US Government attacked on sexual health policies

In the US, Democratic Representatives have criticised the administration for eliminating vital information from a government factsheet on HIV and sexually transmitted disease (STD) prevention, including how to use a condom properly, and evidence that educating youngsters about condoms does not foster earlier sexual activity.

The factsheet previously advised abstinence from sex as the best way to avoid sexually transmitted infections (STIs) and HIV but added that ‘latex condoms were highly effective when used correctly and consistently’. The revised version says that ‘no protective method is 100% effective, and condom use cannot guarantee absolute protection against any STD’.

The alterations and deletions ‘appear to be part of an Orwellian trend’, according to 14 Democratic Representatives in a letter to the government’s Department of Health and Human Services Department. They allege that ‘information that used to be based on science is being systematically removed from the public when it conflicts with the administration’s political agenda’.

The Bush administration is also criticised by the American Civil Liberties Union for financially sponsoring Abstinence Programs in which youngsters are encouraged to ‘pledge’ to abstain from premarital sex. Abstinence Programs do not teach about contraceptive methods and sometimes teach contraception with fundamentally Christian messages. A vast questionnaire study of US adolescents has raised serious questions about the impact of Abstinence Programs. Younger adolescents who ‘pledge’ do delay first intercourse compared with those who choose not to pledge. However ‘pledging’ makes no difference to the sexual debut of 18-year-olds, evidence that ‘pledging’ does not appear to be part of an effective way to avoid sexually transmitted infections. The US Government attacked on sexual health policies.

The International Planned Parenthood Federation (IPPF) General Director, Dr Steven Stosz, spoke of the recent US President’s ‘seemingly single-minded determination to strip women of reproductive rights and access to reproductive health services’. IPPF lost $18 million of US government funding at the end of the Bush’s ‘protective veto’ provision in the Mexico City Policy of January 2001 blocked US government funding of any organisation directly or indirectly involved in abortion-related activity.


JOURNAL CLUB


Although cervical cancer is now relatively uncommon in the UK, worldwide it is the second most common cause of cancer-related mortality in women. Persistent infection with oncogenic human papillomavirus (HPV) is the single most important factor in the development of pre-invasive and invasive cancer. Oncogenic types of HPV DNA are detected in virtually all cervical cancers and recognition of this crucial role has stimulated the investigation and development of HPV vaccines in both prophylactic and therapeutic settings. Such strategies could prevent cancer deaths, especially in developing countries where population screening is not feasible and therapeutic options can be limited.

This paper presents an interim analysis of a large double-blinded multicentre randomised controlled trial. The aim of this trial is to determine if a HPV 16 virus-like particle (VLP) vaccine will prevent HPV 16 infection. A total of 2343 women, recruited from advertising at college campuses in the US, received three doses of either HPV 16 vaccine or placebo. The analysis presented is restricted to 1535 women who completed the entire vaccination scheme. The main outcome criterion was the absence of evidence of either current or previous HPV 16 infection are not practical and the impact on cervical cancer, where screening is not an option, needs to be seen. This will require much larger population programmes over a longer-term follow-up.

In addition, HPV vaccines are known to be highly specific and vaccinating against one subtype may produce less effect on cervical disease as other HPV infections replace the eliminated type.

Effective vaccination against HPV has been anticipated for a number of years now and this has been demonstrated by the significant impact on the incidence of HPV 16 infection. The completion and final analysis of the trial will be as important as these early results and may produce essential data on how and when to start the pill and had less chance of pregnancy if they are not already at risk. The women needed less information about how and when the Quick Start method was used. The authors have used the Quick Start method of starting the combined oral contraceptive (COC) for several years in their clinics and it is offered to patients at the discretion of the provider. How they advised starting the pill was at the preclusion of the clinician.

This study was not randomised. Two hundred and fifty women were recruited and 62 (25%) took the first pill at the clinic. The study reviewed the continuation rate of the method after one cycle. The authors believe that when the Quick Start method was used. The women were randomly divided into two groups. One group had the standard information about the COC and the other group had additional information regarding the risks of VTE following the statement of the Committee on Safety of Medicines (CSM) in 1999, where the previous advice of 1995 was withdrawn. Only about two-thirds of each group could give the correct advice when asked in a questionnaire. The additional information made no difference. The authors are of the opinion that there is very little research done on how to put information cross to women regarding the risks of the pill, especially when information becomes sensationalised by unbalanced reporting in the press.

Reviewed by Judy Murty, DRCOG, MFFP

SCMO, Contraceptive and Sexual Health Services, Leeds, UK


This paper reviews a method of starting the pill at the first visit to the clinic. The authors describe it as the ‘Quick Start’ method. They consider that the traditional way of starting the pill on the first day of the menstrual cycle is to avoid an unexpected pregnancy occurring in the first packet of pills. It is now established that taking hormones in early pregnancy are not harmful to the fetus and does not matter when the pill is started. The authors have used the Quick Start method of starting the combined oral contraceptive (COC) for several years in their clinics and it is offered to patients at the discretion of the provider. How they advised starting the pill was at the preclusion of the clinician.

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This small study questioned 186 university students on their understanding of the risks of venous thromboembolism (VTE) when taking the combined oral contraceptive (COC). One group of sixty-five women who in the group were taking the pill or had taken it in the past. The women were randomly divided into two groups. One group had the standard information about the COC and the other group had additional information regarding the risks of VTE following the statement of the Committee on Safety of Medicines (CSM) in 1999, where the previous advice of 1995 was withdrawn. Only about two-thirds of each group could give the correct advice when asked in a questionnaire. The additional information made no difference. The authors are of the opinion that there is very little research done on how to put information cross to women regarding the risks of the pill, especially when information becomes sensationalised by unbalanced reporting in the press.

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