

Fertility and population: Interview with John Guillebaud



John Guillebaud

John Guillebaud, emeritus professor of family planning and reproductive health at University College, London, is a man with a mission.

Commenting that the scale of the population problem, with more than 6.7 billion people and constantly growing, is not sufficiently widely appreciated, he says: 'There are around 139 million births each year and 60 million deaths, meaning an extra 79 million people are arriving on earth each year.'

And focusing in on Africa, he continues: 'Almost half of sub-Saharan Africa's population is under the age of 15 and the youngest of any continent – and so tomorrow's parents are already here. Even if all of these were to have only two children each, it will result in a huge number of extra people.'

'We just cannot go on like this. Africa is sitting on a ticking time bomb,' Guillebaud says, quoting more ominously the finding that young populations, particularly those with a high proportion of people between 15 and 25 years, tend towards high levels of violence.

'I fear that Africa has all the ingredients for more genocides,' he says feelingly – genocide being close to the bone for Guillebaud, who was born in Burundi and grew up in Rwanda, which he continues to visit frequently and where he lost many friends in the genocide of 1994.

Guillebaud, who spoke to the *SAJOG* during a recent visit to South Africa, became interested in population issues at an undergraduate lecture in Cambridge in 1959, long before such concerns became widespread, when he first recognised the key role that family planning could play in preserving a sustainable planet. And it was this that set him on the path of his career, culminating in becoming the first practising gynaecologist to be given a personal chair in the specialty of family planning and reproductive health.

Guillebaud believes that the solution to the population problem lies in development, as with it (and provided the international community restores the goal of universal access to family planning as a priority) would come a reduction in family size preference. He quickly dismisses the claim that AIDS could significantly impact the population, saying that although tragically it has been responsible for 50 million deaths since the discovery of the disease, more than that number of people are added to the world every 9 months. He also says that while eliminating unplanned pregnancies (at 80 million per year, with about a third going to full term and the remainder ending up in abortions) is essential, it would not suffice.

Guillebaud says that few if any women set out to have the biological maximum of children, i.e. 10 or more, and most want fewer, and that access to family planning services, or fertility planning as he prefers it, would go a long way to meeting this need.

'Sadly, having control of their fertility is simply not part of many women's worlds,' he says. Yet countries as disparate as Costa Rica, Cuba, Iran, Korea, Mexico, Sri Lanka, Taiwan and Thailand have reduced their 'total fertility rate' to close to two through removal of the many barriers to fertility planning.

For Guillebaud the key to fertility control is to find the 'right model'

for the particular environment and he believes that for Africa these are to be found among the long-acting methods, i.e. intrauterine devices (IUDs), intrauterine systems (IUSs), implants and injections, rather than in the pill or condoms, each with their pros and cons.

For example, in the UK an IUD costs the equivalent of about US\$2 per annum. 'There are downsides in that they have to be fitted, they change periods and users are not protected from pelvic infection,' he says. 'However, they are easy to fit, last for 10 years and can be reversed at any time.'

Then there are the levonorgestrel (LNG)-releasing IUS, Mirena (Bayer), although currently rather costly, and the rod implants Implanon (Schering-Plough) and Jadelle (Schering Oy), which release the hormone to the bloodstream rather than directly to the uterus. 'These are extremely effective and reversible, and are good options for Africa,' says Guillebaud. 'People want something simple, that they can go to a doctor or nurse to have done and then have nothing to do until it is undone when they want a baby. The pill and condoms have to be kept up.'

But more than contraception and equally important, Guillebaud comments, is overcoming the many myths that surround it – that, as he was told in Rwanda, taking the pill makes one infertile, that condoms have holes in them to transmit HIV, and that merely to use contraception implies sex will take place with other partners, to name a few. 'Thus education is a crucial component in the removal of barriers to fertility control.'

Meanwhile the human counter continues to run up, and a key duty of the doctor remains unchanged, i.e. 'simply to help people to have babies by choice rather than by chance'.