The Pill

The myths, the politics and the consequences

By Jane Bennett

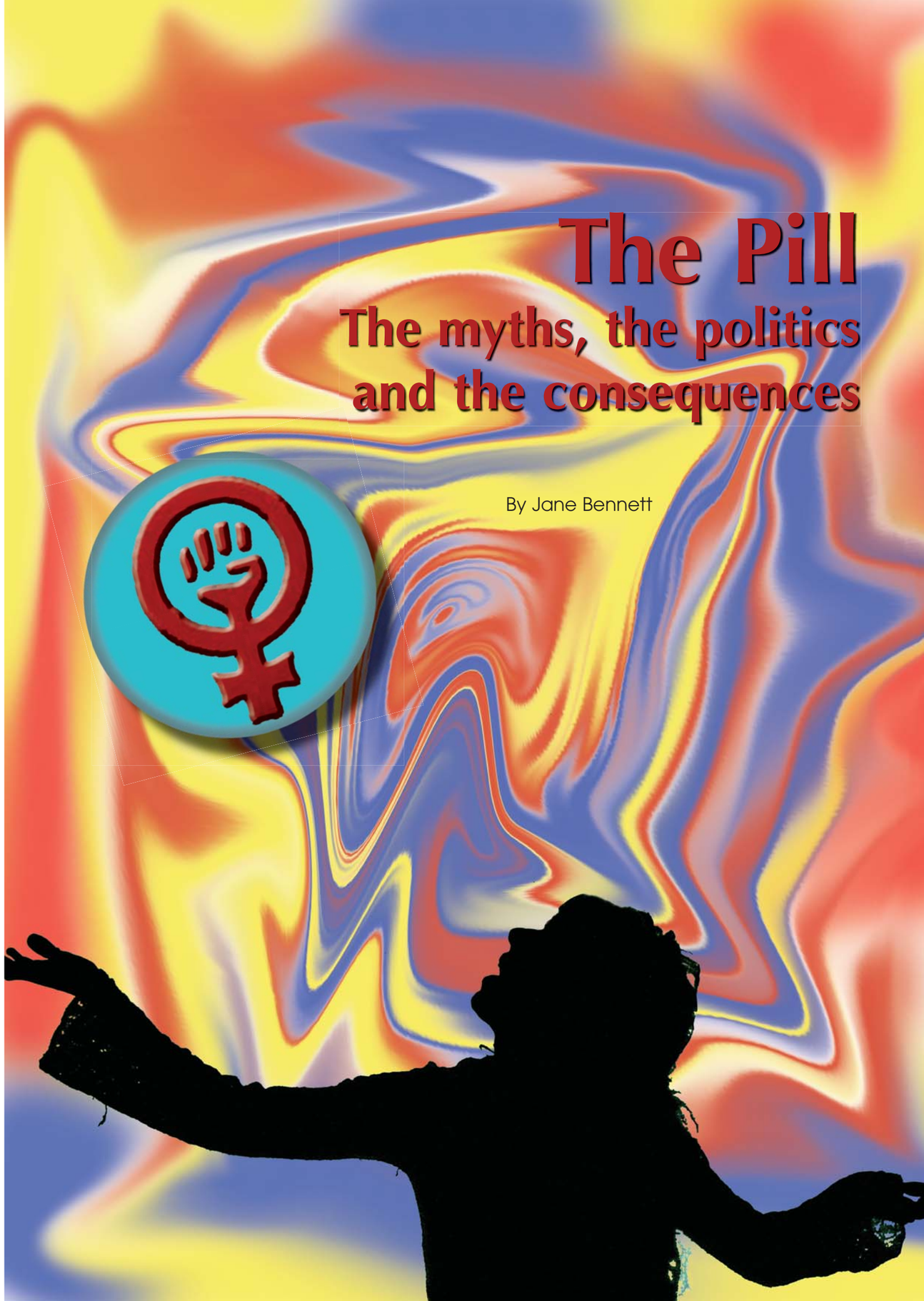

Photo of woman by Lucy Foster

The Oral Contraceptive Pill is currently taken by hundreds of millions of women worldwide; 1.1 million of those, Australian women. In fact, the Pill is so closely associated with contraception these days that 'the Pill' is often assumed as a synonym for contraception. It's heralded as the great liberator — but at what cost?

Since 1960 when the first oral contraceptive pill, *Enovid*, was approved for sale by the US Food and Drug Administration the hopes, the power and the controversies of the Pill have often reached mythic proportions. Let's have a look at some of these.

Myth #1: *The advent of the Pill in the 1960s heralded real liberation for women from the shackles of unwanted pregnancy and childrearing.*

By the time the first oral contraceptive pill was made available, middle class, educated, married women of the Western world were already managing their fertility reasonably well with the improved mechanical methods already available. We were no longer having large families of twelve or thirteen children — unless we wanted to. Due to the social mores of the time information about, and access to, contraception was largely only available to married women.

Following the back-home-to-have-babies fifties after the end of the Second World War, the sixties (and seventies) saw the powerful push of women's liberation on all fronts: in work, in education, in law, in relationships, in control over, and information about, our own bodies, and in availability of contraception. That the Pill has become the symbol of all this has vastly simplified and diminished this complex and revolutionary social movement.

Although the development of oral contraception was driven and funded by grave concern about overpopulation, especially of the burgeoning populations of the Third World (the Nobel Laureate Frederick Robbins, speaking about oral contraception, told an audience at a meeting of the American Association of Medical Colleges, 'The dangers of overpopulation are so great that we may have to use certain techniques of conception control that may entail considerable risk to the individual woman.'), the vast commercial potential of the Pill was noted, and heavily promoted to doctors and women alike.

The promise of a 'magic pill' and greater 'convenience' was irresistible for millions of Western women who remain the population most likely to be on the Pill. It was promoted in the 1960s as the way a progressive 'modern' woman would manage her fertility.

Exposing modern misrepresentations of the Pill, a recent study for the Inspector General's Office of the US Department of Health and Human Services, disclosed that more than 70% of oral contraceptive advertising to doctors is 'misleading or unbalanced' — making contraceptives the most 'deceptively advertised' category of prescription drug, with antibiotics in second place.

Myth #2: *The Pill remains the most effective form of contraception available, and the only real choice for women wanting to manage their fertility responsibly. (For brevity's sake we can include here other forms of synthetic hormonal contraception like injectables and implants.)*

Although many women take the Pill so as to be free of concern about pregnancy, no form of contraception is, of course, 100% effective. Generally the statistics for the Pill quote 98% effectiveness (96% for the mini-pill). This means that of one hundred women on the Pill for twelve months, two are expected to get pregnant. These are the theoretical rates and many factors reduce this effectiveness in the real world.

- A recent study, published in the journal *Human Reproduction*, found that a surprisingly high proportion of women become pregnant while using contraception, including the Pill, either through utilising them incorrectly or the methods being inappropriate for their lifestyle.
- A recent study in *Obstetrics and Gynaecology* of women aged 18 to 39 who weigh 70 kg or more shows that they are 60% more likely to have their birth-control pills fail, especially if they are on a low-oestrogen variety. And since the average weight of Australian women is 66.6 kg, the Australian Bureau of Statistics National Health Survey 2001 shows many women aren't far off that mark. Dr Victoria Holt, a professor of epidemiology says, 'Women who weigh more have a faster metabolic rate which means they need higher levels of hormones to prevent pregnancy. Another possibility is that birth-control pills, which are fat soluble, stay in the woman's fat stores, so they are not where they need to be — in the bloodstream — in order to work.'
- A recent study at the MetroHealth Centre in Cleveland Ohio found that of 175 adolescent girls taking oral contraceptives over an eighteen-month period 10% became pregnant.
- In 1996 in NSW of the total (known) abortions performed 23% of the women seeking abortion reported the Pill as the form of contraception they were using at the time of conception.

The effectiveness rate for typical use of the Pill (ie how it's used in real life) is around 94%. A number of other forms of contraception (non-chemical) are equally effective.

Perhaps more important than relative effectiveness rates is understanding the characteristics of different methods of contraception, being well-informed as to how to use them properly, practising open communication and mutual responsibility for contraception in a relationship, and making informed choices according to lifestyle, age and stage of life and health.

Myth #3: *The Pill is convenient and doesn't interfere with the spontaneity of sexual expression.*

The convenience of simply taking a little pill every day to manage fertility is for many women the Pill's most attractive feature. However, chemical methods of contraception profoundly disturb our biochemistry, our physiology and brain

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chemistry, as well as our menstrual cycle, so that this apparent convenience comes with considerable cost that must be paid for in compromised health, sexuality and, often, fertility later on.

The interplay of sex hormones naturally occurring throughout the menstrual cycle has a complex and intimate relationship with all organs and bodily functions. Peer-reviewed literature of health professionals and researchers continues to reveal complex associations of oestrogen, progesterone, testosterone, androstenedione, and DHEA(S) that play significant roles in maintaining the cascade of physiological events that promote healthy bone metabolism, nutritional uptake, sexual interest and response, and cardiovascular function, as well as adequate sleep and energy cycles, and so on.

It is interesting to note how powerful sex hormones are and how little is needed for healthy human functioning. Hormones are generally measured in parts per trillion, and in order to collect a teaspoon of oestradiol, the most prolific oestrogen in women's bodies, we would need to distil the blood of 250,000 women of childbearing age (not on the Pill).

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Amongst other effects of the Pill on health and sexuality some common impacts are:

- depression (For instance: a study by The Royal Alfred Hospital, Melbourne, published in February 2005, found that women taking oral contraceptive pills are almost twice as likely to be depressed than those not on the Pill. A British study found that of female suicides a significantly higher proportion were on the Pill than the general population, of comparable age.)
- weight gain
- nausea
- loss of libido (For instance: a recent American study by Dr Claudia Panzer, an endocrinologist in Denver, Colorado and published in the *Journal of Sexual Medicine* found that a chemical produced by the Pill to stop ovulation continues to suppress testosterone levels — central to desire in men and women — for up to a year after women stop taking it. In this seven-year study women on the Pill were found to have four times the level of sex-hormone binding globulin (SHBG), which stops testosterone from circulating in the body, as those who had never taken the Pill. Twelve months after ceasing use of the Pill women had twice as much of the chemical in their bodies as those who had never used oral contraception.)
- headaches and migraine.

Many other studies illustrate the intricate relationship of our natural hormonal cycles and the impact of disturbing them. For instance, a study from the University of Bern in Switzerland found that being on the Pill changes a woman's sense of smell and that this has a direct relationship with whom she will choose as a partner. If they have a child at a later date this undermines the relative strength of that child's immune system.

Further to these health concerns, to use the Pill most effectively there are many conditions under which effectiveness will be compromised, and other contraception must be used. For instance, when using certain drugs, when missing a Pill or taking it outside a certain time frame and when a woman has diarrhoea or other gastric problems. Also, when a woman is not in a steady relationship, and she would like to avoid contracting sexually transmitted diseases, her partner will need to use a condom to be sure to prevent infection (which is contraceptive anyway).

If a woman wishes to responsibly balance contraindications, the nutritional disturbances and monitor the various side-effects of the Pill, if this is even possible to do adequately, she will find the convenience of the Pill further, and rather radically, undermined. (An excellent reference for lists of contraindications, known side effects and specific nutritional disturbances of the Pill is Francesca Naish's book *Natural Fertility*.)

Curiously and alarmingly, Professor John Guillebaud, a noted English expert on family planning, expressed an all too common medical prejudice, when he wrote in 1995:

'Although not risk-free, the Pill's benefits far outweigh its risks. Another way of saying this is that the Pill is safe but some women are dangerous.' (*Vive la femme dangereux!)*

More than 70% of oral contraceptive advertising to doctors is 'misleading or unbalanced' – making contraceptives the most 'deceptively advertised' category of prescription drug.

Undoubtedly, effective contraception is of fundamental concern for heterosexual women, and their partners, and impacts profoundly on their capacity to enjoy and explore sexuality. The Pill has attracted, by accident or design, certain mythic qualities, which vastly overrate its real capacities, and highlights our tendency to pursue 'convenience' without understanding at what expense this is bought.

It behoves us to seek accurate information about all available contraception (admittedly sometimes hard to come by) and decide which method(s) to use after carefully considering our current needs, our health, our relationship and our lifestyle. When impacting something as important as our fertility, our sexuality and our relationships some deep and soulful consideration honours more realistically this complex and unfolding area of our life. Through conscious and ongoing choice we allay unbidden complications bursting through the veil of convenience later on. Within this framework of truly informed choice, the Pill can more realistically take its place amongst other chemical, mechanical, and natural methods of contraception available.

***Jane Bennett**, B.SocWk., Dip.C.H., Dip. Astrol, is the author of, **A Blessing Not a Curse — a mother-daughter guidebook about menarche, menstruation and the menstrual cycle** (2002) and co-author, with Francesca Naish, of **The Natural Fertility Management Conception Kit** and **The Natural Fertility Management Contraception Kit** (2004). Jane has worked with Natural Fertility Management Pty Ltd since 1990 and during that time has developed a special interest in menarche and the menstrual cycle and committed herself to facilitating the transformation of inherited views of embarrassment and shame around menstruation into those that are positive and empowering.*

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Menstrual Suppression

By Jane Bennett

The elimination of periods — called menstrual suppression — is an objective the pharmaceutical industry has been chasing for several years. Late in 2003, Barr Laboratories in the US released *Seasonale* as the first extended-cycle contraceptive pill, with the slogan 'Fewer periods. More possibilities'. Unlike traditional oral contraceptives, which a woman takes for 21 days, followed by seven days of placebo pills, *Seasonale* is taken for 84 consecutive days, followed by seven days of placebos, which gives a woman four periods (withdrawal bleeds) a year instead of the usual 12 or 13.

Despite widely reported side effects, including irregular bleeding, *Seasonale* has quickly emerged as a popular option in the US. Last year alone, Barr recorded *Seasonale* sales of US$87 million.

This year a new oral contraceptive called *Anya*, developed to 'put women in control of when or if they want to menstruate', is expected to hit the Canadian and US markets. *Anya* is the first pill designed to be taken 365 days a year, without placebos (the hormone-free sugar pills taken at the end of every 28-day cycle).

About menstrual suppression the experts — doctors, feminists, bioethicists and women themselves — are bitterly divided. On the one hand, advocates say, it's all about providing women with choices and giving them control. We've already been manipulating Mother Nature for decades, so why stop now? But detractors say menstrual suppression is a reckless and profit-driven enterprise, or, as one women's health expert calls it, 'the largest uncontrolled experiment in the history of medical science, hands down'.

Dr. Jerilynn Prior, an endocrinologist and the scientific director of the Centre for Menstrual Cycle and Ovulation Research at the University of British Columbia has commented, 'Menstruation, this amazingly intricate, carefully crafted cycle, is a vital sign of our health…to wantonly disrupt it is a horrifying thought. The continuous-use pill is just a way for pharmaceutical companies to revive flagging products — to find fresh ways to market them by giving them a new face and a new name.'

Geraldine Matus, a holistic reproductive health care practitioner from Edmonton, Canada, adds, 'From a cultural perspective, I think it's misogynistic. Women's bodies are a marvellous thing to commodify. We have all sorts of processes that can be turned into diseases and disease models: pregnancy, nursing, menstruation and menopause. I could make the same argument about men and ejaculation. I could say, "Men don't need to ejaculate. It's messy; it means a loss of essential nutrients; it's embarrassing when you have a wet dream. So take a pill to suppress it." But that would change everything about how a man works. That's how ridiculous this is.' And perhaps the bottom line is, such a pill wouldn't sell and therefore wouldn't be researched and developed.

Women's conflicted feelings about menstruation (the mess, the fuss, the pain) are stoked by centuries, if not millennia, of superstitious rhetoric that has, in many ways, reinforced the perception of women as the 'weaker' sex, and caused women to despise their own cycles. (Feminist writers have also largely ignored the issue of menstruation, not wanting to draw attention to what they also accepted, without question, was a weakness.)

Studies from UK and US researchers have turned up with rather enlightening findings on this subject. When symptoms generally attributed to women and the menstrual cycle — mood swings, depression, energy fluctuations, food cravings, headaches, mental confusion, bloating etc. — were recorded over monthly time-periods, by men and women, (and eliminating sex-specific symptoms like breast tenderness) it was found that the men reported these at least as often as the women. Strong variations occurred between individuals but not between the sexes overall.

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We need to make a clear separation between menstruation and menstrual problems. Menstrual problems and hormonal imbalance can be mildly to severely debilitating but eminently treatable (with natural therapies and lifestyle), and once treated reveal a natural healthy menstrual cycle that, for many women, is a profoundly satisfying and soulful experience of their femininity and sexuality.

Understanding cyclic changes, and working with them in a positive way is not only healthier for women but also enriches their relationships — the more we understand about how our fertility works the more amazing the whole process and design can appear to us, and the more the Pill, and all its relatives, becomes counter intuitive.