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Contraception — The Revolution that Failed

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Twenty-five years ago Dr. John Rock published his book, *The Time Has Come*. He was, he said, impelled by his conscience to do so. He wanted to offer Catholics the most effective means yet known of regulating fertility. This was, he claimed, a natural means, one which was as harmless as the safe period. Contraceptive pills were merely adjuncts of nature which did not mutilate any organ, damage any process or cause thrombo-embolism. He hoped that the Church would accept this new product of science. Today the Pill is still being promoted as a very effective and easy, reversible means of contraception. But it has not replaced barrier and chemical methods which are said to be safe, and, when used properly, very effective. However, in recent years doubts have been raised, not only about the future of the Pill, but also about that of other artificial methods of contraception. For example, in an article entitled, 'Whatever Happened to the Contraceptive Revolution?' Richard Lincoln and Lisa Kaeser of the Alan Guttmacher Institute in New York, write:

Indeed, if in the 1960s we witnessed a contraceptive revolution, then in the 1980s we are seeing the failure of that revolution and the reversal of many of its hard-won gains.¹

It is worth looking at some of the factors that have contributed to that reversal.

In assessing methods of birth control, it is customary to consider their effectiveness, safety, ease of use, acceptability and cost. There are various measures of effectiveness; a common though not very satisfactory one is to calculate the number of unplanned pregnancies per 100 women in the first year of use. But it is not sufficient to look at effectiveness under ideal conditions. Complete abstinence as a method is 100 per cent effective in theory. It would seldom be as effective in practice. So it is necessary to look at how a method works in real life. It is also necessary to consider the discontinuation rates, for these can give some idea of how acceptable a method is. Effectiveness and discontinuation rates often cover a wide range; different authors give different figures for the same country. A brief glance

at some of the chief reversible methods of artificial birth control, and especially at their effectiveness and discontinuation rates, will help to explain why, to some, the outlook for the contraceptive industry is bleak.

The Pill

In developed countries, the Pill reached the height of its popularity around 1975. After that, the number of users dropped considerably. At present, excluding China, there are some 40 million users throughout the world. (Figures for China are not reliable.) The number of users in developing countries is on the increase. When it is used regularly and correctly, the Pill is very effective; according to the type used failure rates are 0.5-2.0 pregnancies per 100 women per year. For actual use, different figures are quoted: 2-16 per cent in the U.S. and above 20 per cent in developing countries in the first year of use. Discontinuation rates also cover a wide range: e.g., Britain, 35 per cent; U.S.A., 30-50 per cent; Hong Kong, 50 percent; Zambia, 75 per cent; all in the first year of use. Among the reasons for discontinuation are: unacceptable side-effects, desire for pregnancy, difficulty in following instructions simple though they be, shortage of supplies and difficulty in replenishing them. The main reason is the side-effects of which there are many. So while some women heroically continue to take the Pill for over 10 years, it seems that most give up within the first few years. In the USA, of 40,000 users who went through a screening test, only 500 were using the Pill five years later. A small study in Australia showed that most users had given up within the first three years. Long-term discontinuation rates are not quoted in the literature. And, indeed, the late Dr. Christopher Tietze of the Population Council, New York, recommended the use of barrier methods backed up by abortion as the safest regimen of fertility regulation at any age.

Barrier Methods and Others

Barrier methods, especially the condom and the diaphragm, are in the second rank in the armamentarium of reversible contraceptive methods. The condom is sometimes referred to amiably by its promoters as the "humble condom". This, no doubt, is a playful reference to its lowly origins in the brothels of Europe where it got its bad name. A man in the Philippines has been quoted as saying that these things should be used only with prostitutes. In the 19th century, the condom entered domestic service, but it was not until the advent of AIDS that it really acquired respectability. Indeed, it is not so very long since it had the privilege of being presented to royalty, an occasion that surely must have given much pleasure to its patrons and friends. But now that it is reported to have bene furtively associating with cancer, its new and hard-won reputation may, alas, be tarnished. About 40 million men are said to use it worldwide and it is claimed that when used properly it has a failure rate as low as 1 per cent in the first year of use. However, failure rates in practice cover a wide range:

e.g., Britain, 3-14 per cent; U.S., 3-20 per cent; Indonesia, 13-35 per cent; Philippines, 30-60 per cent; all in the first year of use. Recently, when samples of the product were examined they were frequently reported to be defective: e.g., U.S., 12-21 per cent; France, almost 50 per cent; Hong Kong, 70 per cent; Poland, 90 per cent; China, 95 per cent. One consignment of 750,000 faulty condoms had to be returned from Canada to the manufacturers in the U.S. What became of them subsequently was never revealed. But within such a less than perfect effectiveness record, it is no wonder that the humble condom is sometimes criticized; women in Singapore seeking abortions blamed it for their troubles and in Japan, where almost 80 per cent of contraceptors use it, the abortion rate is over 100 abortions per 100 live births. Discontinuation rates are also high, e.g., Britain, 3-60 per cent; Indonesia, 35 per cent; Philippines, 50-90 per cent; all in the first year of use. Latex condoms deteriorate quickly and, the claims of its promoters notwithstanding, it is questionable whether they can protect users from certain transmissible diseases. As for AIDS, if the condom has a 10 per cent failure rate as a contraceptive, it could have a failure rate of 60 per cent per year when used to provide protection against AIDS. As a sister-doctor in Hong Kong said: "You might as well set out for America in a leaky sampan!"

The diaphragm is even less reliable than the condom; the intra-uterine device, which is more dangerous and is less widely used, is not out of favor in the US.

Since neither use of the Pill nor of barrier methods can fully guarantee what the contraceptive industry is pleased to call "protection against pregnancy", experts recommend abortion and/or sterilization as back-up measures. In countries where contraception and abortion are both available there is a high correlation between them. Users of contraception are generally more likely to have an abortion than never-users. When women are not sterilized after abortion the number of repeat abortions rises with the abortion rate. It is not surprising that those who justify contraception on utilitarian grounds should also justify abortion when contraception fails. If a human life cannot be prevented from coming into existence, it may be prevented from continuing existence. Between 40 and 60 million abortions take place every year and about 130 million men and women worldwide have been sterilized. Abortion and permanent sterilization are the two most widely used methods of family limitation at the present time.

Signs of the Times

Contraception requires money and in the past industry did not lack for it. Between 1968 and 1987, the U.S. federal government spent 4.5 thousand million dollars on birth control activities at home and abroad. Now, however, funding is beginning to be a problem. The U.S. government has refused to fund agencies like Planned Parenthood which promote abortion. Worldwide funding for research, which in 1972 was \$74 million, had

dropped to \$56 million by 1983. Of 13 firms doing research into oral contraceptives in 1970, only three are now so engaged, two in Europe and one in the U.S.A. Besides, governments are no longer so preoccupied with the population problem, private foundations have withdrawn or reduced their support, women's and consumer groups have raised questions about product safety, and women have become frightened and increasingly dissatisfied with available contraceptive methods. And the pro-life movement "has had a chilling effect on contraceptive research". Finally, in the US liability cases have acted as a deterrent to research and it is now almost impossible for pharmaceutical companies and research institutions to buy insurance. Without it few companies can afford to take risks on their own.

The outlook for the contraceptive industry, then, is not very promising. As experience with the IUD in the U.S. has shown, long-term and permanent methods of birth control deprive the industry of some of its potential customers. And the customers' growing awareness of the noxious side-effects of contraceptives deprives it of more. The type of pill which Dr. Rock described has not materialized. Indeed, there is as yet no safe, effective and reversible method of contraception. Despite the vast sums of money which have been invested in research no significant breakthrough has been made in the last 20 years. And now funds for research are beginning to dry up. Contraception has, in the long run, to be supplemented by abortion and/or permanent sterilization. Woe to those who rely on contraception alone, for they shall bear unwanted children. The prevalence of abortion, the urgent calls for the introduction of the abortifacient pill, RU 486, and the widespread recourse to permanent sterilization are the most convincing evidence of the fact that the contraceptive revolution which Dr. Rock helped to initiate in the 1960s has not fulfilled its promise. Quite simply, it has failed.

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