

407

F-27

BIRTH CONTROL , ABORTION , VENEREAL DISEASE

Published originally as BIRTH CONTROL, ABORTION, AND V.D.: A GUIDE FOR THE B.U. STUDENT
© 1970 by Linda Thurston

Revised May, 1970 for the RESIST High School Kit

Available from RESIST
763 Massachusetts Avenue #4
Cambridge, Massachusetts 02139

25¢

407

TABLE OF CONTENTS

Birth Control	1
Are You Pregnant?	5
Abortions	5
Legal Abortions	6
Illegal Abortions	7
Venereal Disease	8
Appendix	9
Sources of Counsel and Aid	9
Why Unwanted Pregnancy?	10
Bibliography	12



BIRTH CONTROL

Several authorities have shown that people are apprehensive about using contraceptives for fear of making too strong a personal commitment in a relationship or to a new way of life. But the best advice is simple: if you are having intercourse and don't want a pregnancy, use birth control. You should know that although it is difficult for some women to get pregnant at all, others have gotten pregnant simply from sperm splashed on the genitalia. There is no way of telling what will happen in your case.

Below are explanations of the various birth control devices. Remember however, any device is only as effective as the care you take in using it properly.

A. Oral Contraceptives ("The Pill")

The pill is almost 100% effective and works by preventing ovulation in the female. It can be obtained only with a doctor's prescription. It is important that a woman use only the pills a doctor prescribes for her alone because pills vary in strength and content. What may work for one person might not for another.

The pills usually cost about \$2 a month plus the cost of visits to the doctor. After you obtain the pills it is highly recommended that you visit your doctor once or twice a year for check-ups. You should also ask how many years you can take the pill continuously.

The pills are taken once daily at the same time for 20, 21, or 28 days each month depending upon the type of pill prescribed. With the 20 or 21 day kind the menstrual period will start a few days after the last pill is taken. Nothing is taken during this lapse, but the user is still protected from pregnancy. If you decide to get pills the doctor will explain more precisely how and why they work.

Advantages -

1. Recommended as most effective method
2. Often eliminates menstrual cramps, lightens menstrual flow, regulates periods
3. Is one of two contraceptives (IUD is the other) independent of sexual act
4. Often clears complexions

Disadvantages and Considerations -

Between one and two million women have stopped taking the pill, primarily because its long-term safety has not been proved. Below is a proposed Federal Drug Administration leaflet for users of the pill. The leaflet outlines the possible dangers which a woman should be aware of before she chooses the pill.

All of the oral contraceptive pills are highly effective for preventing pregnancy, when taken according to the approved directions. Your doctor has taken your medical history and has given you a careful physical examination. He has discussed with you the risks of oral contraceptives and has decided that you can take this drug safely.

This leaflet is your reminder of what your doctor has told you. Keep it handy and talk with him if you think you are experiencing any of the conditions you find described.

A WARNING ABOUT "BLOOD CLOTS"

There is a definite association between blood-clotting disorders and the use of oral contraceptive. The risk of this complication is six times higher for users than for non-users. The majority of blood clotting disorders are not fatal. The estimated death rate from blood-clotting in women not taking the pill is one in 200,000 each year, for users the death rate is about six in 200,000.

Women who have or who have had blood clots in the legs, lung or brain should not take this drug. You should stop taking it and call your doctor immediately if you develop severe leg or chest pain, if you cough up blood, if you experience sudden and severe headaches or if you cannot see clearly.

WHO SHOULD NOT TAKE BIRTH CONTROL PILLS

Besides women who have or who have had blood clots, other women who should not use oral contraceptives are those who have serious liver disease, cancer of the breast or certain other cancers and vaginal bleeding of unknown cause.

SPECIAL PROBLEMS

If you have heart or kidney disease, asthma, high blood pressure, diabetes, epilepsy, fibroids of the uterus, migraine headaches, or if you have had any problems with mental depression, your doctor has indicated you need special supervision while taking oral contraceptives.

Even if you don't have special problems, he will want to see you regularly to check your blood pressure, examine your breasts and make certain other tests.

When you take the pill as directed, you should have your period each month. If you miss a period, and if you are sure you have been taking the pill as directed, continue your schedule. If you have not been taking the pill as directed and if you miss one period, stop taking it and call your doctor.

If you miss two periods, see your doctor even though you have been taking the pill as directed. When you stop taking the pill, your periods may be irregular for some time. During this time you may have trouble becoming pregnant.

If you have had a baby which you are breast feeding, you should know that if you start taking the pill its hormones are in your milk. The pill may also cause a decrease in your milk flow. After you have had a baby, check with your doctor before starting to take oral contraceptives again.

WHAT TO EXPECT

Oral contraceptives normally produce certain reactions which are more frequent the first few weeks after you start taking them. You may notice unexpected bleeding or spotting and experience changes in your period. Your breasts may feel tender, look larger and discharge slightly. Some women gain weight, while others lose it. You may also have episodes of nausea and vomiting. You may notice a darkening of the skin in certain areas.

OTHER REACTIONS TO ORAL CONTRACEPTIVES

In addition to blood clots, other reactions produced by the pill may be serious. These include mental depression, swelling, skin rash, jaundice or yellow pigment in your eyes, increase in blood pressure and increase in the sugar content in your blood similar to that seen in diabetes.

POSSIBLE REACTIONS

Women taking the pill have reported headaches, nervousness, dizziness, fatigue and backache. Changes in appetite and sex drive, pain when urinating, growth of more body hair, loss of scalp hair and nervousness and irritability before the period also have been reported. These reactions may or may not be directly related to the pill.

NOTE ABOUT CANCER

Scientists know the hormones in the pill (estrogen and progesterone) have caused cancer in animals, but they have no proof that the pill causes cancer in humans. Because your doctor knows this, he will want to examine you regularly.

REMEMBER

While you are taking _____, call your doctor promptly if you notice any unusual change in your health. Have regular checkups and your doctor's approval for a new prescription.

B. The Condom (prophylactic, "rubber")

This is both an old and reliable method with effectiveness over 90%. It is a thin latex bag which covers the entire erect penis. It should be placed on the penis immediately after erection. During foreplay there may be some secretion of fluid before ejaculation. This fluid does contain semen and the woman could be impregnated. Be careful not to fit it too snugly - if enough room is not left to hold the semen it will probably tear and be useless. It must be held during withdrawal to prevent it from slipping off. After intercourse it is removed with the ejaculate still inside and discarded. The three for a dollar condom is apparently just as effective as the more expensive ones, the difference being that the latter are probably thinner thus allowing for greater sensitivity.

Advantages -

1. Offers protection against VD as well as pregnancy
2. Since 1938 the Food and Drug Administration has been supervising standards of protection

Disadvantages -

1. Slight loss of sensitivity for the man
2. Must be put on just prior to intercourse
3. May tear during intercourse due to excessive friction

C. The Diaphragm

The diaphragm is a round or crescent shaped rubber dome with a circular spring rim. The diaphragm itself is not an adequate method of contraception; it must be used with a spermicidal jelly or cream (most recommended is Delfin cream). About a teaspoon of cream or jelly is placed into the dome of the diaphragm and spread evenly along the rim and outside. The diaphragm is then squeezed together and pushed into the vagina until it is in place over the cervix (the opening into the uterus). This application of spermicide is effective only for one act of intercourse. Repeated acts must be preceded by use of cream, jelly, or foam. The diaphragm is not removed; the spermicide is injected directly into the vagina with a special applicator. See additional warnings under F. Contraceptive foams and jellies.

When properly fitted, the diaphragm cannot be felt by either partner. Insertion can be done immediately before coitus or up to three hours in advance, but afterwards it must be left in place for at least six hours. It is removed by hooking a finger into the rim and pulling it out. A subsequent douche is not at all necessary. Properly used with cream or jelly it is about 96% effective and costs \$15-\$28 a year. A woman must be fitted for a diaphragm by her doctor.

D. The Cervical Cap

This is a plastic cup very like a diaphragm only must more difficult to insert. Its advantage is that it can be left in place for days or even weeks. As with the diaphragm, a woman must be fitted by a doctor; very few are now being distributed.

E. The I.U.D. (intrauterine device)

This is a plastic or stainless steel loop or coil inserted in the uterus. Doctors are not absolutely certain how the I.U.D. works but they think it prevents the egg cell from being implanted in the uterine wall. It cannot be felt during intercourse. It may be impractical for many women:

1. It may slip out of place without the user's knowledge.
2. Unless you have had a baby already your body may reject it. This is because the uterus is not stretched and may push the I.U.D. out. A new shape (the Majzlin spring) is now being experimented with which has had a great deal of success with women who have never had children. Doctors in Boston, New York, and Washington D.C. and other cities are experimenting with this I.U.D. Women should ask at local Planned Parenthood services about the availability in their city.
3. It is expensive (\$20-\$100) and must be inserted by a doctor.
4. Sometimes it prolongs the menstrual period or causes irregular bleeding and cramps during the first few months of use.

Despite the disadvantages, the I.U.D. is the second most effective device so you should not dismiss it, especially for later life after you've had a child.

F. Contraceptive foams and jellies

There are two contraceptive spermicidal foams on the market: Delfin and Enko. Enko, however, has a 20% per year pregnancy rate and should not be used. They are readily available in any drug store or large department store. Foams must be applied within two hours of each intercourse, preferably right before. Users should not douche for four to six hours after the last intercourse. Contraceptive jellies are not as effective as their foam counterparts and should only be used as a last resort if you are allergic to the foams. One disadvantage is that they are effective only for a short time.

An additional application of foam or jelly should be used with repeated intercourse or if the woman walks around or urinates between the time of application and intercourse.

G. The rhythm method

This method is so ineffective that it should not be used unless you plan to have children. It presumes that a woman knows her time of ovulation, which is difficult, if not impossible, to determine, and is not necessarily the same every month. Women have gotten pregnant even the first day before or after their period. If you do decide to use this method, see a doctor for full explanation.

H. Douching

This is not an effective contraceptive method. Be wary of infection from improper apparatus such as a dirty soda pop bottle. You can buy a "feminine syringe" very cheaply at any drug store.

I. Withdrawal (coitus interruptus)

The man must exercise a great deal of control, but even if he does execute the perfect withdrawal of his penis just before ejaculation, the woman can still be impregnated by the splashing of sperm onto her labia. It is definitely too risky a technique for use by novices. Also, some psychiatrists warn against harmful emotional effects on both partners.

J. Suppositories and foaming tablets

These are inserted deep into the vagina not more than an hour before each intercourse. Here it melts, releasing a spermicide to immobilize the sperm. These can be bought without a prescription in many drug stores and come with detailed instructions. A few minutes must be allowed for the tablet or suppository to melt so that they may work. Women should be very careful because many widely advertised suppositories are not spermicides. This method is not very effective, even when used properly.

K. Combination of devices

The man's use of a condom combined with the female's use of vaginal foam is highly effective - perhaps as effective as the pill although statistics are not available to guarantee it. One big advantage of this method is that both devices can be bought without prescription. Another advantage is that it places the responsibility for preventing conception on both the man and the woman rather than with the woman alone.

L. Sponge

The woman inserts a sponge, soaked in a spermicidal agent, into the vagina. In addition to being an antiquated and not totally effective method, it can be very uncomfortable.

These are the only known methods of birth control other than abstention. Anything else you may have heard is an old wives' tale or wishful fantasy. A pill for men does not exist yet. A "morning after" pill has been developed and is used in cases of rape. It is available in many states if women say they are willing to be part of the experiment to determine its effectiveness. It must be taken within three days after unprotected intercourse. In such an emergency, contact your doctor or the local Planned Parenthood clinic.

Effectiveness in descending order:

Maximum effectiveness -

1. The pill

Very high effectiveness -

2. The I.U.D.

3. Diaphragm w/cream or jelly

4. Combination of devices

5. Condom alone

6. Foam alone

7. Rhythm with thermometer and medical consultation

Medium to poor and ineffective -

8. Cream or jelly alone
9. Suppositories
10. Foaming tablets
11. Rhythm with use of calendar and medical consultation
12. Sponge with liquid or powder
13. Withdrawal
14. Douching

Although there is no one perfect method, it should be noted that considering cost, convenience, and personal preferences, there is no intelligent reason to use one of the less effective methods. Using anything less than those rated "very effective" is playing dangerous odds.

ARE YOU PREGNANT?

Early indications of pregnancy -

1. a missed menstrual period
2. nausea, often upon waking in the morning
3. unusual sensations of fullness or tenderness in the breasts

Later indications -

1. frequent urination
2. a sudden weight loss (due to nausea) or gain (due to growth of embryo)
3. color change of the nipples

These symptoms could mean that your unhappy suspicions are true. DON'T PANIC, but don't delay. Go to any doctor or clinic and have a test made for pregnancy. You should have the test taken at least 10-18 days after conception has taken place or the results may not be valid. Laboratories recommend that you take it at least eight days after your expected period.

If your period is a few days late a gynecologist can give you pills which after three to five days will bring on your period only if you are not pregnant. These pills will not induce a miscarriage. If your period is one week late go to a clinic or doctor to have a urinalysis which will determine if you are pregnant.

If you want an abortion you should not wait until the later symptoms develop because by then it is often too late to get an abortion. So don't delay getting a test at the earliest possible time if you have any of the early symptoms.

ABORTIONS

Abortions, legal and illegal, are not easy to get and are never a happy experience. Don't count on abortion as a method of "birth control" unless you are already pregnant.

Before you consider an abortion, be sure that medical tests have confirmed your pregnancy. If you are pregnant, don't panic: you'll get by with a little help from your friends. In many cases, it is desirable to have a pelvic exam performed as confirmation of pregnancy. This test helps to pinpoint more accurately the duration of the pregnancy and may reveal any unusual conditions that might indicate the possibility of obtaining a legal therapeutic abortion. Most doctors calculate duration of pregnancy from date of last period rather than from time of conception so don't be surprised if a doctor tells you that you are two weeks further along than you have calculated.

It is also wise to request a written statement from the doctor (or the laboratory report) confirming the pregnancy and its duration. Most people counseling about unwanted pregnancies want to see proof that an individual is pregnant. Only in rare instances will any doctors in this country perform an abortion for anyone who is more than 12 weeks pregnant, so if you think you are pregnant, and if you think you might want an abortion, start procedures immediately.

A. Dilation and Curettage

This is popularly called a D&C. First, the opening to the uterus (the cervix) is widened (dilated), then an instrument known as a curette is inserted through the cervix into the uterus and the doctor gently scrapes the embryo off the uterine wall. Performed properly by a doctor, this is one of the safest operations in existence. It usually takes no more than 15 minutes, is no more dangerous than a tonsillectomy, and is definitely safer than childbirth. A D&C can be done up until 12 weeks.

B. Suction method

The suction method consists of dilating the cervix, inserting a small clear plastic tube into the uterus, and withdrawing the fetal material and the uterine lining by gentle suction. The suction method is a quick (takes about 10 minutes) and effective procedure, and can be done up to 14 weeks.

C. Hysterotomy

This is a major surgery and must be performed in a hospital. It can be used after it is too dangerous to perform a D&C or suction (15-24 weeks of pregnancy). This is not a hysterectomy (removal of the entire uterus) and does not cause infertility. It is a modified Caesarean section. Almost no doctor in this country will perform a hysterotomy except in extreme cases.

D. Saline injection

This method is used after a D&C or suction is too dangerous. It may be quite safe if the doctor is experienced in its use, but the odds against that are great.

E. Abortion by catheter

Usually quite dangerous, and seldom performed by doctors.

An abortion should be performed within the first three and a half months of pregnancy. It may possibly be performed up to and including a few months after that, depending on the doctor and the type of operation used. However, there is a much greater risk with a late abortion and you should not count on getting it done at such a late stage. It just isn't safe then. Even three months is quite late to get a safe D&C and the later you are the more difficult it will be to find a doctor willing to operate on you. After 20-24 weeks no doctor anywhere will perform an abortion since around that time it is feasible that the fetus could live independently outside the woman's body.

LEGAL ABORTIONS

Contrary to popular belief, it is possible to get legal abortions in almost all states. However, outdated laws make that process complicated and often somewhat lengthy. A great deal of perseverance is required.

Once pregnancy is determined, you should choose a broadminded, certified gynecologist to recommend your case to the abortion board of a private hospital. Legally a hospital in any state cannot operate on anyone under 21 without parental consent.

Cost of hospital abortions varies and sometimes is on the basis of ability to pay. Often however one must pay \$200-\$250 for obstetrician's bill, \$300 for hospital fees, and \$75 per letter from each (often two) psychiatrist certifying need for abortion. Sometimes you can get these things for much less if you look around.

Planned Parenthood suggests going to England where humane laws make it quick and easy to get a safe legal abortion. You can make an appointment from the U.S. \$900 covers all medical expenses and airfare. If this is out of the question, several states have recently "liberalized" their laws (although they all talk about abortion law reform instead of repeal). These states include Georgia, California, Colorado, North Carolina, Maryland, Arkansas, New Mexico, New York and Kansas. If you

are a resident of one of these states or of the District of Columbia you may be able to get an abortion on the grounds of "mental health". The chances for a non-resident to get a legal abortion are slim.

Although abortion is not legal in Puerto Rico, it is usually treated as if it were by the police, and abortions are available in the larger hospitals. The cost is usually \$600-\$700. Unless you have had the luck to find someone in the U.S. to set up an appointment for you there is no guarantee that an abortion will be granted.

ILLEGAL ABORTIONS

Because of the involved and often demeaning process required to get a legal abortion in the U.S., many women turn to illegal sources. In fact, out of over a million abortions in the U.S. last year only 8,000 were obtained legally. This is not an easy alternative either, but you may have no choice. If you have decided to do this, there are some general rules of caution to be followed.

- A. DO NOT ATTEMPT TO ABORT YOURSELF. Many foolish old wives' tales still persist and panicked women often wrongly resort to them, hurting themselves seriously. Dangerous methods often suggested include:
1. Objects inserted in the uterus such as coat hangers, crochet needles, and nails cause serious hemorrhaging and possibly death.
 2. Falling down a flight of stairs may cause a concussion, but will not dislodge a fetus in the first half of the term of pregnancy. After that time any accidental abortion of the fetus caused by jarring it loose will require post-miscarriage hospital care.
 3. Quinine or other medicines used to induce contraction of the uterine muscles can cause cramps, diarrhea, and internal damage, but not an abortion.
 4. "Swedish Abortion Pills" aren't what they are said to be, but they will cause muscular contractions that often don't dislodge the fetus but cause hemorrhaging and internal damage. If they were safe and effective, they would be available legally for certain cases.
 5. "Humphrey's 11" is a pill designed to bring on the menstrual period only if you are not pregnant.
 6. Douches such as with vinegar or gasoline are totally ineffective as an abortion but will likely cause infection.
- B. Choose the best possible abortionist. There are many people who give illegal abortions. Some are MD's and even gynecologists. Others have had no more medical training than a janitor in a hospital morgue. Out of about one million illegal abortions last year in the U.S., 350,000 women were hospitalized and 8,000 died (coincidentally the same number of legally obtained abortions). Possible consequences of an inadequate abortion are:
1. injury to uterus
 2. infection, including septicemia (a blood infection)
 3. hemorrhaging
- These complications can lead to infertility and death. It is very important to avoid quacks and find a qualified doctor. Names of qualified abortionists should be obtained from:
1. reputable references such as professional counselors or counseling agencies (see suggested list at the end of this book)
 2. a trusted friend with personal experience with a good abortionist

What should you look for?

Obviously an MD is preferable. It is a good idea to check with the local A.M.A. or County Medical Society to see if she or he is a qualified, practicing doctor. You may not, however, know the doctor's name and will have to trust the person or group which referred you. If the doctor is not listed with A.M.A. it is possible that she or he is a competent doctor with his or her license suspended for giving illegal abortions. Try to find out.

Also try to determine the method of abortion ahead of time. Be wary of anything other than a D&C or suction (see descriptions of abortions). Also try to find out what kind of equipment is used and whether or not she or he gives antibiotics and anesthesia. You should be able to expect a local anesthetic.

C. Prepare for the abortion

1. Before you go for your operation it is wise to have seen a gynecologist so that you will be his or her patient and he or she will be willing to see you for a check-up when you return. This should be done in any case, but is vital in case you develop any complications.
2. Good illegal abortions cost between \$300-\$800. Be ready to bring the required amount in cash at the time of the appointment.
3. If the appointment is out of town, be prepared to stay overnight as you may not feel up to a long trip home. If you can, it might be a good idea to bring along a close friend for help and moral support. However, your friend usually will not be permitted to go to the place of the abortion.
4. Get in the best possible physical and mental health before the operation. Get lots of sleep.
5. Follow closely any instructions the abortionist may give you such as special clothes to wear or not eating before the operation.
6. Don't be late or try to change the time of the abortion. This may cancel your appointment.
7. Don't discuss details of the operation over the phone if at all possible.
8. Be prepared for melodramatic touches. It is possible that you will be blindfolded while traveling to the place of the operation and once there the doctor may be wearing a mask. The doctor's paranoia is justified because he can get into a lot of legal trouble so he doesn't want anyone to know who he is or where he works. This probably will not happen, but be prepared for the shock if it does.

D. The operation itself

A D&C is a simple operation, but like all operations, has an element of danger. You may be put to sleep or just be given a localized anesthetic. The feeling is uncomfortable, but not painful. It feels like a gentle scraping of the uterine wall, which is what it is. The calmer and more relaxed you feel, the easier it will be.

E. After the operation

1. You will experience some bleeding for several days after the operation. Don't use a tampon. Use a sanitary napkin.
2. Don't swim or take baths. Shower only. Anything entering the vagina can cause infection.
3. You should have a period between four and eight weeks after the operation. Don't use a tampon until after this. Also, do not attempt intercourse until after this period.
4. If any post-operative difficulties occur don't hesitate to go to a doctor or hospital. High fever, discharge, and pelvic pain indicate infection. Severe bleeding indicates hemorrhaging.
5. It is necessary to get a post-operative check-up by an understanding gynecologist even if you seem quite healthy.

F. Protect yourself and your abortionist from an inhuman and antiquated law.

If you are questioned at a hospital during any post-operative care or by the police, remember: The only way a doctor can be convicted for performing an abortion is through the patient's testimony against him. Keep in mind that you are also breaking the law. If you testify against the doctor you will be incriminating yourself. The police may "guarantee" you immunity to elicit your testimony, but there is nothing binding them to this promise. If they ask any information other than your name you have every right to ask for counsel and to invoke the Fifth Amendment.

VENEREAL DISEASE

A "venereal disease" is one that is communicated through sexual intercourse. The two major venereal diseases are syphilis and gonorrhea. Syphilis is the more dangerous of the two because it spreads through the whole body if not properly cured. It can ultimately cause blindness, insanity, paralysis, or death. Gonorrhea, in addition to often causing sterility, can effect the heart or

joints, bringing serious damage to health in later life. Because of the dangers of these diseases, it is crucial to recognize their symptoms as early as possible, so that treatment can be sought. If treatment is begun at an early stage, both are fairly easy to cure.

Contrary to popular myth, the pill does not prevent VD. Of all birth control methods, only the condom helps protect against VD.

A. Symptoms

Syphilis -

1. From three weeks to three months after contracting the disease, a sore will appear, usually in the genital area. This sore is usually very small, and doesn't hurt. It may even be completely hidden, especially in a woman. This sore will go away by itself in three or four weeks, but the disease is not gone.
2. A few weeks later, a rash will appear, either covering the body, or only a single part of the body.
3. When the rash goes away, the disease enters its "quite" stage. Although you may look and feel fine, this is actually the most dangerous stage, the time during which it causes its worst damage. At this stage the presence of the disease can only be detected by special blood tests.

Gonorrhea -

1. A man may realize that he is infected with gonorrhea more readily than a woman. From three to nine days after he contracts it, he may feel a burning, painful sensation while urinating. He may also notice a discharge of yellow pus.
2. A woman may have a yellow discharge or may carry the disease without experiencing any symptoms at all.

B. Treatment

If you think you have VD you should seek treatment immediately. The consequences are too dangerous not to. Even if you have already had VD and have been cured, you can get it again. It's really foolish to take home remedies, purchase pills at the drug store, or send for mail-order cures. The first step in treatment is a VD test. The test for syphilis is a blood test that should be taken six weeks after the suspected contact or lesion. The test for gonorrhea is done with a sample of your discharge. Any clinic or doctor can do the test for you, and the clinics automatically will refer you for treatment. VD treatment centers are usually in the dermatology or urology centers of major hospitals. They are authorized to treat minors without the consent of parents.

All doctors are legally required to report all cases of VD to the Department of Public Health. However, research indicates that doctors report only a small percentage of cases.

C. Further protection

If you have VD, you got it from someone. The only decent thing to do is to make sure they know that they have it. (Remember: gonorrhea is especially hard for women to detect in themselves.) Be kind to your friends.

APPENDIX

SOURCES OF COUNSEL AND AID

1. Planned Parenthood

Located in all major cities, this group provides counseling concerning birth control and therapeutic abortions, and usually has a referral service to private physicians and clinics.

2. Public, private and college hospitals

These either have clinics or can refer you elsewhere for help.

3. University chaplains

These people have shown themselves to be a great help to students needing aid. Choose a liberal one to talk to.

4. Clergy Consultation Service

CCS exists to help women avoid dangerous illegal abortions; they will try to ensure that clients do not fall into the hands of non-medical, unqualified, criminal abortionists. Women needing help should telephone the nearest CCS. Usually they will hear a recorded message. They should have pencil and paper to write down any instructions, and should follow these instructions exactly.

The clergy require a written statement from a doctor confirming pregnancy and estimating duration. Some doctors may be hesitant to write such a statement if they feel a girl will use it to go beyond the law; she should reassure any doctor whom she approaches that this statement is for legal purposes.

The clergy will discuss problem pregnancies only in person. They will not see women under 18 unless they have parental consent; they will not see anyone beyond 12 weeks from the previous period (unless there is strong indication that due to irregular periods, this is an inaccurate reading). Occasionally, because of long waiting lists, they must see people before the 10th week.

California (Los Angeles) - 213-666-7600

Connecticut (New Haven) - 203-624-8646

- 203-787-5711

Illinois (Chicago) - 312-667-6015

Iowa - 515-282-1738

Massachusetts (Boston) - 617-527-7188

Michigan (Detroit) - 313-964-0838

New Jersey (northern) - 201-933-2937

New York (NYC) - 212-477-0034*

(Long Island) - 516-538-2626

(Buffalo) - 716-632-0441

(Ithaca) - 607-272-7172

Ohio (Cleveland) - 216-229-7423

Pennsylvania (Philadelphia) - 215-923-5141

Rhode Island (Providence) - 401-274-2719

Vermont (Brattleboro) - 802-254-8236

(Londonderry) - 802-824-6453

* No message giving names from 5 p.m. Friday to 10 a.m. Monday

WHY UNWANTED PREGNANCY?

A survey conducted by Marianne Parker

In the last few years, news media have dwelled on numerous aspects of sex and birth control. As a result, young women today should be quite sophisticated and knowledgeable about how to prevent pregnancy. But alas, although contemporary woman is not ignorant, she still runs a risk of becoming pregnant unwillingly. Why? Is birth control information itself effective? Some speculate that unwanted pregnancies are caused by a sub-conscious wish on the part of the woman to become pregnant, by fear of being identified with "bad" girls if one uses contraceptives, or by the belief that sex is more exciting without contraceptives. Is there any validity to these speculations?

This summer I worked as a counsellor at Planned Parenthood and thus had the opportunity to interview each woman I saw on the reasons for her unwanted pregnancy. 48 unmarried women were interviewed during July and the first part of August of 1969. Married and older women were not included in the study, because it was found that in most cases the only reason for them becoming pregnant was contraceptive failure. In the sample, 73% were college graduates or had a year or two of college. The rest of the women were high school students or graduates.

It was found that the majority of the respondents did know how to prevent pregnancy; in particular, they knew about the "pill". In other words, as many as 45 out of 48 respondents did not use anything or had depended upon the least effective birth control technique, namely, the rhythm method.

As many as 18 women (38%) had relied entirely on their "safe" period. The rhythm method should not be considered a form of contraception; it is reliable for some women, but not for the majority. One woman in the study became pregnant the first day after her menstrual period, while another woman claimed that she conceived the day before she expected her period. One cannot trust this "method" since one usually cannot tell when one ovulates until one has become pregnant. It may have worked for a woman for a while, but sooner or later she will ovulate off schedule. The body is not a fool-proof machine.

Another finding is that two-thirds of the women in the sample did not take any precautions to prevent pregnancy because they did not think it would happen to them. These women refused to deal realistically with their sexual life. For example, one girl said, "I did not know that one could get pregnant the first time one had sexual intercourse with a guy". Six women in the study said that they had had sex only once and got pregnant. Among other women who fell in the category "nothing can happen to me", two referred to the good luck of their girlfriends: "Since my girlfriend, who has sex, hasn't gotten pregnant even though she and her boyfriend don't use anything, I thought I wouldn't get pregnant either." These women did not realize that there are different degrees of fertility. Their girlfriend may be less fertile than they or may even be sterile. Furthermore, some women vary in fertility, that is, a woman may conceive easily one year but not another. To be safe, one should presume one is always very pregnatable.

The most common reason for the "nothing can happen to me" attitude is that one simply does not think about the possible consequences of sex. For some, who finally did think, and were preparing to use contraceptives, it was too late. Six women became pregnant while they were waiting for their period to come so that they could start taking the pill or while they were waiting for a doctor's appointment. In the meantime, however, they hoped or made themselves believe that they would not become pregnant.

Two or three girls had actually thought about going on the pill, but had changed their mind after reading about the possible side effects of the pill. However, they had not thought about using any other method, although other methods admittedly are not as convenient and effective as the pill. Consider also, that even though the pill can cause a few side effects there is a greater likelihood of having these problems if one becomes pregnant.

The second largest category of women who had unwanted pregnancies were those who did not think they would have sexual intercourse the particular time they got pregnant. Fifty per cent said that an unexpected sexual relationship was a factor contributing to their pregnancy. These are women who were not on the pill, but usually relied on other methods of birth control such as foam or the diaphragm. Most of them hoped for the best when they found themselves in bed unprepared. Women with irregular sex life, who will not use the pill, should at least be prepared at all times with another method if they do not want to become pregnant. Irregular sex does not mean that one cannot become pregnant.

Did the data support any of the initial speculations? Not one woman in the study claimed that curiosity about being pregnant, proving her fertility or assuring her femininity were major factors contributing to her unwanted pregnancy, although seven said that might have contributed somewhat. Ten of the women, however, did wish to become pregnant, thereby hoping to induce their boyfriend to marry them. In all but two cases it did not work. As for the assumption that women will not use contraceptives because they are afraid of then becoming associated with "bad" girls, only one girl fell in this category. Six girls did think it was more exciting to have sex without contraceptives because it made the sexual relationship more dangerous. Only one of them, on the other hand, said that this factor played any significant role in her becoming pregnant.

An interesting finding was that as many as four women became pregnant because their boyfriend had told them he was sterile. Perhaps the men believed it themselves at the time, but did not realize that very few men are by nature 100% sterile.

As has been seen, there are many different ways an unmarried educated woman can end up with an unwanted pregnancy. But, none of the most common reasons are really excusable, although they are understandable. By facing up to reality, being able to see possible consequences ahead of time, and relying less on convenience and luck, many of these women could have saved themselves the trauma of an unwanted pregnancy.

BIBLIOGRAPHY

For more information that we can give you here see:

Abortion. Lawrence Lader, Beacon Press.

Birth Control Handbook. Student Society of McGill University. (Available from RESIST for 50¢.)

The Consumers Union Report on Family Planning.

Contraception. Selig Newbardt, Pocket Books.

For listings of pamphlets contact:

Planned Parenthood - World Population

515 Madison Avenue

New York, N.Y. 10022

