on the effects of insertion technique on the efficacy of quinacrine pellet sterilisation, and on concentration of quinacrine in the uterine cavity in relation to placement and efficacy.

It is thus within a complex web of issues that Vietnam is exploring the use of quinacrine pellet female sterilisation. Financially, this method is attractive. The cost of quinacrine and supplies for two insertions is reported to be less than \$1. The field trial also suggests that around 242 maternal deaths may have been averted during the study. Hieu et al estimate that 1300 clinicians doing 100 or so quinacrine pellet insertions sterilisations a month could meet Vietnam's unmet need for female sterilisation. That could be an important contribution to the country's family planning needs in an era of economic development and modernisation.

Marie-Thérèse Feuerstein

London W3, UK

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