

CURRENT MEDICAL RESEARCH

SUPPLEMENT

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DIOCESAN ACTIVITY REPORT

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CONTRACEPTIVE TECHNOLOGY AND USE

Sangi-Haghpeykar, H. et al. **Consistency of Condom Use Among Users of Injectable Contraceptives.** *Family Planning Perspectives* 29 (March/April 1997):67-69;75.

This paper was written from Baylor College of Medicine in Houston, Department of Obstetrics and Gynecology and by the Director of Medical Services for Planned Parenthood of Houston. It is the first prospective study of condom use by women who had received Depomedroxyprogesterone acetate (DMPA) as a contraceptive. Nearly half of the women who had used condoms prior to receiving DMPA continued to use them. Only 18% of all women in the study used condoms consistently while relying on DMPA. In this sub-group being black, unmarried, with a history of STD infection, previous use of condoms, and wishing no further children were all pre-disposing factors to further condom use. Of the 536 women who agreed to participate in the study, 463 completed a questionnaire at three months after injection; 285 six months later; and 195 at the third- or nine-month injection. Only 144 (27%) of the origi-

nal set survived the selection process. The authors conclude that the majority of users of injectibles may not be protected from exposure to HIV and other STDs.

Svare, E.I. et al. **Determinants for Contraceptive Use in Young, Single, Danish Women from the General Population.** *Contraception* 55 (May, 1997):287-294.

In Denmark "Contraception is accepted as a natural part of responsible adult life. Education about sexuality, including how to avoid STDs and unintended pregnancies, is obligatory in primary school." Thus the recent shift to preferring condoms by over 5,000 non-pregnant women aged 20-29 years was surprising to the investigators. Seventy-two percent (72%) of the women had never been pregnant; 32% had an STD in the past, and 22% a legal abortion. Condoms were the most frequently used method (60%), oral contraceptives were 33%, while 32% of women who used OCs or IUDs reported additional condom use. Despite readily available contraceptives, the abortion rate prior to the twelfth week of pregnancy is 14.3/1000 women, higher than other European countries with legal abortion. Abortion is highest among women in their 20s and the rate is highest among women in the capital. Seventy-five percent (75%) of

subjects had used contraception at first intercourse — 62% condom, 13% OCs. Only 24% had less than 4 lifetime partners, while 31% had 5-9, and the rest reported up to 15. Fifty percent (50%) of the women were current smokers, 7% ex-smokers. The authors advocate promotion of double contraception, that is, male and female, as a way of increasing contraceptive effectiveness. [See below.]

Wielandt, H. & Knudsen, L.B. **Birth Control: Some Experiences from Denmark.** *Contraception* 55 (May, 1997):301-306.

Abortion up to the 12th week of pregnancy, and sterilization of males and females over the age of 25 in hospital, for no reason other than personal request, have been legal in Denmark since 1973 along with mandatory sexual education in the primary schools. When the law was enacted, the majority of women who applied for abortions had at least two children while today, nearly 50% have never had a live birth, and are using abortion to delay starting a family. The teenage birth rate is now 30/1000 while the abortion rate is 20/1000 with the median age of first intercourse at age 17 for the girls. The authors attribute this low birth rate to assiduous use of contraception beginning at first intercourse. The authors conclude that those children who are born are

planned for and wanted, and consider this an indication of a highly successful program.

Bahamondes, L. et al. **Return of Fertility After Discontinuation of the Once-a-Month Injectable Contraceptive Cyclofem.** *Contraception* 55 (May, 1997):307-310.

The UNDP/UNFPA/WHO/World Bank Special Programme of Research in Human Reproduction [WHO/HRP] tested cyclofem, a monthly injectable contraceptive containing 5 mg estradiol cypionate and 25 mg medroxyprogesterone acetate in Latin America — Brazil, Chile, Colombia, and Peru. The addition of estrogen was intended to cut down on the patternless bleeding of depoprovera alone. Among the 70 women in the study who then return to fertility after discontinuation it was 1.4% at the end of the first month and reached 82.9% at the end of one year. More than 50% were pregnant at 6 months; 94.4% of the pregnancies ended in a live birth. There were two spontaneous first trimester abortions and one hydatidiform mole. Return to fertility was not related to the woman's age, weight, or the number of injections. The paper does not report the quality of the menstrual cycles during or after drug use.

Lindberg, L.D. et al. **Young Men's Experience with Condom Breakage.** *Family Planning Perspectives* 29 (May/June 1997):128-131 & 140.

A nationally representative sample of 17-22 year old males showed that 23% of those using condoms experienced at least one condom break during the previous

12 months. Of all condoms used, 2.5% broke. Increasing experience reduced the likelihood of breakage; recent sex education was associated with an almost 80% decrease in the risk of breakage among young men who used condoms infrequently. Males who had ever had an STD, or whose partner had been infected were almost three times likely as the others to have experienced breakage. Males from households with less than \$60,000 annual income were two to three times more likely to have broken a condom. [*The article does not discuss slippage nor does it report pregnancies or STD details. Moreover, a preference for extra strong condoms was positively associated with the risk of condom breakage — a counterintuitive finding.* Ed.]



STERILIZATION

Peterson, H.B. et al. **The Risk of Ectopic Pregnancy after Tubal Sterilization.** *New England Journal of Medicine* 336 (March 13, 1997):762-767.

A prospective multi-center cohort study of 1,685 women undergoing tubal sterilization were followed for up to 14 years after sterilization. Forty-seven (47) ectopic pregnancies were identified for all methods of tubal sterilization for a rate of 7.3/1000 procedures. If women were sterilized before the age of 30 by bipolar tubal coagulation, the probability of ectopic pregnancy is 31.9 vs. 1.2/1000 for women of similar age who underwent postpartum partial self-injectomy. The annual rate of ectopic pregnancy for all methods combined in the 4th-10th years after the procedure was no lower than in the first three years. Thus the risk of ectopic pregnancy for a woman who

has been sterilized continues until menopause. [*A number of studies have shown that the total pregnancy rate after tubal sterilization is between 1-2%, hence the myth that one can never become pregnant after becoming sterilized is no longer tenable.* Ed.]



MENOPAUSE

Van Neuroid, P.A.H. et al. **Age at Natural Menopause in a Population-Based Screening Cohort: The Role of Menarche, Fecundity, and Lifestyle Factors.** *Fertility and Sterility* 68 (July, 1997):95-102.

It has been postulated that early menarche correlates with later menopause in populations. The current investigation examined a cohort of 3,756 Dutch women born between 1911 and 1925, who were participating in a population-based breast cancer screening program and who had experienced a natural menopause. They were divided into three groups: those who had not used oral contraceptives; those who had used oral contraceptives consistently; and those who had used OCs part of the time. OCs were introduced in the Netherlands after 1964, and were then prescribed predominantly for women with completed families. Since it was not known how long they used the OCs, all 468 women who had used hormones or OCs were excluded. Age at menopause and menarche, fertility patterns, OC use, height, weight, smoking, and demographic variables were examined. There was no relation between age at menarche and age at natural menopause except to show a slight global trend of an increase in age at menopause. Thus, the hypothesis of Frisch which states that "the earlier a woman be-

gins to menstruate, the later she stops," could not be corroborated.



ADOLESCENT SEXUALITY

Harel, Z. et al. **Adolescents' Reasons for and Experience After Discontinuation of the Long-Active Contraceptives Depo-Provera and Norplant.** *Journal of Adolescent Health* 19 (August, 1996): 118-123.

Because adolescents at high risk for pregnancy are inconsistent users of oral contraceptives, the trend has been to promote Depo-Provera, a three-monthly injection or Norplant system aggressively. Thirty-five (35) adolescents who discontinued Depo-Provera and 31 who discontinued Norplant were assessed during use of the method and up to 12 months after discontinuation. Sixty-four percent (64%) discontinued both methods because of irregular menstrual bleeding, 41% for weight gain, and 31% for increased headaches. The Norplant users returned to fertility sooner after discontinuation (removal) than the Depo-Provera users who were considered as discontinuing the use of the method three months after the last injection. Norplant users conceived as early as one month after removal. By 12 months the cumulative conception proportion reached 0.93 while the first conception after discontinuation of Depo was noted at 4 months, and the cumulative conception proportion was 0.5. The researchers were at great pains to counsel the girls to use another contraceptive method right away, provided free condoms, yet consistent condom use was reported by 20% of the discontinuers, compared with 3% of those who still had the implant.

Sexually transmitted infection (STI) was documented in 64% of the adolescents during Norplant use and in 32% during follow-up after discontinuation. Atypical pap smears were documented in 45% of the adolescents during Norplant use and 10% after discontinuation. Subsequent to discontinuation, 62-63% of the women adopted a new method with no break in contraceptive practice. Thirty-seven percent (37%) used condoms in Group 1 (Norplant) and 23% in Group 2 (Depo group). OCs were used by 26% of Group 1 and 39% of Group 2; 26% and 19% respectively chose no method, while intending to continue to have intercourse. [It seems very clear that young women are not accepting either Norplant or Depo with any enthusiasm both for the physiological complications and perhaps for the deeper reasons which most of the profession has not yet chosen to consider. See editorial. Ed.]

Kirby, D. et al. **The Impact of the Postponing Sexual Involvement Curriculum Among Youths in California.** *Family Planning Perspectives* 29 (May/June 1997): 100-108.

The PSI Program (Postponing Sexual Involvement) pioneered by Dr. Marion Howard at Emory University in Atlanta was designed to delay the onset of sexual intercourse, at least until the age of 16 because earlier contraceptive education/provision had no impact. Howard had shown that surprisingly many [to the investigator] of the virgin participants decided to delay sexarche beyond age 16 while the program had no discernible effect on participants who had already initiated sexual intercourse. A California trial of 10,600 7th and 8th graders from school and community-based organizations were randomly

assigned to intervention or control groups. Implementation was by either adult or youth leaders, consisted of five sessions, 45-60 minutes in length in classroom or small group settings over an unspecified time span. Five percent (5%) of the subjects' parents also elected to join PSI for Parents called ENABL (Evaluation of Education Now and Babies Later). Survey data were collected at baseline, 3 months and 17 months. A small, but statistically significant positive change was found in fewer than half of the measured attitudes, behaviors, and intentions regarding sexual behavior 3 months into the program, but the changes were not sustained by 17 months. The significant changes in sexual behavior were not positive at either 3 or 17 months. Both groups

Questions & Answers

Q: A woman reported anal itching around the time of ovulation and wondered what caused it.

A: Edema of the vulva and perineum occur in at least 70% of women who ovulate because of the additional blood flow of the ovulating ovary on the day of ovulation. This additional fluid is drained off through the lymphatics, which drain not only toward the inguinal ligament, but also the vulva and perineum. It is quite possible that edema of the anus and any hemorrhoidal tags which may be present produce itching. Since the symptom disappears spontaneously, no treatment is indicated.

were equally likely to have become sexually active, report a pregnancy, or a sexually transmitted infection (STI). [The body of the report identifies considerable differences from the PSI curriculum, hence it would be more correct to say that the California downgraded adaptation of PSI was ineffective rather than that PSI was ineffective. Ed.]

Cagampang, H.H. et al. **Education Now and Babies Later (ENABL): Life History of a Campaign to Postpone Sexual Involvement.** *Family Planning Perspectives* 29 (May/June 1997):109-114.

This report deals with the parents of 5% of the students who participated in the PSI Trial reported above. While the parents who participated supported the program in schools, the program was abruptly terminated because the overall statistical outcome was negative.

Henshaw, S.K. **Teenage Abortion and Pregnancy Statistics by State, 1992.** *Family Planning Perspectives* 29 (May/June 1997):115-122.

The overall pregnancy rate for women 15-19 years of age in 1992 was 112/1000. Of these, 61% culminated in live births, 36% in abortions, and 15% in miscarriages. Black teenagers' rates of pregnancies, births, and abortions were two to three times higher than whites, while Hispanic teenagers' rates were in between. Between 1991-1995, the birth rate of black teenagers fell from 116-96/1000 while Hispanics were 106/1000. The pregnancy rates of white and black teenagers were negatively correlated — more black women gave birth while more white women aborted. [Since teenagers tend to be irregular users of oral contraceptives, campaigns have been mounted to persuade them to use either Depoprovera or Norplant, thus the falling abortion rates in many states do not reflect a change in sexual activity. Ed.]

Furstenberg, Jr., F.F. et al. **Does Condom Availability Make a Difference? An Evaluation of Philadelphia's Health Resource Centers.** *Family Planning Perspectives* 29 (May/June 1997):123-127.

Making condoms available in nine Philadelphia inner-city high school Drop-In Centers did not affect condom utilization greatly. While the proportion of students who used a condom at their last act of intercourse rose from 52% to 58%, the change was not statistically significant. In schools without a Health Resource Center (HRC), the rate of sexual experience in 1991 was 55.7%, 58.8% in 1993. Schools with HRCs reported sexual experience rates of 64% in 1991 and 57.6% in 1993. In schools without HRCs, 61.9% of

males reported use of a condom at last intercourse in 1991, and 64.6% in 1993, while schools where no condoms were available reported 52.2% condom use at last intercourse in 1991 and 58% in 1993. [It would appear that having a health resource center which provides condoms does not have an appreciable effect. If anything, the males go elsewhere for their supplies. Ed.]



OF INTEREST

Nyirjesy, P. et al. **Over-the-Counter and Alternative Medicines in the Treatment of Chronic Vaginal Symptoms.** *Obstetrics & Gynecology* 90 (July 1997) :50-53.

Of 105 women referred for evaluation of chronic vaginal symptoms, 73.3% had self-treated themselves with over-the-counter medications and 42% had used alternative medicines. The mean age of the women was 36 years; one-half had finished college, most had symptoms for two years. The medications frequently used were miconazole, clotrimazole, or povidone-iodine (Betadine). Women had expended an average of \$50.00 for these, the range being from \$2.00-\$1,000.00. Among alternative medications, acidophilus pills orally or vaginally, oral or vaginal yogurt were common; garlic was also tried. Vinegar douches and boric acid were the most frequent with an average expenditure of \$35.00, range \$0.00 to \$1,200.00. Only 70% of physicians were aware of the use of alternative medicines, and 88% were aware of the use of over-the-counter medicines. Most women had thought that their symptoms were due to vulvo-vaginal fungus infections (candidiasis) while actually the presenting diagnoses were candidiasis (27%), vulvar vestibulitis (17.1%),

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EDITORIAL

Much of today's scientific literature on adolescent sexuality equates responsible sexual behavior with contraception. This can be seen throughout such best sellers as Mary B. Pipher's *Reviving Ophelia: Saving the Selves of Adolescent Girls* and Naomi Wolf's *Promiscuities*. Speier et al. researched the behavior of their population on the same basic assumption. My letter, reprinted below, was not accepted by the editor of the *Journal of Adolescent Health*. She would have accepted all but the last paragraph, but stated that the last one, in which I established the basis for my own differing opinion, went beyond their own guidelines. Nevertheless, I believe we have shown that there is a difference between adolescents who contracept and those who do not exclude fertility from their self-understanding and hence, from their behavior. The "bottom line" of such understanding is delaying sexual activity until one can be in a permanent fully committed relationship - marriage.

Unpublished letter to *Journal of Adolescent Health*:

Speier et al's paper: "Predicting Contraceptive Vigilance in Adolescent Females: A Projective Method for Assessing Ego Development,"¹ considers regular use of contraception as a sign of ego maturity, hence believe that ego maturity may be used to predict "contraceptive vigilance." While their indices are competently related to contraceptive practice, it is important to ask whether dependable contraceptive practice truly leads to maturity, or whether it reflects dependency on the health care providers who constrict the range of choices of "effective" family planning methods while accepting premarital sex. Contraception may prevent premature pregnancy and STD's, but it may also inhibit the ego integration which would lead to true self-directedness.

Identity foreclosure and maturational arrest,² is frequent when teens plunge into (adult) activities before they are mature enough. For example, marital unions which began with premarital sex have been shown to be three times more likely to end in divorce than when sex was begun after marriage.³

In dichotomizing sex and procreation, contraception necessarily devalues fertility thus interfering with teens' acceptance of their body and its power, including not only gender but the potential for becoming a parent - an important aspect of the personality integration task of adolescence. Despite writing in terms of ego psychology, the paper does not take note of Helene Deutsch's classic teaching from her *The Psychology of Women*: "For the normal healthy woman, coitus psychologically represents the first act of motherhood."⁴ If this were not true, why are 58% of abortions said to be due to "failed contraception?"⁵ Conventional wisdom to the contrary, for a woman sex and procreation are not so easily separated.

When the power to procreate is given a "high value" rather than a negative value, different behavioral outcomes are encountered among sexually active females or those at risk for initiating intercourse. We found that teaching teenage women, and later, males to understand and value their body's fertility within a comprehensive program of sexuality education facilitated maturation: they broke away from peer pressure and either remained abstinent or returned to abstinence.⁶ It is time to broaden our approach to sexually active adolescents beyond exhortation or contraception.

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- ⁴ Deutsch, H. *The Psychology of Women: A Psychoanalytic Interpretation. Vol 2: Motherhood.* (N.Y., Grune & Stratton): 1945, pp. 107.
- ⁵ Henshaw, S.K. & Kost, K. **Abortion Patients in 1994-1995: Characteristics and Contraceptive Use.** *Family Planning Perspectives* 28 (July/August 1996):140-147; 158.
- ⁶ Klaus, H. & Weed, S.E. **Impact of the Teen STAR Program on Teen Sexual Behavior.** *Journal of Adolescent Health* 81 (February 1996):133.

irritant dermatitis (13.2%), bacterial vaginosis (10.5%). Self-treatment clearly did not help these women. [While the women who were helped by self-treatment obviously did not find their way into this group of patients, it behooves the NFP teacher to discourage self-treatment. At best it may do no harm but delay proper diagnosis and treatment, and at worst, it may cause problems. Ed.]

Laskin, C.A. et al. **Prednisone and Aspirin in Women with Autoantibodies and Unexplained Recurrent Fetal Loss.** *New England Journal of Medicine* 337 (July 17, 1997):148-153.

Recurrent fetal loss may be due to anatomical, genetic, or hormonal disorders. However, approximately 60% is unexplained because of its association with several autoimmune diseases, especially systemic lupus erythematosus. Their strong association with fetal loss suggested an autoimmune pathogenesis for otherwise unexplained recurring fetal loss. A trial with prednisone and aspirin to counter the non-specific global inhibitor of the lupus anticoagulant led to negative results in 385 women who were referred to

the Recurrent Fetal Loss program in Ontario. Of the 270 who agreed to participate, 202 became pregnant and were randomized between treatment with 0.5-0.8 mg/kg body weight of prednisone/day and aspirin 100 mg/day, or placebo. All candidates had suffered at least two unexplained fetal losses. They were stratified according to age — under or over 35 years of age, and fetal loss before or after 12 weeks. Sixty-six (66) women in the treatment group (65%) and 57 women in the placebo group (56% - no significant difference) had live infants, but more infants were born prematurely in the treatment group than in the placebo group. Major side effects in the therapy group were hypertension and diabetes mellitus. Treating women who have auto-antibodies and recurring fetal loss with prednisone and aspirin is not effective in promoting live birth, and increases the risk of prematurity.

Feldman, J.G. et al. **The Association of Smoking and Risk of Condyloma Acuminatum in Women.** *Obstetrics & Gynecology* 89 (March, 1997):346-350.

Five hundred seventy-six (576) inner-city women were followed for up to 37 months with an average of

14 months for the occurrence of genital warts. The observed incidents in HIV+ women who smoked was 13.3 vs. 5.0/100 person/years in non-smokers. In HIV- women the rates were 1.5 vs. 0.5 respectively. Adjusting for variables significantly related to genital warts, including sexual activity, current smokers were 5.2 times (95% confidence interval, 1.02, 26.0) more likely to develop genital warts. The prevalence of HPV by polymerase chain reaction (PCR) at baseline examination and the incidence of other sexually transmitted diseases were similar in smokers and non-smokers. Since human papilloma virus infection is considered an intermediary in the development of cancer of the cervix, the significance of cotinine in suppressing the Langerhans' cells which play an important role in immune response in the squamous epithelium needs to be stressed. Their depletion in the cervix has been shown to correlate with the presence of HPV infection. [One more reason to discourage smoking. Ed.]

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