

Birth Control: the Last Market That Needs Misleading Ads

By MERLE HOFFMAN

Despite their heated debate over abortion (and now the proposed "squel rule," as well), pro-choice and so-called right-to-life advocates do have at least one common objective, the prevention of unwanted pregnancy. Thus, they might even contemplate joining forces to remove one obstacle to that goal—the misleading promotion of over-the-counter spermicides, the method of birth control now used with less than laudatory results by millions of American women.

The effectiveness of the ingredients in these products is not at issue. The fault lies in advertising claims that convey the impression that even when they are used alone, without a condom, diaphragm or intrauterine device, spermicides offer the same amount of protection as prescribed methods of birth control. What many people don't know is that much of the effectiveness of spermicides depends on the woman's ability to understand and follow the instructions for proper use, which range from the very vague to the extremely complex.

Many of these foams, creams, jellies and suppositories need to be inserted no more than 15 minutes before intercourse so that they can "foam," "fizz" or "dissolve" properly. Yet many instructions simply state that the particular product "should be applied not more than an hour before intercourse," while others suggest that the user watch a clock for several minutes to make sure that the product has "dispersed." Still others fail to explain the importance of reapplying the spermicides before intercourse

if a woman has gotten out of bed and walked around. And many of the products provide instructions only in English.

Federal law requires all prescription birth control devices to come with detailed clinical data about their safety and effectiveness. No such law exists for non-prescription devices. Instead, the typical label says simply, "While no contraceptive method is 100% effective, if used according to directions, this product affords highly effective protection against pregnancy."

Advertising claims tend to be more extravagant. Many capitalize on widespread fear of the side effects of the pill and the IUD. Thus one ad reads, "Compared to the pill and IUDs, Koromex contraceptive jellies, cream and foam are like a calm after the storm." The directions from another product say that, "unlike the IUD, Semicid can not penetrate the uterine wall."

A number of ads suggest that spermicides enhance romantic spontaneity. One insists that the product "... makes love-making happen naturally," while another says that it "makes birth control seem so natural, you almost don't think about it." The dreary prose sidesteps the fact that it is essential for a woman to adhere to a schedule so that intercourse occurs only at the time when the spermicide is most effective. She had better think about re-applying the spermicide each time intercourse is repeated.

During my 11 years as the director of a women's health center, I have seen thousands of abortion patients who said they be-

came pregnant while using only spermicides, because they believed that those products were as effective and easy to use as the promotional material claimed.

In 1980, partly because of complaints that I lodged with members of Congress, the Food and Drug Administration issued a report saying that the labeling of these products is both inadequate and misleading and recommending that their advertising be regulated. Yet the agency failed to follow up on its recommendations.

The Federal Trade Commission has dropped a separate proposal that would have regulated the advertising of non-prescription drugs, including spermicides.

The FDA also recommended that these products carry a warning stating that they are most effective when used in conjunction with another contraceptive, such as a condom or diaphragm. Again this proposal has been ignored. Yet FDA studies show that of 100 women who use aerosol foam alone, 2 to 29 will become pregnant in the first year; of those who use jellies and cream alone, 4 to 36 will become pregnant. As for suppositories, no statistics exist although the FDA considers their effectiveness to be fair to poor. When compared to the pill (2 to 9 out of 100 users will become pregnant in a year), IUD (1 to 6) and the diaphragm (2 to 20, depending on proper use), the non-prescription spermicides seem much less effective.

The FDA's failure to implement its own recommendations has had the most harmful

effect on young and poor women. More than one-third of all abortions in the United States are performed on teen-agers, the group most likely to buy simple-to-use contraceptives that don't require a prescription. Unfortunately, the Reagan Administration's proposed "squel rule," which would require parents to be notified when their daughters request prescription contraceptives, would encourage even more young people to buy spermicides. In addition, if anti-abortion proponents succeed in their drive to ban such contraceptives as the pill and the IUD, many older women may have to rely on spermicides instead.

There's no question that the high incidence of unwanted pregnancies could be reduced if more women, especially teen-agers, were better informed about contraception. Many physicians, unless specifically asked, will not take the time out to explain how to use spermicides and what the risks are. Therefore, it is incumbent on the FDA to take an active role.

No method of birth control is absolutely foolproof. But if women are to play this kind of Russian Roulette, they are entitled at least to know the odds in advance. No matter how we feel about abortion, we should be able to agree on the urgent need for accurate labeling and promotion of all devices that are supposed to keep women from getting pregnant against their wishes.

Merle Hoffman, a social psychologist, runs a women's health center in Forest Hills, N.Y.