



Perceptions And Realities: How Safe Is the Pill?

The Role of the Media, Healthcare Providers, and the Pharmaceutical Industry in Shaping American Women's Perceptions About Birth Control

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What Factors Influence Contraceptive Choice and Use?

As women pass through different stages of their reproductive life, each contraceptive method offers a somewhat different combination of risks and benefits, not only with respect to health status but also to the ability to bear children and remain in good health in the future. Men and women need to consider a host of factors in choosing a contraceptive, including:

- childbearing aspirations;
- sexual behavior;
- individual and family health history;
- lifestyle and partnership factors, especially exposure to sexually transmitted diseases (STDs);
- their willingness and ability to use a particular method consistently and correctly;
- any inherent dangers associated with particular methods;
- non-contraceptive health benefits associated with particular methods; and,
- risks associated with unplanned pregnancy.

Many other factors also can influence couples' contraceptive choices including the media, advertising, peers, cost, as well as access to contraceptive services.

The facts:

- According to a new survey by the Kaiser Family Foundation, a majority of American adults name physicians (65%) and other health professionals, such as nurses (58%) as a resource they turn to for information about birth control. Other frequently cited sources of information on birth control included: friends and family (51%), television (48%), print news (41%), advertisements (39%) and magazines (26%).
- Half of American adults say that doctors, nurses or other health professionals are the source of information they most often refer to over the course of a year, although almost a quarter (24%) most often refer to media sources.

What About the Link Between Perceptions and Contraceptive Choice and Use?

Especially for people who lack accurate information about particular contraceptive methods and contraception in general, perceptions about the methods can play a significant role in their choice of a contraceptive and how well they use it.

The facts:

- Half of women who were not currently using birth control, even though they are at risk of unplanned pregnancy, cited reasons based on negative attitudes toward contraceptive methods, according to a survey of low-income, sexually active women conducted by The Alan Guttmacher Institute.
- Among teenaged girls, those who believed that the Pill would affect a user's physical appearance, have minor or immediate effects on health, or major or long-term effects on health were less likely to intend to use the Pill or less likely actually to use it, either consistently or at all (Adler, Moore, and Kegeles, 1995).

What are American's Perceptions About the Pill?

According to a new survey by the Kaiser Family Foundation, most Americans' (57%) think that the Pill is either "very" or

"somewhat safe," although only 17% of American adults think that the birth control pills are "very safe." In contrast, one in five Americans (21%) think that the Pill is somewhat unsafe, while more than one in ten (11%) think it is "very unsafe." Among women who have ever used birth control pills, three-quarters (76%) believe that the Pill is safe, while just 4 in 10 of women who have never used the Pill believe it is safe.

The most commonly cited reason given by respondents (44%) who think that the Pill is not "very safe" are worries about personal health risks associated with taking the birth control pill. Almost a quarter (23%) of Americans cite concern about its lack of protection against sexually transmitted diseases (STDs) as the primary reason why they do not think that the Pill is "very safe," while just 7% cite say the main reason is that it is not effective at preventing pregnancy. Young adults (ages 18-24) who think that the Pill is not very safe are most likely (55%) to cite the fact that "it does not protect against sexually transmitted diseases" as their primary reason.

When it comes to what they know about the specific health effects of the Pill, a substantial proportion of Americans do not know the relationship between pill use and osteoporosis, breast cancer, blood clots, ovarian cancer or heart disease.

How Safe is the Pill?

The health effects of oral contraceptives vary for individual women depending on the type of pill prescribed and such factors as a woman's age, habits such as smoking and other lifestyle choices, blood and cholesterol levels, and predisposing factors such as her family medical history. However, most contraceptives -- including the Pill -- pose few serious risks to a user's health. In fact, the riskiest contraceptive choice a sexually active woman can make is to use no method at all. When used consistently and correctly, pills not only prevent pregnancy effectively, but also help a woman preserve her ability to have children in the future and safeguard her long-term health. The Pill has been associated with an elevated risk of heart disease and blood clots. However, it has also been found to have preventive health benefits, such as a reduction in the risk of osteoporosis and

ovarian and endometrial cancers.

Does Use of the Pill Affect the Risk of Cancer?

The full relationship of the Pill to breast cancer is still unclear. Up to age 55, breast cancer occurs with equal frequency among women who have and have not used the Pill. Studies have shown breast cancer to be diagnosed both *more* often and *less* often among women of different age groups who have used the Pill than women who never used the Pill. Overall, any pill-related increases in the risk of breast cancer are more than offset by decreases in ovarian and endometrial cancers, so women who have used the Pill develop fewer cancers than those who have never used it. A woman's risk for ovarian and endometrial cancers is decreased soon after she starts Pill use, decreases further with longer duration of use and remains reduced for many years after use is discontinued and after the need for contraception has passed.

The facts:

- Reproductive cancers make up about 40% of all cancers diagnosed in women.
- The likelihood of an ovarian cancer diagnosis among women who have ever used the Pill is about 60% that of the incidence among nonusers.
- Prior to age 45, 100,000 women who have ever used the Pill will experience 10 fewer deaths from ovarian or endometrial cancers than women who have never used the Pill.
- Women who use barrier or spermicide methods ages 15-19 will by age 45, experience about 60 fewer deaths per 100,000 from cervical cancer than will nonusers.
- When ovarian, endometrial and breast cancers are considered together, there will be approximately 110 fewer diagnoses of these three cancers per 100,000 women who have ever used the Pill (aged 15-54) than among 100,000 never-users of the Pill.

Does Use of the Pill Affect the Risk of Cardiovascular Disease?

Birth control pills add to a woman's risk of some types of cardiovascular disease, but not to other types. Heart attacks, strokes and blood clots are now rare among young women and nonsmokers using the Pill who are healthy and who have no predisposing factors for these diseases. Oral contraceptive use has a relatively small effect on the risk of cardiovascular diseases, but it greatly augments that risk in combination with smoking and increased age. Whether or not a woman uses the Pill, the risk of cardiovascular disease varies with age, health habits such as smoking and other lifestyle factors, blood pressure and cholesterol levels, and predisposing factors such as family history of the disease. Greater knowledge of the relationship between hormonal drugs and cardiovascular diseases has made it easier to identify risk factors in advance so that women for whom hormonal methods are not appropriate can choose other contraceptives. Lower doses of hormones in the newer oral contraceptives seem to reduce the once highly elevated risk of certain cardiovascular diseases in Pill users. The small increase in risk for certain cardiovascular diseases among women currently using the Pill needs to be balanced against an increased risk of the same, and other, cardiovascular conditions that can result from pregnancy and childbirth if a woman chooses a less-effective contraceptive or uses no method.

The facts:

- Smoking is a major cause of heart and circulatory diseases.
- During pregnancy, and particularly during childbirth, a woman is at greatly increased risk for some cardiovascular diseases, including stroke, venous thrombosis and embolism and certain other rare types of heart disease. In the United States, approximately 40 percent of maternal deaths, or about 3.2 per 100,000 live births, are attributable to cardiovascular disease.

What Do the New Studies Recently Published in *The*

Lancet and The British Medical Journal Mean For Women Taking Oral Contraceptives?

Three new studies published in the December 16, 1995 issue of *the Lancet* suggest that the use of new, low-dose oral contraceptives containing desogestrel and gestodene may *increase* the risk of non-fatal venous thrombosis (blood clots). Another study published in the January 12, 1995 issue of the *British Medical Journal* suggests that oral contraceptives containing desogestrel and gestodene may also *decrease* the risk of myocardial infarction (heart attack). These new data raise many questions about the risks and benefits of oral contraceptive use. Although for most women the advantages of birth control pills still outweigh the risks and disadvantages, this new information about the potential adverse effects of Pill usage needs to be addressed and understood in this wider context. It is important for clinicians (and the women they serve) to balance the risks and benefits of Pill use in light of all the research data available and in conjunction with each individual's overall health risk factors, in order to make the most informed choices about oral contraceptive use. These new data also point to the need for more study on the effects of oral contraceptives on cardiovascular disease, as well as other health effects related to their use.

References:

"Barriers to Contraceptive Services," by Jane Silverman, Aida Torres and Jacqueline Darroch Forrest, *Family Planning Perspectives*, Volume 19, Number 3, May/June 1987.

Contraceptive Technology, 16th Revised Edition, Robert A Hatcher, M.D., et al., 1994.

"Oral Contraceptives and Reproductive Cancers: Weighing the Risks and Benefits," by Ann L. Coker, Susan Harlap and Judith Fortney, *Family Planning Perspectives*, Volume 25, Number 1, January/February 1993.

Preventing Pregnancy, Protecting Health: A New Look at Birth Control Choices in the United States, The Alan Guttmacher Institute, 1991.

The Kaiser Family Foundation National Survey on Public Perceptions

About Contraception, January 1996.