REPRODUCTIVE RIGHTS

By KEITH C. FERDINAND (ca. 1978)

INTRODUCTION

Too too long, women have been victims of a society which has a hypocritical attitude toward sexuality and sex education. While most adults fear an open and free discussion of reproductive rights, we all, with rare exceptions at some time or another have sexual intercourse for reproduction and/or pleasure. It is clear that to hide from a reality, to ignore what exists is foolish and backwards. Yet for decades and even today, women were expected to participate in sexual activity with little or no control over the consequences. Women often become others and homemakers because that was their destiny, the way it had to be. The fact is that today a woman can still be a mother and homemaker if she chooses. The key is choice, an option to exercise.

We will briefly examine the various means of contraception available with emphasis on how different types of birth control benefit or harm certain subsets of women. Secondly, we will examine some of the issues surrounding abortion law and practice-abortion is politically a very touchy issue, but unless we address reproductive rights in an open and straightforward way, confusion and not clear understanding will prevail.

CONTRACEPTION

In 1873, Anthony Comstock, a self-righteous anti-vice crusader hustled a piece of legislation through Congress that restricted information or supplies of "any article of medicine for the prevention of conception." The Comstock Act meant that physicians could not have textbooks or write journals referring to birth control in any way. In individual states there were other laws. For instance, in Connecticut the private use of contraceptives was a crime punishable by fine or imprisonment.

By 1912, organized medicine was ready to at least make a public stand and the president of the American Medical Association declared that contraception "benefits the parents, it is decidedly beneficial to society, and it is more merciful to the unborn and unconceived ... which it frequently saves from a life of misery."

By 1916, Margaret Sanger, a nurse, became so enraged at the sickness and death from botched abortions done on poor women she set up a birth control clinic to instruct women in contraception. For this, she was arrested and jailed. Legal statutes regarding contraception did not become relatively free of restrictions until the 1950's.

For most of the twentieth century married women's babies came tumbling one after another. For single women with unplanned, out-of-wedlock children, the father could easily ignore the woman and child and later establish a socially acceptable, so - called legal family with another woman. Repressive and backward attitudes towards sexuality still exist today and many women still resist using contraception and undergo unplanned pregnancies. Let us examine some of the personal reasons often given for not using birth control.

1. Some single women, especially teenagers and young women, are reluctant to tell anyone, including a doctor about their sexual activity. They have told since childhood that sexual intercourse outside or before marriage is wrong. They will not seek the aid of a gynecologist or their mothers because they would have to admit to having sexual relations. Without birth control or guidance, sexual intercourse continues, leading to more unwanted pregnancies, secret abortions, and distorted views of sexuality. Informed, concerned birth control counselling does not push transient sexual activity and cause promiscuity. Our young women cannot escape their own sexuality and potential for pregnancy by ignoring the facts of life.

Let this be clear: adolescent males often force teenage girls to feel it is jive or un-hip to not engage in extra-marital sex. The youngster who is not sexually active benefits from open and frank discussion of contraception because she may need reinforcement that it is okay to say no. Laws to eliminate the availability of contraceptives for young unmarried people will not decrease unwanted pregnancies or someone force young people to become chaste and avoid sex. As one rock group bluntly puts it, "Nice Girls Do It."

2. Some women, married and unmarried, avoid birth control methods because it seems too premeditated, too medic-al or too messy. The visions of spontaneous, passionate, live-for-the moment lovemaking is the stuff good movies are made of. Nevertheless, spontaneous, or not, any couple that has sex regularly has about an 85%

chance of achieving pregnancy in one year. Women who carelessly declare, "It can't happen to me. I won't get pregnant" are simply leaving themselves unnecessarily open for unplanned children.

3. Some women, married and unmarried, use only "natural" birth control like the rhythm or mucus method, feeling this approach is inherently superior to “artificial" methods. For natural family planning to be successful requires high motivation, careful record keeping and qualified training. As used by many couples, these natural methods have high failure rates.

The couples must have high levels of understanding and responsibility. Cheating on fertile days or allowing the emotions of the moment take over often leads to method failure. Some men in “heat” can become quite aggressive and the woman may allow sex on fertile days because she fears that the partner will get angry. Many women are programmed from childhood to fear displeasing their mates, whether in bed or at the breakfast table. Abstinence is often necessary for up to 10 days out of a month, a hard struggle at times for even the most dedicated couples. The woman may consent when the male hints that he may need to find sex elsewhere during fertile days.

Most married women today would rather plan pregnancies. Children can get a full share of mother’s time and attention during infancy; families can better budget monies and manage careers. Most single women would rather plan pregnancies. This society still places significant scorn on the out-of-wedlock child and no woman actually desires the embarrassment and confusion of an unplanned pregnancy (although the child is certainly often relished and loved). Moreover, for single women there is little evidence that getting pregnant will wake up a non-committed mate and improve a shaky relationship.

No single method of contraception will be acceptable to all women. Men and women should inform themselves of methods available. With the aid of a concerned, well-trained physician, a woman can choose a method most suitable for her age, physical condition, and lifestyle. There is no method of birth control which is 100% safe and effective. Many women still get pregnant when they don't want to even while supposedly practicing birth control. Let us briefly examine various methods of contraception, with emphasis on practical pros and cons.

A. SPERMICIDAL FOAM AND CONDOM

The combined use of foam and a condom is more effective than either used alone and both have over-the-counter (without a doctor's prescription) availability. Male contraceptive devices made of a sheath over the penis were described in the 1500's by Gabriel Fallopius. But he wasn't seeding to spare women from conception but rather was trying to protect men from venereal infection (a benefit of this method still true today). In the mid-1700's a Dr. Condon invented a gut sheath, soon called the condom. Today's condoms are made of this rubber or lamb's intestinal membrane. Condoms (sheaths, rubbers, prophylactics) are increasingly being purchased and carried by women who want to ensure that their sexual partner participates in contraception.

Some family planning experts say that the condom and foam together can be 97% effective if used consistently and properly. This is the same effectiveness as the pill or the IUD. Common complaints against condoms include loss of sensitivity, risk of rupturing and interruption of foreplay. Contraceptive suppositories or the foam used alone are generally disappointing.

B. THE DIAPHRAGM

The diaphragm was invented in 1882 and for the first time allowed women to control birth without relying on the male's cooperation (condoms or withdrawal). The diaphragm used with spermicidal cream or felly is highly effective. When used faithfully, its failure rate is about 5% or 5 pregnancies per 100 women per year use. Failure is usually traced to improper insertion or lack of use during a presumed safe period. Some women find it unpleasant to use a diaphragm and can never adapt to inserting it. However, diaphragms are coming back into style, particularly among older women and those who want to avoid oral contraceptives the IUD.

The cervical cap is a small, thimble-shaped rubber device that fits over the cervix. Its principal advantage is that it can be left in place for a week. The cap is somewhat difficult to insert and appears no more effective than the diaphragm.

C. THE INTRAUTERINE DEVICE (IUD)

The IUD works all the various models are effective with a 2-4% failure rate. However, some women experience pelvic pain, increased pelvic infections and abnormal bleeding. The IUD doesn't depend on the user's memory and nor does it interrupt foreplay. There is a slight increase in risk of ectopic or tubal pregnancy. The IUD is inserted by a physician and at least year checks are recommended. If a woman chooses the convenience of the IUD, she should remember to keep track of the string. The IUD probably works by preventing implantation of the fertilized egg inside the uterus.

D. THE ORAL CONTRACEPTIVE

Over 50 million women throughout the world take oral contraceptives. In recent years, concern about the risks and side effects of the pill has led many women to question their safety. Nevertheless, the pill remains the main choice of birth control for women in the United States under thirty. Among women over 30 years of age voluntary sterilization (tubal ligation) is gaining ground.

The combination pill contains estrogen and progesterone and prevents the ovaries from releasing eggs. The pill can only be obtained by a doctor's prescription. The physician should take a detailed medical history and physical examination. The pill is not for women who have had a stroke or other blood-vessel problem, sickle cell anemia, liver disease, unexplained vaginal bleeding. cancer of the breast or uterus or might be pregnant. Some conditions may become worse with oral contraceptive use: migraine headaches, depression, asthma, fibroid tumors, heart disease, diabetes, epilepsy, or high blood pressure.

Smoking greatly increases the pill user's risk of a heart attack, stroke, or thrombophlebitis. Risks and side effects also increase with age. Current medical advice is to switch to another birth control method by age 30 for smokers and stop the pill at age 35 for all women.

There is no evidence at this time that the oral contraceptive increases the risk of cancer per se. However, the pill can cause changes in the cervix and these findings need to be checked with regular pap smears.

After a woman discontinues the pill, she may miss her normal menstrual cycles for several months. Fortunately, less than/percent of pill users are without periods six months after stopping the pill.

There is a post·-intercourse or "morning-after pill". Estrogens, such diethylstilbestrol, or estradiol, when started as late as 72 hours after sex may prevent eventual pregnancy. The major side effects are nausea and menstrual irregularity.

The pill is the most popular form of birth control because it permits spontaneity and is almost completely effective. Also, in most women the pill produces lighter periods or can actually be used to treat menstrual cramps. Nevertheless, the oral contraceptive is serious medicine and demands the understanding that especially for the older woman who smokes side-effects can happen.

Women would benefit from supplementary vitamins and minerals with pills used since some increase in nutritional demands is common, most clearly vitamin B6 and folate.

E. STERILIZATION: CONSIDER IT PERMANENT

If a woman is really certain that she does not want to become pregnant, no matter what the future holds, she often chooses sterilization. In the 1980’s sterilization of men by vasectomy and women by tubal ligation will become the leading contraceptive method.

Sterilization for Black women often brings forth questions of the countless, unnamed poor women who were operated on by coercion plus uninformed consent. This must be condemned but cannot be used to characterize all sterilization as genocide.

Hysterectomy will of course cause sterility. However, hysterectomy is a major operation and cannot be recommended for sterilization unless there are strong health indications such as excessive bleeding or precancerous lesions of the cervix or uterus.

Ligation literally means tying but the fallopian tubes can be cut, clamped, burned or frozen. Tubal ligation leaves the remaining female system intact. It does not stop hormones, ovulation, or menstruation. The eggs produced by the ovaries can move through the tubes to be fertilized and are disposed of by the body tissues. Likewise, the sperm cannot swim up the tubes to fertilize the egg.

Surgical sterilization of either the male or female is 99-100% effective. In rare cases pregnancy has occurred after vasectomy or tubal ligation when the body re-establishes the interrupted channel. There are a few specialists who can reverse sterilization in 40-60% of the cases but if a person decides on sterilization it is best to consider it permanent.

ABORTION

Ending an unwanted pregnancy by expelling the fetus is a topic of hot debate among medical and non-medical persons. There were over a million legal abortions performed in the United States last year--a rate of almost one abortion for every three live births. This great number is partially from failure of birth control methods, but mainly from unprotected sexual intercourse and unwanted pregnancies. The great need for an abortion could be greatly diminished by the effective use of contraception.

Every woman with an unplanned pregnancy should not rush to get an abortion and no responsible physician or counselor would ever urge a woman to get an abortion for an unplanned pregnancy. This decision must remain an individual one. In 1973 the Supreme Court made a woman's right to a medical abortion the law of the land. The Court did not force or subject unwillingly women to terminate pregnancies. Abortion is clearly in conflict with the religion and beliefs of many individuals, including some physicians. Nevertheless, abortion is now legal in the United States. Its availability has positively and clearly advanced the overall health status of women. The effort to ban or severely restrict abortion on demand is on step back towards the Comstock Act of 1873 that outlawed any contraceptive information or supplies.

Before 1973, over one hundred women in America each year were killed due to illegal abortions. Since then the annual death rate is five or six. As a legal, medical procedure abortion presents fewer complications than tonsillectomy or appendectomy;

according to the Center for Disease Control it is much safer than full-term delivery. There are mow 16 deaths per 100,00 live births. Before 1973 there were 34 deaths per 100,00 live births as more unplanned and ill--prepared pregnancies were the rule. The death rate for legal abortions is .06 deaths per 100,000. One in 20 patients undergoing abortions has minor complications and one in 200 requires hospitalization for complications.

For patients with one or two first trimester abortion (less than 12 weeks) long-term effects appear nonexistent. There is some evidence that the miscarriage rate rises in women with a history of one or more second trimester abortions.

The hard data is overwhelming that voluntary legal abortion has improved the overall health of women. In New York City during the first four years after legal abortions started the infant mortality rate dropped, abortion-associated deaths dropped, hospital admissions for incomplete illegal abortion and the death rate for early abortion remained well below that of full term deliveries.

Medically speaking, abortion is a common phenomenon found in up to 40% of all conceptions. Many women have natural abortions, usually interpreted as a late and heavy period, perhaps as a natural way to deny maturation and birth of a defective fetus.

Historically, abortion had been used for centuries as a method of birth control. Laws making abortion a crime were not passed until the 1800's. One view is that these anti-abortion laws were actually needed and represented true humanitarianism, seeking to protect women. The crude abortions before these laws were dangerous: hands were not washed, antibiotics were unheard of, complications and deaths were high.

Nevertheless, the mid-nineteenth century abortion laws did not eliminate sexual intercourse or unwanted pregnancies. Women continued to seek abortions, legal or not. For the first three-fourths of the so-called modern twentieth century, American women were forced to seek out illegal abortionists, who often charged high prices for nonmedical procedures in unsanitary conditions. Middle-class women often utilized the discreet private doctor while poor and black women usually relied on non-medical abortionists. For poor women worldwide backstreet and self-induced abortions are still common, causing 30-50% of all maternal deaths from pregnancy and childbirth.

Inserting objects or pumping air or fluid into the uterus is often fatal due to infection or hemorrhage.

There are a number of well-meaning men and women who sincerely see abortion as wrong. To the abortion kills an actual person and is murder. They would like to see abortion abolished as a medical option. However, we must make clear mental distinctions between our beliefs and the facts of the matter and we must avoid presenting our personal views as scientific doctrine. Those of us who have a moral conflict with abortion cannot deny the public health disaster outlawing abortion on demand would bring. There are groups not satisfied that the Supreme Court forces no one to either have or perform an abortion; they want to make sure no one even has a choice.

CONCLUSION

Women of all cultures for ages have used just about every means imaginable to prevent pregnancy. They drank potions made from gunpowder, mercury, camel saliva, and other poisons. They placed plugs in their vaginas made of wool, lint, paper, or beeswax, sometimes soaked in feces, oil, honey or wine. To abort unwanted pregnancies women have taken heavy purges, hot sitz baths, strong douches, and stuck sharp objects into their wombs often with deadly results. Women have done strenuous exercises or rode horses, hopefully to spontaneously abort.
Contraception today has its faults, but our people need effective birth control as an option-an effective, safe, and easily available means of avoiding unwanted pregnancy. Effective birth control and legal, medical abortion on demand are both fundamental to women's struggle for equality and control over their bodies and their lives. For those of us whose moral views are in conflict with these realities, we should allow the opportunity of others to pursue actions which are legal and acceptable to their position. The first criteria remains what is good for Black People.