

MAIL TODAY

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Unwanted pregnancies are the bane of many people's lives and the search for the ideal contraceptive is still on. Here we provide you an update on the newer and improved versions of popular contraceptives and also a glimpse of methods in the offing

BELIEVE IT or not, contraception is still a woman's prerogative. While men call the shots in most other areas of life, it turns out that women are still saddled with the business of birth control. Even though the discovery of the pill in the '60's did empower women and allow them a sexual freedom they otherwise lacked, today many are still searching for more suitable ways to keep pregnancies at bay. The changing social landscape in which both men and women are becoming sexually active earlier in their lives, (often with multiple partners) combined with the threat of sexually transmitted diseases including HIV, has made safe and effective contraception even more crucial.

YOUR RELATIONSHIP IMPACTS CHOICE

YOUR choice of contraceptive depends upon the nature of your relationship with your partner, your sexual and family history and your current health status. Many women are involved with men who will not co-operate with contraception. For them, methods that require no planning, preparation or male co-operation include birth control pills, the IUD, Depo Provera injection and tubal ligation. Methods such as condoms and diaphragms are more appropriate for women whose partners are active participants in contraception and require commitment from users.

MANY OPTIONS

VIEWING birth control objectively is hard. Doctors tend to push methods they prefer and play down others. The pill is still the most popular method because it is easy to manipulate, and requires the least effort. Other methods require more education about the body and more active participation. Many barrier methods such as the diaphragm and condoms are not advised because too many "failures" are seen. It is important to distinguish the failure of a birth control method itself and the failure of a woman to use it properly. For the ideal user, barrier methods and even the outdated "fertility awareness" method can be 95-98 percent effective.

Research shows that traditional birth control methods are still popular among Indian women, with the withdrawal

method and abstinence still ruling! Despite their high rate of effectiveness and the protection offered against sexually transmitted diseases, condoms are still not the contraceptive of choice. While the female condom was launched three years ago in India, it isn't popular. "It just came and went," says Dr Anuradha Kapoor, consultant gynaecologist, Max Healthcare. Lack of availability and its bulky shape were barriers. "It was unpopular with women as it made the entire experience of sex tedious," says Dr Asha Sharma, HOD, gynaecology, Rockland hospital. Withdrawal before ejaculation or the "pull

out" method has always been considered "cheating", or a last resort. Till now the withdrawal method has received plenty of flak. But last month a paper on this in *Contraception magazine* based on an analysis of studies, has pronounced withdrawal "Almost as effective as the male condom—at least when it comes to pregnancy protection." This is good news for the millions of couples who practice withdrawal, albeit sheepishly. The authors say that if the male partner withdraws before ejaculation every time a couple has vaginal intercourse, about 4 percent of couples will be pregnant over the course

of the year. For condoms, used right, the rate is about 2 percent. Typical use of the withdrawal method leads to pregnancy 18 percent of the time, whereas the figure for typical use of condoms is 17 percent. The biggest drawback of withdrawal, however, is that it offers no protection against sexual diseases.

To choose the birth control method best suited to you, you need to decide what your needs are and also how much responsibility you want to assume over your fertility. Some women don't want to be bothered with getting familiar with their own bodies, so knowing how to determine their "fertile" times by checking their body temperature or cervical mucus doesn't interest them,

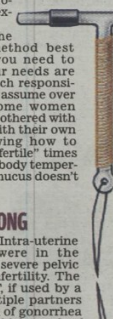
STRINGING ALONG

A DECADE ago, Intra-uterine devices (IUDs) were in the news for causing severe pelvic infections and infertility. The famous Copper T, if used by a woman with multiple partners increases the risk of gonorrhoea and chlamydia, which can lead to infections of the pelvis and even infertility. "Bacteria climb up the thread of the IUD and infect the uterus, ovaries and fallopian tubes, where eggs are fertilised. If untreated, infection can lead to tissue scarring, pelvic inflammatory disease and infertility," says Dr Sharma.

Many women swear by the IUD saying it is both a convenient and reliable form of contraception, as long as they keep a check on the string. The good news is that newer IUDs are safer and more

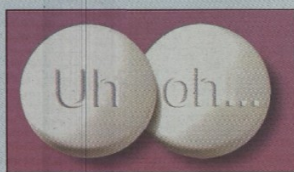
technologically advanced. The latest one is a third generation IUD called *Mirena*, which is a better version of the existing Copper T or Multiload. *Mirena* is more effective as it is a medicated IUD containing a kind of progesterone hormone (Levonorgestrel), which is directly delivered to the uterus. It also helps prevent infections associated with the Copper T by thickening the mucus that covers the cervix, thus plugging the opening to the uterus and preventing micro-organisms from entering. It also thins out the uterine lining making the implantation of eggs difficult. The hormone released impairs sperm motility and viability, thus preventing fertilisation. This type of IUD can be used for five to seven years. *Mirena* is long-acting, safe and effective in preventing heavy bleeding and reducing cramps.

The device should be inserted only by a doctor or qualified health professional, ideally one should be tested for existing infections before insertion. **Success rate:** 96 - 98 % **Convenience:** Once inserted can be forgotten about for the next five to seven years. **Availability:** At all pharmacies. **Cost:** *Mirena* - around Rs 8500; Copper T - Rs 300 - Rs 400. **Best for:** Spacing the birth of children, usually after the birth of the first child or even after a woman has had her family. Not advised for women with multiple partners as it increases risk of pelvic infections.



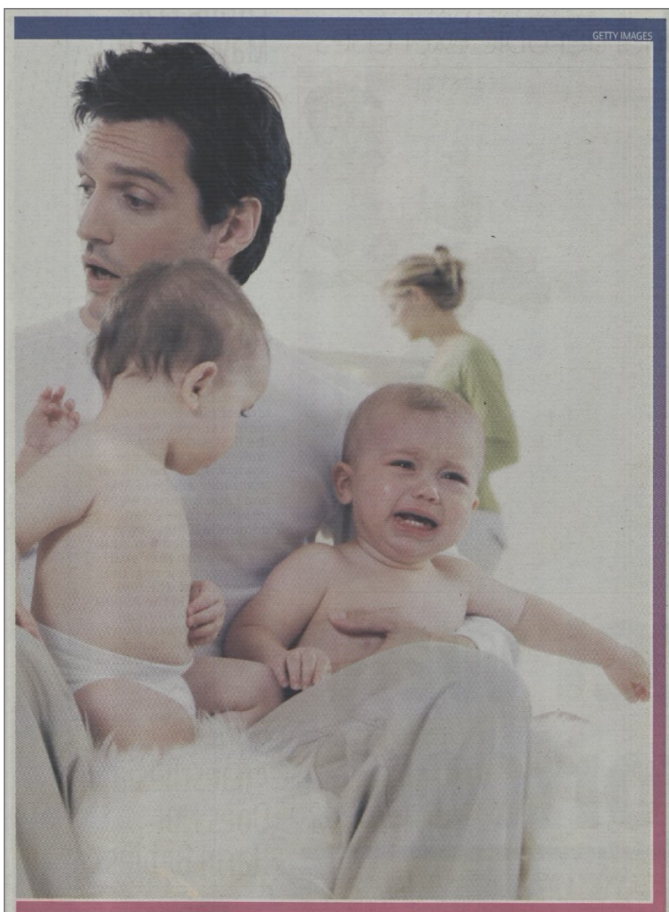
DAMAGE CONTROL

Emergency contraceptives (ECs) hit the Indian market three years ago, giving the young and impulsive a reason to rejoice. Intended just as a "disaster recovery method", to be used only after an episode of unprotected sex, the I-pill and Unwanted 72 - are now available in the Indian market. While gynaecologists stress on the judicious use of ECs (once in six months only) to avoid health complications, misuse is rampant. "A number of unmarried and newlywed women pop the I-pill many times a month and then land up at my office with complications," says Dr Kapoor. "Though doctors say it is effective for up to 72 hours after unprotected sex, its efficacy drops to 60 %," says Dr Sharma. "48 hours is long enough for implantation to have occurred, and the pill can't prevent pregnancy. This can lead to an ectopic pregnancy which can be fatal," adds Dr Kapoor. The commonest problem is a delayed menstrual cycle, which increases the risk of an unwanted pregnancy. "In some cases, women suffer from withdrawal bleeding or even mild spotting which they mistake for their period. This can be misleading because women come to know of their



pregnancy in the advance stages," says Dr Gour. **Success rate:** 85 % if taken within 24 hours of unprotected sex; 60 - 65 % if taken within 48 hours; After 72 hours it is not effective. **On the rare occasion that implantation has already occurred this method is of no use.** **Convenience:** High **Availability:** OTC drug available at pharmacies. **Popularity:** High especially among unmarried girls. **Cost:** Around Rs 90 a pack

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PILL FOR EVERY WOMAN

THE winner of the contraceptive popularity contest for Indian women is the Oral contraceptive (OC) pill. While this has been around for four decades now, it has come a long way since its inception. Earlier women using birth control pills risked the health effects of perilously high doses of hormones. But new formulations are safer. "Earlier pills had almost one-and-a-half times the dosage of estrogen than the present day varieties. This is responsible for most of the side-effects and is now down to .01 mg," says Dr Shivani Sachdev Gour, infertility specialist and gynaecologist, Phoenix hospital. Reduced side effects and safety are the benefits.

New age OC pills are much more customised to their user. A woman prone to excessive hair growth and acne may not be able to use a certain formulation, while another prone to gaining weight may have to choose a different one. "Whatever the issue, a woman can switch to another pill as there are about six to eight different kinds to choose from," says Gour.

Contraception aside, the pill is believed to have several health benefits. They help alleviate problems with heavy bleeding, pre-menstrual syndrome (PMS), severe menstrual cramps, endometriosis and even pelvic inflammatory disease. Though the oral contraceptive is associated with an increased risk of cervical cancer, studies have shown that women on the pill have a lower risk of developing ovarian and endometrial cancers.



Any woman keen to go on the pill must undergo a medical examination to ascertain whether it is the right choice. Those who have been on the pill for many years should have regular Pap Smears to check for cervical cancer. Women who smoke or are at any risk for developing heart problems and should avoid hormonal methods of birth control.

Success rate: Almost 99%
Convenience: High; only you have to remember to pop it daily.
Availability: At all pharmacies, as OTC drugs.
Cost: Between Rs 25 - Rs 100
Best for: Women of all ages

INFUSION CONFUSION

WHEN the injectable contraceptive, Depo Provera hit Indian markets in the mid 90's, it was rejected by the Feminist lobby, who felt it took away control from a woman. A once in three month progesterin injection, Depo is ideal for women who don't want to bother with the daily pill. "Progestin shots are as effective as the pill, but they have more side-effects, such as weight gain, moodiness, water retention, depression and spotting. Sometimes even after stopping the injectable, there is a delayed return of fertility," says Dr Gour. But advantages do exist. "It can be used by lactating mothers, as it doesn't interfere with the production of milk like some other contraceptives," says Dr Sharma.

About to hit the Indian markets in about a year is the Depo-subQ Provera 104. This formulation is injected into the skin instead of the muscle, which improves absorption and reduces side-effects.

Another new development is the Cyno implant. This contraceptive is a hormone releasing rod which can be implanted anywhere in the body and is being used in China, Indonesia, Syria, Kenya and other countries and to be introduced in India soon.

Success rate: Almost 100%
Convenience: High: Once in three month injection.
Availability: Government hospitals and pharmacies
Best for: Women of all ages
Cost: Around Rs 200 per shot
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