# Reclaiming our Bodies

## What Direction Contraception?

anon.

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Unlike any other living organism on the planet, women are confronted by their bodies. A woman's biologic reproductive capacity functions inexorably until old age renders it obsolete; until that time they are faced with the possibility of pregnancy. But it is the very cognizance of the relationship between intercourse and childbearing that makes woman's situation unique: reason presupposes some measure of choice over whether a woman will bear children or not.

The argument of choice has been fundamental in the success of campaigns to legalize abortion and distribute contraceptive devices, but considering the question in other respects, new limits are imposed. How much choice does a woman really have, outside of celibacy? What would be the choices in a post-technological society, if one could exist beyond primitive levels?

In a birth control handbook published by the Montreal Health Press in 1973, the authors wrote:

> "Because of simple biological fact, birth control is more important for women than for men. More than an affirmation of human sexuality, the use of birth control is a declaration of female sexuality."

The point stated above is taken for granted by research and development departments in major pharmaceutical companies, whose work has resulted in effective (not necessarily synonymous with safe) contraceptives for women only. (But of course it is effectiveness and not safety that is the key to commodity marketability, which is the companies' only real concern.)

The only two forms of contraception for men are condoms (the oldest means) or sterilization (the most permanent). Meanwhile, women, who will always be faced with the primary responsibility for carrying and giving birth to a child, are left with "choices" that are increasingly suspect. They can pop a synthetic chemical mixture for 21 days out of every month, or try to accommodate a twist of metal in their uteri.

If these advanced technologies are less than reassuring, they can turn to older, more inconvenient means: a diaphragm or spermicidal chemicals. There is also the alternative of abortion for women whose sexual activity is infrequent. A recent study by the Federal Center for Disease Control contended that abortion is surgically safer than a tonsillectomy, appendectomy or pregnancy carried full-term.

However, classifying abortion as a method of birth control is somewhat after the fact; and although safe if done carefully, it is nevertheless a complicated surgical procedure not to be performed once a month. Sterilization is, of course, the ultimate birth control guarantee.

Reliance on some form of contraceptive (excluding abortion) has grown 20 percent from 1960, when half the married couples in the US chose not to have children, to 1973, when 70% made that decision. The National Center for Health Statistics surveyed 26 and a half million couples for those results, which were then broken down into method-categories.

The pill was the choice for 6.7 million married women, while another 1.8 million opted for IUD's. Surprisingly, sterilization ranked higher than ever, with 4.4 million couples divided equally between men and women as the

sterilized partner. But for each of those categories, the addition of unmarried persons would make the figures significantly higher.

A compilation of deleterious effects of the two most "advanced" contraceptive methods—the pill and the IUD—makes the reality of "choice" most questionable.

> The synthetic combination of estrogen and progesterone works 99 percent of the time for some 10 million women in the US. The pill works—somehow in preventing pregnancy, but it also works on every other organ and system in the body, metabolized as it is in the liver and carried throughout the bloodstream. Although many women believe it prevents ovulation and thus pregnancy, scientists are not sure just what it really does. In an article in *The New York Times* of June 13, 1976, Paul Vaughan [1] relates:
>
> "[Reproductive scientists] point out that the pill could be producing its…effect in a number of ways…the pill's action could include changing the character of the mucus in the cervix, making the environment hostile to sperm…or it could influence spontaneous movement of the ovum along the Fallopian tubes…
>
> "or it could affect the lining of the uterus…or it could—be the hypothalamus…that controls the output of 'messenger' hormones.
>
> "No one can state dogmatically how the pill works. All we know is that it does work…and that is enough for thousands of doctors who prescribe it and millions of women who take it."

The list of side effects is rather longer. Higher than natural levels of estrogen increase the likelihood of blood clots, which can travel from the point of origin to a more hazardous spot in the lungs. The circulatory system is impeded by the accumulation of high levels of fat in the blood, which in turn generates minor problems like weight gain and the more serious, well-known effects: high blood pressure, heart attacks or stroke, and hardening of the arteries.

The pill complicates hereditary problems like diabetes and sickle cell anemia, and affects liver and bladder function to the point of encouraging the growth of tumors. It can speed development of already existing but undetected breast cancers. It can cause bone growth retardation in infants whose mothers took the pill while they were pregnant. Yet the official response to all these known complications is summed up by the assertion of the above mentioned author:

> "The catalogue makes alarming reading at first, until you realize that these hazards have no proven relationship with the pill and can be safely ignored as due to statistical bias or 'over-reporting'."

Vaughan is correct in part—the relationships have not been irreversibly proven in terms of conclusive market research. Why disrupt a multi-million dollar industry, which charges an average price of $2.50 a month per customer for what costs the producers about 06 cents a month (exclusive of packaging) to produce? To the 6.2 of every 100,000 women who die as a direct result of the pill each year, the manufacturers are in effect saying, "If you want to play, you have to pay."

Fortunately, women are already beginning to take seriously the hazards of the pill. Two recent surveys, one by the American Medical Association (AMA) and another by the University of California's Medical Center Gynecological Unit, show a dramatic shift away from oral contraceptives. Over half the hundred women questioned in the AMA study had changed in the past two years to some mechanical device; the U of C statistics were similar. Both surveys attributed the change to adverse publicity.

The "Play and pay" response seems to suffice as answer to the 16 of every 100,000 women who die as a direct result of an intra-uterine device (IUD).

Again, mass marketing continues while the "medical profession" is uncertain why the IUD works. The supposition is that the foreign object prevents a fertilized egg from implanting itself in the womb; another possibility is that a low-grade infection is fostered by the device, and white blood cells trying to combat it destroy the egg in the process.

But sometimes the infection can get out of hand, leading to a condition called pelvic inflammatory disease (PID) which, if left untreated, can destroy the entire reproductive system. Or the IUD can become dislodged and perforate the uterus, making pregnancy entirely possible at the same time.

The most publicized case involving the IUD was concerned with a particular model, the Dalkon Shield. Hugh Davis, one of the device's inventors, began testing it on his patients in 1968. The 1.1 percent pregnancy rate seemed encouraging; distribution expanded quickly. But by 1974 the manufacturer, A.H. Robins Co., acknowledged 36 cases of septic abortion (terminated pregnancy that is not expelled) and four deaths. The Federal Drug Administration (FDA) 'requested' that Robins Co. suspend the sale of the Dalkon Shield pending further study.

The study commission's conclusions were: IUD's are relatively safe; presently available information was insufficient; further investigation (on human subjects) was necessary. FDA further instituted a controlled distribution program to produce more information. A joint study commission by FDA and the National Institute of Child Health and Human Development was launched to investigate all types of IUD's in 1975.

The actual number of deaths from the Dalkon Shield has since risen to 17 (reported). Nevertheless, FDA's *Consumer* magazine offered only this advice:

> "Women presently wearing the Dalkon Shield or any other IUD without problems are advised to continue their use, under normal supervision of their physicians…The advisory Committee…did not recommend removing Dalkon Shields from women now wearing them because there is some risk involved in removing any IUD and because most serious complications are pregnancy-related." (February, 1975)

The older forms of birth control are gaining wider acceptance despite their inconvenience as damaging evidence accumulates regarding the pill and the IUD.

A Detroit Planned Parenthood clinic recently reported that requests for diaphragms have doubled in the past two years. Condom sales have risen 15 percent since two years ago. And as indicated earlier, sterilization is growing among those who want a permanent solution.

Although the pill is still the favored method among younger couples, a Princeton University study recently showed that couples between 25 and 44 years old are opting to have their reproductive systems turned off. Perhaps one reason that sterilization is not as widespread among younger people is that many doctors refuse to perform the operation on young patients, since "you might change your mind." (It can be noted that no such concern is expressed for poor mothers who are sterilized without their knowledge or consent, especially in southern and southwestern regions of the country.)

Diaphragms can be safe and effective contraceptives on levels with the pill and IUD when used conscientiously. A Planned Parenthood study conducted in New York last May showed a 5 percent pregnancy rate, and the 37 of 2000 women who became pregnant admitted that negligence was the probable cause.

Another alternative is a sophisticated version of the rhythm method which involves close monitoring of a woman's basal body temperature, cervical mucus and calendar rhythm. A complete explanation was recently published as a book called *A Cooperative Method of Natural Birth Control*, by Margaret Rofziger. [2] The author contends that it works, but abstention during fertile periods is the major reason.

Many women are simply not into relationships where "loving abstention" is feasible—and the method seems just too much trouble to others. Nevertheless, here the possibility for non-mechanical contraception does exist.

This article was not intended to be a definitive study of all the pros and cons of various forms of birth control, though obviously several non-advocacy stands are taken. It was intended to show how corporate malpractice encourages us to fuck up our bodies with untested drugs and gadgets, in the hope that some methods will be rejected for the non-choices that they are.

But all this brings us back to the original question. "Sexually liberated" women are now actually almost totally dependent on modern technology for this liberation, which assures them sexual equality with men. What happens if they accept the fact that most of this advanced technology is ruining their health/lives therefore confronting them with the necessity of abandoning it? And more abstractly, what would happen if mass marketing technology were destroyed, leaving women to their own devices?

Here the issue becomes much more tangled, as discussion among ourselves has proven. Some people felt that the destruction of centralized technology did not necessarily imply the absence of all technology and certainly not of the knowledge of human health which preceded it. They therefore suggested that communities could produce the safe mechanical devices based on their own needs (influenced by considerations of housing space, food supply, etc.)

Other people felt that an alternative might be the kind of triple-rhythm method mentioned earlier, which relies again on an intimate knowledge of the workings of female reproduction.

It's interesting to contrast this alternative with one presented by Shulamith Firestone in *The Dialectics of Sex*. Taking a definite pro-technology approach, Firestone argues that women will never be completely liberated until they are freed from childbearing via test-tube babies. Still other alternatives are posed by Evelyn Reed in Women's Evolution, where she mentions various practices of women in pre-technological societies.

We can only speculate about the future, but, for the present, self-awareness and self-reliance are imperative. Research monies for new contraceptive methods are dwindling, but this is not unfortunate if human beings are classified as the only acceptable test subjects (as bureaucratic pronouncements would have us believe).

Perhaps finding alternatives can be easier when women share their frustration and knowledge—and refuse to rely on the judgment of the pharmaceutical/government/"medical profession" conglomerate.

**Notes**

1 Vaughan is a London based journalist and author of the book, *The Pill On Trial*.

2 Rofziger's book is available for $3.20 from the Book Publishing Co., 156 Drakes Lane, Summertown, Tenn. 38483. Similar information and instruction can be obtained through the Feminist Women's Health Center in Detroit.

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