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The History of Birth Control

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Educating and counseling adolescents about contraception requires repeated presentation of the same information in a variety of ways. Students, formal and informal educational backgrounds, learning aptitudes, levels of moral reasoning, and emotional maturity will affect how they receive and process information pertinent to their personal lives.

In the Lee Parenting Program classes I devote one session a month to in-depth contraceptive education. Naturally there is always one student who, upon entering the classroom and seeing the birth control materials, complains, “Not this again!” To motivate this student, I may invite her to consider her age (say, 15 years), her birth control method (perhaps the Pill), and to calculate how many years she’ll need to be concerned about contraception. Fifteen to forty-five. Thirty years! I remind her that during her life time, she’ll probably have considered and perhaps used every available method. As a woman, friend, sister and mother—she must be consistently well informed and self aware. And so must I.

Another indication that there is need for increased education regarding birth control is suggested by a question I am constantly called upon to answer: why—when birth control is so available—why do so many adolescents continue to become pregnant? And of course the answer is not easy. Birth control failure is high for adolescents and commitment to effective use is often lacking. You may wish to consider the following points: no method is 100% effective; health care providers may not take time to fully educate clients; the commitment to use contraception effectively may be lacking because the young woman and man are not comfortable with their sexuality, are experiencing guilt or shame about being sexually active, have not fully examined their feelings about the person with whom they are having intercourse, and may not have a feeling of personal control in the relationship. In addition, birth control services have not been consistently and appropriately available to teenagers. Many factors contribute to the lack of birth control use and contraceptive failure. And, indeed, education about the history of birth control in this country is useful only as one contribution to a more comprehensive family-life and human-sexuality education program.

An examination of the folklore and politics of birth control—and of how the issues, pro and con, have been politically negotiated over the years—may lead students to reflect on their own attitudes and the origins of them and thereby to re-evaluate them. I hope the information in this unit will:

-offer pertinent information to promote more thorough intellectual and psychological

introspection about family planning;
-enhance students' sense of identification with women of past, present, and future generations;
-encourage students to examine 'unseen' forces which affect prevailing morality and legislation, to reevaluate their thinking and to develop a sense of personal control over their bodies and their destinies;
-promote more effective use of available contraceptive methods;
-motivate students to become and remain informed of health and social services which will affect the quality of their personal and family life.

Infanticide, Abortion, Contraception

Infanticide, the killing of newborn babies, was the most universal solution to periodic overpopulation in pre-industrial societies. It was used to control population and, at times, the sex ratio where the sexual division of labor dictated. Some groups practiced infanticide because, in the absence of medical techniques, it was less risky and painful than abortion. Among some Australian tribes and among the Cheyenne and other Northern Plain Indians, infanticide was practiced so the tribe could maintain its mobility. The Pima of Arizona practiced infanticide when a child was born after the death of its father—thereby relieving the mother of the added economic burden (*Woman's Body* , *Woman's Right* , Linda Gordon, p.33). When practiced, the decision was almost always made by men, and there is little evidence of male infanticide in any society whereas female infanticide was practiced in Tahiti, Formosa, India, and North Africa. It is significant to note that infanticide was not just a 'primitive' practice; Aristotle and Plato recommended it for eugenic reasons. And if infanticide is not acceptable today, it may be (as Gordon suggests) because we have better birth control methods, not because we are morally superior.

Infanticide and abortion were considered criminal practices during the 18th and 19th centuries and their practice is documented in the transcripts of trials and in newspapers. This evidence suggests that both practices were widespread. Three cases of infanticide have been found reported in the Maryland Gazette on one day in 1761. In 1806, the transcript of the trial of Elizabeth Valpy in Boston was published. Elizabeth was an immigrant girl working as a maid for a Dr. Jarvis; she became pregnant by a Black indentured servant, William Hardy. She attempted to abort the pregnancy, but the medicine failed and she later gave birth to a completely white girl; the infant was discovered drowned twenty-three days later. Elizabeth claimed Hardy had killed it; he had taken the infant ostensibly to a wet nurse so Elizabeth could return to work. He was acquitted for lack of evidence and Elizabeth was not brought to trial also for lack of evidence; this case generated great public interest, perhaps because of the race question and because it remained unsolved. Women found guilty of infanticide were usually hung. Infanticide is clearly a desperate method of birth control and was most likely used by unmarried women frightened by the stigma of bearing an illegitimate child or by women forced by poverty.

Women, alone or with the help of older women (though there were male abortionists) have attempted to abort unwanted pregnancies since ancient times. A standard method of inducing abortion (ancient and modern) is the abortifacient or potion. Abortifacients are part of a folk culture of herbal medicine handed down among

women for thousands of years. In German folk medicine marjoram, thyme, parsely and lavender in tea form were used. The root of worm fern was used by German and French women and was also prescribed by a Greek physician in the time of Nero; in French it was called the “prostitute root”. Other ancient recipes called for a paste of mashed ants, foam from camels’ mouths, tail hairs of blacktail deer dissolved in bear fat. In modern times, women have been reported to use turpentine, castor oil, tansy tea, quinine water in which a rusty nail has been soaked, horseradish, ginger, epsom salts, ammonia, mustard, gin with iron filings, rosemary, lavender, and opium (Gordon, p.36; Norman Himes, *Medical History of Contraception;* George Devereux, “A Typological Study of Abortion in 350 Primitive, Ancient, and Pre-Industrial Societies”;)

Aside from internal abortifacients, women have attempted external methods such as severe exercise, heavy lifting, climbing trees, hot baths, jumping and shaking. As late as the 20th Century, Jewish women of the Manhattan Lower East Side attempted to abort by sitting over a pot of steam (or hot stewed onions), a technique described in an 8th Century Sanskrit source.

Women’s diaries and correspondence indicate that abortion was commonplace and accepted in the United States during the 19th century. The majority of women before the 19th century and many in the 19th century did not consider abortion a sin. Until the early part of the century, there were no laws against abortions done in the first few months of pregnancy. Prior to the 19th century, Protestants and Catholics held abortion permissible until ‘quickening’—the moment the fetus was believed to gain life.

In the 1870’s, the New York Times estimated there were 200 full time abortionists in New York City and abortion safety was generally quite high. Today, as likely then, more women die in childbirth than during abortions. The most dangerous abortions were not those done mechanically by abortionists but those attempted with internal medicines which caused abortion by a general harsh treatment of the entire body (Gordon, p.53). During the 1800’s, newspaper ads were plentiful:

“Portuguese Female Pills, not to be used during pregnancy for they will cause miscarriage.”

Folk remedies for unwanted pregnancies were common and stories come from all periods of American history.

> In Maryland in 1652, Susanna Warren, a single woman made pregnant by “prominent citizen”, Captain Mitchell, said that he prepared for her a ‘potion of Phisick’, put it in an egg and forced her to take it. It didn’t work and she brought charges against him.
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> In 1862, when the wife of Confederate General William Dorsey Pender wrote him that unfortunately she was pregnant, he wrote her pious phrases about ‘God’s will’ but also sent her pills which his company surgeon had thought might ‘relieve’ her.
>
> (Gordon, p.55)

By the first half of the 19th Century, many states had already made abortion a crime at any stage of fetal development. Yet criminal abortionists continued to practice and in fact were often acquitted by juries. During the 1860’s and 1870’s, abortions continued to be available and doctors admitted to being asked frequently to perform abortions. Increasingly during the second half of the 19th century, medical attacks on abortion grew and moral condemnation intensified.

The evidence of ancient contraceptive knowledge, methods of birth control which (unlike infanticide and abortion) are used before conception, is impressive. A list of contraceptive methods would include: withdrawal

by the male; melting suppositories designed to form an impenetrable coating over the cervix; diaphragms, caps, or other devices which are inserted into the vagina over the cervix and withdrawn after intercourse; intrauterine devices; douching after intercourse designed to kill or drive out the sperm; condoms; and varieties of the rhythm methods. None of these methods are new. Except for the addition of the modern birth control pill introduced in 1960, there are no new methods. All of these techniques were practiced in the ancient world and in modern pre-industrial societies.

Coitus interruptus, withdrawal, was practiced in Africa, Australasia, the Middle East, and in Europe. Though condemned by Judaism and Roman Catholicism, its practice was common enough in Medieval Europe and later to be frequently attacked in canonical writings as a "vice against nature" (Gordon, p.41). Studies in the 1920's and 30's in New York and New Jersey found that coitus interruptus was the most common pre-medical form of birth control. Further evidence of its practice comes from documentation of doctors' remonstrances against it—arguing that it was dangerous, caused nervousness, ultimately impotence, and one who said it might lead to hardening of the uterus in women.

Coitus obstructus was a method recommended in several Sanskrit texts which required pressing on the forepart of the testicle; the pressure of the finger there may block the urethra forcing semen into the bladder. Coitus reservatus is a method whereby the male avoids ejaculation entirely. This method was used by the Hindus and reappeared among some American Utopian societies in the 19th Century.

Douching was used in ancient times but was not very effective. The Greek physician A'tious know the properties of vinegar but recommended it be applied to the penis rather than used as a douche. 19th Century recipes in women's books show that douching was known and tried in the United States.

A pessary is a vaginal suppository used to kill sperm and/or block their passage through the cervix. The pessary was the most effective contraceptive device used in ancient times and numerous recipes for pessaries from ancient times are known. Ingredients for pessaries included: a base of crocodile dung (dung was frequently a base), a mixture of honey and natural sodium carbonate forming a kind of gum. All were of a consistency which would melt at body temperature and form an impenetrable covering of the cervix. The use of oil was also suggested by Aristotle and advocated as late as 1931 by birth control advocate Marie Stopes.

Another kind of pessary was a solid object to block the cervix. This method was popular in pre-industrial societies, especially Africa; here women used plugs of chopped grass or cloth. Balls of bamboo tissue paper were used by Japanese prostitutes, wool by Islamic and Greek women, linen rags by Slavic women (Gordon, p. 43). The sponge used by Ancient Jews was considered the most effective contraceptive in use until the development of the diaphragm. The sea sponge was wrapped in silk with a string attached.

The rhythm methods (based on calculating the woman's fertile period and abstaining from intercourse during it) were widely discussed during the 19th century. Unfortunately it was very ineffective during the 19th and early 20th century, since the female fertility cycle was not understood until 1920. Until that time, observing other mammals lead most to believe ovulation occurred either during menstruation or just before it.

The condom has been produced in this country since 1840. It was second in popularity to male withdrawal according to the 1920's and 30's studies. In fact, though, the condom was fully advocated not to prevent pregnancy but in campaigns against venereal disease. The widespread use of the condom to prevent V.D. following World War I contributed to the acceptance of contraception because even people of fundamentalist persuasion were forced to encourage its use.

Since ancient times, people have been attempting to control the sizes of their families. Clearly, men and women have wanted to control the number of their offspring for physical, emotional, social, and economic reasons and they have taken responsibility for attempting to use various methods of contraception. Yet, periodically throughout history, some people have attempted to deny women the right to birth control. Their reasons have had social, moral and religious, economic and political foundations.

In 1873 Anthony Comstock pushed a bill through Congress which defined contraceptive information as obscene. What was the social, economic and political climate in the United States that fostered the passage of the Comstock Law and continued adherence to it at the turn of the century? Why was it not until 1965 before the U.S. Supreme Court struck down as unconstitutional the 1879 birth control law of Connecticut?

By the 1860's in this country, new legislation had outlawed all abortions except those "necessary to save the life of a woman". In 1869, Pope Pius IX declared that all abortion is murder. While there were many reasons why abortion was suddenly a crime, one reason is quite sensible: abortion was a potentially dangerous operation and a new wave of humanitarianism in the mid 19th century brought laws to protect women. The other reasons for making abortion a crime related to changing views on birth control.

Medical care for women passed out of the hands of mid-wives and into the hands of male doctors, most of whom did not respect a woman's right to terminate (or prevent) a pregnancy. Dr. Edmund Bliss Foote was an exception. An ardent feminist, his writings during the 1860's and 70's on birth control and sex emphasized women's rights and he publicly advocated the use of the condom and the 'womb veil', an early diaphragm.

Attitudes towards abortion changed with a new understanding of the biology of conception and pregnancy which made it clear that the fetus is "alive" sooner than previously thought. Even the Catholic Church had previously considered 40 days after conception for a boy and 80 days for a girl as the moment of "quickening" or the beginning of life.

Governments and religious groups desired population growth to fill factories and industries and new farming territories. Just as women were beginning to understand conception well enough to attempt to avoid it, President Theodore Roosevelt in March, 1905, attacked birth control and condemned the tendency towards smaller families as decadent, a sign of moral disease.

Social and moral reformers campaigned to ban "sex for pleasure" and against abortion and birth control. Early suffragists had campaigned for voluntary motherhood during the 1870's, but they advocated celibacy and abstinence for birth control. But as social moralists began to preach—sex outside of marriage was immoral and, indeed, sex within marriage was immoral if not for making babies—cautious suffragists became ardent feminists. And conservative suffragists began to speak out publicly for birth control in response to President Roosevelt and the social moralists.

Those who saw fit to define contraceptive information as obscene opposed birth control, citing the following objections: birth control practice is sinful; the nation needs a growing population of large, stable families (and indeed some of them feared that "Yankee" stock would be overcome by immigrants, non-whites and the poor); and birth control represented a rebellion of women against their primary social duty—motherhood.

A. Comstock, who was born in New Canaan, Connecticut, was responsible for the federal law banning birth control and for the passage of similar laws in twenty two states. The strictest laws were passed in Connecticut and Massachusetts.

> 1879 General Statutes of Connecticut, Section 6246: Use of drugs or instruments to prevent conception. Any person who will use any drug, medicinal article or instrument for the purpose of preventing conception shall be fined not less than fifty dollars or imprisoned not less than sixty days nor more than one year or be both fined and imprisoned.
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> Accessories. Section 54-196: Any person who assists, abets, councils, causes, hires or commands another to commit any offense may be prosecuted and punished as if he were the principal offender.

Comstock worked as a special federal agent charged with the responsibility of enforcing laws aimed at stopping proliferation, distribution and use of "obscene" articles.

Margaret Sanger (1879-1966) campaigned from 1914 until 1937 to remove the stigma of obscenity from contraception. Working with a doctor to save the life of tenement dweller, Sadie Sachs, from the affects of a self-induced abortion, she made her decision to fight the Comstock Law and to insure that women received contraceptive education, counseling and service. She is credited with coining the phrase, birth control.

In 1914, Sanger published and mailed a magazine, *Women Rebel* , advocating the use of birth control techniques she had learned about in France. In 1916, she opened the first birth control clinic in the Brownsville section of Brooklyn. Hundreds of women attended the clinic; but within one month police arrested Sanger, her sister, and her friend and closed the clinic. Sanger then turned her energy toward the legislative process; the Suffragette Movement contributed to her feeling that legal reform was possible if newly won political power was used. Sanger's ultimate goal was to make medically prescribed birth control legal and available to anyone for any reason—personal, social, economic or medical.

Between 1912 and 1930, House Bills to repeal the Comstock Laws in Connecticut were repeatedly rejected. In 1931 doctors began to support the bills. Between 1941 and 1959, seventeen bills were entered; some passed in the House but were defeated in the Senate. Arguments continued to center on religious views and questions of public morality.

In 1961, Dr. C. Lee Buxton and Estelle Griswald opened a birth control clinic in New Haven, Connecticut. They were arrested and fined. The Planned Parenthood League appealed the Griswald vs. Ct. case and, in 1965, the U.S. Supreme Court struck down as unconstitutional the 1879 birth control law. After 86 years, birth control could be used legally in Connecticut, and contraceptive services have become increasingly available to teenagers, including minors. During 1980 and 1981, a number of bills and amendments were entered which attempted to limit the availability of these services to adolescents.

Boston Women's Health Book Collective, *Our Bodies* , *Ourselves* . N.Y.: Simon and Schuster. 1975.

Gordon, Linda. *Woman's Body* , *Woman's Right* : *A Social History of Birth Control in America* . New York: Penguin Books. 1976.

Guttmacher Report. *Teenage Pregnancy: The Problem That Hasn't Gone Away.* New York: The Alan Guttmacher Institute/Policy Analysis and Public Education. 1980.

Hatcher, Robert A., MD., et al. *Contraceptive Technology 1980-81* . Atlanta: Emory University/Grady Memorial Hospital, Family Planning Program. 1981.

History of the Birth Control Movement—Tape of Connecticut Public Radio broadcast—Planned Parenthood

Federation of America.

London, K. “Mainstreaming the Adolescent Mother.” *Issues in Health Care of Women* Vol. 3, No. 1 Jan.-Feb. 1981.

Reed, James. *From Private Vice to Public Virtue* : *Birth Control in America Since 1830* . New York: Basic Books. 1978.

Lesson I Birth Control and the Legislative Process

Purpose: Birth control services for women of all ages continue to be affected by legislation—legislation today which is prompted by either “pro-choice” or “pro-life” forces. This lesson will educate students about the legislative process and offer the opportunity to clarify values and political identity.

Time required: Two class sessions

Materials: Blackboard. Three signs—Agree, Disagree, Unsure.

Procedure: Before class, teacher should review the following information:

A. *How fan the Constitution be amended* ?

There are two ways to initiate a change in the Constitution, under Article V:

a. Congress can propose an amendment by a two thirds vote of both houses; or

b. two-thirds (or 34) of the state legislatures can pass resolutions calling for a constitutional convention, which requires Congress to set up such a convention.

Amendments proposed by either of these methods must then be ratified by three-quarters (or 38) of the state legislatures in order to become part of the Constitution.

As of March 1981, nineteen states had passed resolutions calling for the purpose of proposing amendments to outlaw abortion. Such amendments have also been proposed in Congress.

B. *The Roe vs. Wade Decision* —1973

This U.S. Supreme Court decision established the right to choose abortion as part of the fundamental right to privacy protected by the U.S. Constitution. The High Court ruled that the Constitution guaranteed each woman the right to decide, with her physician and without governmental interference, whether to have a child or to obtain an abortion, at least within the first 3 months of pregnancy.

Before 1967, most states’ criminal laws prohibited abortions except to save the life of the mother. In nearly every state, those who performed an abortion could be found guilty of murder, manslaughter, or some other felony.

C. *The Human Life Amendment* —spring, 1981—S2148 (The Hatch Amendment)

Introduced by Senator Corin Hatch (R-Utah) and supported by Senator Jesse Helms (R-N.C.)

The Human Life Amendment would establish that from the moment of fertilization, the fertilized egg is a “person” under the constitution and is entitled to all of the rights and privileges afforded each living individual.

The HLA would overrule the 1973 U.S. Supreme Court decision (Roe vs. Wade and Doe vs. Bolton) establishing the right to choose abortion as part of the fundamental right to privacy protected by the U.S. Constitution.

Medical doctors, husbands, social workers,and health professionals would be liable for violation of the HLA.

D. Fallback bill introduced by Senator Mark Hatfield (R-Oreg) S2372

This version of the HLA would permanently eliminate federal funding for abortion and would provide an expedited appeal to the Supreme Court for lawsuits challenging State's abortion law. It would allow, but not mandate, states to criminalize abortion. This amendment would permit the right to choose abortion to vary from state to state.

E. *The Family Protection Act of 1981* (S1378, H.R. 3955)

Introduced in U.S. Senate on June 17, 1981 by Senator Roger Jepsen (R-Iowa) (originally introduced in 1979 (S1808) by Senator Paul Laxalt

Title 1, section 2-Family Preservation—provides that parents be notified which an unmarried minor receives contraceptive devices or abortion related services from a federally funded organization. (Section 1020)

Before class, teacher should prepare three signs (ie. on large newsprint) *Agree, Disagree* , Unsure and place them on the walls around the room.

Each of the following statements should be written on an index card :

Federal funding for medicaid abortion is wrong.

The Human Life Amendment violates the First Amendment Right to Privacy and Freedom of Religion.

A woman has the right to choose for herself to continue or terminate a pregnancy.

The Human Life Amendment would most affect the young and the poor.

Parents should be notified if their minor teenage children seek birth control services.
Teenagers under 17 should have parents' permission to obtain birth control services.
All abortions should be illegal even in cases of rape or incest.
Voters should consider candidate's position on birth control before voting.

Teacher holds up index card and reads the statement aloud. Students are instructed to go and stand by the sign (Agree, Disagree or Unsure) which best describes their position. A volunteer(s) from each of the three groups is invited to explain why he/she chose that position.

Resources for lesson:

Speakers and pamphlets from:

1. Catholic Family Services
2. Connecticut Civil Liberties Union
3. National Abortion Rights Action League (NARAL)
4. Pro-Life Council of Connecticut, Inc.
5. Reproductive Freedom Project, American Civil Liberties Union Foundation
6. Women Against Discrimination in Abortion (WADIA)

Planned Parenthood League of Connecticut

Follow up Activity —Legislative Action—Letter Writing

Students (independently or as a classroom activity) may wish to write to their representatives and to members of the judiciary committees of both houses of Congress to express their views.

Suggested letter format:

a. Introduce yourself

b. State issue you are writing about (ie. birth control services for teens, abortions, federal funding for abortions etc.)
c. State your opinion and give three reasons to support your position.
d. Write a summary comment

Lesson II Family Planning—Gaining an Historical Perspective: Genograms

Purpose : Students have difficulty gaining historical perspective without meaningful, concrete reference points. This lesson will teach students how to do a genogram and to consider the history of family planning practices in their own and their peers' families.

Time required : 50 minute class session

Materials : Blackboard

Unlined paper

Procedure :

Begin by writing the following symbols on the blackboard:

(figure available in print form)
If you are comfortable, construct your own genogram on the blackboard as an example.

Each student will construct their own genogram on unlined paper. Students will need help so be prepared to move around to individual students as they work.

Ask of three or four volunteers to put their genograms on the blackboard and ask each to explain their genogram to the class.

Select an genogram and indicate which levels represent the 80's, the 60's, 40's and if possible, the 20's.

Discussion: Pose the following questions for thought and discussion—

1. What observations can you make about the genograms?
2. Do you notice any similarities? any differences?
3. How is your family in 1980 different from your great grandmother's?
4. Can you imagine (or do you know) what family planning methods your parents, grandparents or great grandparents used?
5. Do you think your grandfather participated in family planning?
6. Where did your grandparents live—Northeast, South, Puerto Rico?
   Does geography influence birth control practices?
7. Does type of work influence b.c. practices; or availability of day care?

8. How else does the economy influence, ie. is availability or accessibility of shelter and housing a consideration in long term family planning?
9. Does religion influence family planning? has this remained the same or have there been changes in your family?
10. Is level of education a factor in family planning?
11. Is there communication between generations regarding family planning?
12. What medical milestones have changed birth control practice?

Lesson III Decision making and Pregnancy

Purpose : One important aspect of decision-making is to be fully informed about the various alternatives available in a given situation. This exercise, in the process of reviewing the decision-making model, provides students with information on adoption, abortion, and some of the considerations involved in continuing an unintended teen pregnancy and raising the child.

Time Required : 15 minutes

Materials : Blackboard or newsprint with marker

Procedure : Before class, write the 5-step decision-making process on the board.

a. Identify the problem
b. Brainstorm alternatives
c. Examine consequences of each
d. Choose what's right for you
e. Determine plan of action

1. Explain to the class how one of the most important aspects of making a decision is to consider carefully all the alternatives. In order to consider alternatives accurately, one has to be fully informed.
2. Ask the class: "What are the alternatives that a woman (a couple) has when she has an unintended pregnancy?"

3. Write those alternatives on the board or newsprint (usually: abortion, adoption, keeping the baby); discuss each one. Focus on:

Explaining what each entails
Legal considerations (particularly as they relate to teens, both males and females)
Financial aspects
Medical considerations

4. Sum up by explaining that part of making good decisions is having accurate, up-to-date information. Refer back to the decision-making chart and explain that when we examine consequences, we need to have factual information. After we have the proper information, we can then begin looking at some of our feelings about the various alternatives. For most people, making a decision about an unplanned pregnancy requires a lot of careful thinking and getting in touch with feelings.

Suggestions : Fifteen minutes is very little time to cover all the relevant information about the various alternatives. If possible, try to schedule more time. Some teachers have brought outside speakers to serve on a panel to discuss the various alternatives.

Lesson IV Birth Control Myths

Purpose : This activity addresses common myths about birth control, offers the opportunity to correct misinformation and gives students the opportunity to practice communicating about conception and contraception.

Time required: 50 minutes

Materials: myth/truth statements on 3 x 5 index cards.

Procedure: Before class, write each of the MYTH or TRUTH statements on a 3 x 5 card.

Arrange the class in four groups.

Give each group five cards. The group may elect a leader or you may wish to appoint one. Cards will be rotated so each group has opportunity to respond to the 20 statements.

Each group leader holds up a statement, makes notes of discussion on the statement and tallies the responses—truth or myth. Allow 15 to 20 minutes.

When class comes together again, you read the statement, tally responses from the groups on the blackboard, give correct answer and explanation.

This lesson was adapted from a lesson in the Family Life Education, Curriculum Guide, U.S. Department of Health and Human Services, Public Health Service, Health Services Administration DHHS Publication No. (HSA) 81-5669 1980

Suggested follow-up activity

1. Plan a class session where you will answer anonymous questions submitted
2. As an independent project, students could collect their own myths and write factual explanations. (Suggest asking peers, family members.)

1. Girls who haven't started their periods yet can't get pregnant. MYTH
Sometimes a girl will ovulate just before her first period begins.
2. Girls don't get pregnant if it's their first time. MYTH
Pregnancy can happen any time the girl has sexual intercourse, if an egg has been released.
3. Girls don't get pregnant if the penis doesn't actually enter the vagina. MYTH
Even sperm deposited on the outside of the vagina can make it into the vagina and on up into the tubes. Sperm can even get through underwear.
4. Girls don't get pregnant if they have sex only during their periods. MYTH
Girls can get pregnant at any time during their cycles, especially if they have short or irregular cycles.
5. Girls don't get pregnant if they have sex standing up. MYTH
Girls can get pregnant in any position. Sperm aren't affected by gravity.
6. Douching after sex will wash out the sperm and protect against pregnancy. MYTH
She can't douche fast enough to catch the sperm, and douching may even help the sperm reach the tubes faster.
7. Urinating after sex will wash out the sperm. MYTH
Urine doesn't pass through the vagina—instead it leaves the body through the urethra, which runs parallel to the vagina.
8. The majority of sexually active teens use birth control. MYTH
53% of the sexually active 15-19 year olds don't use birth control every time they have sexual intercourse.
9. Teens have about a third of all abortions done in the U.S. TRUTH
These figures are from Z.P.G.: Teenage Pregnancy: A Major Problem for Minors. 1977.
10. Abstinence means having sex but holding back the sperm to prevent pregnancy. MYTH
Abstinence means not having sexual intercourse at all.
11. If a man has a sterilization operation, he won't be able to have sexual intercourse anymore.

MYTH
Vasectomy has no effect on the man's hormones or ability to have sexual intercourse. Fluid is still released when he ejaculates, but this fluid does not contain sperm. The body continues to produce sperm, which is absorbed by the body.
12. A woman is protected from pregnancy the day she begins taking the pill. MYTH
Most physicians recommend that women should abstain or use a back-up method of birth control for the first seven to fourteen days when she begins using birth control pills. After this initial period, the woman is protected every day, including during menstruation.
13. No one knows for sure how IUD's work. TRUTH
There are a number of theories, but there is no conclusive evidence. One theory is that IUD's do not prevent conception, but instead prevent implantation of the fertilized egg. Some of the newer chemical IUD's (Cu7, Progestasert) may chemically alter the uterine environment so that sperm are hindered from reaching the Fallopian tubes.
14. The diaphragm is inserted by a doctor, and remains in place until the woman desires pregnancy or a different method of birth control. MYTH
The diaphragm is inserted into the vagina by the woman or her partner up to 2 hours before sexual intercourse. It is worn during intercourse and must remain in place for six to eight hours after intercourse. After this waiting time, the diaphragm is removed until it is needed again.
15. Condoms aren't very effective because they break easily. MYTH
Condoms are 90-97% effective, depending on how carefully they are used. Condoms are inspected before being marketed, and safety regulations require that condoms be able to hold a large amount of air without breaking. Condoms should not be exposed to heat or Vaseline, as both can deteriorate the rubber and increase chances of breaking.
16. Foams and suppositories are as effective as birth control pills. MYTH
Spermicides range in effectiveness from 78-97%. To be used effectively, strict adherence to manufacturers' instructions must be followed. When spermicides are used correctly, along with condoms, every time a couple has intercourse, effectiveness goes up to 95-99%, which compares closely with pill effectiveness (90 to 99+%).
17. If a guy pulls out in time (before he ejaculates), he can protect the girl from pregnancy. MYTH
As soon as a male gets an erection, fluid from the Cowper's glands can carry enough sperm into the urethra to escape into the vagina and cause pregnancy, even before ejaculation. Men have no control over the release of this fluid.
18. The safe time for a girl to have sex is the five days before her period. MYTH
Relatively infertile or safe days in the rhythm method vary according to the individual woman's cycle length. Although some days during the cycle are relatively safe, there is no time during the cycle when a woman can be 100% certain that she cannot get pregnant.
19. The longer a couple doesn't use birth control without having a pregnancy, the less likely they are to get a pregnancy. MYTH
There are some cases in which one or both partners are temporarily or permanently infertile. However, studies show that in a year's time, for every 100 sexually active couples who do not use birth control, 90 get pregnant.
20. If a woman has a sterilization operation, she stops having periods. MYTH
Tubal ligation only affects the Fallopian tubes by permanently blocking then so that the sperm and egg can't meet. The procedure does not affect hormone production, menstruation, or the woman's ability to have and enjoy sexual intercourse.

Films available from Planned Parenthood League of Connecticut:

Family Planning —10 minutes—color—16mm

Happy Family Planning —8 minutes—color—16mm

Margaret Sanger —15 minutes—black & white—16mm

Tomorrow's Children 17 minutes—color—16mm

More —3 minutes—color

Birth Control : *The Choices* —25 minutes—color—16mm

Hope is Not a Method —15 minutes—color—16mm

Are You Ready for Sex ?—24 minutes—color—16mm

Are We Still Going To The Movies ? 14 minutes—color—16mm

A Matter of Respect 20 minutes—color—16mm

Films may be borrowed from the PPLC Library , 129 Whitney Avenue, New Haven, C. 865-0595. Annotated listing is available and films may be previewed at 129 Whitney by pre-arrangement.

Bibliography for Students

Boston Women's Health Book Collective, *Our Bodies, Ourselves* . New York: Simon and Schuster, 1979.

Provides complete information about female sexuality, health care, birth control, pregnancy, childbirth, menopause. Available in Spanish.

Kelly, Gary F. *Learning About Sex* , *The Contemporary Guide for Young Adults* . New York: Barron's Educational Series, Inc. 1977.

Students will enjoy the opportunity with this book to explore personal values and to gain insights into adolescent sexuality and responsibility.

Hamilton, Eleanor. *Sex with Love* , *A Guide for Young People* . Boston: Beacon Press, 1978.

For the young adolescent, this book offers concrete guidance as he or she approaches becoming sexually active.

Shaman, Diana, *Margaret Sanger* : *The Mother of Birth Control* , reprinted from March CORONET, 1966.

An easy-to-read biographical sketch available through Planned Parenthood.

Pamphlets from Family Planning—New Haven Health Department and Planned Parenthood League of Connecticut

What's Happening, A Man's Guide to Sexuality, Decisions about Sex, A Guide to The Methods of Contraception, Basics of Birth Control.

Bibliography for Teachers

Gordon, Linda, *Woman's Body , Woman's Right , Birth Control in America* , New York: Penguin Books, 1974.

A medical, social and legal history of birth control with ancient and foreign cultural references and lengthy section on the folklore of birth control.

Hatcher, Robert A., et. al. *Contraceptive Technology* 1980-1981. New York: Irvington Publishers, Inc.

Yearly publication offering current information about contraceptive methods written for medical personnel but valuable, accurate resource for teachers.

Reed, James, *From Private Vice to Public Virtue,* New York: Basic Books, Inc., Publishers, 1978.

A straightforward, factual account of the birth control movement and American Society since 1830.

Stack, Carol B., *All Our Kin,* Strategies for Survival in a Black Community. New York: Harper and Row, 1974.

An analysis of family and kinship organization in a ghetto Black community in the United States.

Vivovskis, Maris. An "Epidemic" of Adolescent Pregnancy? Some Historical Considerations. *Journal of Family History,* Summer, 1981.

Reviews bases of government policy and program decisions during Carter and Reagan administrations and contains data on teenage childbearing which questions some of the Guttmacher Institute data.