

INTERNATIONAL CONFLICTS AND OVERPOPULATION: SELECTED SOCIAL AND MEDICAL ASPECTS

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ABSTRACT

Environmental destruction is proportional to the population size. Despite declining birth rates, the world's population continues to increase. Several regions are discussed in this review. Related topics are tackled in separate sections: parricide and elder abuse, birth control and permanent contraception. In Russia, many popular and professional publications are biased, exaggerating or inventing adverse effects of contraception. Effective solutions require rethinking certain stereotypes and introducing the new principle: no population group, either locally or globally, should benefit from faster growth. Birth control is disapproved in some countries due to perceived national interests. Conflicts provide motives for high birth rates, as the military needs young people. In the past, overpopulation was balanced out by wars, epidemics, and famine. Today, there appears to be the last chance to apply humane methods, consciously choosing between birth control and increased mortality. Russian leaders are accused of aggression nowadays. In fact, they could be paving the way for a new historical era. Should the world become multipolar, armed conflicts of varying magnitude might become permanent. A constructive alternative would be global leadership, concentrated in developed parts of the world, based on humanism and modern science. Great projects could be realized by a united humanity.

Key words: Overpopulation; healthcare; vasectomy; tubal sterilization; armed conflicts.

Introduction

Lasting peace is necessary to implement global environmental initiatives, the use of nuclear, thermonuclear and hydroelectric power plants, as well as other energy sources instead of oil and coal. Despite the prospect of cheaper and cleaner energy, there is currently no alternative to a decline in regional and global populations. It seems to be inevitable that the population will shrink over the course of this century. How this happens may still be partly within our control. This state of affairs will not last forever. The global colossus rolls on relentlessly, leading to ever more conflict, war, and suffering. Revision of some stereotypes and the application of new principles - namely, that no population group should benefit from faster growth - is necessary for effective solutions [1].

The world champions

The most successful experience of mass permanent contraception was made in India. After 1952 and

especially after 1956, the National Family Planning Program was implemented. Surgical sterilization was widely applied in both genders. A broad-based extension program was launched in 1963 [2]. It was pointed out in the Statement of Policy that sterilization services are offered free but there is no room for compulsion, coercion or pressure of any sort [3]. By 1996, three quarters of contraception users in India were sterilized, which was a worldwide unique achievement [4]. Since then, the demographic situation has changed considerably: both the birth and death rates have decreased along with improvements of the healthcare [5]. The demographic peak is expected in the 2060s with the Indian population of over 1.6 billion.

Before 1970, China's fertility rate was as high as 6.0, making it the country with the greatest population. Chairman Mao Zedong believed in the positive role of population growth. Cost-free sterilizations with 5-7 days of leave for vasectomies and 20 days for tubal

ligations were introduced in 1963 [6]. Sterilization has become a popular method of birth control in China. By the end of 1990s, the fertility rate had dropped to 1.5-1.7. Starting from 2015, the two-child policy took the place of the one-child policy. There have been misgivings that, once the one-child policy was lifted, the country would have a baby boom. Fortunately, it is not happening. Once small families become the norm, they remain the norm [7]. Further pro-natalist policies have been implemented since 2021 [8].

The Arctic

The birthrate among indigenous inhabitants of Arctic is higher than in non-indigenous ones [9]. Kalaallisut - the official Greenlandic language and its variants is spoken by ~70 % of the population [10]. In 1979, Greenland achieved Home Rule, and in 2009 gained self-government through the passage of a law that included a 'blueprint' for seeking independence. The law established that the decision to go for independence from Denmark would now rest with the local people [11]. At the same time, Greenland remains dependent on a yearly grant from Denmark of roughly 600 million dollars or ~25% of the gross domestic product [11,12]. Preferential rights of indigenous people for natural resources has been acknowledged [13]. The political autonomy as well as strategic considerations make Danish sovereignty ambiguous [14]. From the viewpoint of global strategy, the best thing that can happen to Greenland is to become a part of the United States, optionally remaining an autonomous territory of the Kingdom of Denmark.

The same is true for Canada. The Nunavut territory of Canada has the highest total fertility rate among main Arctic regions, followed by the Nenets Autonomous Okrug in RF, both being above the global average [9]. The Inuit majorities in Nunavut and Greenland are turning de jure territorial forms of governance into de facto indigenous ones. Both Greenland and Nunavut are evidently looking forward to a greater measure of autonomy [15]. On the contrary, in the post-Soviet RF, indigenous peoples have done little progress on the way to self-government [16]. If anybody propagates the same for the Komi Republic or Chukotka, he or she might be declared traitor or insane. Outside RF, the indigenous internationalism is on the rise [17]. Considering the natural resources and small population, Inuit would be one of the richest ethnicities

worldwide. Considering the above, major steps are needed to integrate Canada into unified America. Quebec may enjoy special status in a new federation [18]. Local interests should be sacrificed to larger political goals [19].

The Middle East

For prevention of conflicts, minorities should not grow faster than the titular ethnic group of a country. This is understood in many Jewish families. However, in the Orthodox milieu the birth rate remains relatively high. Migration to the populated territory of Palestine with a shortage of water and energy resources occurred, resulting in competition for the lebensraum. Such arguments as "historical patrimony" are not necessarily acceptable to other peoples. Both sides of the Middle East conflict have applied terrorism [20]. State violence is generally more destructive than that carried out by non-state actors [21]. In the 1860s, the number of Jews in Palestine was approximately 14,000 or 4% of the total population of 350,000 [20]. From 1948 to 2002 the populace of Israel increased from 806,000 to 6.3 million, or 9.8 million if Palestine territories are counted [22]. Combined with immigration, the populace of the arid land, largely dependent on foreign aid and water desalination, is likely to reach 16 million by mid-century. Israel was formed through expulsion of non-Jews. Not surprisingly, Palestinian Christians were among supporters of pan-Arab nationalism [23]. It is hard to answer the question, why Palestinian Christians and Muslims should cede the land, immobile property and water sources to immigrants from different continents, including those who declared themselves Judaists just because it was required for the "repatriation". Of estimated 950,000 Arabs who lived in Palestine in 1948, ≥80% fled or were expelled. In addition, 250,000-300,000 were displaced in 1967. The so-called suspended i.e. not immediately lethal violence has been applied: destruction of homes, roads and olive groves. Thousands were made homeless through demolitions [24].

In light of the Ukraine war, the double standards should be stressed: no sanctions have been imposed against Israel for comparable military actions. On the contrary, financial and technical aid has been provided. Apparently, certain spheres on both sides of the Middle East conflict have cooperated in receiving foreign aid: some get it from the West, others from oil-

producing countries. Israel has been the greatest cumulative recipient of U.S. foreign assistance since the World War II [25], currently continuing with 3.8 billion a year [26]. Besides, both Israel and the Palestinian territories receive financial help from Germany. The Camp David Accord was an efficient instrument of obtaining foreign aid. The “Peace at Camp David” would not have been possible without massive economic assistance [27]. In 2003, about two thirds of the Palestinian economy was dependent on the foreign aid [28]. The Middle East imports more than half of its consumed food. The land and water constraints will continue to tighten [29]. The water sources are overused and contaminated [30]. Agriculture in conditions of insufficient water supply is economically and ecologically unfavorable as fossil fuels are burnt for desalination. Israel is one of the most water-stressed countries in the world, with agriculture accounting for over half of water consumption [31]; it is expected that the gap between water supply and demand will widen [28]. The Sea of Galilee is at risk of becoming salinized. In Gaza the coastal aquifer is the main water resource, increasingly polluted and salinized. The runoff from Hebron hills to Gaza Strip has been diverted by Israel [24].

Importers continue paying for the Middle Eastern oil, which is an expropriated property (concessions) of Standard Oil, Texaco and subsequently of Aramco (Arabian-American Oil Company). In the wake of Palestine conflicts, Middle East oil producers gained control of the fossil fuels by 1976. The concessionaire companies lost their concessions and power that went with them, along with a drastic oil price elevation [32]. The oil embargo of 1973-1974 triggered a massive rise in oil prices [33]. This had been foreseeable, being probably a hidden motive of Arab-Israeli wars. The Soviets have readily assisted the process. At the same time, the foreign aid has been massively provided to the region. The existence of Israel can be justified if they participate in procurement of access for civilized humankind to the Middle Eastern energy resources i.e. final solution for the fossil oil parasitism. Obviously, unearned fossil fuels and other raw materials unable potential aggressors to arm themselves. Combination of oil income and aggressive politics generated incentives to initiate international conflicts. “Petro-revolutionary” governments have constituted a threat to international peace. Reportedly, petrostates initiate

militarized interstate disputes at a rate twice as high as non-petrostates [34].

Sub-Saharan Africa (SSA)

SSA has the highest incidence of undernourishment, poverty and conflict-related deaths. While poverty remains the foremost challenge, most African countries also grapple with poor infrastructure and productive capacity, conflicts, corruption and mismanagement. At the same time, SSA has to put up with rising food and energy prices. Productivity of agriculture is relatively low; water resources suffer from suboptimal distribution and mismanagement [35,36]. Overpopulation is the foremost problem in SSA, while the growth perspectives are the highest. For example, Uganda’s populace is expected to increase to over 100 million by 2050, causing deforestation and erosion of croplands [37]. According to forecasts, Nigeria’s present population of ~238 million will further increase. Deforestation and soil erosion have accompanied Ethiopia’s tenfold population growth since the past century [38]. Up to 264.2 million individuals in SSA, or 24.1% of the total populace, suffered from undernourishment in 2020. These figures will probably rise [39].

An irony of the situation is that in proposing to hive off from the intellectual main sequence of the Global North, the indigenous African intelligentsia appear committed to ignoring the real global problem - strongly manifest in this region, that is, overpopulation. What are the real flaws in the Global North? An inability to control population growth, or - worse - failure to control it when they could have done so. The problem could at least be formulated, and sterilization services offered, like in India in the 1950s-1960s. As mentioned above, European colonization generally went along with prolongation of life, which is an indicator of wellbeing. South African history is relevant internationally. The country can be seen as a microcosm of global problems, manifest in different ways, and with differing degrees of severity, over the entire planet. Common denominators aren’t hard to find: the overpopulation and rapid growth [1,40]. In this connection, it should be recollected that the Soviet bureaucracy, where Putin had come from, destabilized several governments in Southern Africa, supporting and arming their adversaries. Liberal theories of democracy groundlessly suppose all ethnic and confessional groups to respect moral principles. It is

noteworthy that sexual violence in South Africa was minimized before 1990, but has increased again since then, particularly in the years 2001-2002 [41]. Multiculturalists assume a safe world or “grass-roots reconciliation” [42]; however, according to experiences of the Soviet, post-Soviet and some other societies, multiculturalism does not generally contribute to safety at all ages. The frequency of child and elder abuse is relatively high in SSA [40,43]. The prevalence of the latter is particularly high in Uganda, where it is estimated at 89.0%, being higher than in India (50.2%), Iran (38.5%), China (36.2%) and other industrialized nations [44]. An increase in family violence is observed South Africa [40,45].

Parricide and elder abuse

The World Health Organization (WHO) declared that elder abuse is a violation of a human right, that of older persons to be safe and free of violence [46]. Elder abuse can have many forms; it is generally under-recognized and under-reported [47]. Many doctors in RF are insufficiently informed about the topic. Victims often exhibit low self-esteem, blame themselves for the abuse, do not want to admit their vulnerability, or “to betray” their families [48]. Factors associated with elder abuse include advanced age, low income, functional impairment, drug abuse, and lack of social support [49]. Violence may take many forms, often being subtle and insidious [50]. In the literature, parricide is sometimes considered to be a crime committed predominantly by mentally ill individuals [51], often involving excessive amount of destructive violence [52]. The risk of death from abuse may be higher in older adults with dementia [53]. The purpose of this review was to warn that borders between elder abuse, manipulation towards suicide and murder can be indistinct. Previously we reported several related cases [54].

It is difficult to generalize having no reliable statistics. However, being acquainted with some cases and permissive atmosphere, it should be stressed that life shortening of an elderly family member can be a strategy, conducted consciously or subconsciously. It can include intentional or neglectful acts [55]: involvement in heavy binge drinking, inadequate nutrition, denial of help, manipulation towards self-destructive behavior (smoking, alcohol abuse, social risks), persuasion to commit suicide. Such cases can be hardly distinguishable from elder neglect and abuse.

One of the most frequent motives is the economic one, in RF, particularly, appropriation of apartments and houses. Financial exploitation or extortion is a common form of elder abuse, with people living with dementia facing a heightened risk [56]. Cases with a purely economic motivation would be obviously unrelated to Oedipus complex, depicted as a psychodynamic basis of the patricide [57,58]. It is known that aged alcoholics and people with alcohol-related dementia have been convenient victims of property-related crime. As a result, some of them have become homeless. The high prevalence of mental diseases, found among those who commit parricide, can be partly explained by the fact that such cases were looked for in psychiatric institutions [59]; on the other hand, crime committed by mentally healthy individuals probably more often remains undisclosed.

Case report

K. was known as a good engineer but a habitual alcohol consumer. One morning he went to work and came back after an hour with a head injury, which he could not clearly explain. After that, his dementia has become obvious. At the age of 54 years, he was unemployed but intended to start working at a workshop for disabled. His son was registered together with K. but lived with his mother and arranged drinking parties in his father’s apartment, who participated in the binge drinking. The son informed his friend S. that he had been repeatedly speaking with K. about hopelessness of the latter’s condition, saying that dementia would only worsen, that his life had no sense, and that they had together decided that suicide would be a solution. Then, he invited S. to participate: K. had agreed to commit suicide, and they would just help if necessary. They came in the evening, drank some vodka, and another bottle was left for the next morning. In the morning, after the bottle had been finished, the father was accompanied to a hook in the wall, with a sling on his neck. The case was treated by the authorities as a suicide.

Irreversibility of dementia and mercy as a motive were discussed by the perpetrators. Of note, alcohol-related dementia could be reversible at least in part [60,61]. The son had no psychosis but demonstrated schizoid and sadistic personality traits: elaborated reasoning including the idea of murder; at a young age he maltreated his grandmother and her cat, apparently with an ethnic motive. The grandmother had married a

person of Jewish descent, which supposedly had a negative impact on the grandson's life. As for S., his motives were juvenile curiosity and immediate perspective of alcohol consumption offered by the accomplice. S. maintained that he had not believed until the end that something serious would happen. However, after his father's death, the accomplice gave him the apartment key. Anticipation thereof could have been a motive.

One of the incentives to report this case were the son's remarks about his present-day father-in-law, a handicapped man living alone in his countryside house: 'I always pour him vodka during our visits. His life has no sense anyway'. It should be mentioned in this connection that in contrast to adolescents, adults who killed a parent are significantly more likely to kill a higher number of victims [62].

Crime against unprotected citizens including alcoholics has become widespread since 1990. Undue pressure and harassment, with assault and battery in some cases, was exerted by property dealers and criminals associated with them, coercing some people to vacate or change their places of residence. The decrease of life expectancy in men after 1990 to 58-59 years due to the deterioration of healthcare and mass poisonings by toxic industrial liquids sold in vodka bottles through legal shops can be seen as patricide on a national scale. It's going on with fratricide in Ukraine nowadays.

For prevention of parricide, it should be devoid of its reputation of an unusual horrific crime, committed by mentally ill individuals. Parricide can have trivial appearance, sometimes hardly realized as such by the victims and social environment [63]. Perpetrators can be mentally healthy or have a personality disorder. Anger, discussed in connection with parricide [51,64], can be absent in perpetrators but present in the victims maltreated by their family members. Healthcare and social workers should take it into account [65]. After the economical reforms in Russia, along with privatization of many apartments and their rise in price, property-related interests have come to the foreground. Hopefully, there is an improvement tendency together with restoration of some public order.

Parricide and geronticide were practiced in the pre-historic time, in primitive and traditional societies. As

mentioned above, the prevalence is relatively high in SSA [40]. These phenomena have been observed in Russian villages and in the Caucasus [66]. The attitude to the elderly in Russian health care institutions is suboptimal even today: middle-aged and elderly men, especially those supposed to be alcohol abusers, are sometimes unwelcome at the state polyclinics. It is known that chronic diseases often remain untreated in RF; for example, arterial hypertension, one of the leading causes of avoidable mortality [67]. In 2008, the difference in life expectancy between men in some West-European countries and RF was ~20 years [68]. This is a strategic advantage: fewer pensions to be paid, less investments into public health. According to official statistics, the life expectancy is increasing; but statistics may be manipulated [69]. It should be mentioned that studies on parricide, elder abuse and neglect have been performed predominantly in more open societies while elsewhere the nuisance can persist without publicity.

Permanent contraception

Sterilization methods in women such as tubal ligation, laparoscopic tubal disruption or hysteroscopic occlusion are generally regarded to be safe [70,71]. Caesarean delivery (CD) is an opportunity to provide permanent contraception without additional trauma [72,73]. Salpingectomy at the time of CD is generally regarded to be safe [74-78]. Cesarean section with tubal sterilization (CSTS) is a reliable method of birth control; it has an advantage of avoiding additional trauma. Although it is possible to perform tubal sterilization immediately after a vaginal delivery via mini-laparotomy, this method is not available in many obstetric institutions around the world. Salpingectomy has been associated with a decreased risk of ovarian cancer, and possibly has a positive impact upon sexuality [77-79]. Apart from the birth control, systematic performance of CSTS could counteract the gender imbalance in some regions. For example, in China, the male-to-female ratio at birth is elevated, being proportional to the age and number of parities [80]. The gender imbalance at birth was reported from some other countries [81].

A correlation was found between an increase in maternal morbimortality and the rise in cesarean birth rates [82-85]. However, obstetric surgery has made progress in improving postsurgical outcomes [86]. In particular, postoperative interventions according to the

concept of enhanced recovery after surgery (prophylactic antibiotics, thromboprophylaxis, maintenance of fluid balance) contribute to improvement of maternal recovery and outcomes [87]. Adoption of enhanced recovery pathways for Cesarean section is increasing; but there remains a paucity of published evidence on improvement of health indicators. Further research is needed to assess potential benefits of the increased frequency of CD and of its technical improvements [88]. In more developed countries, Cesarean section is widely regarded as a safe intervention owing to mastered surgical techniques and improved anesthesia [89]. A part of maternal mortality associated with CD can be secondary to confounders like maternal diseases and age [90]. It is known that Cesarean section is more often performed in older patients with morbidities [91].

Of note, some studies have shown a correlation between CD rates and decreased maternal and neonatal mortality [92-94]. In Brazil, the increasing CD rate in the last three decades has been followed by a significant decrease in maternal mortality; although the causality is not entirely clear [95]. A large-scale ecological study concluded that national CD rates of up to 19 per 100 live births were associated with lower maternal or neonatal mortality among WHO member states [94,95]. With regard to certain maternal complications such as the pelvic floor injury and urinary incontinence, elective CD is protective compared to the vaginal delivery [96-98]. Planned CD led to a significant decrease in chorioamnionitis and urinary incontinence [99]. An advantage of CD is the absence of pain during childbirth [95]. Last but not least important, granted requests for elective CD were associated with a decrease in postpartum depression [100].

CSTS should be considered for women not planning further pregnancies especially in regions where some contraception options are not easily available. The age, attitude of the male partner and other data may be taken into account formulating recommendations for definitive contraceptive methods. Vladimir Putin called the decision to have a child a family matter [101], which can be understood as approval of reproductive coercion by family members, in agreement with his policy of elevating birthrate. It should be stressed that the male partner's consent is

required neither for sterilization nor for elective CD [102]. The patient's autonomy is a cornerstone of modern healthcare. It is the woman's right to choose the vaginal or cesarean delivery route [95,103,104]. Nonetheless, the debate on this topic is going on [105]. This review provides another argument: acceptance of Cesarean section on a maternal request as a human right would facilitate CSTS, which is favorable in view of the global overpopulation. Advice by a medical professional and shared decision-making has the potential of improving willingness to undergo Cesarean section and sterilization in low-income countries [106]. Advising patients, it is important to preserve objectivity, so that all risks of vaginal delivery are explained as well as those of planned CD [105,107].

Cesarean section and CSTS on maternal request must be available also in the absence of contraindications for vaginal delivery. This pertains to RF, where Cesarean section is generally not performed on a maternal request [108]. In the past, certain experts reported that they had performed Cesarean section on maternal request while CD was more frequent when the procedure was paid by patients [109]. Others insist that Cesarean section must be performed only according to clinical indications. The latter stance is prevailing today as the government of RF stimulates fertility, which is unconstructive in view of the global overpopulation.

Worldwide, there is a variation in the CD rates between ~44.3% across Latin America vs. 4.1% in Central and West Africa [92]. In private institutions of Brazil, the Cesarean rates are high, reaching $\geq 80\%$ in the Southeastern region [82]. Around 84% of Cesarean sections in Brazil are performed before the onset of labor, most likely for non-medical reasons [84]. This level should be strived for in overpopulated regions of Asia and Africa. In SSA, the low CD rate has contributed to the relatively high maternal and fetal mortality [110]. Admittedly, CD is more costly than vaginal delivery, and implicates more risks in conditions of limited medical facilities [111]. For that and other reasons, more international cooperation and guidance by most developed nations is needed instead of rivalries and warmongering.

The access to permanent contraception is of particular importance in conditions where women are not sufficiently protected against sexual and reproductive

coercion, which is not always defined as such by victims. Intimate partner violence (IPV) may prevent a woman from naming certain behaviors as coercive [112]. In RF, women are not efficiently protected against IPV [113]. According to some estimates, the prevalence of family violence in RF during last decades has been 45-70 times higher than, for example, in England and France [114].

Some sons of military and other functionaries have enjoyed far-reaching impunity in the Soviet and post-Soviet society, becoming involved in immoral and illegal activities, sexual coercion, etc. High social positions held by perpetrators or their relatives prevented reporting. The contraceptive sabotage, often by negligence under the impact of alcohol, was not uncommon; more references are in [115]. Admittedly, this aspect is largely overshadowed today by migration-related problems. Sexual and reproductive coercion are used for the purpose of migration, to cement a relationship or marriage, to obtain a residence permit and lodging, or to spread a certain genotype with geopolitical motives. According to a monograph published in 2012, ~50% of rapes in Moscow were committed by foreigners; while ethnic non-Russian residents are not counted as foreigners. At that, many crimes remain unreported or unsolved [116]. Analogous data are difficult to find in the recent literature; the topic seems to be avoided these days.

Birth control has been obfuscated in some countries by presumed national interests. The military needs young people. In RF, some professional and popular publications are biased, exaggerating or inventing adverse effects of contraception and abortions. The mass misinformation can be seen as reproductive coercion sanctioned by the state. Sexual and reproductive coercion can lead to unfavorable pregnancy outcomes, sexually transmitted and hereditary diseases, psychiatric and other derangements. Availability of good quality service of permanent contraception is important.

Conclusion

Environmental destruction is proportional to population size. As the number of people increases, so does the demand for resources [117]. Despite declining birth rates, the world's population continues to increase. Effective solutions require a rethinking of certain moral stereotypes and the introduction of a new

principle: No population group, neither locally nor globally, should benefit from the faster growth. Birth control is disapproved in some countries due to perceived national interests. Tensions and conflicts provide motives for high birth rates, as the military needs young people. Avoidable shortening of life can be interpreted as homicide. Birth control, on the other hand, is morally neutral. In light of global overpopulation, large families and fertile population groups should live in less spacious conditions. Acceptance of this principle could form the basis for international understanding and trust. In the past, overpopulation was addressed through wars, epidemics, and famine. Today, we appear to have the last chance to employ humane methods and consciously choose between birth control and increased mortality.

Russian leaders are currently accused of aggression. In fact, they could be paving the way for a new historical era. Should the world become multipolar, armed conflicts of varying scales could become the norm. In some ways, this would be a return to the 20th century, or even earlier times. A constructive alternative would be global leadership concentrated in the developed parts of the world, based on humanism and modern science. Major projects could be realized by a united humanity instead of wars and military expenditures. Wars within Europe testify to the courage of the soldiers and the irresponsibility of some leaders. The winners of such wars are those who remain outside. Apparently, Vladimir Putin is acting in Ukraine and internationally in the interests of certain non-European powers [118]. Hostility toward the West is justified by the alleged "centuries of Western hostility toward Russia" [119]. The Tatar-Mongol yoke (1237-1480), arguably the most effective form of "hostility towards Russia", was not mentioned, even though it is a realistic perspective in view of demographic and economic developments. Ideally, peace should be achieved through negotiations. With regard to the current Russian leadership, this seems to be hardly possible. The kleptocratic, corrupt, bigoted, and mendacious warmongering Putin regime is to blame. Those responsible deserve the death penalty, far more so than their partly like-minded counterparts in Nuremberg, who were engaged in wars and purges but did not commit fratricide and parricide. It seems inevitable that the world's population will decline over the course of this century. How this happens is still

partly in our hands. This condition will not last forever.

Acknowledgement

The section 'Permanent contraception' is partly based on the chapter [120].

Declaration

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