

Quinacrine acceptance spreads

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these deaths are preventable."

Dr Nanda highlighted that for optimal maternal and child survival and welfare, compulsory education is a must. Adopting positive policies for child care with health insurance of children, raising the age of marriage, delaying pregnancy by spacing, accepting non-scalpel vasectomy for males and sterilisation for females would augment well for the



Prof Rohit V Bhatt

mother and childcare as a whole. Prof Nanda reiterated a very meaningful slogan which he said was first coined by him in 1988--"Each one teach one" and "Have one (child), adopt one."

The Secretary General and Dean of Indian College of Maternal and Child Health (ICMCH), Dr C S Dawn made a written request to the Governor for granting affiliation to the College with the Agra University. Dr Dawn informed that ICMCH has 44 branches and 33 training centers all over the country. "The doctors of ICMCH are creating awareness amongst the villagers about voluntary sterilisation."

Prof R V Bhatt, the newly elected President of NAVSFWI stressed upon the main emphasis of NAVSFWI which he said is on maternal health and not on contraception alone. He vowed that in the two years of his tenure starting now he shall try to introduce a system of maternity care monitoring in government as well as private institutions. Besides, according to him, a concept of informed choice should be spread more elaborately. "There is a need to look for alternative method of female sterilisation eg, Quinacrine, because of the risks involved with the surgical approach," Dr Bhatt opined. He added that "use of quinacrine as an alternate is safe, cheap and effective and needs further trials, particularly in rural areas where surgery is not easily available." Not favouring female foeticide and gender bias, Dr Bhatt encouraged a ban on sex determination rests.

In the later part of the glittering

inaugural ceremony, the population awards were presented to Dr C S Dawn, Dr Padma Rao, Dr S N Mukhexjee and Dr B N Saxena by Shri Romesh Bhandari. Honorary fellowships were awarded to Dr William A Van OS of The Netherlands, Dr Elton Kessel of USA, Dr Esseldin Osman Hassan of Egypt and to Mrs Kumudesh Bhandari. Fellowships were also awarded to 200 eminent fellows; and certificates of DGO and DFW given to 60 doctors trained in ICMCH training centers throughout India.

The inaugural ceremony was followed by P D Baveja Oration on '100,000--Quinacrine sterilisations' which was delivered by Dr Elton Kessel of USA. Dr C S Dawn NAVSFWI oration by the inventor of 'multi-load' IUCD was later given by Dr William A Van OS of The Netherlands on 'IUCDs-Past, Present and Future.'

The conference lasted for three days wherein a wide ranging topics were discussed viz safe-motherhood, contraception, emergency obstetric care, population and adolescent health, besides various gynaecological topics. The conference was very



The lamp lighting ceremony during the inauguration

well attended and organised with over 700 delegates taking active participation. An added attraction of the conference was the exhibition of a wide array of products by over 40 pharmaceutical and non-pharmaceutical companies.

Full kudos to Agra, for it sounded the bell with a non-sterilised mind for wide acceptance of quinacrine as an alternative method of sterilisation, a burning issue during the conference. Calcutta, the city of

joy takes over the next time. However, it will indeed be a matter of joy only when we see that quinacrine gets further etched in our mind and receives wider-acceptability.

In retrospect, it appears very valid that pertinent discussions like these be kept alive on various obstetrics and gynaecology topics through such conferences on a regular basis. This would go a long way in the quest for newer and effective modalities of treatment in the field.

What is your vision towards sterilisation needs for the next century, especially in the Indian context?

Sterilisation is the most prevalent contraceptive in use world-wide. No country has successfully reduced population growth below 1% without wide spread use of both sterilisation and abortion, in addition to other contraceptive methods. Although a high proportion of contraceptive prevalence is through sterilisation in India, the actual prevalence is not as high as in many other countries such as USA, Canada, Panama, South Korea and China. For every sterilised person in India there is an unsterilised woman who states she wants no more children. There is a great unmet need for sterilisation in this country.

How far quinacrine, do you think, stands as an answer to these needs?

Quinacrine sterilisation could meet a substantial part of the unmet need for sterilisation in India. It is a non-surgical method that requires insertions of seven quinacrine pellets twice at one month interval in the uterus. It is far easier to provide, especially in rural areas and it is safer than surgical sterilisation. It is very in-

expensive too. Many women who fear surgery will accept quinacrine sterilisation. So far over 100,000 quinacrine sterilisations have been performed successfully in over 16 countries world-wide.

In the presence of various odds against Quinacrine at US FDA and WHO levels, do you think Quinacrine will stand the test of time and come out stronger for wide acceptance by the medical fraternity and the public at



Dr Elton Kessel, Secretary General, International Federation for Family Health, in conversation with Dr Anupam Aggarwal

at NA VSF WI conference at Agra, expresses his views about Quinacrine sterilisation. Excerpts:

large?

Eventually, each country and each programme within countries must conduct its own risk-benefit analysis to determine whether the benefits of quinacrine sterilisation outweigh the risks for their particular circumstances. In doing this for rural India, with its high maternal mortality and low contraceptive prevalence, it is clear that benefits of quinacrine sterilisation outweigh its

risks. Each additional sterilisation prevents two births in these rural areas which have maternal mortality of about 5 per 1000 births. It follows that for each 1000 additional sterilisations, the lives of 10 women would be saved. The logic of this benefit of quinacrine sterilisation will eventually be seen by the medical fraternity. The public will accept this method if the media reports its plus points accurately.

Unfortunately, WHO does not conduct a risk-benefit analyses in deciding on a trial of a contraceptive method. The US FDA does conduct a risk-benefit analysis for Americans. But Americans have very high contraceptive prevalence and very low maternal mortality. Quinacrine sterilisation would have little effect on the health of American women.

It could have a very favourable impact on the health of Indian women.

What are your experiences at NAVSFWI conference?

The NAVSFWI conference was well organised and attended which is heartwarming. It appeared to me that professionals with a keen interest in population matters and maternal and child health attended the conference.