The Politics of Contraception

The Present and the Future

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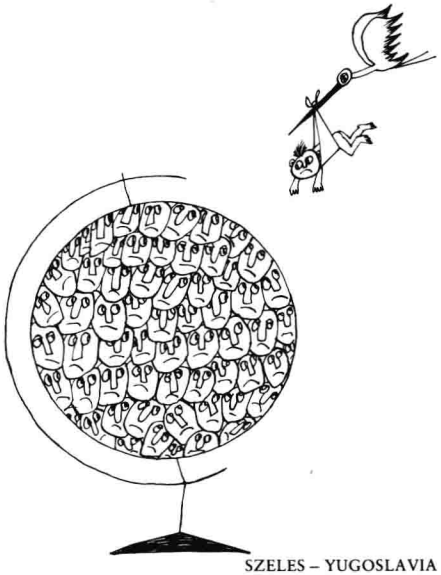

SZELES – YUGOSLAVIA

We act as if we had unlimited time and as if we lived in splendid isolation in a separate world. The price for our myopic perception of global population problems will be a high one which the next generation will have to pay.

CARL DJERASSI

For Pamela, who would have liked this book

For Dale and Vocalissima

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Preface

WRITING A PREFACE TWO YEARS after the initial publication of a book is likely to lead to two questions: Knowing what you know now, would you still have written this book? Would you have written it differently?

The answer to the first question is a resounding yes. Except for the prevention of a nuclear holocaust, achieving effective human fertility control during the balance of the century will be the overriding social action affecting the quality of life on this planet for decades. Consider just three problem areas—food, energy, and pollution—which are directly related to population. Limitation of human fertility without some form of contraception is theoretically feasible—for instance, extensive celibacy would do—but practically it is preposterous. As I state in the first chapter of this book, birth control affects almost everyone—people either have used it, will use it, or, at the very least, are against it. This observation alone should justify writing a book which in less than 300 pages treats a range of topics that, so far as I know, are not elsewhere covered in a single volume. The book contains many bitter truths, which judging from initial responses, some groups were unhappy to hear. There were hardly any lukewarm book reviews; most were either enthusiastic or livid. Clearly, birth control is a subject about which people feel very strongly.

Would I have written it differently? With one exception, the answer is an emphatic no. The title *The Politics of Contraception* appears in retrospect to have been prophetic. Interests as diverse as the American Moral Majority movement, Secretary Richard S. Schweiker of the Department of Health and Human Services, Pope John Paul II, and some feminist spokeswomen have politicized even further the issue of birth control in the last two years. Every one of them, it seems to me, has reduced the complexity of the issues to a simplicity which, although understandable and even appropriate at the individual level, is simply unrealistic as well as inappropriate in a global context.

For instance, those, including the Moral Majority, who want to abolish completely a woman's right to an abortion do not face the stark reality that annually nearly 1.5 million American women alone, and at least 40 million women worldwide, have abortions. Most of them have abortions because they have not practiced or have not had access to effective contraception. Making abortion illegal simply will not make it disappear. Those, including Secretary Schweiker, who want to reduce, if not eliminate, sex education in the schools because they believe that sex education is a domestic, family matter ignore the fact that less than 20 percent of children in the U.S. learn about sex and contraception at home and teenage pregnancies have assumed epidemic proportions. Those, including Pope John Paul II, who condemn in 1981 virtually all forms of contraception and proclaim that sexual intercourse aimed at pleasure rather than procreation is immoral, ignore that while this position can be defended in theory, its practice worldwide would lead to a population explosion of disastrous proportions—and most markedly so in the very countries that can least support such burgeoning population growth.

A vocal minority of American feminists consider oral contraceptives and intrauterine devices almost the work of male devils and are prepared to accept only the diaphragm or similar barrier methods. Again the motivation behind this attitude is understandable—namely the desire for a "totally safe" and "natural" method of contraception—and at the level of the motivated woman such a preference is appropriate. Yet at the global level I can think of few actions that are more likely to keep women in three-fourths of the world in their present deplorable state of continuously risking unwanted pregnancies. Some of these spokeswomen in the most affluent country in the world claim to speak for *all* women, and yet

they ignore the fact that the majority of women in this world cannot, or will not, use a barrier method because of practical or cultural reasons. In addition, the terms "totally safe contraceptive" and "natural birth control" have no real operational meaning. No present contraceptive is devoid of side effects, unless an unwanted pregnancy resulting from the use of a less efficacious birth control method is not considered one of the worst of all side effects. Even as supposedly innocuous a contraceptive as the conventional spermicides, which are used alone or in conjunction with all barrier methods in the female, has side effects. Thus a major study published in early 1981 suggests that the use of spermicides leads to an increase in serious congenital abnormalities (e.g., limb-reduction deformities) in the offsprings as well as an increase in spontaneous abortions in the mothers. This is attributable to the fact that a certain number of women using spermicides are likely to be exposed to them unwittingly during early pregnancy because of the lower contraceptive efficacy of spermicides and higher failure rates compared, for instance, to the much more efficacious oral contraceptives.

If I were to write this book over again I would make one change. I would go to some trouble to analyze the present position of some of the feminist spokeswomen referenced above. I have even picked a suitable epigraph for such a hypothetical revision from the most persuasive and literate feminist poet of our day, Adrienne Rich:

> The decision to feed the world
> is the real decision. No revolution
> has chosen it. For that choice requires
> that women shall be free.
>
> —Adrienne Rich,
> *The Dream of a Common Language*

To be a truly free woman means different things to different persons, but there is one criterion that I consider indispensable: a woman's control of her own fertility. Since women suffer most from uncontrolled fertility and from inadequate or inappropriate birth control measures, any steps that retard the development of better and more diverse contraceptives, or that will restrict a woman's (or man's) choice among existing methods, should be fought tooth and nail. Those spokeswomen who with some justification object to seeing the Pill pushed indiscriminately should not themselves commit the

identical sin by insisting—as many of them do—that only the diaphragm or other even less efficacious methods should be offered to women as the sole contraceptive choice.

I am not a believer in the absolute superiority of any single contraceptive method. I am a firm believer in the importance of access to a "contraceptive supermarket," by which I mean the availability of a variety of contraceptive methods from which women and men can choose to suit their own preference. The choices available at the present global contraceptive supermarket are very limited, and my book deals with the difficulties of changing this deplorable state of affairs.

Perhaps the best way to provide a glimpse into the content of *The Politics of Contraception* is to reprint below the text of a talk I gave on August 29, 1980, before the Commonwealth Club of California, entitled "Birth Control in the Year 2001."

June 1981 *Carl Djerassi*

Birth Control in the Year 2001

> *"Birth control affects nearly everybody—people either have used it, will use it, or, at the very least, are against it. Birth control illustrates the dilemma that modern science and technology have created—fear of new developments accompanied by the demand for even newer and 'better' methods. It raises urgent questions of public policy—consumer concerns, individual rights, and the impact of U.S. technology not only upon the highly developed countries but upon the three-fourths of the world's population that lives in poverty and frequently in ignorance of modern medicine."*[1]

WHAT IS THE PROGNOSIS for the future, say the year 2001, which Stanley Kubrick envisioned in his film as a world wildly transformed by technological mastery of nature? As 2001 is only 20 years away I would like to offer my answers to the following questions:

- What should birth control be like in the year 2001, globally and in the United States?
- What could it be?
- What will it be?
- Why?

What will birth control be like in the year 2001? In my opinion, the specific birth control methods used in 2001 will most likely be practically indistinguishable from those we have today. If this disappoints you, then you will feel even worse when you consider my answer to the first two questions, namely, what we should and could have.

First, however, let me present a very special definition of "birth control" and a description of the target population. To do so, I find it useful to introduce computer terminology, dividing birth control into a hardware and a software component. By hardware I mean all of the actual methods people use—oral contraceptives, abortion,

condoms, sterilization, and so forth. Software covers the exceedingly important political, religious, legal, economic, and sociocultural issues that must be resolved by every individual (or, in certain instances, government) before any birth control hardware is actually used.

As is true with computers, the most sophisticated hardware is useless unless the appropriate software is available and implemented. As you will see, the prognosis for major advances in contraceptive hardware by the year 2001 is grim. The prospects in software, however, are considerably more promising, because most countries are now recognizing the consequences of uncontrolled population growth.

Birth control in the future should address itself to various unmet needs which differ from country to country and even from person to person. Consider the present global population picture. On a worldwide scale, the *rate* of population increase has started to decline. Nevertheless, every day 350,000 babies are born but only 200,000 persons die. Most of the survivors become parents, which explains why the world's population will continue to increase for a long time to come.

The real action occurs in only 11 countries which contain 70 percent of the world's population. Listed in decreasing order, they are: China, India, the Soviet Union, the United States, Indonesia, Brazil, Japan, Bangladesh, Pakistan, Nigeria, and Mexico.

The third-, fourth-, and seventh-ranking countries have the situation more or less under control. "Under control" refers to the overall birth rate, not to the quality of the birth control methods nor whether all segments of the populations are served equally. To cite just one example: U.S. population growth rate is under control, but at the same time we have an explosion of teenage pregnancies. Let me contrast the situation in the United States, Japan, and the Soviet Union with three other countries from three different continents—China, Nigeria, and Mexico.

In the United States oral contraceptives and sterilization are by far the most popular methods, followed by condoms, IUDs (intrauterine devices), and diaphragms. Abortion is also very significant. In 1977 there were 1,300,000 legal abortions; of these, 33 percent were performed on women under the age of 19 and another 30 percent on women between 20 and 24. The incidence of abortion among older American women is relatively low, indicating that contraception or sterilization is practiced effectively among them.

The American situation should be contrasted with that of Japan: abortion and condoms are the most widely employed methods and officially the Pill is still not approved for contraceptive purposes. Even though abortions are common, less than 2 percent are performed on Japanese women under the age of 19, while over 50 percent are performed on women over 30—in complete contrast to the American situation. In general, abortion is used in the United States by unmarried and in Japan by married women.

In the Soviet Union and other Eastern European socialist countries the availability of standard contraceptives other than condoms is both qualitatively and quantitatively very poor. Abortion is readily available and is used very widely. This is so because better methods are not readily available, most women are working, and more than one or two children per family represent a major economic burden.

Turning now to three Third World countries, we start with our closest neighbor, Mexico, which until recently had one of the highest population growth rates in the world. Indeed, if left unchecked, Mexico's present population of approximately 70 million may reach 600 million by the year 2050. Yet these gruesome facts became obvious to the Mexican government only during the past few years and finally led to the establishment of an official family planning program. If that program's most optimistic expectations are met, Mexico's population in the year 2050 will "only" amount to 250 to 300 million people. In Mexico, contraceptive methods for males are generally unpopular; currently Mexicans rely mainly on the Pill and the IUD, followed by abortion (largely illegal).

Africa displays an almost uniformly bleak picture. For instance, Nigeria, the tenth largest country in the world with 75 million people, will double its population by the end of this century; fewer than 10 percent of Nigerians practice birth control.

Fortunately, China, with one-fourth of the world's population, is making remarkable progress. All of the Western contraceptive hardware is readily available and free of charge. Among younger women oral contraceptives are the leading method (more women use the Pill in China than in any other country in the world), closely followed by IUDs, with abortion available on demand. In contrast to Mexican men, many Chinese men use condoms. Sterilization is heavily promoted by the state; it is claimed that in some of the urban centers nearly half the otherwise fertile couples have been protected through sterilization.

Most significantly, the Chinese have also developed new fertility control hardware during the last 10 years. One example is a new synthetic steroid called anordrin which has been introduced as a "vacation pill" to satisfy a peculiarly Chinese requirement for birth control in couples who are separated most of the year and cohabit only on vacation. But the most interesting recent Chinese contribution is an experimental male contraceptive pill, based on the cottonseed constituent gossypol, which was first announced in late 1978. These Chinese studies have stimulated a great deal of activity in the male contraceptive field, but it remains to be seen whether a clinically useful male antifertility agent will materialize from this lead.

Even more important than this new hardware, however, are some of the software issues—cultural and quasi-legal aspects of birth control—that are almost unique to that country.[2] For instance, since premarital sex is essentially unknown among Chinese, postponing the age of marriage to the middle or late twenties has a major fertility-limiting effect. China is the only country in the world that promotes the one-child family as the ideal through incentives such as the "Planned Parenthood Glory Coupon," which carries with it certain benefits in health care, food allowance, space allocation, and work assignments. If additional children are born the benefits are withdrawn.

Recent broadcasts from Beijing indicate that some of the newer disincentives border on the draconian. For instance, a broadcast on April 12, 1980, describes what happened to a department head of the Beijing Number 3 ball-bearing factory and his wife who was employed by the Beijing steel plate factory. Both were party members, but "they ignored the calls and regulations of planned parenthood and had their fourth child in January of this year." As a result they were charged a 15 percent excess child fee from the period of pregnancy until the child reaches the age of 14; the salaries of both husband and wife were reduced. They had to pay consultation fees during pregnancy, hospital and delivery charges, and were not entitled to maternity allowances. The wife received no salary at all during the maternity leave; the husband will not receive bonuses for one year and the wife for three years. Finally, they must return their year-end bonus for 1979. The total penalty amounted to 3,000 yuan, well over a year's salary.

Even more dramatic is a June 26, 1980, broadcast which reports that over 100 party and municipal officials in a provincial city

underwent sterilization to take the blame for their laxity in enforcing birth control: "When the provincial government criticized them officially they hastily conducted self-criticism and . . . underwent vasectomy or tubal ligation. . . ." I doubt whether any other country in the world in 1980 is in a position to inspire such reproductive self-criticism.

With this background, we can now consider the first question: *What should birth control be like in the year 2001?* In my opinion, we need a contraceptive supermarket, that is, availability on a global scale of a repertoire of birth control devices and methods from which both men and women may choose, taking into consideration not only health factors but also their own cultural, religious, and moral preferences.

Let us start with men. If a man today wishes to carry part of the contraceptive responsibility, he will find a very sparsely stocked contraceptive supermarket: condoms, coitus interruptus, and vasectomy. And, if he wishes to father any future children, he had better not choose vasectomy. No one can guarantee that a vasectomy performed today can be successfully reversed 10 years later, nor that sperm stored in a sperm bank today will be usable for artificial insemination in 10 or 20 years. Clearly, a pill for men would be a very important item in the 2001 contraceptive supermarket.

What about women? Only women in monogamous sexual relationships are likely to rely on men to practice contraception; women with multiple sexual partners are unlikely to do so. While today's contraceptive supermarket offers a few more choices to women than to men, we clearly need better postcoital methods—including improvements in abortion—which do not require extensive medical infrastructure. Improved accuracy and convenience in the detection of ovulation (for instance, by means of dipsticks which change color upon moistening with urine or saliva) to indicate the "safe" period might be very acceptable, especially to women in highly developed countries who are reluctant to use mechanical or chemical methods.

Either women or men could benefit from certain other improvements. Since the use of sterilization has increased so rapidly both in advanced and less-developed countries, improved reversibility should get a very high priority so that the method can be used for younger men and women rather than just by middle-aged or older parents. In theory, immunological approaches suitable for vaccination of large segments of a population might be extraordinarily

important. I doubt, however, whether many whole populations would be willing to subject themselves to sterilization by vaccination, even if it were available. China might be an exception.

The main justification for developing a better-stocked contraceptive supermarket is that there is no universally "perfect" contraceptive and never will be. The woman satisfied with an oral contraceptive is unlikely to favor a contraceptive that, to her, appears "messy," interferes with the spontaneity of sex, or is less reliable. The woman reluctant to ingest foreign chemicals is likely to refuse oral contraceptives. The woman lacking running water, a bathroom, or any privacy is unlikely even to consider a diaphragm or similar barrier methods.

This brings me to the second question: *What components of the ideal supermarket could be developed by the year 2001 for actual use by millions of people?* Widespread use of immunization by that time is highly unlikely, although there are promising laboratory leads and much work is currently going on in this area. Improved reversibility of vasectomy is unlikely on a massive scale because it is almost certain to require expensive microsurgical techniques, and the use of valves, plugs, and other mechanical devices in the vas deferens is also complicated. Preservation of sperm for 10 to 30 years may be possible but certainly only in highly sophisticated circles. Men would have to be willing to be sperm donors; women to be artificially inseminated; and storage facilities using liquid nitrogen, with access to uninterrupted electrical current and excellent recordkeeping, would be indispensable.

A male pill is clearly feasible but would probably take 15 to 20 years from laboratory discovery to practical application even if major efforts are put into such a program, and current efforts are piddling. The most promising approach would be a once-a-month pill for women in both advanced and less-developed countries: women everywhere understand the occurrence of a monthly period and such a postcoital method would eliminate the hazards and inconvenience of daily Pill taking. It would require a minimal amount of medical supervision; and women who had no intercourse during the preceding four weeks would not even have to use such a pill every month.

More feasible might be the development of a convenient and completely reliable method of ovulation prediction. Such a method would probably consist of a "red light" ("watch out—you will