

Mrs. PROTROW. That is indeed a factor.

Surely these figures bear witness to the desperate search of women for a sure method of fertility control. Unfortunately, today legislation in many States deprives women of the right to a relatively safe hospital abortion except in highly restricted circumstances. At the same time, the lack of adequate research has greatly delayed the development of absolutely safe and effective contraceptives. It should be noted, of course, that if abortion were readily available in cases of contraceptive failure, as it is, for instance, in Turkey today, it would be easier both to develop and to use less-effective measures of birth control that would probably be safer than measures which have to be near 100-percent effective. If concern over the morbidity and mortality of women is serious and sincere, attention should be given to the issue of abortion.

I believe the day is past when any woman should be forced to bear a child she does not want.

Thirdly, when we speak of any birth-control method, we must be concerned not only with physiological factors but also with psychological ones. Family planning, unlike many forms of direct medical care, depends very heavily for its effectiveness upon the feelings and attitudes of the user. If a woman does not like the method, she will not use it.

Even though laboratory researchers may consider diaphragms, or foams, or IUD's, or sterilization to be nearly as good as orals, most women would not agree. The evidence is overwhelming that women who have been offered a choice of contraceptive methods—whether they be high- or low-income, well or poorly educated, United States or foreign—prefer an oral, self-administered method.

This preference, I may add, appears to be strongest in their first attempts at family planning.

Senator NELSON. May I ask a question here?

How important do you think the advice and the attitude of the physician is in the user's selection of a method?

Mrs. PROTROW. I think it can be extremely important. It can range from the situation in certain countries where the physicians administering a Government program simply exclude or prohibit use of one method or another, all the way to the quiet advice that an obstetrician will give his own patient, to a clinic situation where, in effect, you might have three or four doctors, each of which had completely different choices and, therefore, the woman is given a fairly unbiased account of all methods.

It can make a great deal of difference. But as I was going to say, it is interesting to look at the Government family planning programs around the world, because they are cases where you can document what choice is provided. Where there was a choice, in Hong Kong and Singapore, for example, both of those programs started out with the expectation that 80 percent of the women would want IUD's and they were prepared to insert IUD's for most of the women who turned up at the clinic.

As it turned out, for various reasons, some of which I think have been corrected, the women did not like the IUD's and started stay-