

Headline **Contraception not same as abortion**  
Date **01 Aug 2010**  
MediaTitle **Daily Express (KK)**  
Section **Nation**  
Journalist **N/A**  
Frequency **Daily (EM)**  
Circ / Read **30,557 / 97,836**

Language **English**  
Page No **18**  
Article Size **180 cm<sup>2</sup>**  
Color **Black/white**  
ADValue **371**  
PRValue **1,113**



# Contraception not same as abortion

**I WRITE** in response to the letter by Lo Nam Yee (Forum 11.07.10).

His comments contained various medical and factual inaccuracies. This was further compounded when he was unable to reveal references of his research in this current age of evidence-based medicine whatever the "obvious reasons" were.

Most certified researches are unanimous in their support of condoms in reducing the incidences of sexually transmitted diseases (STDs). Whilst condoms are not 100pc effective in preventing conception, the alternative of not using any contraceptive method is more detrimental.

Condoms play an effective and essential role in the prevention of HIV. Studies in Thailand, Cambodia and Uganda have shown that the use of condoms has been successful in stabilising, if not reducing, the transmission of HIV. Research evidence from heterosexual couples in which one partner is infected with HIV shows that correct and consistent condom use significantly reduces the risk of HIV transmission from both men to women, and also from

women to men. To say that condom use is equated to higher AIDS transmission rate is erroneous. And worse, irresponsible.

On a similar note, there is no conclusive evidence that the Oral Contraceptive Pill (OCP) is responsible for any of the side effects mentioned (high blood pressure, stroke, heart disease). Studies examining the use of OCPs as a risk factor for breast cancer have produced inconsistent results. Researchers suggest that the inconsistent findings may have happened because participants in different studies used OCPs in different doses and forms.

Furthermore, other factors that influence baseline hormone levels in the women under study may have led to varying results. In general, most studies have not found an overall increased risk for breast cancer associated with the use of OCPs. Therefore, women wishing to use OCPs can be reassured that their decision is unlikely to place them a higher risk of developing cancer.

The risk of a vasectomy mentioned (heart disease, diabetes, prostate cancer) is similarly ludicrous.

I was alarmed by the notion that an Intra Uterine Device (IUD) is an abortion method with detrimental risks to the woman. Complications are rare. The World Health Organisation Scientific Group states (of IUDs) that "It is unlikely that the contraceptive efficacy of IUDs results, mainly or exclusively, from their capacity to interfere with implantation.

It is more probable that they exert their antifertility effects beyond the uterus and interfere with steps in the reproductive process that take place before the ova reaches the uterine cavity."

Furthermore, the American College of Obstetricians and Gynecologists has reviewed available scientific evidence and concluded that, "As such, the IUD is not an abortifacient."

The exact semantics of the word contraception is irrelevant in the context of the purpose of contraception. Contraception serves two main purposes - to prevent the transmission of STDs and the freedom of choice for family planning.

Similarly, the boundaries between what is contraception and what is abortion should not be distorted. It is generally acknowledged that the early events of reproduction are confusing. The World Health Organisation Scientific Group suggests that pregnancy begins when implantation (the attachment of the fertilised ovum onto the wall of the uterus) is complete. This occurs approximately two weeks after fertilisation has occurred. Fertilisation in itself is an essential step towards achieving a pregnancy, but in itself does not constitute a pregnancy.

Any method of contraception that acts before implantation is, therefore, not an abortion. This view is similarly endorsed by other major medical organisations.

It is generally acknowledged that no method is perfect and that failures are a possibility. However, the role of established modes of contraception should not be condemned and refuted. What I find disturbing is that Lo Nam Yee condemns proven methods without providing a viable and feasible alternative.

Whilst it is agreed that strong religious belief and upbringing is the ideal solution in an ideal world, what is sadly ignored is that we do not live in such a world. Dr John Teo should, therefore, be lauded in his efforts in preventing unwanted pregnancies and the risk of sex before marriage through education.

It would be through education and the correct use of contraceptive methods that will ultimately be of benefit in the prevention of unwanted pregnancies and the avoidance of baby dumping.

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