Combating Overpopulation – New Frontier in Gynecology and Obstetrics

Jan Gregus
Masaryk University, Czech Republic

Overpopulation exacerbates environmental and health problems, from climate change to biodiversity loss and pandemics. It is the "upstream" engine of many existential threats. Approaching this issue with compassion - always - should be a matter of course for physicians. Our profession, by drastically reducing death rates since the 1800s when birth rates remained high, unfortunately - unintentionally - bears some responsibility for the increase: a billion and then eight billion looming. Therefore, as physicians, especially those in the field of gynecology and obstetrics, we must surely be particularly motivated to: (1) be involved in rights-based policies and services with chains of " uninterrupted supply ensuring optimal contraceptive care available to all couples worldwide, (2) remove tangible (unavailable contraceptives) and intangible (cultural, religious and misinformation) barriers well known to women's choice to access planning family everywhere, while achieving full gender equity, especially in education, (3) warn against overpopulation risks the entire planetary life, through optimal environmental education for both colleagues and the public, and (4) campaign for a maximum of two children (replacement fertility - or less) as a matter of principle. However, overpopulation has become taboo, affecting many doctors and even people who passionately claim to care about a sustainable future. Their silence implies that conservation goals are achievable regardless of the number of humans, while studies show they are not. It's time to reach a new frontier in gynecology and obstetrics - a recognition of overpopulation as the greatest challenge for 21st century gynecology and a direct, systematic and comprehensive involvement of gynecologists and their organizations, with particular emphasis on Africa where the problem is (and will be) the most serious. While it has benefits for a variety of patients, rural patients probably enjoy the most significant benefits. As the Health Resources & Services Administration (HRSA) notes, it can sometimes be difficult to determine whether an area is urban or rural. In fact, the term "rural" is not even defined by the Census Bureau - it is considered to include any population, dwelling and territory not included in an urban area. Basically, under this definition, anything that is not urban is considered rural. There are two types of urban areas identified by the Census Bureau: 1) urbanized areas (UAs) of 50,000 people or more and 2) urban clusters (CUs) of at least 2,500 and less than 50,000 people. In general, rural areas are characterized by low population and lack of access to essential resources such as medical care. Rural individuals face many disparities in health compared to urban individuals. Poverty and poor access to healthcare greatly contribute to these disparities. Overall, rural communities are poorer than others. According to the Centers for Disease Control and Prevention, rural Americans are at a higher risk of death from five main causes: heart disease, cancer, unintentional injuries, chronic lower respiratory diseases and stroke. In addition, rural areas have higher rates of premature births and infant mortality. The 1994 International Conference on Population and Development (ICPD) stressed the urgent need to work on unsafe abortion and, in its program action, he urged governments and other concerned organizations to face the the health impact of unsafe abortion as a major public health problem and to reduce recourse to abortion through expanded and improved family planning services (Program of Action). He further stated, “In circumstances where abortion is not against the law, such an abortion should be safe. Although a number of developing countries have liberalized abortion laws, much work remains to be done to ensure that unsafe abortion becomes a health problem from the past. Relatively few studies have examined unsafe abortion and its consequences the wake of the ICPD call to action. Therefore, there is a clear and pressing need define a research program and identify advocacy strategies to reduce unsafe abortions. To achieve the overall goal of eliminating unsafe abortions, it is necessary to understand the factors behind the persistence of unsafe abortion and the opportunities and obstacles to preventing unsafe abortion. A-Intra With this goal in mind, the UNDP / UNFPA / WHO / World Bank Special Program for Research, Development and Research Training in Human Reproduction, under the leadership of its Director, Dr Paul FA Van Look, convened a meeting consultation on
“Priorities and needs in the field of unsafe abortion” in Geneva, Switzerland, in August 2000, to bring together internationally renowned researchers from various disciplines to assess the global situation of unsafe abortion and identify a research and action program to reduce unsafe abortion and its burden on women, their families and public health systems. Presentations at the meeting addressed many facets of unsafe abortion, from a global evidence-based overview of medical advances in the treatment of complications regional perspectives and priorities.

We have already exceeded the Earth’s expected carrying capacity and climate change will make matters worse. According to United Nations forecasts, the human population will reach 9 billion by 2050, compared to 7.7 billion currently estimated to share the planet. It’s a lot of people. And the more people there are, the more resources and energy we need to support all of us. As Anderson points out, although some estimates in the past have said that Earth could theoretically support a human population ranging from 1.5 to 100 billion, this is only possible if the planet’s own health is stable. Once the health of Earth’s ecosystem and rapidly declining biodiversity are factored into the equation, the number of humans our planet can stably support drops dramatically, from 1.5 to 5. billion. And now ? “We’re messing things up. At our current consumption rates, we will need 1.75 Earth to meet the needs of humanity, according to the Global Footprint Network. It’s unfortunate, because we have exactly 1.00 Earths to work with. Last year, the Intergovernmental Panel on Climate Change (IPCC), the United Nations body dedicated to climate science, found that we have only 12 years left before the world will fail. ‘Reaches 1.5 degrees of warming, which will increase the expected fatal risks. by a warmer climate. Much of the world is already feeling the effects of climate change, with prolonged heat waves, droughts and shrinking glaciers. Add to that the waste of cities, pollution from agriculture and ranching, depletion of forest and ocean resources, mass extinction of species, and it’s no wonder Anderson thinks that it is time to reinvent the means to prevent unplanned pregnancies. To reduce unintended pregnancies, educate and empower young women and provide them with more choice in contraception. Of the 210 million human pregnancies that occur worldwide each year, around 40% are unplanned. We want to develop products that are more accessible to all women. Reducing the number of unplanned pregnancies is an important step we can take to rebalance the planet. A disproportionate number of unintended pregnancies occur among young women who often lack access to comprehensive sex education and modern methods of contraception. Effective and accessible contraception could be the key to reducing population growth and achieving global sustainable development goals, while ensuring that pregnancies are planned and wanted.

“There have been so many great ideas that were presented over ten years ago, like ideas for male contraceptives. This area of research needs to be revived and needs more funding. New approaches to contraception could help reduce healthcare costs, save human lives, and preserve the Earth’s natural resources for future generations other emerging birth control options, including male hormonal birth-control pills and gels. Leadership and funding for research, education, and family planning services will be critical for a full-fledged contraception revolution, she says, and ultimately, we can only save the planet if we all work together. Over the past decade, the United States has spent more than $ 240 billion on the impacts of climate change on health, according to a 2017 report from the Universal Ecological Fund, and those costs are expected to increase over the next decade. If drastic measures to mitigate the climate crisis - or protect the planet from the growing burden of a growing human population - are not taken. “Non-coercive human reproductive rights could be an important step towards rebalancing the planet and preserving its natural treasures for future generations. He wrote in his editorial. Similar to the framework established by reproductive justice advocates in the late 1990s, it calls for contraceptive options, family planning and sex education to be accessible to women and men around the world. Given that global health costs related to climate change are expected to exceed $ 1 trillion per year by the turn of the century, Anderson believes the costs of supporting contraceptive innovation would be quickly offset by saving money. Cost of care that would otherwise be needed to treat even more people for diseases caused by pollution and global warming. Everyone must do what they can. I use contraception as a tool because that’s what I know, but a lot of people have other special interests and talents to apply