

F O C U S

Risks vs. benefits: Women perform balancing act to protect themselves

By Emma Williams
Staff Writer

In the hopes that they would avoid pregnancy, Greek women harvested and consumed a plant called silphion until it became extinct. Medieval women trusted a plant called pennyroyal to work as an ancient version of the morning-after pill.

It is a widely held misconception that birth control is a strictly modern phenomenon.

But methods available at clinics today are more predictable and effective than their ancient predecessors. Now, even over-the-counter methods boast a pregnancy prevention rate greater than 80 percent.

With the advent of the birth control pill and the intrauterine device in the 1960s, contraception achieved respectability in the medical field.

In the past decade, several new devices have been marketed, including Norplant, Depo-Provera and the contraceptive sponge.

The question of responsibility links ancient and modern birth control. Women have more birth control options than men, who only can choose between condoms or a vasectomy.

"Society and tradition have always said it's a woman's responsibility," said Dr. Takey Crist, head of the Crist Clinic for Women and an assistant professor of obstetrics and gynecology at UNC.

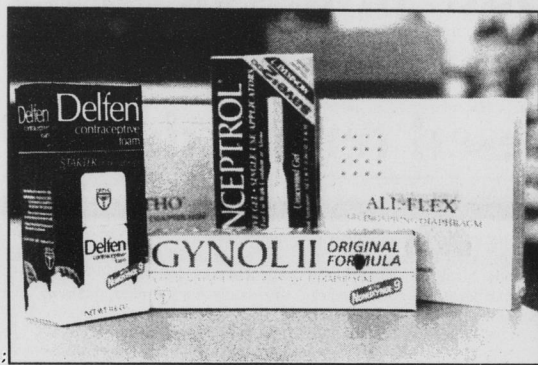
The many options available to modern women can make that responsibility something of a headache. Women have to balance a method's risks against its benefits while considering their own personality.

Age, lifestyle and expense are important factors in deciding on a method of birth control, said Judythe Torrington, a certified nurse employed by the EastTowne OB-GYN & Infertility clinic. "As a provider, we try to match the method to the client," she said.

According to the health manual "Our Bodies, Ourselves," it is important for women to educate themselves about birth control because some health providers might be biased for or against certain methods.

PRESCRIPTION METHODS

Women interested in prescription methods of birth control can choose between the birth control pill, IUD, the diaphragm, Depo-Provera and Norplant. All available through the Student Health Service.



The IUD, a plastic device inserted in the uterus for two to five years, is not recommended for women who plan to have children later because it might cause infertility.

The device's history also works against it. The Dalkon Shield, an IUD marketed in the '70s, caused health problems for many women and was taken off the market. But Crist said Copper-7, a newer type of IUD, was perfectly safe.

The diaphragm, a rubber disc that covers the cervix, was invented in the 19th century and was the most popular method of birth control until the 1960s. At UNC, the diaphragm is most common among married students.

Since the diaphragm does not remain constantly in the woman's body, it does not have any side-effects. But allergies result from some spermicides, over-the-counter products that must be used with the diaphragm.

The diaphragm should be inserted within six hours before sexual intercourse. Women who think inserting the diaphragm would interrupt sex should not use it because they might be tempted to leave it in the drawer.

Since gaining approval from the Federal Drug Administration in 1960, the pill has become the most popular prescription method for women of all ages.

"Paula," a junior at UNC, used the pill for six years and only forgot to take it once. She recently stopped using the pill because she had stopped being sexually active.

"I liked it a lot, and I felt safe using it," Paula said. Paula said she thought one of the reasons the pill was the most popular form of birth control was that it had stood the test of time.

The pill has improved since the 1960s. Pills now have lower doses of estrogen and progesterone than they originally had, which means they have fewer side-effects.

Many people mistakenly think the pill causes cancer or

other dangerous side-effects, Paula said. "I hear a lot of myths."

Light bleeding and nausea are fairly common side-effects, especially during the first three months a woman uses the pill.

Paula's near-perfect record for taking the pill is unusual. Theoretically, the pill is 99.9 percent effective, but in practice, its effectiveness drops to 97 percent, largely because women do not take it as faithfully as they should.

Use of the pill must be habit-forming to be effective, Paula said.

Side-effects also can stop women from using the pill. Frequently, women find that switching pill brands will eliminate the pill's side-effects because different brands contain different amounts of the hormones. Women can consult their doctors about trying different brands.

"There was no pill for me," said "Carol," who experienced headaches, an increased cholesterol level and weight gain even after trying different types of pills.

Four months ago, she decided to try Norplant. The chemical hormones that make Norplant effective are contained in six capsules, each 1.3 inches long, which are inserted under the skin of the woman's arm.

The operation takes 15 minutes, and the effects last five years.

"It was exactly what I needed," Carol said. The operation hurt less than giving blood, she added.

Several side-effects are associated with Norplant. One-third of the women who use it have an irregular menstrual cycle, while another third have no cycle.

Carol experienced light, irregular bleeding during her first weeks after the operation and has had only two separate days of bleeding instead of a regular menstrual cycle since then.

"I don't mind not having my period at all," Carol said. "It's great."

The capsules are usually invisible, but one of Carol's capsules broke while the doctor was inserting it, so it can be seen if she points it out.

"It would be the perfect contraceptive except there's no STD protection," Carol said.

She recommends Norplant only for women involved in mutually monogamous, long-term relationships -- with both partners free from AIDS and sexually transmitted diseases.

"That's the only way it's going to be effective," Carol said. "A lot of people don't want to pay a lot of money when you have to use condoms also."

At \$475.25 for insertion and \$100 for removal, Norplant is cheaper than a five-year supply of birth control pills, but women have to pay for insertion in one sum.

Women who consider Norplant also should be sure they will not want to have children within five years after insertion.

Depo-Provera, an injection that prevents conception for three months, requires less responsibility than the pill but is not as big a commitment as Norplant.

After suffering migraine headaches while using the pill, Kassie McClure became the first person to try Depo-Provera at Student Health. It has been rapidly gaining in popularity since it became available at SHS in February.

"It's really spread by word of mouth more than anything," said McClure, a Contraceptive Health Education Clinic counselor who recommends Depo-Provera to many of the women

she advises.

But the shot is no pinprick. With what McClure described as a "stabbing motion," doctors try to get the needle deep into the patient's skin. The deeper it is, the more effective it will be.

"I can take bruising for one day to be protected from pregnancy for three months," McClure said. "I feel that's a reasonable compensation."

OVER-THE-COUNTER METHODS

Over-the-counter methods are pain-free but less effective than their prescription counterparts.

Spermicides, foams and jellies that are inserted into the vagina kill sperm and protect against sexually transmitted diseases, but they are most effective when used with other methods.

The spermicidal sponge is more effective than foams or jellies used alone. Like the diaphragm, the sponge must be inserted before intercourse, but it can be inserted as soon as 24 hours before intercourse. The sponge is most effective when removed six to eight hours after sexual intercourse.

Jackie Jennings, a registered nurse at Chapel Hill Obstetrics and Gynecology, said she cautioned clients that the sponge was not as effective as prescription methods. But Jennings thinks the sponge is a safe choice if users understand the risks.

All of the health-care professionals interviewed said the pill was the best available choice for most women.

Torrington said couples should use condoms as well as the pill during the first six months of their relationship. Then they both should be tested for AIDS. If the results are negative, they may stop using condoms.

The health-care workers said the federal process of testing



Photo illustrations by Justin Williams

CHOOSING CONTRACEPTIVES

	What it is	How effective	Advantages	Disadvantages	Protects against AIDS?	Protects against STDs?	Who should use	Who shouldn't use	Cost (at SHS)
Condoms	Latex or animal skin sheath placed over penis	70-98%	• no prescription • reversible	• must be used every time • low effectiveness • possible allergies to latex	YES	YES	Those allergic to latex (can use animal skin)		\$3.95 for 12
Spermicide	Foams, jellies, creams, suppositories	80%	• Nonoxynol-9 helps prevent STDs • no prescription	• possible allergies	no stats	YES	Women who use another type of birth control that doesn't protect against STDs		
Sponge	A spermicide-filled sponge inserted in the uterus	82%	• no prescription • lasts 24 hours	• must be replaced after every use	NO	YES	Women who have not had a child		\$12.75 for a box of 12
Diaphragm	Soft rubber cap that fits over cervix	82%	• lasts two years	• can be difficult to insert and remove	NO	YES	Those who use spermicide		\$11.45
The Pill	A hormone pill taken daily	97%	• decreases chance of ovarian cancer and anemia	• possible side effects	NO	NO		Smokers, people with migraine headaches or blood clots	\$8/month
IUD	A small plastic device inserted in uterus	97%	• Lasts 2-5 years (depending on type) • low maintenance	• risk of pelvic inflammatory disease • possible menstrual complications	NO	NO	Women who are through child-bearing	Women who want to have children later	\$227
Depo-Provera	Hormone injection that protects for three months	99.70%	• low maintenance	• maybe irregular period • possible side effects	NO	NO	Women who can't use oral contraceptives		\$36.80 per shot
Norplant	Six capsules inserted in the arm that gradually release hormones	99.97%	• few side effects • lasts five years • low maintenance	• 60 percent have irregular period or no period • possible side effects	NO	NO	Women who can't use estrogen contraceptives	Women who weigh more than 154 lbs., women with blood clots	\$475.25 to insert, \$100 to remove

DTH Graphic/Justin Scheel

birth control methods ensured that all available methods were safe.

FUTURE CHOICES

In the future, more options may be available.

Torrington said the current political climate would advance contraceptive research. The administrations of Presidents Ronald Reagan and George Bush placed little emphasis on women's health issues, except to discourage abortion and encourage abstinence.

"Now we have an administration that's very pro-choice and very pro-woman," Torrington said. "I think we'll see changes."

Crist agreed. "I think before the year is out, you will see some hospitals doing some of the work on RU-486." RU-486, a pill available in several European countries, induces abortion if taken within the first seven weeks of pregnancy.

Other promising ideas in development include a female

condom, a "sperm vaccine" and methods of reversible sterilization.

"I think reversible sterilization methods are the most promising," Torrington said, noting that they could protect for an indefinite length of time without any chemically induced side-effects.

Crist said that in the distant future all female children might be vaccinated against sperm until they were financially and emotionally ready to have children. "It sounds a little '1984'-ish, but I don't know any other way to get people to be responsible."

New methods can take decades to receive government approval.

Until then, doctor and nurses agree that sex education is the most effective weapon against unwanted pregnancy.

Crist said, "When people are given frank, honest information, they accept responsibility."

Condom remains only reversible birth control available to men for 300 years

By LeAnn Spradling
Staff Writer

Norplant, IUD, the pill, sponges, foams ... and condoms.

"Unfortunately, condoms combined with spermicides are the only form of contraception available to a male," said Cynthia Carsten, a counselor at the Contraceptive Health Education Clinic of the Student Health Service.

Invented in the 1560s by Dr. Gabriele Fallopius, condoms first were made of linen, then of sheep intestines. Today's condoms are made from animal intestines or from latex and remain the most reliable and reversible form of contraception for men.

"One of the big benefits of condoms is that you don't have to have a prescription," said Karen Bly, assistant director of the Planned Parenthood in Chapel Hill. "You can just go to a drugstore or Planned Parenthood, and a lot of other places are starting to sell them now. And you can get them without any kind of exam."

"Even when women are on another form of birth control such as Norplant or the pill, we still recommend using a condom for disease protection."

Opinions vary on how effective condoms are. Condoms used correctly could be as much as 90 percent effective at preventing pregnancy, Bly said.

"Theoretically, the condom combined with spermicide is 98 percent effective," Carsten said. "In actual use, it's about 85 percent effective. Condoms break, people keep them in their backpacks and they deteriorate, and so on."

Bly said a number of steps could be taken to increase the condom's effectiveness.

The condom user should unroll it all the way down the penis, smoothing the air bubbles out at the bottom. If the condom doesn't have a reservoir tip, about one-half inch of space should be left at the top.

Condoms tend to deteriorate with age and should be used within one year of the manufacturer's date on the box. The user should inspect the condom for any breaks or tears.

"Avoid long fingernails," Bly said, explaining that handling condoms roughly can tear them.

Heat also weakens condoms. "They should stay in a normal room temperature and not get exposed to heat like in a wallet or in the glove compartment of a car," she said.

Bly recommended using condoms with a water-based lubricant because oil-based lubricants such as cooking oil or Vaseline can break down the latex material of condoms.

Condoms can be purchased already lubricated with spermicide, or spermicide can be purchased separately. A very small percentage of people are allergic to spermicides or to latex.

"You can use spermicides that are odor-free. A lot of people are just allergic to the scents used in spermicides," Bly said. Those allergic to latex can use animal-skin condoms.

"Latex is recommended over animal skin because animal skin condoms have microscopic pores that viruses can get through, and they are also more expensive."

Bly added that although animal skin condoms were less effective at preventing disease than latex ones, they were just as effective at preventing pregnancy.

Some condom users complain about lack of spontaneity or lack of sensation. Bly recommended experimenting with different brands of condoms to find a comfortable one. A drop of lubricant or spermicide placed inside the condom can increase sensation, Bly said.

Despite more than 300 years of intermittent

experimentation since Fallopius' 1560 invention, no other effective method of birth control for men has been developed.

Research is being done on a male contraceptive pill that would release testosterone into the body, said Stephen Shaben, an assistant professor of clinical urology at UNC Hospitals and a private practitioner in Chapel Hill. But developing a male contraceptive pill is complicated by physiology.

"The testosterone preparations are metabolized in the liver. You can get side-effects of liver dysfunction and passive-aggressive behavior," Shaben said. "It's sort of like shooting yourself up with anabolic steroids. In my opinion, it's still a pretty poor form of contraception. There are more risks than benefits."

"It's not something that's going to happen in the next year or two. If we got more dollars and more top-notch people interested in this research, we might get somewhere."

Shaben attributed the small number of contraceptives for men to physical differences between men and women.

Women's reproductive systems work on a monthly cycle, while men's systems continually produce sperm. Stopping one egg cell per month

is easier than halting the daily production of sperm cells, Shaben said.

"With the (men's) pill, you take a process that works on a daily basis and try to freeze it and hope to hell you can unfreeze it," Shaben said. "Basically, you temporarily shut down the testicles. It's been fraught with worries about whether it's truly reversible."

Pamela Conover, a UNC political science professor who also teaches women's studies classes, said societal factors also contributed to the lack of research in contraceptives for men.

"Despite the '60s and the intervening years, (people think) that men should have more sexual freedom," Conover said. "As long as women can be convinced to be the ones responsible for contraception, there's not much incentive to research male contraception."

Shaben agreed that society and gender roles inhibited research into male contraception. "It doesn't seem that anyone is pushing for money for male contraceptive development. I think that men have been too chicken to deal with it and have just let women worry about it."

"I think if someone would come up with a reasonably safe pill so men don't have to worry about becoming sterile, they would use it."