

ARE WE ABUSING THE MORNING-AFTER PILL?

Research shows that women are relying on the morning-after pill too often, with some using it as their only contraceptive. This raises health concerns – not least by creating a worrying opportunity for STDs and HIV infection.

By Helen Grange

I had unprotected sex at 3am, then took a morning-after pill at 8am. Will it work?' Zama*, 23, from KwaZulu-Natal asks this question of pharmaceutical company Pharmaplan's helpline. Another recorded call, from Leto*, 27, in the Western Cape, goes, 'I took the morning-after pill 10 hours after unprotected sex, and now I'm six weeks pregnant. Will it affect the foetus?' Victoria*, 24, from Johannesburg, asks, 'I took the morning-after pill a week ago after unprotected sex. Now I've had unprotected sex again. Can I take it again?'

These calls are typical of the many that Pharmaplan's helpline receives daily with questions about Escapelle, the company's morning-after pill. In a case like Victoria's, time is of the essence, because the longer you wait before taking the morning-

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after pill after unprotected sex, the less likely it is to work. If you're into day three by the time you take it, the chances of it working are already down to 58%, according to a study by Lancet Laboratories.

ONE 'ACCIDENT' TOO MANY?

Popping the morning-after pill may seem like a convenient way to prevent pregnancies, but many pharmacists worry that it is being abused in South Africa. They say women too readily regard it as a quick-fix solution after an accident that, in many instances, keeps happening. The South African Pharmacy Council has observed that teenage girls, some as young as 13, are a growing market for the morning-after pill, and insists that pharmacists advise these girls of the dangers of unprotected sex.

In COSMO's recent online sex survey, 57% of respondents said they had used the morning-after pill. According to the latest statistics published by international health-data service IMS, approximately 650 000 packets of the morning-after pill are sold every year in South Africa – more than 50 000 packets a month. That's in addition to the emergency contraceptives given out by state clinics.

IMS stats indicate an annual increase of about 100% in the use of emergency contraceptives over the past three years, says Helen Pemberton, business manager at Pharmaplan. 'Women do abuse the morning-after pill. It's an emergency measure, not a stand-in for the pill.'

Pharmacist and MD of Medi Challenge Anton de Kock says it's not uncommon for women to visit their pharmacies more than once a month requesting the morning-after pill. 'This is a schedule-two

medicine, and using it more than once in a menstrual cycle is not advised, because it gives you a hormonal overload of progesterin, oestrogen or both, which tends to disrupt the menstrual cycle. That's aside from the nausea that many women commonly experience as a side effect,' he says.

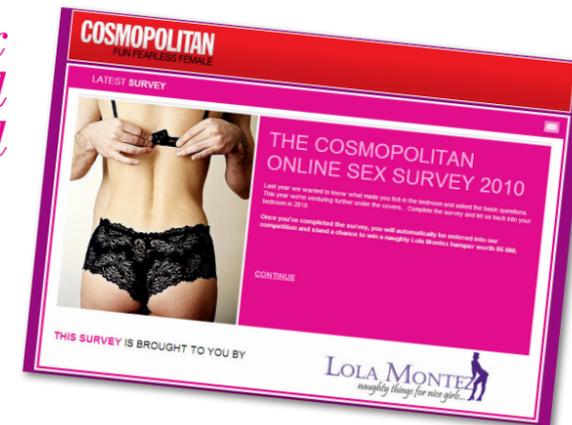
In addition, the morning-after pill doesn't always work. De Kock explains that unless it's taken before implantation (when the fertilised egg attaches itself to the wall of the uterus), which happens on average between five and seven days after intercourse, it won't work. 'If the egg is fertilised and in the process of implantation, the morning-after pill is not effective. 'That's why the three-day deadline is important, because the longer you leave it, the less effective it is,' he says. 'Again, this is an emergency remedy, not a contraceptive to be taken every time you have sex, which is how many women are treating it.'

WHAT ABOUT HIV?

Using an emergency contraceptive is recommended if a condom breaks, but it seems that some women consider it sufficient protection and don't bother using a condom at all. 'These women aren't protected from HIV/Aids or other sexually transmitted diseases,' says Nono Eland, chairman of the women's sector of the South African National Aids Council. The pill has no effect on any kind of STD.

The highest prevalence of HIV/Aids in South Africa is in the 25-to-34 age group, she adds. 'These women are sexually active and many are engaged in multiple concurrent partnerships, which is a huge problem facing us in the fight against HIV/Aids.'

Yet the fear of HIV/Aids isn't mentioned once in a sampling of 162 helpline calls to Pharmaplan. ▶



HOW DOES THE MORNING-AFTER PILL WORK?

It's vital to understand that the sooner after sex the morning-after pill is taken, the more effective it is. It's best taken within 24 hours after having had unprotected sex, according to the website of the Disa Sexual and Reproductive Health Clinic in Johannesburg (www.safersex.co.za). Emergency contraception isn't as effective as proper use of the normal contraceptive pill, though.

Morning-after pills typically contain higher doses of the same female hormones found in birth-control pills, namely progesterin, oestrogen or both. These hormones work by preventing or delaying an egg from being released (ovulation), as well as by thickening the cervical mucus, which blocks sperm and keeps it from reaching an egg. The hormones also thin the lining of the uterus, which makes it more difficult for a fertilised egg to implant itself.

You can expect to start bleeding within three weeks of taking the morning-after pill. Usually your period will arrive within a few days of when it is normally expected. If your period doesn't arrive in that time, you should take a pregnancy test.

Each time you have unprotected sex and want to prevent pregnancy, you need to take another morning-after pill. The morning-after pill does not cause an orally induced abortion. This means that if you are already pregnant, it won't harm the developing foetus.

SOMETIMES IS NOT ENOUGH

The Human Sciences Research Council's 2008 South African National HIV Prevalence, Incidence, Behaviour and Communication Survey found that there has been a marked increase in the use of condoms among young, sexually active women. But HIV/Aids experts have remarked that condoms aren't as accessible as they should be. According to Nono Eland, chairman of the women's sector of the South African National Aids Council, 'There's a shortage of condoms, especially female condoms. You don't see them any more. And remember that to protect yourself against HIV, you have to use a condom every time you have sex.'

Instead, the overriding concerns are unwanted pregnancy, whether the morning-after pill will interfere with other prescription drugs, and possible side effects. 'I took Escapelle within 24 hours of having unprotected sex, and I'm now suffering diarrhoea. Does Escapelle cause diarrhoea?' asks Chantelle*, 27, from Pretoria. And Kinelwe*, 30, calls to ask, 'I took the morning-after pill on 16 January and my period was due on 25 January. I'm very late. Am I pregnant?'

Young people seem 'unaware of the risk of contracting HIV or STDs',

remarks Botha Swarts, head of communications of Lovelife, a safe-sex-advocacy organisation. 'Although we don't have formal data, I do think the morning-after pill is being over-used.'

BETTER THAN NOTHING

Professionals don't all agree on the issue. Dr Rachel Jewkes, director of the Gender and Health Research Unit of the Medical Research Council, feels strongly that the more accessible the morning-after pill is, the better. 'I don't believe that emergency contraceptives are being abused and, actually, it doesn't matter if they get taken more than once in a menstrual cycle,' she says. 'A woman's menstrual cycle might be disrupted but there are no health risks involved. South Africa has a huge problem with unwanted pregnancies, with about 80 000 illegal terminations a year. Given this reality and the appalling state of contraceptive use in South Africa, we should definitely welcome the use of any methods of contraception.' Still, concedes Jewkes, 'emergency contraceptives are not supposed to be a replacement for other contraception methods.'

Dr Elna McIntosh, director of the Disa Sexual and Reproductive Health Clinic in Johannesburg, says using the morning-after pill as your only means of contraception is 'crazy'.

'One of my female patients has been using it every six weeks for 18 months, for each time her husband comes home from the mines. Her periods are all over the place and she has tender breasts,' she says. 'I've told her she really needs to look at a long-term solution. But women who don't have regular sex tend to use emergency contraception, I find.'

Negative perceptions of the ordinary contraceptive pill play a role in this, she adds. 'Women assume that the pill makes them gain weight or causes break-outs, but there are now 26 different types of birth-control pills. The modern pills contain much lower doses of oestrogen, so there are fewer side effects, but they're just as effective.'

That said, some women face cultural or religious objections to contraceptive use, so the morning-after pill, often taken without the knowledge of a boyfriend or husband, is considered a life-saver, De Kock points out. 'It's much better than nothing if the possible pregnancy is unwanted,' he says. □

* NAME HAS BEEN CHANGED

Where do I get it?

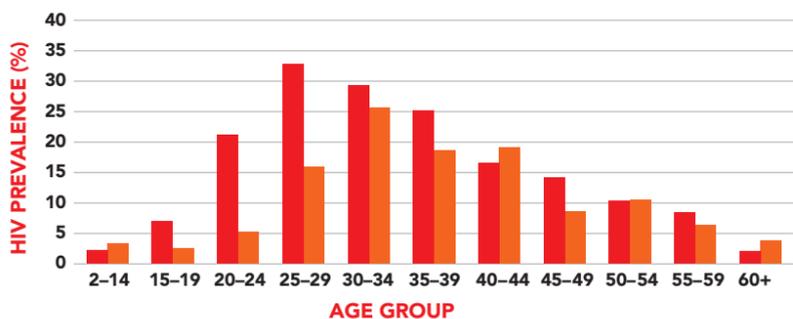
In South Africa, the most well-known morning-after pill is Ovral, which you can get from state-run clinics free of charge. You take two Ovral pills immediately and another two exactly 12 hours later. The second two pills reportedly produce the most severe side effects, including nausea, headaches and vomiting, which can sometimes mean that you need to take another two pills.

The preferred, and far more convenient, option is to speak to your pharmacist. He or she will probably give you NorLevo, which sells for about R54, or Escapelle, which costs about R36. NorLevo comes in the form of two tablets, one to be taken immediately, the other 12 hours later, whereas Escapelle is a single pill. NorLevo and Escapelle contain only progestin (no oestrogen), which means you are less likely to feel nauseous.

PHOTOGRAPHY XXXXXXXXXXXX PICTURE POSED BY MODEL

HIV PREVALENCE IN SA IN 2008

In almost every age group in South Africa, women bear the brunt of HIV infection – especially among 25-to-34-year-olds.



SOURCE: Human Sciences Research Council

www.cosmopolitan.co.za
Visit our website for the COSMO online sex survey results and more stats on sex.