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a guide for
the Boston
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BIRTH CONTROL, ABORTION, AND V.D.:

A GUIDE FOR THE B.U. STUDENT

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INTRODUCTION

This is the revised edition of Birth Control, Abortion, and VD which the Student Congress published last spring as a handy guide for students and as an act of civil disobedience. Since then we have gathered more information and made many revisions. Again, we have tried to keep it short, simple, and direct. The biggest changes are the addition of a short study on reasons for unwanted pregnancy and expansion of the section on the pill and types of abortions. We have also updated our list of services available in the Boston area.

This book was compiled by a student committee from information obtained from interviews with doctors and social workers; from published and unpublished materials; from our personal experiences. We would like to thank our many informative sources both this year and last.

Thanks to Bill Baird's Crusade, started at Boston University three years ago, the Massachusetts "Crimes Against Chastity" laws have been recently clarified by the Massachusetts Supreme Judicial Court. It is now legal to exhibit contraceptives and to speak about their use in a teaching situation. But much remains to be done. Contraceptive use by unmarrieds or distribution to them is illegal. Generally this law is ignored and presents no problem to those who know where to go for contraceptives. However there are still many women who lack access to contraceptive information and devices. Our purpose in printing this book is to help relieve this situation.

Linda Thurston
Editor

BIRTH CONTROL

Several authorities have shown that people are apprehensive about using contraceptives for fear of making too strong a personal commitment in a relationship or to a new way of life. But the best advice is simple: if you are having intercourse and don't want a pregnancy, use birth control. You should know that although it is difficult for some women to get pregnant at all, others have gotten pregnant simply from sperm splashed on the genitalia. There is no way of telling what will happen in your case.

Below are explanations of the various birth control devices. Remember however, any device is only as effective as the care you take in using it properly!!

A. Oral Contraceptives ("The Pill") - The pill is almost 100% effective and works by preventing ovulation in the female. It can be obtained only with a doctor's prescription. It is important that a woman use only the pills a doctor prescribes for her alone because pills vary in strength and content. What may work for one person might not for another.

The pills usually cost about \$2 per month plus the cost of visits to the doctor. After you obtain the pills it is highly recommended that you visit your doctor once or twice a year for check-ups. You should also ask how many years you can take the pill continuously.

The pills are taken once daily at the same time for 20, 21, or 28 days each month depending upon the type of pill prescribed. With the 20 or 21 day kind the menstrual period will start a few days after the last pill is taken. Nothing is taken during this lapse, but the user is still protected from pregnancy. If you decide to get pills the doctor will explain more precisely how and why they work.

Advantages -

1. Recommended as most effective method
2. Often eliminates menstrual cramps, lightens menstrual flow, regulates periods
3. Is one of two contraceptives (IUD is the other) independent of sexual act
4. Often clears complexions, sometimes enlarges breasts (possibly a disadvantage)

Disadvantages and Considerations -

1. Often a small weight gain of about 5 lbs. (In some cases this might be an advantage!)
2. Sometimes there is slight nausea or breast tenderness which usually disappears after a few months use.
3. Rumors of bad long term effects are still questionable as medical opinion is divided. It is possible (not proven) that pills may contribute to causing thrombosis (blood clotting and inflammation of the veins). One should balance the risk of all these possible side effects against the risk of becoming pregnant, in which case you will have an even greater chance of having these same side effects (as well as a baby!)
4. Not all women can use the pill. Girls with a history of diabetes, heart disease, liver malfunctions, or breast cancer should be particularly careful. However, none of these problems automatically rules out the pill as a good method as it still depends on the individual. A doctor can tell you if you can use it or not (almost everybody can.)
5. It is technically illegal in Mass. for doctors to prescribe this for unmarried women. However, it is not illegal to prescribe pills for other health reasons such as regulating periods and many doctors do prescribe them readily. If you go to a doctor for pills to be used for birth control, tell him this or he might give you something weaker for mere

period regulation.

6. Some girls tend to forget to take them regularly. If you forget to take your pill for a day or more it is wise to use another method for the rest of that cycle while continuing to take your pills.
7. Pills are not guaranteed effective until at least after the first week's usage. Many doctors say to use another method for the first two weeks or month (most of the few failures of the pill are during the first month). After the first month (often sooner) you are continuously protected.

B. The Condom (prophylactic, "rubber") - This is both an old and reliable method with effectiveness over 90%. It is a thin latex bag which covers the entire erect penis. It is usually packed ready to be unrolled onto the penis just before insertion. Be careful not to fit it too snugly - if enough room is not left to hold the semen it will probably tear and be useless. After intercourse it is removed with the ejaculate still inside and discarded. The three for a dollar condom is apparently just as effective as the more expensive ones, the difference being that the latter are probably thinner thus allowing for greater sensitivity.

Advantages -

1. Offers protection against VD as well as pregnancy
2. Since 1938 the Food and Drug Administration has been supervising standards of production.

Disadvantages -

1. Slight loss of sensitivity for the man
2. Must be put on just prior to intercourse
3. May tear during intercourse due to excessive friction

C. The Diaphragm is held like a bowl and about a teaspoonful of contraceptive cream or jelly is applied to the inside which makes it ready for insertion into the vagina. Once inside it springs back to its round shape and the rim can be tucked

behind the bone that guards the front vaginal wall where it will be beyond the reach of the penis. When properly fitted it leaves the woman unaware of its presence. Insertion can be done immediately before coitus or up to three hours in advance, but afterwards it must be left in place for at least six hours. It is removed by hooking a finger into the rim and pulling it out. A subsequent douche is not at all necessary. It should never be used without the cream or jelly. It is about 96% effective and costs \$15-\$28 per year. A girl must be fitted for a diaphragm by her doctor.

With repeated intercourse the size of the cervix may change so a return visit to the doctor is recommended. Ask him when you should return. The size of the diaphragm is crucial so don't just borrow a friend's. It's main drawback is probably the nuisance of insertion and removal.

D. The Cervical Cap is a plastic cup very like a diaphragm only much more difficult to use (difficulties arise with insertion). Its advantage is that it can be left in place for days or even weeks. As with the diaphragm you must go to a doctor to get one.

E. The I.U.D. (intrauterine device) This is a plastic or stainless steel loop or coil inserted in the uterus which remains there for about a year. It prevents the egg cell from being implanted in the uterine wall. It cannot be felt during intercourse. It may be impractical for college girls because:

1. It may slip out of place without the user's knowledge.
2. Unless you have had a baby already your body will probably reject it.
3. It is expensive (\$20-\$100) and must be inserted by a doctor.
4. Since it is illegal in Mass. for unmarried women, a doctor will probably not take the legal risks for something that may not work anyway.
5. Sometimes prolongs the menstrual period or causes irregular

bleeding. Despite the disadvantages the IUD is the second most effective device so you should not dismiss it, especially for later life after you've had a child (if you cannot use the pill).

F. Contraceptive foams and jellies - There are two contraceptive spermicidal foams on the market: Delfen and Emko. They are readily available without prescription in any drug store or large department store. Foams must be applied within 2 hours of each intercourse, preferably right before. Users should not douche for 4 to 6 hours after the last intercourse. Contraceptive jellies are not as effective as their foam counterparts and should only be used as a last resort if you are allergic to the foams. One disadvantage is that they are effective for only a short time.

G. The rhythm method (otherwise known as Vatican roulette) is so ineffective that it shouldn't be used unless you plan to have children. This method presumes that a woman knows her time of ovulation. This is difficult, if not impossible, to determine and is not necessarily the same every month. Women have gotten pregnant even the first day before or after their period. If you do decide to use this method (we don't advise it), see a doctor for full explanation.

H. Douching is not an effective contraceptive method. Be wary of infection from improper apparatus such as a dirty soda pop bottle. You can buy a "feminine syringe" very cheaply at any drug store.

I. Withdrawal (coitus interruptus) can be used as a method of contraception. The man must exercise a great deal of control, but even if he does execute the perfect withdrawal of his penis just before ejaculation, the woman can still be impregnated by the splashing of sperm onto her labia. It is definitely too risky a technique for use by novices. Also, some psychiatrists warn against harmful emotional effects on both partners.

8. Cream or jelly alone
9. Suppositories
10. Foaming tablets
11. Rhythm w/use of calendar and medical consultation
12. Sponge with liquid or powder
13. Withdrawal
14. Douching

Although there is no one perfect method, it should be noted that considering cost, convenience, and personal preferences of the above methods there is no intelligent reason to use any of the poorer methods. Using anything less than those rated "Very Effective" is playing dangerous odds.

ARE YOU PREGNANT??

Early indications of pregnancy -

1. a missed menstrual period
2. nausea, often upon waking in the morning
3. unusual sensations of fullness or tenderness in the breasts

Later indications -

1. frequent urination
2. a sudden weight loss (due to nausea) or gain (due to growth of embryo)
3. color change of the nipples

These symptoms could mean that your unhappy suspicions are true. DON'T PANIC. Go to any doctor or clinic and have a test made for pregnancy. You should have the test taken at least 10-18 days after conception has taken place or the results may not be valid. Laboratories recommend that you take it at least 8 days after your expected period.

The B.U. Clinic charges \$5 for a pregnancy test, and does not have a policy of informing parents of the results. Pregnancy

tests are also available at any gynecological clinic or from any private gynecologist.

If you want an abortion you should not wait until the later symptoms develop because by then it is often too late to get an abortion. So don't delay getting a test at the earliest possible time if you have any of the early symptoms.

ABORTIONS

Abortions, legal and illegal, are not easy to get and are never a happy experience. Don't count on an abortion as a method of "birth control" unless you are already pregnant.

Before you consider an abortion, be sure that medical tests have confirmed your pregnancy. If you are pregnant, don't panic: you'll get by with a little help from your friends.

In many cases, it is desirable to have a pelvic exam performed as confirmation of pregnancy. This test helps to pinpoint more accurately the duration of the pregnancy and may reveal any unusual conditions that might indicate the possibility of obtaining a legal therapeutic abortion.

It is also wise to suggest a written statement from the doctor (or the laboratory report) confirming the pregnancy and its duration. Many people counseling about unwanted pregnancies want to see proof that an individual is pregnant.

An abortion almost always consists of:

1. Dilation and Currettage - This is popularly called a D&C. First, the opening to the cervix is dilated (or widened), then an instrument known as a currette is inserted through the cervix into the uterus and the doctor gently proceeds to scrape the embryo off the uterine wall. Performed properly by a doctor, this is one of the safest operations in existence. It usually takes no more than 15 minutes,

has no mere danger than a tonsillectomy, and is definitely safer than childbirth.

Other methods of abortion are:

2. Suction method - The suction method consists of the dilation of the cervix, insertion of a small clear plastic tube into the uterus, and withdrawal of the fetal material and the uterine lining by gentle suction. The suction method is a quick (takes about 10 minutes) and effective procedure.
3. Hysterotomy - This is a major surgery and must be performed in a hospital. It can be used after it is too dangerous to perform a D&C (15-24 weeks of pregnancy). This is not a hysterectomy (removal of the entire uterus) and does not cause infertility.
4. Saline Injection - Also for use after a D&C is too dangerous. This may be quite safe if the doctor is experienced with it, but the odds against that are great. This is another little-known method. Some authorities consider it unsafe.
5. Abortion by Catheter - Usually quite dangerous. This method is usually not used by doctors.

An abortion should be performed within the first 3 and a half months of pregnancy. It may possibly be performed up to and including a few months after that, depending on the doctor and the type of operation used. However, there is a much greater risk with a late abortion and you shouldn't count on getting it done at such a late stage. It just isn't safe then. Even 3 months is quite late to get a safe D&C and the later you are the more difficult it will be to find a doctor willing to operate on you. The earlier you get operated on the better, both for safety reasons and for finding a doctor.

LEGAL ABORTIONS

Contrary to popular belief, it is possible to get a legal abortion in Mass. However, outdated laws make the process rather

complicated and often somewhat lengthy. A great deal of perseverance is required.

Once pregnancy is determined, you should choose a broadminded, certified gynecologist to recommend your case to the abortion board of a private hospital. All private, non-Catholic hospitals in the Boston area will give abortions as advised by their board, usually consisting of two doctors and a psychiatrist. This board can legally recommend an abortion only if the physical or mental health of the mother is endangered by pregnancy or if the fetus has been damaged (for example by German measles). What that means is that you must convince the board that your pregnancy will worsen a previous physical defect such as a weak heart or is causing such mental anguish that it might lead to suicide.

Legally a hospital cannot operate on anyone under 21 without parental consent.

Cost of hospital abortions varies and sometimes is on the basis of the ability to pay. Often however one must pay \$200-\$250 for obstetrician's bill, \$300 for hospital fees, and \$75 per letter from each (usually 2) psychiatrist certifying need for abortion. Sometimes you can get these things for much less if you look around.

Planned Parenthood suggests going to England where humane laws make it quick and easy to get a safe legal abortion. You can make an appointment from the U.S. \$900 covers all medical expense and airfare (less if you can get a cheap student flight).

If this is out of the question, several states have recently "liberalized" their laws (although they all talk about abortion law reform instead of repeal). These states include California, Colorado, North Carolina, Maryland, Arkansas, Georgia, New Mexico, and Kansas! If you are a resident of one of these states you may be able to get an abortion on the grounds of "mental health". The chances for a non-resident to get a legal abortion are slim.

Although abortion is not legal in Puerto Rico, it is usually treated as if it were by the police and abortions are available

in the larger hospitals. The cost is usually \$600-\$700. Unless you have had the luck to find someone in the U.S. to set up an appointment for you there is no guarantee that an abortion will be granted.

ILLEGAL ABORTIONS

Because of the involved and often demeaning process required to get a legal abortion in the U.S., many women turn to illegal sources. In fact, out of over a million abortions in the U.S. last year only 8,000 were obtained legally. This is not an easy alternative either, but you may have no choice. If you have decided to do this, there are some general rules of caution to be followed:

- A. DO NOT ATTEMPT TO ABORT YOURSELF! Many foolish old wives' tales still persist and panicked women often wrongly resort to them, hurting themselves seriously. Dangerous methods often suggested include:
1. Objects inserted in the uterus such as coat hangers, crochet needles, and nails cause serious hemorrhaging and possibly death!
 2. Falling down a flight of stairs may cause a concussion, but will not dislodge a fetus in the first half of the term of pregnancy. After that time any accidental abortion of the fetus caused by jarring it loose will require post-miscarriage hospital care.
 3. Quinine or other medicines used to induce contraction of the uterine muscles can cause cramps, diarrhea, and internal damage, but not an abortion.
 4. "Swedish Abortion Pills" aren't what they are said to be but they will cause muscular contractions that often don't dislodge the fetus but cause hemorrhaging and internal damage. If they were safe and effective, they would be

available legally for certain cases.

5. "Humphrey's 11" is a pill designed to bring on the menstrual period which it will do, but only if you are not pregnant.
6. Douches such as with vinegar or gasoline are totally ineffective as an abortion but will likely cause infection.

B. Choose the best possible abortionist. There are many people who give illegal abortions. Some are MDs and even gynecologists. Others have had no more medical training than a janitor in a hospital morgue! Out of about one million illegal abortions last year in the U.S., 350,000 women were hospitalized and 8,000 died (coincidentally the same number of legally obtained abortions). Possible consequences of an inadequate abortion are:

1. injury to uterus
2. infection, including septicemia (a blood infection)
3. hemorrhaging

These complications can lead to infertility and death. As you can see it is very important to avoid quacks and find a qualified doctor. Names of qualified abortionists should be obtained from:

1. reputable references such as professional counselors or counseling agencies (see suggested list at the end of this book)
2. a trusted friend with personal experience with a good abortionist

What should you look for?

Obviously an MD is preferable. It is a good idea to check with the local A.M.A. or County Medical Society to see if he is a qualified, practicing doctor. If not, it is also possible that he is a competent doctor with his license suspended for giving illegal abortions! Try to find out.

Also try to determine the method of abortion ahead of time. Be wary of anything other than a D&C (see descriptions of abortions).

Try to find out what kind of equipment is used and whether or not he gives antibiotics and anesthesia. You should be able to expect a local anesthetic.

C. Prepare for the abortion.

1. Before you go for your operation it is wise to have seen a gynecologist so that you will be his patient and he will be willing to see you for a check-up when you return. This should be done in any case, but is vital in case you develop any complications.
2. Good illegal abortions cost usually between \$300-\$800. Be ready to bring the required amount in cash at the time of the appointment.
3. If the appointment is out of town, be prepared to stay overnight as you may not feel up to a long trip home. If you can, it might be a good idea to bring along a close friend for help and moral support. However, your friend will not usually be permitted to go to the place of the abortion.
4. Get in the best possible physical and mental health before the operation. Get lots of sleep.
5. Follow closely any instructions the abortionist may give you such as special clothes to wear or not eating before the operation.
6. Don't be late or try to change the time of the abortion. This may cancel your appointment.
7. Don't discuss details of the operation over the phone if at all possible.
8. Be prepared for melodramatic touches. It is possible that you will be blindfolded while traveling to the place of the operation and once there the doctor may be wearing a mask. The doctor's paranoia is justified because he can get into a lot of legal trouble so he doesn't want anyone to know who he is or where he works. This probably

will not happen, but be prepared for the shock if it does.

D. The Operation Itself

A D&C is a simple operation about as long as a tonsillectomy, but, like all operations, has an element of danger. You may be put to sleep or just be given a localized anesthetic. The feeling is uncomfortable, but not painful. It feels like a gentle scraping of the uterine wall, which is what it is. The calmer and more relaxed you feel, the easier it will all be.

E. After the Operation

1. You will experience some bleeding for several days after the operation. Don't use a tampon. Use a sanitary napkin.
2. Don't swim or take baths. Shower only. Anything entering the vagina can cause infection.
3. You should have a period between 4 and 8 weeks after the operation. Don't use tampon until after this.
4. Don't attempt intercourse until after this period.
5. If any post-operative difficulties occur don't hesitate to go to a doctor or hospital. High fever, discharge, and pelvic pain indicate infection. Severe bleeding indicates hemorrhaging.
6. It is an excellent idea to get a post-operative check-up by an understanding gynecologist even if you seem quite healthy.

F. Protect yourself and your abortionist from an inhuman and antiquated law. If you are questioned at a hospital during any post-operative care or by the police, remember: The only way a doctor can be convicted for performing an abortion is through the patient's testimony against him. Keep in mind that you are breaking the law, too. If you testify against the doctor you will be incriminating yourself. The police may "guarantee" you immunity to elicit your testimony, but there is nothing binding them to this promise. If they ask any information other than your name you have every right to ask for counsel and to invoke the Fifth Amendment.

VENEREAL DISEASE

A "venereal disease" is one that is communicated through sexual intercourse. The Boston Globe estimates that over 45,000 cases of VD were treated in Boston in 1968. More than half of the people treated were under age 24. The incidence of VD in Boston is now twice the national average and rising.

The two major venereal diseases are syphilis and gonorrhea. Syphilis is the more dangerous of the two because it spreads through the whole body if not properly cured. It can ultimately cause blindness, insanity, paralysis, or death. Gonorrhea, in addition to often causing sterility, can effect the heart or joints, bringing serious damage to health in later life. Because of the dangers of these diseases, it is crucial to recognize their symptoms as early as possible, so that treatment can be sought. If treatment is begun at an early stage, both are fairly easy to cure.

Contrary to popular myth the pill does not prevent VD. Of all birth control methods only the condom helps protect against VD.

A. Symptoms -

Syphilis:

1. From 3 weeks to 3 months after contracting the disease, a sore will appear, usually in the genital area. This sore is usually very small, and doesn't hurt. It may even be completely hidden, especially in a woman. This sore will go away by itself in 3 or 4 weeks, but the disease is not gone.
2. A few weeks later, a rash will appear, either covering the body, or only a single part of the body.
3. When the rash goes away, the disease enters its "quiet" stage. Although you may look and feel fine, this is actually the most dangerous stage, the time during which it causes its worst damage. At this stage the presence

of the disease can only be detected by special blood test.
Gonorrhoea:

A man may realize that he is infected with gonorrhoea more readily than a woman. From 3 to 9 days after he contracts it, he may feel a burning, painful sensation while urinating. He may also notice a discharge of yellow pus. A woman may have a yellow discharge or may be carrying the disease without experiencing any symptoms at all.

B. Where to go for Treatment:

If you think you have VD you should seek treatment immediately. The consequences are too dangerous not to. Even if you have already had VD and have been cured, you can get it again. It's really foolish to take home remedies, purchase pills at the drug store, or send for mail-order cures. The first step in treatment is a VD test. The test for syphilis is a blood test that should be taken 6 weeks after the suspected contact or lesion. The test for gonorrhoea is done with a sample of your discharge. Handy places to go for these tests are:

1. The BU Clinic, 111 Cummington St., Boston

2. The Public Health Clinic

15 Ashburton Place, Room 204, Boston

phone: 727-2688 or 727-2689

3. Any other clinic or doctor that is convenient for you

These places will automatically refer you for treatment. The Public Health Clinic charges fees on a sliding scale so if you can't afford to pay, you don't have to.

VD treatment centers are usually in the dermatology or urology centers of the major Boston hospitals. They are authorized by law to treat minors without the consent of parents. Also the BU Clinic does not have a policy of informing parents.

All doctors are legally required to report all cases of VD to the Dept. of Public Health. However, Boston Globe research indicates that doctors report only one in every 11 cases of gonorrhoea, one in every 3 cases of syphilis.

C. Further Protection -

If you have VD, you got it from someone. The only decent thing to do is to make sure they know that they have it. (Remember: gonorrhoea is especially hard for girls to detect in themselves.) Be kind to your friends.

APPENDIX

CLINICS

The following are only some of the clinics in Boston which have facilities to help you with your problems concerning birth control and other related matters. We have listed clinics associated with BU and those with special advantages regarding payment or time convenience.

1. The BU Clinic gives pregnancy tests at a charge of \$5. It also tests for VD. Parents are not informed except by student request. There is no obstetric specialist available, but they can refer you to gynecologists or obstetricians.
2. Beth Israel Hospital
330 Brookline Ave., Boston, 734-4400
Contraceptive service, sliding price scale (free to \$12).
Call for appointment. Will see unmarrieds 18 and over.
3. Brighton Marine Hospital (U.S. Public Health Hospital)
77 Warren St., Brighton, 782-3400 ext. 311 or 782-8697
Free contraceptive service - married only. By appointment.
4. Boston Evening Clinic
314 Commonwealth Ave., Boston, 267-7171
Contraceptive services from \$8-\$15.
Gynecology clinic open Mon. & Wed. 5:30 - 7 p.m. No appointment.
5. Cambridgeport Medical Clinic
10 Mt. Auburn St., Cambridge, 876-0284
No charge. No appointment. Open Mon. - Fri. 6-8 p.m.
6. Cambridge City Hospital
1493 Cambridge St., Cambridge, 354-2020
Contraceptive service on sliding price scale. By appointment.

OTHER SOURCES OF COUNSEL AND AID

1. BU Counseling Service is very willing to talk to you, but they are not really set up to deal properly with these kinds of problems.
2. University chaplains have shown themselves to be a great deal of help to students in the past in obtaining aid. Choose a liberal one to talk to.
3. Student Union Birth Control Committee - If you need help or want to discuss a problem, please feel free to come to us for help. IF WE CANNOT HELP YOU OURSELVES, WE CAN SURELY DIRECT YOU TO SOMEONE WHO CAN. Our office is in room 435 on the fourth floor of the North Tower of the Union. Our phones are 353-3641, 3642, and 3643, or call the NEED line, 353-NEED.
4. Clergy Consultation Service in Cambridge is a new abortion counseling group that we recommend highly. They can be reached at 527-7188.
5. Planned Parenthood League
229 Berkeley St., Boston, 536-8790
This group provides counseling concerning birth control and therapeutic abortions, and has a referral service to private physicians or clinics. Planned Parenthood will make its services available to unmarried students.
6. Parent's Aid Society, 783-0060
This society is under the direction of Bill Baird and provides information and counseling on all of the problems discussed in this booklet to anyone who is in need of it. Cost varies according to recipient's ability to pay.

WHY UNWANTED PREGNANCY?

A survey conducted by Marianne Parker

[Editor's note: These three pages are omitted.]

BIBLIOGRAPHY

For more information than we can give you here see:

The Consumers Union Report on Family Planning (excellent)

Sex Without Guilt by Albert Ellis

The Complete Book of Birth Control by Alan Guttmacher

Abortion by Lawrence Lader

Contraception by Selig Newbardt

For listings of pamphlets contact:

Planned Parenthood - World Population

515 Madison Ave., N.Y., N.Y. 10022

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