

» Contraception | By Lynda Wharton

Sperm BUSTERS

What form of contraception is best suited to your particular situation? Lynda Wharton outlines the most popular options, and their pros and cons, so you can decide what best suits your lifestyle

Womens health
SPECIAL

Since the beginning of time, men and women have consummated their passion for each other... and done all they can to thwart the inevitable consequences of their loving! Today, there is a wide range of contraception available to protect against unwanted and unplanned pregnancy. When it comes to choosing the best method for you, it is important to take into consideration your own unique requirements, combined with the various risks and benefits of each contraceptive choice.

HORMONAL CONTRACEPTIVES

These are contraceptives that influence and change your hormonal balance, to prevent conception. They include the oral contraceptive pill (OCP); the mini pill (or progestin-only pill); the Depo Provera injection; and the progestin-containing intra-uterine contraceptive device called the Mirena.

THE PILL

The pill is the name given to a wide range of synthetic hormonal combinations containing varying ratios of oestrogen and progestin (synthetic progesterone).

How it works

The pill tricks a woman's body into believing it is pregnant, thereby stopping ovulation. By stimulating higher-than-usual levels of oestrogen and progesterone, the pill prompts the pituitary gland to stop producing follicle-stimulating hormone and lutenizing hormone, thus preventing ovulation. This contraceptive effect is backed up by the fact that cervical mucus becomes thickened and impenetrable to sperm.

Benefits

The pill is supremely convenient, involving nothing more than remembering to swallow one tiny tablet once a day. There is no interruption or lack of spontaneity at the time of sexual intercourse, and no messy creams or fiddly pieces of latex to contend with. Used diligently, the OCP is also one of our most reliable contraceptive methods, promising almost 100% cover. Most women using the pill experience lighter and less painful (and, of course, perfectly regular) periods, and some find relief from PMS. Some forms of OCP can also help with hormonal acne. In addition, the pill reduces risk of ovarian cancer by 40% and endometrial cancer by 50%. Pill users have only half the chance of developing pelvic inflammatory disease, and enjoy a 90% decrease in the risk of ovarian cysts.

Drawbacks

The hormones in the pill are extremely powerful and affect virtually every system in the body, hence the large number of possible side-effects. Especially in the first couple of months of use, these include nausea, bloating, breast tenderness, breakthrough bleeding, headaches, depression and loss of libido. More serious risks include increased incidence of deep vein thrombosis, heart attacks and strokes. Pill users also have an increased risk of breast, cervical and liver cancer.

THE MINI PILL (also called the progestogen-only pill or POP)

The mini pill has nothing to do with the OCP. It is a completely different

drug, containing only progestin and no oestrogen.

How it works

The mini pill stops or disrupts ovulation in 60% of users, but this is not how it prevents conception. The POP primarily works by substantially thickening cervical mucus, making it impenetrable to sperm. However, this effect lasts for only 27 hours, and so it is vital that the mini pill is taken at exactly the same time every day. It also alters the lining of the uterus making it inhospitable for egg implantation.

Benefits

Like the pill, the POP is a one-a-day, easily swallowed tablet. There is no disruption to sexual spontaneity. Unlike the OCP, though, the POP has no cardiovascular effects, so is safe for women who have increased cardiovascular risk, as well as for smokers and older women. It is also safe to use during breastfeeding.

Drawbacks

The mini pill must be taken at exactly the same time every day. Around 20% of users will experience a complete cessation of menstruation, which some women find worrying each month. Around 40% of users experience irregular and erratic menstrual and breakthrough bleeding. The risk of ovarian cysts and ectopic (tubal) pregnancy is slightly increased. Occasionally, there may be weight-gain, bloating, acne, or increased hairiness.

DEPO PROVERA

This is synthetic progesterone, given in the form of an injection. Progesterone levels after the injection are high and gradually

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taper down until the due date of the next injection.

How it works

Depo Provera works in the same way as the OCP, preventing ovulation and thickening cervical mucus.

Benefits

There is no daily pill to remember. Injections need repeating only every three months. This is an extremely effective and reliable form of contraception. Depo can be used by women for whom the OCP is contraindicated, because there is no oestrogen involved. There is reduced risk of ovarian cysts, pelvic inflammatory disease and ectopic pregnancy.

Drawbacks

Many women experience disruptive side-effects with Depo Provera, ranging from mild to serious. Common symptoms include weight-gain (up to 5kg is not uncommon), mood disorders, reduced libido and vaginal dryness, and headaches. Depo Provera reduces the calcium content in the bones, and long-term use (more than two years) or use in teenage girls may significantly increase the risk of osteoporosis. This form of contraception is not recommended in women who are planning to become pregnant in the near future, as it can take up to two years for a return to normal menstruation and fertility after stopping the drug.

MIRENA INTRA-UTERINE SYSTEM (IUS)

The Mirena is the latest and most effective version of the long-tested IUS. Unlike earlier examples, it contains synthetic progesterone, which is gradually released into the uterine cavity.

How it works

The IUS works to prevent conception in three different ways. It thins the lining of the uterus, thickens cervical mucus making

it impenetrable to sperm, and also reduces sperm motility and function.

Benefits

The Mirena offers a very high degree of protection, along with the lowest hormonal component of any of the hormonal contraceptives. It is often used in women who experience heavy periods, to lighten (or even stop altogether) menstrual bleeding. The Mirena is safe to use during breastfeeding, and is an extremely convenient form of contraception, remaining effective for five years after insertion.

Drawbacks

As with all IUSs, there is a small risk of uterine perforation with the Mirena, most often at the time of placement. Some women find the insertion of an IUS extremely painful, although the Mirena tends to reduce menstrual pain, long term. Side-effects, especially during the first three to six months of use, are not uncommon and may include cramping, breast tenderness, headaches, and acne. Many women experience heavy or erratic bleeding during the first three to six months of use.

CONDOMS

Condoms are a thin sheath of latex, rolled onto the erect penis to prevent sperm from coming into contact with the vagina.

Benefits

As there is no hormonal component to the use of a condom, it offers the benefit of being completely free of physiological side-effects for both the man and woman. In an age where we are frequently disrupting our natural hormonal balance through various lifestyle factors, condoms are becoming increasingly popular. They are also a convenient form of contraception for casual sexual encounters. Indeed, they are a necessity for such moments, offering the only form of protection

against sexually transmitted diseases such as chlamydia, herpes and HIV.

Drawbacks

You have to make sure you have one on hand in the heat of the moment! They tend to disrupt sexual spontaneity, and some men complain that they reduce sensitivity. Condoms can occasionally break during vigorous sex, necessitating the use of the morning after pill. Occasionally, women have an allergic reaction to the latex. The biggest drawback of all is their greater risk of conception, compared with hormonal contraceptives.

OTHER LESS POPULAR FORMS OF CONTRACEPTION

Less commonly used contraceptive methods include:

- * Withdrawal or coitus interruptus. This involves withdrawing the penis from the vagina just at the moment of ejaculation. It is the ultimate form of Russian roulette and a highly ineffective method of preventing conception!
- * Natural family planning. This is based on using temperature and fertility observation to chart the most fertile part of a woman's cycle, and abstaining from sexual intercourse at that time. It involves lots of checking, planning and will-power. See our natural contraception feature on page 32.
- * Spermicidal creams, gels and foams. These should never be considered a sole form of contraception, but are strongly recommended for use with condoms, diaphragms and the cap.
- * Vasectomy and female sterilisation are both considered to be a permanent form of contraception, although vasectomy can sometimes be reversible. For further information on any of these methods, consult your family doctor or family planning doctor.