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Contraceptives and developing countries The role of barrier methods

By

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Twenty years after the 'first birth control revolution', a new revolution is clearly required. Without giving up the high effectiveness, convenience, and relatively low cost of today's contraceptives, tomorrow's contraceptives must be safe in both the short and long-term; fully reversible and free of effects on future fertility (increasingly important for developing country users); and free of effects on breast-feeding infants and on lactation. Present day barrier contraceptive techniques embody many of these modern concepts: they offer simple, safe, non-systemic, reversible contraception. But their effectiveness is too low and variable, and their application interferes too significantly with sexuality. In 1979, the authors of this paper published a monograph entitled *Contraceptives and Common Sense: Conventional Methods Reconsidered* that drew attention to the near absence of research to develop improved barrier contraceptives. Today, new data about the high prevalence of infertility in some regions of the developing world, enhanced appreciation of the need to encourage and protect maternal breast-feeding of infants, rapid increases in the number of sexually-active teenagers, increased levels of venereal disease, growing numbers of couples who wish to space or temporarily delay child-bearing in developing countries, and an intensifying concern about the safety of current contraceptives all point to a continued need for improved barrier techniques. This paper reviews the current methods, demand for their use, and research expenditures and efforts to improve them.

This paper condenses and updates in the context of developing country needs the authors' 1979 monograph entitled *Contraceptives and Common Sense: Conventional Methods Reconsidered*. The monograph, published by the Population Council, is out of print.