



Transcript from *Contraception 101: More than Just Pills and Condoms*
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Part 9: International Perspective

Ward Cates, MD, MPH [*President, Research, Family Health International*]: The biggest champion of IUDs are the current users and that's great except then you will get the United States and you'll say that only one in fifty women who are eligible for contraception—less than one in fifty women—are using IUDs. And how does that compare with our neighbors, with Mexico, for example? In Mexico, about one in six, one in five women have IUDs. In France one in five women have...have IUDs. In China two in five women have IUDs. So it's clear that there are major national and uh, cultural regional differences uh, among...among these methods. Now why might that be so? Well, two reasons: number one, encouragement uh, both within uh, the political sphere, within the social sphere, within the professional sphere of these methods within uh, particular countries. Uh, they're largely, publicly funded national uh, health systems and they're...they're aware of the cost-effective, cost benefit of these particular methods as well as the user preferences once they are uh, inserted. And so you get a cultural norm whether it's personal or professional. It gets established in these countries and it...it's not what's happening here. Here what unfortunately happens is that uh, there's discouragement. You guys are staffers. You know what the uh, atmosphere has been uh,

on family planning in general in this country and about some specific methods in, also. Uh, there are, talked about the uh, litigious background uh, in this country, which has made clinicians very cautious about anything that they think would uh, lead them to court into the little bit about some difficulties with uh, the manufacturers might be a little slow to offer training or to make, to help methods be widely available. So uh, there are a whole bunch of things. And then let's get to the insurance system in this country where it's not infrequent that contraceptives may not be totally covered or covered at all within one's insurance system. And when you're talking about fifty dollars a month, six hundred dollars a year for someone uh, who is age nineteen, whether in college or not, that's a sizable uh, chunk of change to uh...uh, to pay out on a regular basis for contraception. And then there's been a sort of lack of innovation of technology. For example, there are different sizes of the IUDs available in Mexico and there's some data that show that a smaller size is actually preferable for younger women. So we are at the cusp. We'll see how long it takes on health reform and you guys are going to be part of that I think. I hope. And health reform will entail an emphasis on prevention. It is cost-effective in this area more than others for uh, women, people of reproductive age and we hope that these types of methods can start gaining some traction and that the academic centers and the women who use them will act as their own uh, domino effect throughout the community and there will be an enabling of public environment, political environment that will allow them to uh, be used. It's not only pills and condoms. There are other methods available that need to be uh, that people need to be empowered to use, people and providers.