It's time for common sense on using Norplant

By DOUGLAS J. BESHRAR

Racism social engineering, "slow genocidal," "technocratic equivalent of ethnic cleansing," "paternalistic domination of women," are some of the epithets being hurled by the opponents of Norplant, the new, long-lasting contraceptive.

But that's what you hear from the women actually using Norplant. According to surveys, most are recommending it to their friends.

"I'm telling all my clients about it," one suburban Virginia hairdresser proclaims. "I was always concerned when I was on the pill. Since I started using Norplant, my mood has been great. What's going on? Are these people talking about the same contraceptive?"

Norplant is the first major new contraceptive since the pill was introduced in the 1960s. It works by slowly releasing low doses of a synthetic hormone that mimics progestins, the hormones produced during pregnancy, through six matchstick-sized capsules that are implanted under the skin on the inside of the upper arm. The resultant dose is equivalent to usually insufficient, although the implants can be felt.

The implant, which lasts for five years, is more effective in controlling pregnancy than the pill. So when the capsules are removed, a woman no longer has to worry about contraception. If the capsules are removed, fertility is restored within one menstrual cycle. Like other forms of contraception, it has its drawbacks. Some women experience irregular menstrual bleeding, weight gain, nausea and hair loss.

Although careful research on possible side effects is continuing, Norplant has already gone through rigorous clinical trials and no serious health risks were detected. The product is now being marketed in 16 countries before the FDA approved it for use here in late 1990.

Since that time, more than 600,000 American women have sought the automatic protection from pregnancy that Norplant offers them. And, besides having the capsules removed, either because of side effects or because they wanted to get pregnant.

In a clinical study conducted by the University of California at San Francisco, 482 women were asked what features they most liked about Norplant. The most frequent response was "effectiveness," followed by "ease of use." Here's how one 17-year-old put it: "I was on the pill, but I don't want to go through that every day, and then I got pregnant. I just decided that if I got this I would never get pregnant again.

Norplant's effectiveness is what has made it controversial. Although learning about this new contraceptive, some people's first reaction was to try to force it on women who "shouldn't have children.

Critics point out that the national media first carried stories about the FDA's approval of Norplant, and women around the country were already convinced that a« pregnant mother must be a« woman who was convicted of child abuse. (After first choosing Norplant as preferable to a« pill, the woman changed her mind and appealed the sentence."

Then came a wave of proposals to encourage or even mandate women on welfare to use Norplant. In Tennessee, a proposal to pay welfare mothers $500 to get Norplant passed one house of the legislature. So far, nothing has come of such ideas, but they have raised alarms. Although exaggerated, fears about social control over the reproductive behavior of disadvantaged women, particularly those of racial and ethnic minorities. And, in doing so, they have poisoned the atmosphere, making some even volunteer programs to increase the availability of Norplant.

That's what seems to be happening in Baltimore. In that city, 10 percent of the girls aged 15 to 17 years old have a baby each year. In an attempt to do something about this social and human catastrophe, the city's health department developed a plan to have its 10 school-based health clinics and Norplant to the list of contraceptives they already dispense.

The first school to offer implants was the Laurence G. Pope, a school, according to a community leader, Norplant is an integral facility for and preventing young people. Community activists have demonstrated the ball and request for the treatment of a« race," says Rev. Melvine Tuggle, a minister in Baltimore's Garden of Prayer Baptist Church.

Both sides of this controversy—a those who want to force women to use Norplant and those who fear that it is part of a racist plot to reduce African American population—do not have as much to lose as the women. But for African American women, the issue is not just a matter of race, but of reproductive rights. Both sides argue that many women have babies because they want to. But it's more complex than that.

Even when contraceptives are used, many women get pregnant. By now, the many ways that condoms can fail, through carelessness as well as misuse, should be well known. But many people may not understand how many women who claim to be on the pill become pregnant.

The modern pill contains much lower doses of estrogen and progestogens than the earlier versions. While these newer pills cause significantly fewer side effects, they require more precise use. Missing just one day puts a woman at risk of pregnancy. Missing more than a few days is an invitation to pregnancy, as Patty Alemann, a nurse practitioner at the Capital Women's Center in Baltimore, noted. "One college freshman came in for an abortion and she said she was taking the pill. When I pressed her about it, she said, well, I did miss three days.

The lifestyles of many teenagers are not consistent with maintaining this kind of daily routine. Virginia Cartoel, a former social worker in inner-city Boston, found that many of her young clients lived in crowded households where pill was lost. Other women did not always spend the nights in the same place, and would forget to take their pills along.

A quarter of all pregnancies are now terminated by an abortion, according to Alan Guttmacher Institute. In 1990, 15,000,000 abortions were performed in the United States, and of these, 15 percent were to women aged 15 to 19. Of these, 76 percent of black ones being born out of wedlock.

As University of Pennsylvania sociologist Janet et al. noted, "Most middle class youths take a stronger interest in their future and know what a pregnancy can do. But those who have the most to lose, in terms of education, job opportunities, see no future to dread—hence they see little to lose by having a child out of wedlock."

The association between poverty and ill life prospects on one side and unwed childbearing is on the other side. Many of those who have the most to lose, are the most responsible about their sexual practices.

Rather than being an instrument to control disadvantaged women, Norplant can empower them. It gives women better control over their fertility. All we have to do is make sure it is readily available to those who want it.

Over 120 years ago, Ralph Waldo Emerson wrote: "If the new women had known that, if you build a better mousetrap, the world will beat a path to your door. In the field of contraception, the world's in need of a better mousetrap. Norplant may be that better mousetrap. And both sides of the Norplant debate can agree that it is a better mousetrap.

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