September 28, 1968

GALLEY

Many women die from illegal abortions every year. Most of those women are married and have children already. Some of those women are college students.

Last year the Health Service knew of 11 girls who had secured abortions. A local doctor reports a commensurate number of similar cases among college students who came to her office for information, and further states that there was little overlap between her patients and those of the college health service. It is estimated that an equal number of girls to those treated by both doctors secured illegal abortions unbeknownst to the health service.

Abortion need not be necessary. There are effective methods for the prevention of conception. It is those methods, the lack of knowledge about them, and the hang-ups that stop people from employing them, that this galley proposes to discuss.

What is Abortion?

"The term abortion applies to any interruption of pregnancy before the fetus has grown sufficiently to live outside its mother's body, no matter what causes the interruption when it occurs....

"Laymen usually refer to involuntary or spontaneous abortions as miscarriages. Our present concern, however, is not with these abortions which occur naturally and spontaneously, but with those which are deliberately brought about as the means of ending an unwanted pregnancy." Guttmacher, Jaffe, Best, Planning Your Family

The authors go on to estimate that approximately 1,000,000 American women have illegal abortions every year (this was in 1959; the figure has increased in the last several years). The mortality rate was then estimated at 10,000 per year.

How Safe is Abortion?

"Induced abortion, that is, abortion brought about through surgical means, is incorrectly thought of as a hazardous procedure. There is very little danger in the legal variety, performed by the best possible modern auspices of hospital, anesthesia, and transfusion, if necessary." (Ibid.)

Legal abortions are difficult to obtain. Laws vary from state to state, and while some states like Colorado have recently passed new and more liberal abortion laws, in most states legal abortion is not available to the impoverished or to the mentally healthy.

Illegal abortions are dangerous. Danger varies according to the doctor or illegal abortionist. Illegal abortions can result in death or serious physical damage sustained to the client. There have been cases reported where exorbitant fees have been charged, great pain sustained, and where the fetus has not been aborted at all. In such cases, the child can be born severely damaged. There is a great danger of infection especially if the abortionist does not take necessary precautions and does not use sanitary means. Some girls become sterile as a result of improper abortions a biological event which is irrevocable. The psychological damage is often considerable, and no one knows what the effect will be on a woman's mind until the trauma has been undergone.

What are the alternatives?

1. Have the child. There is no way, after the fact of becoming involuntarily pregnant, of attaining the state of mind of a woman who has desired and planned for the birth of a child. Unless the child is desired and voluntarily conceived, it is more than probably that some resentment, conscious or otherwise, will somehow, someday effect the mother's treatment of her child. For this reason, it would seem morally irresponsible to oneself and one's child to have and keep a baby "involuntarily". To have the child and give it away is incontestably morally irresponsible in an even larger sense, in a world where millions starve and are orphaned every year.

2. Sexual abstinence. This is the most obvious way to avoid an unwanted conception. For many people it is the best way, the way most consonant with their values and attitudes. But for an increasing number of women in our age, sexual abstinence has been rejected as a way of life. If, however, one is committed to sexual abstinence, one must be very certain that one is being honest with oneself: pregnancy is a biological phenomenon, not a moral one. Sexual abstinence means that one does not engage in coitus. Other sexual activities will not cause pregnancy (usually!), but may lead to coitus.

3. Contraception. For those who engage in coital activities, the only protection against unwanted pregnancy is to practice one of the many methods of birth control These methods differ in their effectiveness, and appeal differently to different people. The following is a brief description of some common methods.

Common Contraceptive Methods.

1. Saran Wrap. For a long time many adolescents thought that saran wrap was an effective contraceptive. Television commercials can be very convincing. This demonstrates the ignorance that many have with regard to contraception. For those who may be confused, saran wrap is not an effective contraceptive. Other folk tales of equal absurdity are current among different groups at different times. If you hear of some esoteric contraceptive device, you should check with a medical person competent to give you information.

2. Withdrawal. The technique of coitus interruptus is not only emotionally debilitating, but certainly of no absolute value physiologically -- it is not unlikely that an emission of sorts may precede ejaculation. Very messy.

3. The Condom. "If a man's sperm does not enter the woman's vagina, it cannot begin its migration through the womb and the Fallopian tubes to reach the egg. One of the most effective means to keep sperm out of the vagina is the condom, popularly known as a 'rubber' or 'prophylactic'.

"Condoms are usually made of thin, strong rubber, and are shaped like the finger of a glove. They are designed to be placed on the erect penis before sexual intercourse and to receive the man's ejaculation produced by his climax. They are harmless. They can be purchased easily without perscription in drugstores and elsewhere." (Guttmacher, et al). Even the best quality condoms often fail to accomplish the task.

4. The Diaphragm. "Even if the man's sperm enters the vagina, conception can still be avoided if the sperm is stopped from

entering the womb. About 80 years ago, a German doctor designed a highly efficient appliance to cover the entrance to the womb. This is called a vaginal diaphragm.

"The diaphragm is made of soft rubber, in the shape of a shallow cup, with a flexible metal spring forming the circular outer edge. It comes in a variety of sizes, which are measured in millimeters; in the United States, sizes generally range from 50 to 105 mm. (2 to 4 inches in diameter). A diaphragm must be fitted to the individual woman by a doctor who is trained in this field, and a doctor's prescription is required in order to purchase one.

"...If a diaphragm is to be used, it is most important that it be fitted properly to the individual woman's requirements. It is designed to fit snugly between the bone forming the forward part of the pelvis -- the symphysis -- and the vaginal tissues covering the end of the spine; this distance varies considerably in different women. If an improper size is chosen, the likelihood of failure will be increased because the diaphragm will not do its job of forming an impenetrable barrier between the upper third of the vagina, where the entrance to the womb is located, and the lower two-thirds. If the size is improper, sperm can get around the edges of the diaphragm and reach the entrance to the womb. When a diaphragm is too small or too large, moreover, it can be displaced by the penis during intercourse." (Guttmacher) There is a significant margin of error reported by women who have used this method of contraception and become pregnant despite careful usage of this device. A doctor will be able to give statistical evidence of the varying effectiveness of these methods.

5. The Cervical Cap. "Another appliance designed to cover the entrance to the womb is called the cervical cap. This is a small cap, or cup, made of metal, or plastic, which fits securely over the cervix or neck of the womb. The cervix itself is a round projection, about an inch in diameter, and an inch in length, located in the upper part of the vagina. ...

"Like the diaphragm, a cap also must be fitted carefully by a trained physician. Unlike the diaphragm, however, insertion and placement are a difficult procedure for some women because the cervix is located so deep in the vagina. Though this fact tends to limit the cap's usefulness, for those who can master the technique of placement it may be an ideal method. ...the cap can be worn for days or even weeks at a time without being removed, and thus provides an ever-present form of protection." (Ibid.)

6. The Pill. There is no way to even briefly discuss the pill here. Suffice it to say that many people find the pill the simplest and most effective contraceptive method. It is given by prescription and generally it is recommended that those who use the pill receive pelvic examinations and breast examinations every six months. For this reason, many doctors prescribe pills for six-month periods of time, necessitating biannual examinations in order to continue use of the pill.

To receive a prescription for the pill, one must generally be 18 or over. The pill is rated as the most effective contraceptive method. The estimated 1% margin of error provides solely for human error in using the pill. There are, however, many different brands of pills, and they vary in effectiveness. Again, a qualified doctor can explicate this matter.

7. Other methods. There are many other contraceptive methods, and they vary in degree of effectiveness. Some of the most important are: (1) the intra-uterine ring; (2) contraceptive jelly or cream used alone; (3) aerosol vaginal foam; (4) vaginal tablets; (5) vaginal suppositories. It should be noted here that the intrauterine ring is not being widely used in this country because of medical complications, and that the other methods are known to be relatively unreliable. For a discussion of each of these methods and their reliability, one can consult Family Planning, Sterility and Population Growth (Freedman, Whelpton, Campbell), and Planning Your Family (Guttmacher, et al).

For information, advice, and consultation, it is necessary to consult a doctor on all of the above devices; the information given here is brief and does not include much of what you should know.

Why people get pregnant, knowing what they know.

1. The It-Can't-Happen-to-Me Syndrome: It seems to be characteristic of people that they cannot admit or realize their vulnerability. If you engage in coital activities, it can happen to you and very possibly it will unless you take proper precautions.

2. The But I Didn't Mean to Do It/It's Only Occasional Syndrome: People who for various reasons rarely engage in coital activities frequently do not take any contraceptive precautions. Many of them becom e pregnant. It is best to take a hard-headed look at yourself. Intercourse and promiscuity are not synonymous, and

virtue 90% of the time is no protection from unwanted pregnancy. Pregnancy is a biological phenomenon, and the social or emotional circumstances of a relationship does not effect the possibility of pregnancy in a significant way.

3. The It's-Too-Premeditated Syndrome: Some people feel that the necessary awareness involved in taking contraceptive precautions amounts to calculation and callousness. Traditionally, such sexual awareness and honesty is not befitting a woman. One must weigh the comfort of not ackowledging the consequences of one's behaviour against the consequences of not acknowledging the consequences. Those consequences are unwanted pregnancy, possible illegal abortion, possible physical and emotional trauma, and possible death or sterility as the result of a bad abortion.

4. The What-If-My-Parents-Find-Out Syndrome: Sometimes parents discover contraceptive material. Usually, the ensuing scene is not pleasant. Birth control apparatus is small and easy to hide; discretion with pills, the diaphragm, and other apparatus is not difficult. Again, one must weigh one's responsibility to self, possible child, and family also, in deciding.

Where to Go, To Whom You Can Talk.

There are many women on campus who, because of strong convictions on the necessity of responsible attitudes and behaviours re: contraception, will be glad to talk to you, to answer questions, to discuss your doubts or problems. One of these is Mrs. Flory, who every year is confronted with desperate and frightened girls who discover that they are pregnant. You should not hesitate to talk to her about naything concerning this matter.

It is our intention to have a local doctor who does prescribe contraceptive materials for students at the college and perhaps someone from Planned Parenthood come up and speak to students this term. We hope that this can be arranged. Hopefully, with an open attitude toward this subject and adequate information, we can reduce those unwanted pregnancies, and the illegal abortions that result from them.

It is our hope that in the coming terms, the health service itself will face the problem squarely and deal with it in such a way that <u>student welfare will be primary</u>. Our desired goal is a coalition between the health service and students, in an intensive effort to stem the rising number of illegal abortions.

The following students (probably among many others) are interested in talking to anyone who has questions:

Jane Platt, Woolley
Jean Holabird, Franklin
Andrea Dworkin, Franklin
Marion Lee, Kilpatrick
Dierdre Dole, Bingham
Judy Zenge, Leigh
Doreen Seidler, Canfield
Deborah Shapiro, Leigh
Rose Basile, McCullough
Mary Seaman, McCullough
Carol Levin, McCullough
Joanna Clark, Swan

Diana Elzey, Woolley
Sally Edwards, Noyes
Patty Burrows, Bingham
Andrea Behr, Bingham
Libby Meyers, Booth
Sally Pischl, Booth
Maggie Wise, Woolley
Beth Skinner, Booth
Claire Copley, Booth
Evelyn Schroeder, Stokes

Caroline Mower, Swan