



Graphic by Tom Etzel

Pill is popular despite effects; choices vary among women

Although birth control pill use is declining, it is still the most popular method in the world, according to Dorothy Schwarz of Eugene's Planned Parenthood.

She says increased attention to the possible adverse effects of the pill may be the reason more women are favoring the use of the diaphragm.

"Generally speaking, younger women tend to use the birth control pill more. It's easy, more convenient... you don't have to associate it with the sex act," Schwarz suggested.

Most studies of contraceptive utilization examine the experiences of currently or previously married women, but Schwarz says the data for single women probably would be similar.

"I don't know if there's that much discrepancy," she says. "Birth control is such an individual kind of thing. Women choose their methods for individual kinds of reasons," she says.

Schwarz says one factor likely to affect a woman's choice of a birth control method is the frequency with which she engages in sex.

The Controlling Choice

Agencies offer pregnancy prevention

By KELI OSBORN
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Of the Emerald

A thousand jokes about opportunities for sexual activity and partners circulate through the University and community.

But few if any of those jokes confront the prospect of an unwanted pregnancy.

Several Eugene programs offer "family planning" services which give sexually active individuals an opportunity to obtain counseling and contraception to meet birth control needs and avoid unwanted pregnancies.

The Student Health Center, at 13th Avenue and Agate Street, offers University women inexpensive gynecological services in Area D on the building's second floor. The phone number is 686-4449.

The health center dispenses prescriptions and devices, says nurse Helen Patterson. "We do annual pap smears, check for vaginitis" and offer counseling services.

The health center also employs a part-time gynecologist and a nurse-practitioner in Area D.

Patterson urges women seeking birth control to call the center and arrange for a pap smear if they haven't had one within a year. Counseling in birth control methods follows the pap smear and a physical.

Birth control pills run \$1.05 to \$2.60 per cycle, IUDs are \$13.50, diaphragms run \$3 to \$4.80, gel is \$1.50 for a 4.4 ounce tube, foam is \$2.35 for a 50 gram bottle and condoms are \$1.50 per dozen.

There is no charge for the required physical for pill use, which includes a breast and pelvic exam, but a \$6.50 pap smear is also required before pills are prescribed.

The pap smear, a \$4 gonorrhea culture and another \$4 vaginal test are mandatory for the use of IUDs. Blood and urine tests for pregnancy cost \$14.50 and \$5 respectively.

The center also does pregnancy testing and provides abortion referral and counseling for those who want to terminate a pregnancy, Patterson says.

The Planned Parenthood clinic, 134 E. 13th Ave., is a private, non-profit service open to anyone. It is geared "particularly to the woman who can't afford a private physician," according to staffer Dorothy Schwarz.

Planned Parenthood sponsors a birth control clinic and teen clinics designed to counsel and treat that age group. It also offers counseling services.

The clinic sells all conventional birth control methods, but requires that new patients undergo a physical examination before prescribing the pill, diaphragms or intrauterine devices.

The examination involves a pap smear, a pelvic exam and a gonorrhea culture. Planned Parenthood also requires a complete health history, to alert the staff to any special problems a client might have in using a particular contraceptive method.

Planned Parenthood charges a minimum of \$22 for the physical. Pregnancy testing and abortion referral are also provided.

Schwarz says men are welcome at the clinic. "We don't see nearly as many men as we'd like to see. Unfortunately most birth control methods are geared to women."

"But it's important that men are aware of what's involved in a woman getting birth control," she adds.

Planned Parenthood is open between 9 a.m. and 5 p.m., five days a week.

Schwarz says communication is the most important aspect of family planning. "People have just not been in the habit of discussing birth control. Both partners should be really aware and agree on the method."

A third public birth control service is Lane County Family Planning at 401 E. 10th Ave. A clinic spokesperson from that clinic advises University students to use facilities at the campus health center.

Family Planning uses a sliding scale, with no charge to some clients.

The clinic operates in a manner similar to Planned Parenthood, offering counseling, a teen clinic and physical exams.

Other questions about birth control methods concern their effectiveness and safety.

Health Center nurse Linda Paseman notes that a good portion of the 15 or so women she sees daily with birth control problems are surprisingly uninformed on the subject.

There are problems, though, and various methods are

more effective than others. Based on interviews with the three clinics and information provided from the Food and Drug Administration, effectiveness looks like this:

Oral contraceptives: "the pill" — One of the most widely used birth control devices, it usually contains the hormones estrogen and/or progesterin. Many consider it most effective (99.8 percent or one pregnancy per 100 women per year) and convenient. But the pill has been linked by the FDA to blood clot problems and, as a result, a higher risk of heart attack. Women over 40 are definitely discouraged from its use and all women are strongly urged not to smoke cigarettes while taking the pill.

The FDA says one of every 2,000 women who use the pill is hospitalized for blood clots (usually in the legs).

Paseman counters that the pill is "the most tested drug ever manufactured. It comes down to a philosophical argument between the woman and her conscience" whether to use the pill or not, she says.

She admits "there are some unknowns" about the pill, among them the long term effects of the drug on the user and any children she might have in the future. The FDA recommends waiting three months after discontinuing the pill before becoming pregnant in order to avoid any damage to the fetus.

The FDA also recommends consultation with a doctor after birth before resumption of pill use because traces of the drug have been found in mother's milk, the long term effects of which are unknown.

Intrauterine devices (IUDs) are 95 to 97 percent effective and are usually a small plastic or metal device which is inserted into the uterus. One popular brand, the "copper seven," emits a small continual dose of copper which is spermicidal. Another IUD, the Progestasert, emits the hormone progesterone to increase its effectiveness.

Paseman says the health center "does not highly recommend IUDs to women, especially those who have not had children."

She says there is a chance of infection in the uterus and fallopian tubes, which can lead to sterility. IUDs often increase cramping and bleeding, she adds.

The FDA notes that the IUD may be expelled without the woman knowing it, and serious complications may

occur if a woman becomes pregnant while using an IUD.

Diaphragms are 90 to 97 percent effective, depending on proper use and combination with anti-spermicidal gels or creams. The diaphragm is a shallow cup of thin rubber stretched over a flexible ring. The gel or cream is put on both sides of the device and placed inside the vagina to cover the opening of the uterus. Initial fittings must be performed by a doctor.

The FDA says the diaphragm causes no discomfort, and doesn't interfere with the body's chemical processes as do the pill and the IUD. The diaphragm's chief disadvantage is inconvenience, it must be inserted prior to intercourse and removed afterwards.

Paseman recommends this method in combination with condoms as nearly 100 percent effective.

Condoms (rubbers, prophylactics) alone, however, are only 90 to 95 percent effective and foam only 80 to 85 percent effective.

Ovulation (rhythm) methods are also in practice, but effectiveness depends on motivation to abstain or use other contraceptives during peak fertile periods of the menstrual cycle. They often require consultation with a doctor to set up a calendar or temperature-reading schedule. In some ovulation methods the woman keeps close track of vaginal mucus to determine fertility.

Two other forms of birth control are sterilization and abortion. Sterilization is effective and convenient, but requires at least minor surgery for both males and females, and is generally irreversible.

All three clinics contacted counsel pregnant women seeking abortion and refer women to doctors who will perform the surgery for \$100 to \$200.

Women wishing to carry a pregnancy full-term are provided special counseling and referred to adoption agencies if they choose to go that route. The Student Health Center does not provide pre-natal care, but will give patients contacts for such services.

Though the choice of birth control method often falls to the woman, most counselors agree that both sexual partners should share responsibility and be aware of the consequences they face.

Advocate opts for natural alternative

Sexually active adults who are fed up with doctors, pills, foams and other contraptions have a natural birth control option, according to Tary Tobin, area coordinator for Natural Family Planning Teachers, Inc.

Tobin is a user and advocate of the Billings ovulation method of birth control, which is based on the secretion of cervical mucus during the menstrual cycle.

"This is not calendar rhythm," she says. "We don't care what you did last month."

The Billings ovulation method requires that a woman know her body's secretions and learn about their relation to ovulation.

The cervix, the opening of a woman's uterus, secretes a thick mucus as a woman gets closer to ovulation. The mucus—"it looks like raw egg fluid," Tobin says—is caused by a rise in the estrogen hormone level in a woman's body.

The mucus helps keep sperm alive during the time of ovulation, and Tobin says a trained woman can recognize when ovulation has passed by examining the mucus.

Following ovulation, the mucus becomes dry and sticky, which further alerts woman to their fertile and non-fertile periods.

"It's very noticeable," she says. Although doctors use the mucus to determine certain kinds of information, Tobin says they don't realize that their patients can use it for their own purposes.

"Most doctors don't ovulate," she offers. Hannah Klaus, a Catholic medical missionary and gynecologist, has completed an as-yet-unpublished study of the Billings method, rating its effectiveness highly.

The scientific study, according to Tobin, rates the method's failure rate at 1 percent. However, user failure is at about 15 percent and points to the personal difficulty users might have with the method.

Tobin says some women find the notion of examining their vaginal secretions repulsive, but adds that it is important for people to accept their bodies.

The method also presents problems to individuals who

have a difficult time abstaining from sexual activity, she points out.

"If this is going to work, it is up to individuals. If they don't abstain when they're fertile, it's not going to work," Tobin emphasizes.

The Billings ovulation method is ideally suited to stable couples interested in a more natural way of preventing conception, Tobin says.

Tobin warns against women undertaking the method on their own. "There are a lot of bad books about it, and many people who don't really understand it are teaching their neighbors, their sisters, and so on."

Tobin encourages women interested in the Billings ovulation method to contact her at 1055 W. 18th Ave. or to call 344-2500.

Aside from offering individuals a list of publications with factual information, she teaches a class in the method twice yearly in Eugene.

Although not all women in the age group practiced birth control, for those who did, pill use declined from 60.4 percent to 58.3 percent.

Although the intrauterine device is considered a highly effective birth control method, its popularity remained much lower than the pill.

In 1973, 13.5 percent of women aged 15-29 used the IUD. Usage dropped to 11.5 percent in 1976 for this same group.

Though usage of some birth control methods declined, more women began using the diaphragm. Use of the diaphragm rose almost 2 percentage points in three years, with 2.9 percent of women aged 15-29 using that method in 1973 and 4.5 percent in 1976.

Although condom use also dropped between 1973 and 1976, it is still more widely used than the diaphragm or foam. For young women aged 15-29, use of the condom fell from 11.2 to 10.9 percent.

More women practiced the highly ineffective method of withdrawal in 1976 than before. Only 1.6 percent used this method in 1973, which contrasts with 2.8 percent in 1976.

The rhythm method, one of three which the Roman Catholic Church approves, also rose in popularity between

1973 and 1976. But researchers urge caution in interpretation of this increase, warning that only a small number of sample cases were involved in the study.

For women aged 15-29, 2.3 percent used the rhythm method in 1973. This figure increased to 4.3 percent in 1976.

A recent Planned Parenthood Federation of America Journal, "Family Planning Perspectives," detailed the upward trend in abortions in the United States.

The number of abortions performed in 1977 reached 1.3 million, 100,000 more than in 1976. Three-fourths of those performed were for unmarried women. One-third of those getting abortions on demand were under 20-years-old, with another third between the ages 20 and 24.

The report — produced by the Alan Guttmacher Institute, a Planned Parenthood research affiliate — attempted to explain figures that show greater use of contraception and abortion.

"Increased use of contraception and abortion apparently reflects the deep concern of most Americans that their children should be born when they are wanted, when they can be loved and cared for by their parents," the report said.



Graphic by Pat Mueller