

Newsletter

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**MESSAGE FROM THE ESC
PRESIDENT, PROF. SVEN O.
SKOUBY, DENMARK**

The latest cyber net project we are developing is an [ESC Newsletter](#), the first of which you have already received two months ago. We think a Newsletter can contribute to the interaction between the members of the European Society of Contraception. Of course we have the Journal covering the scientific interests and the congresses and seminars doing the same in a personal manner. However, aside from scientific articles and presentations there are many interesting news items for which the journal or a presentation are not the right platform.

We have an active website (www.contraception-esc.com), but not everybody visits this website regularly. In this day and age more and more members use their e-mail almost on a daily basis. Therefore the board members supported the initialisation of an [ESC Newsletter](#). The contents of which is not finalized and will depend on what members want and initiate. Of course there are ideas: in this second newsletter you will find some of them. Whether this project will be a success will also depend on the enthusiasm of the contributors.

We call upon all of you to react to our newsletter in any way you want. It could be in the form of news items concerning your country, as a question to put to other members, it could be a reaction to the contents of this newsletter, a discussion forum or anything you want to share concerning matters of reproductive health of the organisation, new ideas, proposals etc. You can mail your reaction to:
esccentraloffice@contraception-esc.com.
Hope to hear from you!

Kind regards,
Sven O. Skouby

LAST CALL FOR REGISTRATION !

Upcoming 8th ESC Congress:
"A holistic approach to sexual health: is it needed, appropriate and possible?", 23-26 June 2004, Edinburgh (Scotland, UK).

For more information and the updated scientific programme:
www.contraception-esc.com/edinburgh.htm

[Registering is still possible!](#)

**CONTRIBUTION TO THIS
NEWSLETTER**

**'Here and Now' in the
Netherlands,
by Dr. Olga Loeber**

*History of contraception and
unwanted pregnancies*

Until 1965 discussing family planning and sexuality was more or less taboo. The birth-rate was one of the highest in Western Europe and the Netherlands were one of the most traditional societies in Western Europe. Only condoms and diaphragms were available (under the counter).

Then a rapid economic growth occurred, and an increase of the general educational level, a decline of the influence of the church. The pill was introduced in 1961 and immediately immensely popular with women, medical doctors and the government (fear of overpopulation).

Contraception was and is provided by family doctors and was paid for by general health insurance since 1971. It quickly became part of everyday life. Abortion was available since 1971, legalized in 1981.

Since the eighties a moral revolution regarding the acceptability of sex before marriage occurred. Acceptance of teenage sexuality has become more general. Women get their first baby at the late age of almost 30 on average. This means that temporary contraception has to be used for a long time

(the average sexual debut is a little over 16 years of age).

The abortion rate has always been low. The lowest rate was 5.1 in the beginning of the nineties but has risen over the years to 8.8 in 2002. The explanation for this rise partly can be found in the high number of immigrants and asylum seekers during the last ten years (60 % of the abortion clients are first and second generation from outside the Netherlands) and partly in the tendency to more risk taking especially by teenagers. (STI are also on the rise).

In general the pill is the most widely used contraceptive with about half of all women who are in need of contraception using this method! 70 % of the youngsters between 18 and 24 use the pill. Second in place is sterilisation. There are more men than women who use this method. Condoms and IUDs come next and it is remarkable that a reliable method as the IUD is not used more often. With the arrival of the hormonal IUS this may change in due time.

*New contraceptives available,
emergency contraception OTC,
abortion pill*

In 2003 the hormonal ring and the hormonal patch became available and trials are running with methods for hysteroscopic sterilisation and male hormonal methods.

In 2004 progestogen emergency contraception probably will be available OTC. The fact that this is not yet the case, as well as the fact that the abortion pill is still less used than women would like, could be somewhat explained by our self satisfied idea that the Dutch have a leading role in matters of contraception and reproductive health. This is an outdated idea, as is clearly demonstrated in our abortion number and the level of perinatal mortality which is higher than elsewhere in Europe.

Providers and insurance

In the Netherlands general practitioners provide the bulk of the contraception, with the

gynaecologists playing only a small role except for sterilisations. Until January first of 2004 all contraception was paid for by basic insurance. In our system the cheapest pill is reimbursed, for the more expensive pills the extra cost must be borne by the consumer.

From January first this system is still valid for women under 21 and for indications other than contraception. Women over 21 years of age must pay for their contraception. It is as yet totally unclear what the effect will be of this measure. In the first trimester 10% less contraceptive pills have been provided by the pharmacy. Most insurances have made provisions for this and still cover contraception for an extra contribution.

Latest developments

At the end of 2003 it became clear that for the first time in ten years the total number of abortion has been more or less stable. Further investigations have to follow to find an explanation. The stricter admission regulations for fugitives and asylum seekers could well be the cause.

In 2004 the abortion law of 1981 will be evaluated. The law requires a referral and a waiting period of 5 days, the woman has to be in a crisis situation for which there is no other solution than a termination of pregnancy. A pregnancy can be terminated until 22 weeks in hospitals and clinics with a licence to do so. The evaluation will probably check if the requirements are all met by the providers. Abortion providers fear the definition of a crisis situation might be more strictly defined as a result of this evaluation.

Written by Dr. Olga Loeber, General Secretary ESC and Managing director of the Mildredhuis-Rutgershuis Centre for Contraception, Sexuality and Abortion, Arnheim, The Netherlands

Q & A

In our clinic we use misoprostol as premedication for an abortion, mainly for nulliparae with pregnancies less than 7 weeks and second trimester abortion; for medical abortion; for

treatment of bleeding postabortion due to incomplete contraction of the uterus and as premedication for IUD insertion in nulliparae. My experience is that for all of these indications it sometimes works wonderfully, sometimes not.

My question is: does anyone have done research on the percentage of women for whom it does not work and why? Are there other indications? What about dosage and ways of administration?

Question from Dr. Olga Loeber, please respond to: esccentraloffice@contraception-esc.com

FACTS & FIGURES, NEWS

Read in June 04 on the website of the Int'l Planned Parenthood Federation, www.ippf.org (section 'news'):

Gel Could Save Women From Chlamydia

A gel designed to protect women against sexually transmitted infections (STIs) is about to complete its first clinical trial. Early tests show it may work against a wide range of diseases, including chlamydia, herpes, hepatitis B and HIV. The gel, expected to be the first of the so-called 'nanomedicines' or designer drugs, could revolutionise the way women protect themselves against the growing incidence of STIs. Pre-clinical trials show the gel is up to 100 per cent effective. The first use is expected to be against HIV, but other infections will follow. It has already been shown to respond to chlamydia and herpes. (Source: Daily Mail reported in Push Journal, 10 June 04)

New Survey of Diaphragm Users shows Positive Results for Protection Against STIs

A new study of the vaginal diaphragm as a means of preventing acquisition of sexually transmitted infections (STIs) has been met with a positive reaction from participants in the study. The researchers at the Multnomah County Health Department and Oregon Department of Human Services, Oregon (USA) conducted telephone interviews of 215 women between the ages of 19

and 49 who said they had used the diaphragm in the past 3 months. The women provided information to shed light on their risk of STIs and their experiences of using the contraceptive device. Although only 42 per cent of participants reported consistent use in the past 3 months, 79 per cent were satisfied with the method and 85 per cent planned to use it at next vaginal intercourse. (Source: Women's Health Law Weekly reported in Push Journal, 7 June 04)

Sweden to Launch Emergency Condom Delivery Service

A plan to establish an express condom delivery service has been announced by the Swedish Organization for Sexual Education (RFSU). It is hoped that the service will increase the awareness of contraception and stem the spread of sexually transmitted infections (STIs). (Source: Push Journal, Source Date: 27 May 04).

New report 'Adding it Up: The Benefits of Sexual and Reproductive Health Care'

Gaps in sexual and reproductive health care account for nearly one-fifth of the worldwide burden of illness and premature death, and one-third of the illness and death among women of reproductive age. These gaps could be closed and millions of lives saved with highly cost-effective investments, according to Adding it Up: The Benefits of Sexual and Reproductive Health Care, a new report released on 3 February 04 by The Alan Guttmacher Institute (AGI) and UNFPA, the United Nations Population Fund. (More info: <http://www.ippf.org/>)

CALL TO THE ESC MEMBERS

Should you have interesting facts and figures from your country which you would like to share with your colleagues ESC members, please do not hesitate to forward them to: esccentraloffice@contraception-esc.com We are looking forward receiving your valuable contributions to the upcoming ESC Newsletter.

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