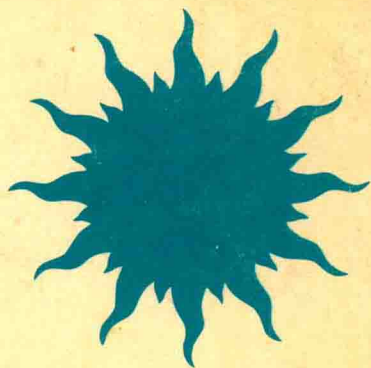


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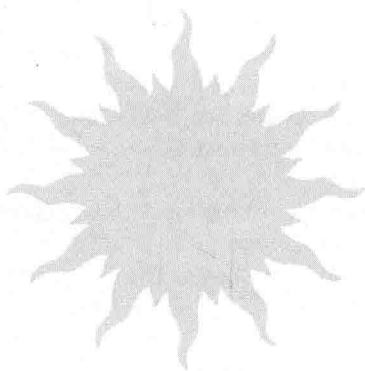
# Contraception

By Choice or By Chance

Stephen J. Bender  
Stanford Fellers

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**Stephen J. Bender**

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# **Contraception**

**By Choice or By Chance**

To all those who have been affected  
by an unwanted pregnancy

## Foreword

Health education is more than the primary phase of preventive medicine. Beyond the prevention of disease and the amelioration of health problems is its positive design to raise levels of well-being and liberate man's potential. Directly and indirectly it enables the individual to function most productively, creatively, and humanely.

One needs health to become educated and one needs education to develop and maintain health. Nor can one make full use of his education without it. Health is vital to the attainment of goals but we cannot preoccupy ourselves seeking it or in our obsession we shall fail to integrate all aspects of our development and performance. Health is a means to ends—the ends valued by the individual and society. Favorable modifications of health behaviors are essential to the attainment of these ends.

Contemporary Topics in Health Science offers a new and individualized format. Students and instructors can select and utilize those topics most revelant or most pertinent for the time available. Independent and class study, separately or concurrently, are enhanced by their organization. In this form they also provide greater opportunity to correlate health with other subjects.

Each book offers an up-to-date realistic discussion of currently significant health topics. Each explores its area in somewhat greater depth, with less trivia, than found in many textbook chapters. But they are designed to do more than merely present information. Within each are to be found more than partial explanations of facts. They are written by authors ranked by their professional peers as authorities in their field. They encourage the exploration of ideas, development of concepts, and identification of value judgments. Also, they offer the opportunity to select from a range of alternatives to enhance critical decision-making.

**ROBERT KAPLAN, PH.D.**  
Consulting Editor

## Preface

There are many who feel that we are in the midst of a sexual revolution which is directly affecting the sexual behavior of our young people. Certainly it can't be denied that young people are more frank, honest, and sincere in their sexual beliefs than ever before. In most instances, they are keenly aware of and grossly concerned about the many sexually hypocritical situations that now exist within our society. They have critically questioned most of the traditional standards established by their parents and in many cases have flatly rejected the so-called conventional approach to love and courtship. Oddly enough though, with all their frankness, honesty, and concern, contemporary young people are becoming involved in more unwanted, out-of-wedlock pregnancies than ever before.

When one carefully considers the economic and psychological implications of these unwanted pregnancies, the catastrophic ramifications become obvious—or do they? What appears to be so intelligible is more often than not disregarded, consciously or unconsciously, by the sexually active young person. The most obvious question is why? Perhaps they are intellectually indigent concerning contraception, or possibly the intense pressures of the moment far outweigh the conceivable consequences of a contraceptive-free sexual encounter. Whatever the answer, it is quite apparent that young people need to be made aware, from both a cognitive and affective standpoint, of the significance of contraception.

This text is an attempt to do just that. *Contraception: By Choice or by Chance* is a concise, objective view of the relationship between birth control and the persons involved. All of the contemporary methods of contraception are presented and special emphasis is placed on those that are readily available, easily accessible, and reasonably effective. Upon completion of the text, the student should be adequately informed concerning the intricacies of contraception, but this new-found insight is not enough—he must then, without reservation, make responsible use of this knowledge.

STEPHEN J. BENDER  
STANFORD FELLERS

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## A Concept of Contraception

Contraception can be simply defined as a deliberate attempt to prevent conception. However, facility of description does not necessarily result in effective implementation. Unwanted pregnancies continue to plague every segment of our society with alarming frequency.

Obviously there are a multitude of factors which contribute to these unwanted pregnancies. Attempting to isolate each of the factors involved would undoubtedly be a monumental task for even the most astute behavioralist, but with a minimum of insight we can identify certain universally accepted factors that invariably contribute to an unplanned pregnancy.

For organizational purposes the following discussion of these aspects of pregnancy is divided into three major emphases, namely, the psychological, sociological, and physiological. A concise understanding of the intricacies involved in each of the aforementioned aspects is essential if a mature and intelligent understanding of the concept of contraception is to be developed.

### **Psychological Aspects**

There are a number of various psychological causatives pertinent to the "why" of an unwanted pregnancy. Traditional psychological explanations direct our attention to the various psychological needs of young women, or adolescent girls, needs which at the time appear to be partially satisfied through pregnancy. Feelings of loneliness and isolation, the need to prove one's womanliness, and feelings of inferiority may be reflected in an unconscious desire for pregnancy. (For other women, however, these same factors may be intensified in pregnancy.) Pregnancy can also be utilized as a technique to keep from losing a lover or overcoming feelings of rejection and alienation.

It is frequently hypothesized that there are three basic reasons why any woman will conceive a child. She may seek the satisfaction that, in her mind, attends the state of pregnancy itself; she may want

the satisfaction that accompanies the act of giving birth or creating life; or she may want the satisfaction that comes with being a mother. It is entirely possible that she may only truly desire one of the above personal satisfactions which accompany pregnancy, but then again she might quite possibly desire two or even all three motivating reasons at once. The point to be made is that these psychological aspects of pregnancy may be the very explanation as to why some young women don't employ contraceptives to prevent pregnancy.

The Planned Parenthood group of Colorado offers a rather provocative discussion of the psychological dilemma faced by the young person involved in an out-of-wedlock pregnancy. For the young ladies the following . . .

### “Stop Kidding Yourself”

You're a nice girl. When you came to college, you knew there were lots of girls who had sex, and you knew you weren't one of them.

Some of the girls talked about the pill, or the diaphragm, but after all, some people will talk about anything. You aren't the kind of girl who would use anything.

Besides, boys don't respect girls like that.

You live in a co-ed dorm. It's great, boys and girls being able to visit back and forth without those phoney restrictions. And, you go to parties—you can hardly go to a party anymore without somebody there smoking grass, and there's always liquor—at least beer. And, everybody goes on ski weekends.

And, you met *him*—

Now you're pregnant, or afraid you are. You didn't *mean* to. You didn't *plan* it. You're a nice girl.

*Stop Kidding Yourself, Baby . . .*

There are only two honest kinds of girls: girls with the courage of their convictions to have responsible sex and girls with the courage of their convictions to remain virgin until they're married. Being the first kind means that you use contraception.

Being the second kind means that you are very careful about going to parties where there is a lot of drinking or pot. It means that you don't go on male-female weekends, and it also means that you don't get so involved with him that “it just happens.”

If you're the second kind of girl, don't get just a little PG and then expect the world to cheer because “You didn't mean to . . .”

That, baby, is dishonest. That means \$500 for an abortion, if you can get one. Or, it means at least one set of parents, yours, unhappier than they ever needed to be. Or, it means one human being brought into the world with no parents and no home. If you've been dropping acid or some of the other delightfals, it may mean no home for that

baby, ever. Some of the agencies are getting very hard-nosed about taking babies who may turn out to have unknown kinds of genetic damage.

Of course, if we're being honest, we'll have to admit that maybe you did mean for it to happen. Maybe you figured that would be a good way to get him married to you. He's more likely to end up hating you, now or later.

There are only two kinds of honest girls. Those who don't, at all, and those who have responsible sex. That means contraception, good contraception, medically supervised.

And, if you're too embarrassed, too scared, too ambivalent to decide which kind you are—

You'd better go back home and stay there until you grow up.

*Stop kidding yourself. You can't have it both ways.*

And for the young men there is the following . . .

### "She Will Always Remember You"

While she's sitting in the doctor's office, scared, waiting for the results of the test, she'll remember you.

When he tells her that she is pregnant, asks about her plans for prenatal care and delivery, she'll remember you then.

While she waits out the pregnancy in some other city . . .

Or searches frantically for someone who will do an abortion, legal or illegal . . .

Or faces the disbelief and anger of her parents . . .

Or lives from day to day with the sick heaviness of an unwanted, unplanned pregnancy—she'll remember you.

She'll remember the things you said, all the things you talked about, but that you didn't talk about *contraception*.

She'll remember your long conversations about love, honesty, the new morality, personal freedom. She'll remember that you, or she, talked about marriage, but that you're not ready yet (not now, and for God's sake, not to her). She may remember that you coaxed, or argued, or threatened.

Any honest, responsible relationship that includes sex also includes *contraception*, and that means that both of you go to a physician or clinic for medically supervised assistance. If she's too embarrassed, too shy, too insecure to get contraceptive help, you have only one honest choice. You wait or you get another girl. If you're the only one who's too embarrassed (you don't really know her well enough to discuss it?) why don't you just wait a few years until you grow up.

But don't talk to her about love, honesty, or personal freedom. Without a decision on *contraception*, that kind of talk is a coward's lie.

When she's signing the relinquishment papers for her baby (your baby), or while she's waiting for her abortion to be approved, she'll remember that lie.

If you know that you'll always be remembered, is that what you want to be remembered for?<sup>1</sup>

It's rather obvious that we can't legally force people not to have children. Once the decision is made to engage in extramarital sex relations, or to marry, there simply must be the motivation present to consciously avoid an unwanted pregnancy. Assuming there is such motivation present, one need only to become cognizant of the many and varied contraceptive practices readily available. Selection and implementation of the most advantageous technique for the individual requires minimum effort.

### Sociological Aspects

For some time we have been emerging from the sexual "Victorian Era." Sexual morality has become an intense issue and without question there have been many broad changes in the traditional standards normally attributed to sexual behavior. These changes in the sexual socialization process have implications for our discussion of contraception.

**Double Standard.** The double standard as it pertains to sexual relationships has undoubtedly received the greatest amount of criticism in the last decade. Sex without emotional commitment for the male has always been accepted by most. In fact, all too often the more females a male can seduce, the higher in esteem he is held by his social peer group. Many males are rather crude in their approach to sexual relationships. They will, in a sense, use a woman for their personal sexual and ego gratification while attaching little, if any, emotional commitment to the relationship. But then, can they be blamed for manifesting a form of behavior which has been traditionally accepted for centuries?

On the other hand, the American female just isn't supposed to engage in premarital coitus. The social-emotional factors of sexuality have traditionally been different for the female. Most females don't, or perhaps can't, separate sexual activity from emotional commitment. Again, can they be chastised for their beliefs when society has imposed such restraints for centuries?

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1. "Stop Kidding Yourself" and "She Will Always Remember You," are courtesy of Planned Parenthood of Colorado, 2025 York Street, Denver, Colorado 80205.

The point to be made here is that along with our emergence from this sexual "Victorian Era" has come the challenge to revise our Dark Age double-standard values as they relate to sexual conduct. Contemporary females have, in their battle for equal rights, taken a rather dim view of our Victorian sexual ethics. Whether or not in the near future the female population in general will become indoctrinated with the premise that it is no longer necessary to identify sexual activity with emotional commitment is debatable. But, nonetheless, it surely is inevitable someday, and unquestionably many women have already accepted this philosophy.

If a woman does become more blasé about her sexual encounters, it necessitates that she possess a thorough understanding of contraception. Conception is a matter of chance, and obviously the more a female is exposed, the higher the probability of her becoming pregnant, unless of course she has taken the proper precautions to protect herself from such an occurrence.

**The Male and Female Roles.** Just where does the responsibility of contraception lie? Is the male expected to take the initiative, or is it the female's "problem" (as this author has personally heard many men retort)?

A former student of the author's conducted a survey at our college which was an effort to determine just what the students' attitudes in general were regarding contraception and its many facets. His findings, along with being most interesting, produced some paradoxical connotations.

The vast majority of the students surveyed, which includes an equal number of males and females, felt that contraception was a necessary and essential component of a sexual relationship. They further felt that the responsibility of contraception should be shared by both parties, and that sexual intercourse for the first time should be spontaneous in nature, involving little or no preplanning. However, the majority of students surveyed also reported that they rarely have contraceptive devices readily accessible for a sexual encounter that might conceivably take place.

When we add to these findings the fact that most initial sexual encounters are rather clumsy in nature we have the ingredients for a potential unwanted pregnancy. For some unforeseen reason, many women expect their male partner to do something magical to protect them from pregnancy, and conversely most males are sure that the female knows how to take care of herself and must have everything under control. Naïveté of this sort is risk-taking behavior at its best.

**The Sex Dilemma.** Living with sex is a dilemma for most students. As already mentioned, the decision of premarital coitus for the male is usually much more easily dealt with than the same decision for the

female. However, the authors feel it is especially important that the student understand that not everyone is "doing it," and there certainly is nothing immature or emotionally unstable about the young person who elects to abstain. To the contrary of what many news media releases would have one believe, the premarital sex practices of today's youth are far from being significantly different from those of their parents when they were of college age. Young people today just aren't as highly promiscuous as many of the older generation would like to believe. Much of the appeal for this sensationalistic kind of propaganda can be directly attributed to the senior generation's inability to admit its own sexuality and help their children meet and deal with the sex dilemma in a realistic fashion.

In light of the conflicting social-sexual values at the present time it would suffice to say that when and if the decision is made to indulge in sexual intercourse, the participant assumes an express responsibility to be totally cognizant of how to prevent an unwanted pregnancy. Unfortunately, this is not always the case.

### Physiological Aspects

Basic to any discussion of contraception is a concise understanding of just how pregnancy takes place. It is quite obvious, and undoubtedly well understood by the student, that conception is a result of sexual intercourse between a man and a woman. What takes place after the male ejaculates, allowing his sperm to be deposited at the cervix of the uterus within the female's vagina, is a relatively simple process. Yet what starts out in such a routinely mechanical fashion can, and often does, have catastrophic implications for the future of both parties involved. First, then, let us discuss the physiological aspects of conception that from both a male and female standpoint will later help to achieve a greater appreciation of the concept of contraception.

**Male Role.** When the male reaches adolescence he is capable of producing mature sperm cells. These sperm cells are produced in microscopic tubes, termed *seminiferous tubules*, which are located in the male's two testicles. The testicles are in turn found in the scrotal sac, which is suspended from the lowest portion of the male's abdominal region. Once the sperm begin to develop, they migrate to a long, finely coiled tube, termed the *epididymis*, which is located directly above each testis in the scrotum. Finally, upon maturation, the sperm move to the upper vas deferens and eventually the ampulla to await ejaculation. The entire sperm maturation process generally requires some four weeks in duration.

Once the male begins to produce sperm cells he will continue to do so throughout most of his life. During his seventies a male can expect

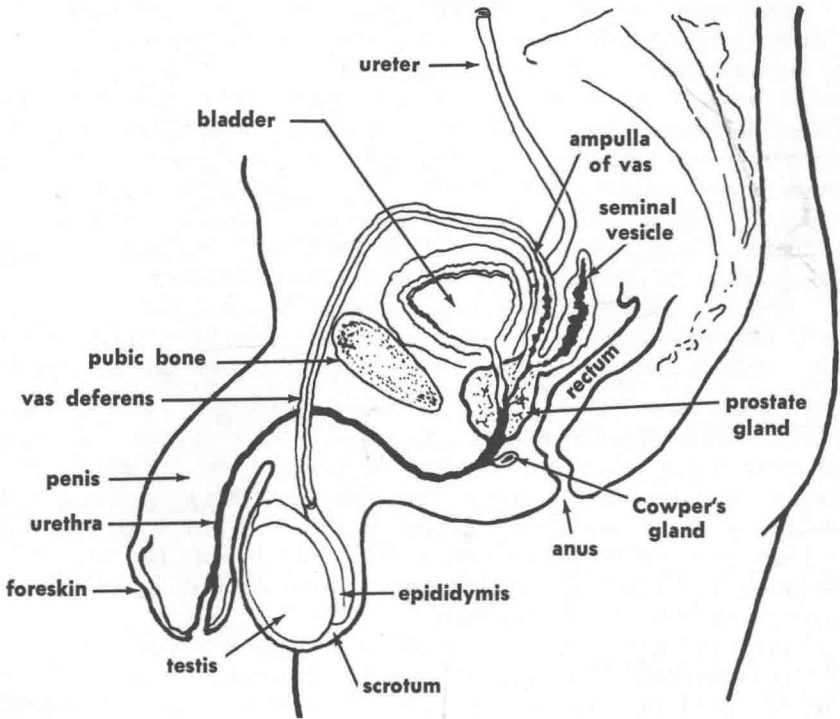


Figure 1. Male reproductive system.

a gradual decline in sperm cell production, but this should in no way be construed as an inability on his part to impregnate a female. In fact, there are plenty of cases on record where males in their nineties have fathered children.

Another important aspect of sperm cell production to be considered is that upon ejaculation, the male will invariably release some 200 to 500 million sperm; this is a somewhat colossal event considering that only one of these sperm cells is needed to fertilize the female egg.

In addition to sperm cells, the milky white ejaculate, termed *semen*, also contains the fluid secretions of other glands in the male reproductive system. The seminal vesicles, the prostate gland, and the Cowper's glands all release fluids which contribute to the semen and, among other things, help the sperm with its mobility process and neutralize the acidity present in the urethra of the male and vagina of the female.

When the male is sexually stimulated, his penis becomes hard and erect. Physiologically this is made possible because the penis is composed of erectile tissue which is richly supplied with blood ves-



sels, and when the male is sexually aroused the veins, which are responsible for carrying blood away from the penis, constrict, causing the spongy erectile tissue to become engorged with blood. Consequently the male's penis becomes erect and he is prepared for sexual intercourse. Should intercourse occur and the male achieve an orgasm, ejaculation will take place, expelling the semen containing the sperm cells. Ejaculation is made possible by a series of rhythmic contractions of the reproductive organs forcing the semen out of the urethra. The ejaculation process takes place in a series of spurts and the total volume of the ejaculate constitutes approximately a teaspoon of fluid.

This, then, is basically the physiological contribution of the male to the conception process. The female's role is different in many aspects and certainly deserves no less attention than that devoted to the male.

**Female Role.** The ovaries of the female are responsible for, among other things, the production of eggs, or ovum, which must unite with the male sperm if conception is to take place. There are two ovaries, one on each side of the uterus, and somewhere between the ages of twelve and fifteen the female becomes capable of producing one fully ripe egg each month to be released from her ovaries. This process of ovulation will continue until she reaches menopause, which can be expected to begin in her mid-forties.

Once the egg is released, it makes its way into one of the two Fallopian tubes which lead to the uterus. It is within one of these ducts that the sperm unites with the egg and conception actually takes place. Careful note should be made that ovulation can occur at any time during the menstrual cycle, although most women actually ovulate some two weeks before their next menstrual period. Unfortunately, this is not much help for the young lady who is highly irregular in her menstrual cycles, and it should be considered a terrific gamble if she is utilizing the "calendar technique" as her only form of contraception.

The egg is capable of fertilization for only twelve to twenty-four hours after it is released, and if it fails to be fertilized within this period of time, it begins to deteriorate until it finally disintegrates. Many students are often quite taken back by this fact and find it difficult to understand how a female ever gets pregnant when in actuality she is fertile for only a short time. What they fail to realize is that the male sperm has the ability to live from forty-eight to sixty hours after it has been deposited in the vagina and made its way up the cervix through the uterus to the Fallopian tubes. It is not at all impossible for intercourse to have taken place two and one-half days prior to the release of the egg from the female ovary and still have conception occur. Such a case can be directly attributed to the sperm's superb longevity capabilities.

The purpose of the uterus, or womb, is to prepare for and make possible the condition of pregnancy by providing the nesting place for