Safe and effective birth control does exist!

Since 1971, those of us who have worked at the Vancouver Women's Health Collective have talked with hundreds of women about birth control.

They have shared their experience of medical ineptitude and ignorance. And we have learned about the many problems -- large and small -- associated with various birth control methods.

We have also learned how much we need to know about our bodies and about contraception in order to make choices that won't hurt us.

That learning process is all the harder because it must take place within a system that benefits from making the most profitable items the most accessible, even when they're harmful to our health.

For a long time, we used the "cafeteria" approach to contraception: here are the methods, take your pick. Over the years, as we have learned more about the risks involved with birth control pills and IUD's, we have modified our approach, expressing our concern to women about those methods.

In the fall of 1980, we decided to make our position against the use of the Pill and the IUD public.

We organized nine sessions over the next six months at various places in Vancouver. We presented some of the history of birth control, and what we had learned about the health hazards associated with the Pill and the IUD. The major focus of the presentations was on safe and effective alternatives to those methods.

Our experience in doing the presentations was that the women (as well as the few men) who attended were eager for the information we had to share. In contrast, the doctors and other health professionals who came were critical of us for "scaring women off the Pill".

Safe birth control works!

We stand by our presentation. It is our conviction and our experience that women, including young women, can learn to use birth control methods that will not harm their health. Given appropriate attention and respect for the learning process, they will continue to use those methods effectively.

Books that we have found to be wonderful resources on women's health, such as *Our Bodies Ourselves* and *A Book About Birth Control* (from Montreal) do not share our position on the Pill and the IUD. We have written to them about our differences and will continue to be in dialogue with them about the issue.

The material that follows is not comprehensive. We have focussed on the birth control methods that are most commonly used. We have not included information about sterilization (tubal ligation or vasectomy). Nor have we referred to abortion which, on a world-wide scale, is still the major method of birth control.

We believe that all women must have access to abortion as a back-up to any birth control method as well as in cases of rape or incest, or any other situation when pregnancy is unplanned and unwanted.

Birth control is, of course, only one aspect of sexuality. When it is said that increasing access to effective birth control has expanded a woman's sexual potential, the assumption is that our sexual potential is realized through vaginal penetration alone.

In fact, the only sexual act that birth control affects is intercourse. Our sexuality involves rich and varied experiences. Women loving women, a woman finding pleasure in masturbation, or in other ways of making love, such as oral sex, are some examples of sexual behaviour that don't require birth control because there is no risk of pregnancy.

Our goal in the publication of this information about birth control is to make it available both for women who use birth control and for use in discussion about the subject.

Historical information

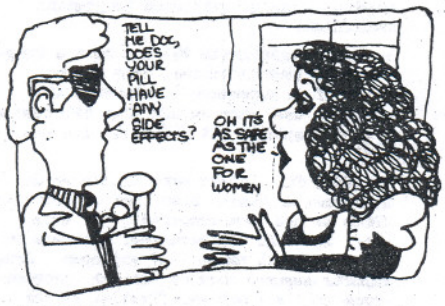
There is a common assumption that from cave-woman days until very recent times women were ignorant of their bodies; there was no contraception, babies came year after year and most of them died in infancy.

In actual fact, compared to medieval women, we are the ignorant and powerless ones. Up until 1500, women possessed several hundred medicines and devices for controlling conception.

In ancient Sumatra women molded opium into cuplike devices to be fitted over the cervix; in Japan, women used an oiled paper; in the Easter Islands, algae and seaweed were used; in Hungary, disks of melted beeswax were fashioned into a device much like our present-day diaphragm.

Sponges containing natural spermicidal ingredients have been widely used since ancient days. The methods that present-day native Indians have been using for centuries have recently been studied. It was found that they use eight miscarriage-causing agents -- abortifacients --that are totally effective and twenty-six that are highly effective.

Throughout history, women passed the knowledge of contraception on from mother to daughter, and every village had its wise woman who had the most knowledge of contraception, birthing, abortion, and herbal cures.



Nicole Hollander

In the late medieval period, several conditions acted together forever to effect women and contraceptive practices. Due to climactic reasons and plagues there was an enormous drop in the population of Europe, especially in England. From 1320 to 1400, the population fell by twenty million people down to sixty million.

This caused a shortage in labour power which the nobility depended on to sustain themselves and their wealth. At the same time, peasant uprisings lessened the control of the aristocracy over the serfs. A new system of farming began to develop that was dependent on an increase in the number of workers if the aristocracy was to survive.

The largest landholder in Europe at the time, the one who stood to be the most severely affected by the people shortage, was the Catholic Church. In the late 1400's, Pope Innocence VIII declared war on the use of birth control and on the women who were wise in it. These women were persecuted because they stood in the way of the desired increase in population by the Church and the aristocracy.

In 250 years of systematic persecution, at least one million women were murdered as witches. Their sin was, to quote Pope Innocence VIII, "they hinder men from begetting and women from conceiving." The word "magic" was synonymous with the word for medicine at the time.

The handbook distributed by the Vatican to be used by every parish priest to persecute witches was called the "Hammer of Witches". In reality it was a manual to hammer out the use of birth control.

Church forces pregnancy

In this atmosphere of terror, the age-old wisdoms and practices of women were successfully eradicated. At the same time, the Church preached a new doctrine: people were to produce more children than they needed, the extra ones were for God. Up until this time, women had produced only the number of children that were required for their particular economic situation. The Church hoped to influence the sentiment around reproduction of children, so that these practically-minded people would begin to rear more children than they knew they could care for. It was at this time that our supposed "natural instinct" to reproduce willy-nilly came into being.

As industrialization developed and capitalism evolved, vast numbers of people were needed by the owners to work in their factories and farms. The enormous explosion in population that resulted from the ban on contraception and abortion provided this labour power. State population police wrote the policies that affected the marriage, divorce and birth control laws.

By the late 1800s a crisis developed. The State could force people to reproduce but it could not force them to look after their children when they lacked the means to do so. The extreme conditions of poverty and overcrowding that the wage labourers were living under eventually led to laws prohibiting child labour, and to laws enforcing education.

On the one hand, people were being forced to have unlimited numbers of children. And on the other hand, they were being forced by law to pay the expense of educating them, and being prevented by law from sending them out to earn a wage. The situation could no longer be controlled. ▷

WOMEN'S HEALTH

People turned from the Church and State edicts and began to demand birth control.

Women demand contraception

However, in the four hundred years of prohibition on birth control the position of women had changed greatly. They now cried out from a position of ignorance.

Women's call for birth control was taken up and championed by anarchists and socialists at the turn of this century, both in Europe and in North America. They saw the suffering of the working class and took up their cause as a humanitarian and class issue.

At the same time, in Europe, birth control was being supported for entirely different reasons by a group of people called the Eugenicists. They believed that the fit should breed and the unfit should be kept from breeding. They feared that the immigrant population and dark skinned races would "take over" and came up with "scientific proof" that the ruling-class whites had superior minds and bodies. They saw the sickliness of the poor and somehow came up with the equation that the sickliness caused poverty instead of seeing that the poverty caused the sickliness.

Since the cities of Europe were over populated at this time there was much support for this theory. It is interesting to note that we associate the "super-race" theories with Hitler when in fact, these ideas were widely and openly discussed in newspapers, magazines, and textbooks of the times, both in Europe and in North America.

Conditions were different in North America. Although the cities had similar conditions of poverty and overcrowding, the country was new and people were needed to populate the vast territories.

At first, the Eugenicists here were against the use of birth control because they feared that if it were available, the white ruling-class women would also use it.

One Eugenicist wrote, "in my view, women exist primarily for racial ends. The tendency to exempt the more refined of them from the pains and anxieties of child bearing, although arising out of an attractive consideration for the weaker sex, is not a moral one."

However, in the first few decades of this century, although it was still illegal to use, mail or advertise birth control, business really began to boom. Rubber companies were manufacturing condoms and peddling them door-to-door and also in clandestine ways, in shops, gas stations, and so on.

Diaphragms were available as "devices to hold up fallen uteruses" called pessaries, and could be prescribed by sympathetic doctors for women rich enough to afford them.

The population of the upper classes began to fall. It was the poor who could not get their hands on birth control, and were sold useless tablets peddled from door-to-door by drug companies as "feminine hygiene" products.

Population control for the poor

In the United States, Margaret Sanger and other socialists began a campaign to supply birth control to the poor. When it had become obvious to Eugenicists over a period of time that, despite the law and their propaganda efforts, ruling-class women were not living up to their racial duties, they began to support Sanger's push for legalization of birth control and the establishment of clinics for the poor.

They were met with tremendous opposition from the conservative medical establishment, and the government. Although she originally saw women as controlling birth control use, Sanger arrived at the conclusion that birth control had to be dispensed by doctors and accredited nurses for it to be accepted by the medical profession. She believed that only by winning over the medical profession and handing them the responsibility for birth control would the laws be changed and funding allocated.

After having fought long and hard against legalization of birth control, the doctors finally gave in under a rising tide of birth control use. When they saw that they had lost the battle, the recouped their losses by then supporting birth control in a way that gave them total legal jurisdiction.

Birth control finally became legal in Canada in 1969.

Women had demanded birth control. After a bitter battle they got it. Contraception is now a three billion dollar world wide business. It no longer is in our hands.

We as women use it, but we don't produce it. We are kept largely ignorant of the facts surrounding it. We must go to the largely male medical establishment and we must pay to get it.

In short, we are less well off than we were before 1400 when our great, great... grandmothers and aunts were murdered because they knew too much about their bodies. ♀

Birth control pills

Birth control pills are made up of synthetic forms of female hormones, estrogen and progesterone. These synthetic hormones don't function identically to natural estrogen and progesterone but *do* act to suppress a woman's normal hormone-regulating system. This suppression affects our bodies in many complex and poorly understood ways.

In the 1930s and 40s, experiments were being performed to show that estrogen prevented ovulation in lab animals. However, results from many of the same experiments also linked estrogen to cancer, so researchers, by the mid-50s, began trying to use progesterone to prevent ovulation.

Because progesterone did not have a long-standing link to cancer, they thought that, if it suppressed ovulation, it could be used more safely than estrogen as a contraceptive. It *did* work, but not as well.

In 1956, Pill trials were initiated on 132 women in Puerto Rico (not on countless 1000s as had been rumoured). By this time, the Pill had acquired, what was said to be "a small amount" of estrogen. Drug experts assured doctors that the progesterone pill was not as effective as the estrogen one in preventing ovulation and would inevitably be less marketable.

Only four years later, with little or no subsequent testing, Enovid, a pill later found to contain 10 times the amount of estrogen necessary to prevent ovulation, was approved as a contraceptive by the U.S. Food and Drug Administration and marketed. The Pill quickly became a popular method of contraception and business boomed for Searle, the manufacturer.

By 1962, 132 cases of blood clots, including 11 deaths, had been reported among Pill users.

Undaunted, Pill enthusiasts developed and tried new products. They experimented with many different combinations and amounts of hormones. Around 1970, they developed sequential pills which provided estrogen and progesterone in sequence and supposedly mimicked a woman's normal cycle more closely.

In 1976, sequential pills were withdrawn from the market by three major drug companies when they were found to be associated with more risks -- especially cancer of the uterine lining and blood clots -- than combination pills.

Estrogen use continues despite risks

In 1971, DES, a drug already associated with serious risks (vaginal abnormalities and cancer in daughters of women who used it in the 40s to prevent miscarriage), began to be prescribed as a morning-after pill.

In 1977, a warning against its use for that purpose was issued when, once again, the risk of cancer associated with DES could not be ignored.

In the past few years, several drug companies have been experimenting with "triphasic" pills, which, in each of three phases during the cycle, provide a different combination of estrogen and progesterone. Although these pills are said to be safer than other combination ones, they have not been adequately tested. In the fall of 1980, women at the University of British Columbia were being recruited to test the safety of some of these triphasic preparations. (As far as we know, the results of these tests are not yet available).

In the late 60s and early 70s, as more and more stories about the dangers of the Pill were coming to light, drug companies and doctors concentrated on convincing women of the benefits of oral contraceptives: the Pill would not detract from spontaneity during intercourse; it would give us larger breasts or flawless complexions; it would regulate an abnormal menstrual cycle. It was pushed as *the* most effective and, therefore, the safest method of birth control. The Pill came to represent sexual emancipation for women -- many of us reached our mid-20s or early 30s equating birth control with the Pill.

Gradually, however, the Pill is becoming recognized as a dangerous drug. The following is a list of some of the serious risks involved in taking oral contraceptives:

More blood clots for pill-users

Blood clots are the number one risk. Women who are on the Pill develop blood clots four to eleven times as often as women who are not. When clots form in the legs, symptoms can be pain, discoloration or swelling, although clots can be forming where there are no symptoms.

Blood clots can lead to disfiguration and crippling. Women who have had blood clots in their legs are often forced to wear uncomfortable elastic stockings or take anticoagulant drugs for long periods of time. Pulmonary embolism occurs when a clot breaks loose from the vein where it forms and travels to the lungs. This condition can be fatal.

A British study in 1976 showed that Pill users have three to five times more risk of heart attack than other women. More recent studies show that, because smoking and the Pill affect the body in similar ways, women who smoke and take the Pill run an even greater risk of heart attack.

High blood pressure is two and a half times as common among long-term Pill users. A woman's blood pressure usually drops to normal when she goes off the Pill. Estrogen is linked to hardening of the arteries and heart disease.

Strokes, usually caused by blood clots that travel to the brain, thus cutting off its oxygen supply, can be crippling, paralyzing or cause death.

The frightening thing about Pill-related strokes is that, in about one quarter of ▷

the cases, there is apparently no warning. However, headaches, dizziness or double vision can be warning signs of impending stroke. And, contrary to speculation, low-dose estrogen pills do not seem to decrease the risk of blood clotting.

The role of the Pill in cancer is a controversial issue. What does seem clear, however, is that, if a risk of cancer is involved, long term use of the Pill increases that risk.

For example, although studies are conflicting, there is evidence that women with benign breast disease increase their risk of developing breast cancer with long-term use of the Pill.

Using the Pill for more than three years seems to greatly increase the risk of liver tumors and pituitary gland abnormalities, according to most studies. Use of the Pill seems likely to produce ovarian abnormalities: cysts, for example. Studies are currently being performed to show that the low-dose estrogen pills protect women against ovarian cancer.

Health problems increase with pill

The Pill seems to be associated with an increase in benign fibroid tumors of the uterus. High estrogen carries with it a greater risk of uterine cancer, although there is apparently a decreased risk of uterine cancer with low-dose estrogen pills.

Women with a previous history of abnormal cervical cells (Class II Pap) who take the Pill are more likely to develop cancer of the cervix.

Pill users seem more susceptible to developing a skin cancer called "malignant melanoma" associated with overexposure to the sun.

Since the period of incubation of a cancer caused by a chemical carcinogen may be as long as 25 years, the real truth about the Pill and cancer may not hit us for some time.

Eighty percent of women who use the Pill have impaired glucose tolerance levels and can become prediabetic or, in some cases, diabetic.

Twenty-five to sixty per cent of Pill users (depending on the study) experience loss of sex drive.

After stopping the Pill, some women experience loss of periods, scanty or irregular bleeding. Some have trouble conceiving. After discontinuing Pill use, young women, whose menstrual cycles have not yet stabilized, are in most danger of becoming permanently sterile.

There is a possibility that a fetus, conceived while a woman is on the Pill, or within six months of stopping, will develop some birth defect. Nursing mothers should avoid the Pill as a method of birth control because the hormones pass to the infant through the breast milk. The effects of these hormones on a child's development are not known.

The Pill increases the risk of hepatitis urinary tract infections and gall bladder disease. The Pill has been implicated in thyroid problems: its effect on the thyroid is not known.

Long term use of the Pill causes some nutritional deficiencies resulting in depression, suicidal tendencies, irritability, or loss of hair and teeth.

The list is almost certainly incomplete.

Research confirms risks

Oral contraceptives remain in the experimental stages, with women all over the world acting as guinea pigs in research. Results of experiments of ten and twenty years ago that showed the Pill to be "safe" have been refuted by more recent studies.

Results of recent studies, such as the well-publicized one done in Walnut Creek, California, are either inconclusive or demonstrate that the real risks of the Pill far outweigh the benefits.

This massive ten year study was partially financed by Searle (remember Envoid?) in yet another attempt to assure the world about the safety of the Pill. In a press release November 1980, Barbara Seaman pointed out that the study had many serious flaws, including the fact that it was not certain whether some of the women involved had *ever* taken the Pill! Walnut Creek *did* confirm the Pill's connection with many dangers. However, those who carried out the study maintained that some of those same risks (heart disease, skin cancer, and cervical cancer) were more the result of the women's lifestyles (smoking, sunbathing, and promiscuity, respectively) than a result of taking the Pill. The publicity releasing the "results" of this study was handled by a public relations firm hired by Searle in the U.S. and Wyeth in Canada.

It is in the interests of drug companies (who stand to make mind-boggling profits from Pill sales) and some doctors (who would rather quickly write women a prescription for birth control than spend hours explaining and fitting a diaphragm, for example) to keep us ill-informed about the hazards of the Pill.

They are the ones who benefit from convincing us that the Pill is the only effective method of birth control and that the risks involved in taking it are negligible. We do not think the risks are negligible.

We do not recommend that anyone use the Pill.

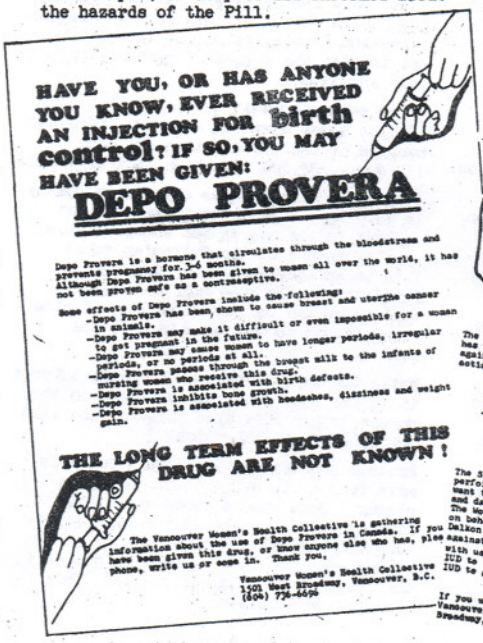
Beware of Depo-Provera

Depo-Provera is yet another hormonal contraceptive. In the form of an injection it suppresses ovulation for three to six months. Studies on this drug have shown it to cause breast cancer and uterine cancer in test animals. Women who have been injected with it have suffered menstrual bleeding disorders and permanent infertility.

Though not approved as a contraceptive in Canada, the drug is widely used on women in the Third World and on minority populations. Often American aid to Third World countries is tied to "population control" programs which involve the use of Depo-Provera.

Currently, Upjohn, the company that manufactures the drug is appealing the US Food and Drug Administration to approve Depo-Provera as a contraceptive.

The National Women's Health Network in the US has mounted a campaign to oppose the appeal on behalf of women throughout the world. ♀



The Fight Against Dalkon Shield IUD's

Dalkon Shield intra-uterine devices became available to women as birth control devices in 1969. They became widely used in a short time. By 1975, A.H. Robins, the manufacturer, withdrew the IUD from further sale in the U.S. because of the high rate of infected miscarriage and death associated with them already. Finally, in 1980 A.H. Robins issued a letter to doctors and health centres telling that all Shields still worn by women should be removed. In 1981, it is suspected that many women are still wearing Dalkon Shields.

The National Women's Health Network has initiated a legal suit in the U.S. against A.H. Robins. As a result of this action, the NWHN hopes that:
-Robins will be forced to admit to having information about dangerous design flaws of the Dalkon Shield before it was marketed
-the company will have to take financial responsibility for a world wide recall of the shield
-individual women will be inspired to sue Robins for personal damages

JOIN US!

The Shield (as well as other IUD's) caused infections and uterine perforations leading to pain, hysterectomy and infertility. We want to force drug companies to take responsibility for their faulty and dangerous products!
The Women's Health Collective is joining the NWHN's suit in the U.S. on behalf of Canadian women who suffered from the effects of the Dalkon Shield. In Western Canada, women can get involved in action against A.H. Robins (and possibly other IUD manufacturers) by joining with us in the U.S. suit and/or by sending us their old Dalkon Shield IUD to be used as evidence in the hearing. You need not have worn an IUD to get involved!

If you would like to join us or get more information, phone or write the Vancouver Women's Health Collective 736-4696 or drop in at 1501 West Broadway, Vancouver.

I.U.D.'s

IUD stands for intrauterine device. That means it is a device that is placed inside the uterus. Those currently in use are made of plastic in different shapes: some contain progesterone, some have a copper wire attached. Most are coated with a barium salt compound so that they will show up on an x-ray. And all have a tail that hangs down through the cervix and into the vagina.

The first modern-day IUDs were introduced in Germany in the 1920s. They had tails. There was a lot of infection with them; antibiotics were not available and many women died. They were discontinued and a different one with no tail was introduced. These were used in both Germany and Japan but were not accepted elsewhere. On this continent IUDs had a very bad reputation because of the link with infection.

The big push to change that bad reputation came from the population control forces, specifically an organization called the Population Council formed in 1952 and funded by Rockefeller.

The population control forces work to protect the large, wealthy and powerful corporations of the world by controlling nationality, class and race throughout the world. This is done in order to ensure that the labour force is available to the wealthy owners when they want it, and also to control resistance on the part of exploited peoples.

Population control forces liked the IUD because it could be inserted into women's uteruses and left there for years, thus preventing pregnancy and not requiring either continued cooperation on the part of the women (or the man) or the provision of continued medical services.

So in the 1960s the IUD was reintroduced. It came back with a tail. One reason was that the devices without tails were much harder for doctors to insert and remove.

The other was that the tail makes it ▷

possible for a woman to check whether the device is still in place.

In 1968, a study showed an increased rate of pelvic infection among IUD users. This was dismissed on the grounds that infections were caused by the "promiscuity" of the women and not by the IUD.

But in 1970 two major events happened. The first was that the Dalkon Shield was introduced.

Dalkon Shields cause deaths

Until the Dalkon Shield, only women who had had a child were able to use an IUD because of the unacceptable pain and bleeding.

And secondly, in that same year in the US, the Nelson studies into the safety of the pill were being conducted.

Many women were hesitant to use the pill and happy to have some alternative. IUD use increased.

In 1974 the Dalkon Shield scandal broke. By that time there had been more than 30 deaths of women in the US officially linked to the IUD: 14 of them involved Dalkon Shields. The rest were caused by other devices.

Although it seems clear that other devices were also dangerous, the Dalkon Shield was highlighted because the main focus of attention at that time was on "septic abortion", which means that pregnant women with an infected uterus miscarry. This condition can cause maternal as well as infant mortality.

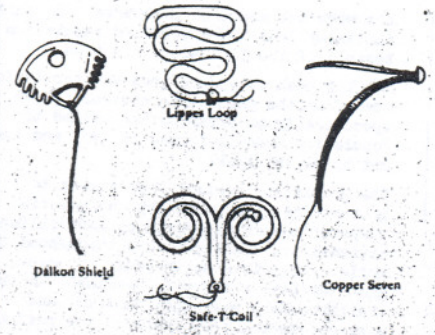
The Dalkon Shield definitely caused more septic abortions than any other IUD (219 out of 287 reported cases).

A.H.Robins, the manufacturer of the Dalkon Shield, removed it from the market in August 1975 after the Food and Drug Administration (FDA) had banned it and had then lifted the ban.

Unfortunately this was not the end of the story of the Dalkon Shield. In 1972 A.H Robins began getting rid of their stock as fast as they could. They sold bulk (unsterilized) packs of the Dalkon Shield to the US Agency for International Development (AID) which quickly distributed them to 42 countries.

There has never been a total recall of the Dalkon Shield, so they have been hanging around in family planning clinics and doctors' offices throughout the world.

This means that Dalkon Shields are still being inserted and that women's lives are still being endangered through their use.



Use of other IUDs continued and increased and not until the late seventies did the hazards of the IUD start to be taken seriously. This was mainly because women's health activists publicized the IUDs effects, forcing doctors and the public to look at the dangers.

The method of action of the IUD is not completely understood. The main theory is that it causes an inflammation in the endometrium (the lining of the uterus) so that a fertilized egg is unable to implant.

Additionally, the copper released from copper IUDs is somewhat toxic to sperm.

The progesterone IUDs affect the uterus hormonally to make implantation even less likely.

The IUD has one advantage. It is convenient. If you get an IUD you don't have to think or do anything about contraception, either at the time of sexual intercourse or at any other time.

The cost of this one advantage has been very high. For one thing, its effectiveness as a contraceptive agent is not very good. The pregnancy rate is 1 - 6 per 100 users in one year. A diaphragm has a better effectiveness rating and has caused *no* deaths.

If you do become pregnant while using an IUD, and you decide to continue the pregnancy, the current medical advice is to have the IUD removed. With an IUD left in place, the rates of infection and miscarriage (frequently in the fourth to sixth month of pregnancy and therefore more dangerous than earlier) are high.

Lack of effectiveness is obviously a major drawback to a contraceptive method, but there are other important hazards linked with the IUD. One of the major ones is infection.

More pelvic infection with I.U.D.'s

Women who use the IUD are three to nine times more likely to get pelvic infection than women who do not use an IUD. Pelvic infection frequently causes infertility and is also the source of much ongoing pain and misery.

It is estimated that in the US, 1.1 million women have had a pelvic infection because of the IUD and that of those *140,000 - 230,000* have been left infertile.

Another major hazard is ectopic pregnancy. In this case a fertilized egg does not implant in the uterus but someplace else, usually in one of the Fallopian tubes. This is another factor in decreased fertility as the tube may have to be removed or may be left damaged. It also poses danger to the women's life and health.

While the Dalkon Shield, the prime culprit in septic abortions, is no longer on the market, other IUDs also increase the likelihood of septic abortion.

Another problem is that IUDs frequently move from their original place in the uterus. Some become embedded in the lining or wall of the uterus and require surgical removal. Others perforated the uterus and move to a variety of places in the pelvic and abdominal region. This is a dangerous condition.

I.U.D.s bring pain

Of course, pain has been the universal story of the IUD.

Women throughout the world have gone through painful insertions followed by heavy cramps. This has often been the cause of IUD removal shortly after insertion. For women who have kept the IUD there is usually an increase in menstrual flow and in menstrual cramps. There is frequently intermittent bleeding and cramps as well. The heavier blood loss can lead to iron deficiency anemia.

The additions of copper and progesterone pose new hazards. Copper increases perforation risks and complications and releases copper into the body constantly. The long-term effects of this are not known. The long-term effects of the action of progesterone on the endometrium are also unknown.

Insertion of progesterone IUDs is frequently more painful and they seem to cause more ectopic pregnancies though they may cause less menstrual cramps and bleeding.

There is a link -- though not well established -- of the IUD and the development of endometriosis. Endometriosis is a condition in which endometrial tissue grows in places where it doesn't belong, such

as pelvic, urinary or abdominal organs. The causes are not well understood, much less any cure. The IUD seems to stimulate this condition.

Another factor is that the presence of the IUD seems to alter the composition of the normal organisms of the vagina. The causes and effects of this are not well understood though there may well be a connection with the increased infection rate.

Risks with treatment

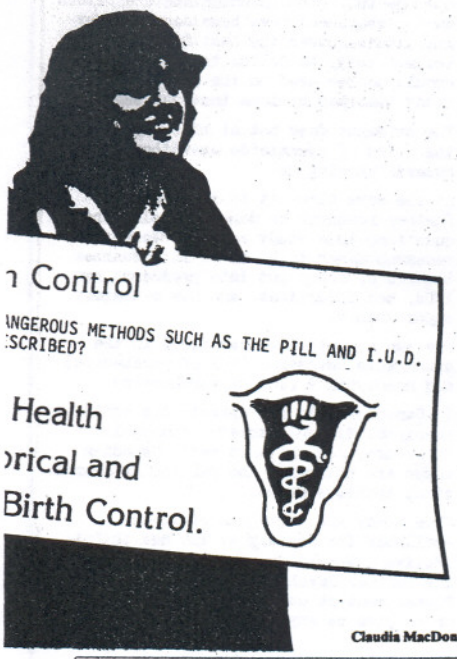
There is another group of risks associated with IUD use. Those are risks involved in the treatment of the above-mentioned conditions, which include antibiotics and other drugs, surgery, x-ray and pelvic exploration.

There is considerable research being done into new kinds of IUDs. Much more money is spent on research into new IUDs than into improving contraceptives known to be safe.

The story of the known IUDs has been pain, danger and cover-up of hazards.

The story of the new ones -- at this point -- is keeping a profitable market open, with women being experimented on without their knowledge or consent. The chances are that the story will continue to be pain and danger.

There is only one conclusion. Don't use an IUD. ♀



Claudia MacDonald

Alternatives

The popularity of the Pill and the IUD has rested on two myths. First: they are the only effective methods of birth control. Second: the ideal birth control method should not be associated at all with sex. We should be able to make love without thinking about birth control.

First, let's look at the myth that birth control must be separate from sexual activity. In some ways, it is not surprising that this ideal has so firm a grip on us, women and men alike. No-one in the movies ever stops in the middle of a passionate embrace to go and get her diaphragm!

The idea that we should be swept off our feet is also a deeply-ingrained aspect of our culture's ambivalence about female sexuality. Having birth control supplies on hand is too premeditated for a woman as well as unromantic.

We agree that spontaneous sex without worrying about pregnancy is a good experience. But we seriously question the elevation of spontaneous sex to the point that it takes priority over our health, affecting our fertility and our very lives.

Another facet of the spontaneous sex ideal is that when a woman is using the Pill or an IUD for contraception, her partner assumes she is instantly accessible for sexual activity. Many of us have experienced that ever-readiness as a pressure and have deliberately chosen contraception that we use only when we are going to have sex. In this way making love is a clear choice that is marked by using birth control at the time.

The ever-ready approach also feeds the age-old expectation that women are the ones who are responsible for contraception. The Pill and the IUD have reinforced that idea: many of us have been involved with men who did not even ask about birth control. One reason for their neglect to inquire was that they simply assumed we were on the Pill or had an IUD.

We understand that breaking down the myth around spontaneous sex is not easy for any of us, men or women.

It means looking at our experiences and feelings about sex and talking with our partners. This is hard to do, even for those of us who have been sexually active for years. It is especially hard for young women and men who have even fewer tools for good, open communication about sex. The lack of extensive sex education provides yet another obstacle to the understanding and acceptance of safe birth control methods.

Alternatives are effective

The second myth has to do with effectiveness. We have been made to believe that the Pill and the IUD are the only really effective contraceptives but in fact, several other methods of birth control have very high effectiveness rates.

The information that follows refers to the effectiveness of several different methods: the diaphragm, the cervical cap, foam and condoms, and fertility awareness.

By effectiveness we mean *use*-effectiveness rather than *theoretical* effectiveness. For example, the Pill may be theoretically almost 100% effective, but because women sometimes forget to take it, or the Pill prescribed is not potent enough to suppress a particular woman's ovulatory sequence, the actual *use*-effectiveness rate is lower. Use-effectiveness is the critical measurement since it reflects the experience of actual women.

Diaphragm

There have been two major studies of the diaphragm, major because they involved thousands of women. One was published in Britain in 1974, the other in New York in 1976.

Both showed the diaphragm to be a highly effective contraceptive, comparable to the use-effectiveness rate of the Pill. The rate in both studies was around 99%, which means that out of 100 women using the method for a year, one became pregnant.

Several important facts emerged from these studies. The New York study showed that young women, aged 18-25, used the diaphragm effectively, thus shattering the idea that only "mature" women in stable relationships would, or should use it.

The other fact was that *established* users, women who had used the diaphragm successfully (that is, without getting pregnant) for five months, were the most effective users in the long run.

This points out the importance of a woman understanding fully how to use a diaphragm and feeling completely comfortable about using it consistently right from the very first time.

Dealing with diaphragms

Women give many reasons for not feeling comfortable about using a diaphragm. Some have difficulty inserting or removing it. Others find it too messy since the diaphragm must be used with spermicidal jelly or cream. Women have also said they don't feel sure that the diaphragm is in the correct position. Or they feel uneasy about how much they need to touch themselves in using the method.

Dealing with a sexual partner's objection to the method is another problem that several of us have encountered.

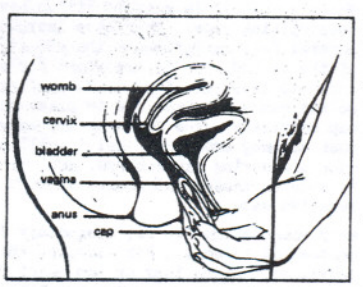
All these concerns must be taken into account and *resolved* when a woman is considering or beginning use of a diaphragm. For many years, the Health Collective, and now the Diaphragm Fitters Collective, have had experience fitting diaphragms.

We have learned that we need to spend at least an hour and a half with each woman, to give her time to talk about her sexual experience and expectations.

This includes some discussion of her current sexual relationships so she can prepare herself to deal with changes in her sexual pattern or objections a partner might have to the method.

We also show her how to look at her cervix so that the placement of the diaphragm makes sense.

Then we fit her carefully for the correct size, taking time for her to practise inserting it, checking it for correct placement and removing it.



Inserting the diaphragm

Checking the placement of the diaphragm

Diaphragm in correct position, safely covering cervix

More time is taken to discuss the details around use. For example, the diaphragm need not be messy: it can be inserted without jelly and the jelly can then be applied with an applicator just prior to intercourse.

Usually two women are fitted at one session, which gives them the opportunity to talk together about their concerns, an informal and effective way of raising many of the issues.

Women can expect to take a few months to feel completely used to a diaphragm, but with practice it has become a simple routine for millions of us! It can even be relatively inobtrusive since it can be inserted a few hours before sexual contact occurs.

We are convinced that this kind of careful time and attention with a woman who is starting to use a diaphragm goes a long way towards guaranteeing the effectiveness of the method. ▷

WOMEN'S HEALTH

Cervical cap

The cap is enjoying a surge of popularity right now. It's actually an older method than the diaphragm and has been widely used in Britain and Europe for many years.

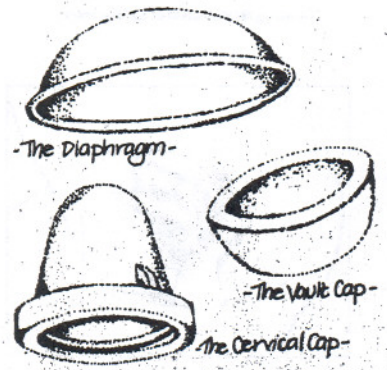
It's a small plastic or rubber cap that fits right over the cervix. It is recommended that for maximum effectiveness the cap should be used with spermicide (one-third of the cap should be filled with jelly) and that it should not be left in place for longer than three days.

Women's centres fitting

Women's centres in many US cities have been fitting caps. They have learned that several factors influence the effectiveness of the method. It is important for a woman to learn cervical self-examination so she can understand how to place the cap correctly. The fit over the cervix must be snug enough so that it will not come off during intercourse, and she must be able to insert and remove it with relative ease.

Many women cannot be fit adequately for anatomical reasons. For example, the cervix may be too long or too short for the caps that are currently available. All the caps in North America, by the way, must be ordered from a company in England that has been manufacturing them for decades.

Wearing a cap may worsen an existing vaginal infection or accelerate changes in cervical cells. For that reason, women's health centres recommend that a vaginal culture and a pap test be done before fitting a cap to ensure that the woman does not have an infection and that her cervix is healthy. Cap users can continue to use cervical self-exam to check regularly for any signs of infection or inflammation.



Government restricts caps

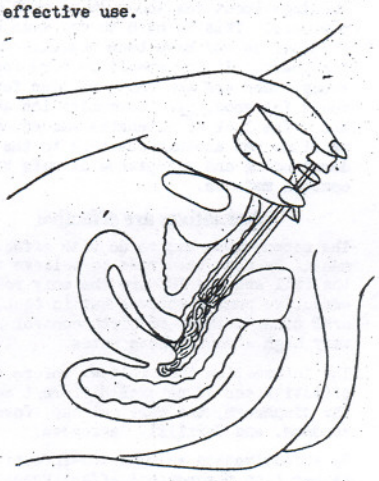
Recently in the US, the Food and Drug Administration has limited access to cervical caps by allowing only government-approved groups to dispense them. Certification as a group doing approved research is a costly and time-consuming process.

While we agree that there is a need for more data on the cap (the last major research was done in 1953) it is outrageous that such a benign device be restricted when the Pill and IUD continue to be marketed so freely.

It may well be that drug corporations are threatened by the use of the cap, a "low-profit" item because it requires less spermicide than the diaphragm, spermicide being the one component of the diaphragm that makes that method profitable.

The Diaphragm Fitting Collective has been researching cap information and use in order to decide whether to begin fitting them. As yet there are no government restrictions on their use in Canada and some health care practitioners are already fitting them in B.C.

We recommend that a woman who is interested in getting a cervical cap look at the information we have collected so that she will know the details that contribute to effective use.



Insertion of Vaginal Foam and Jelly

Foam and condom

This method, with its associations with adolescent or clandestine sexual activity, is a direct challenge to the belief that birth control can't be connected with sex.

This method is only effective when it is used just prior to intercourse, though there is a leeway of a half hour for the foam. Both partners need to be actively involved.

Attitude has a great deal to do with the acceptance of this method. But, once a woman and her partner are committed to it, effectiveness has been shown to be as high as 100%.

At the Health Collective, we always recommend that *both* foam and condoms be used; the foam acts as a back-up for the condom in case it breaks. In her book, *The Crisis in Female Sex Hormones*, Barbara Seaman recommends *two* applicators full of foam *alone* as highly effective.

There are many advantages to this method. It is accessible: every drugstore carries both products. No fittings are required. And the instructions are easy to follow.

Spermicide safety

A recent study has raised some questions about the safety of spermicides. Researchers found certain birth defects approximately twice as often among offspring of women prescribed spermicides than in babies of women using other contraception or no contraception at all.

As well, pregnancies in women prescribed spermicides ended in spontaneous abortion requiring hospitalization 1.8 times more often than in women not using spermicides.

This study has been greeted with concern by women's health groups who have been looking carefully at it. Some criticisms have been raised. For example, it is only known that the women in the study bought spermicides, but not that they actually used them. Other factors, such as environmental contaminants, drugs, diet, genetic history, age, stress, were not considered.

It may seem that the potential problems associated with spermicides may be equated with the hazards of the Pill and I.U.D.

In fact, the threat to health by the Pill and the IUD, both to women and to a fetus during pregnancy have been documented by many studies over the last 20 years. We are not ready to decide that spermicides should not be used on the basis of one study that has serious inadequacies.

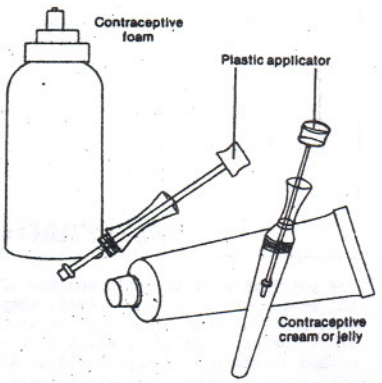
The evidence does not at this point negate the years of spermicide use without hazards showing up.

At the same time, it is important that further research be done to resolve the questions this study raises. We want research money to be spent in this area instead of being put into producing new IUDs, new injections, and new ovulatory suppressants.

The two spermicides prescribed in the study were octoxynol (80% of purchasers) and nonoxynol 9 (20% of purchasers).

In Canada nearly all spermicides contain nonoxynol 9; none contain octoxynol. Therefore, for the most part, Canadian women are not using the particular spermicidal agents studied.

This study and critiques of it are available for reading at the Health Collective. We will be keeping up with any further developments on this issue. Please contact us for further information or to give us any input that you may have.



Fertility awareness

There are several variations of fertility awareness techniques. The Basal Body Temperature Method involves recording your temperature every day for several months, noting the slight rise which occurs at ovulation and using that information to predict fertile times.

However, since ovulation does not occur at the same time every month, accurate predictions are hard to make and conception can result from intercourse before ovulation.

Checking cervical mucus

This method is often used in combination with the Mucus Method. The Mucus Method involves daily checking of cervical mucus and noting its colour and texture. There are distinct changes in cervical mucus through the cycle, before, during and after fertile times.

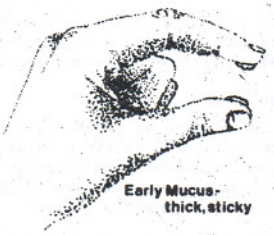
With careful use of this information about themselves, women very successfully use this method as an effective contraceptive, either abstaining from sexual intercourse during fertile times or using another method. The mucus method is also used as an aid to conception.

WOMEN'S HEALTH

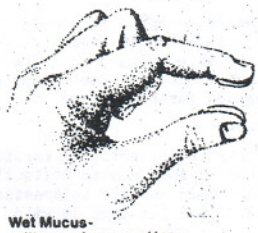
For the method to be effective, mucus has to be checked every day, and careful attention is required to recognize the changes. The method is often taught in groups so women can compare their experiences. Anyone doing the method learns to be comfortable touching herself and examining her mucus as well as increasing her general awareness of her body's changes during the menstrual cycle, for example: sexual interest, breast tenderness.

It is a completely self-reliant system. The information and responsibility for interpreting it are the woman's, though there is room and need for her partner's interest and support.

It's important to learn this method thoroughly before relying on it for contraception. We have books in our library for further reading, one book for sale, and the phone numbers of groups in the city which teach this method.



Early Mucus-
thick, sticky



Wet Mucus-
milky, no dense matter

Lubricative Mucus-
(Spinnbarkeit)
stretchy

Read all about it . . .

We are listing some of the major references we used in preparing this information. All the books listed are in the Resource Centre at the VWHC. We also have many of the specific studies referred to or can tell you how to find them.

If you are interested in a complete list of the specific references used for the sections on the Pill and the IUD we will be happy to send it to you if you write us.

HISTORY

Heinsohn & Steiger, "Birth Control, Witch Trials and the Demographic Transition". Universitat Bremen: Bremen, West Germany, September 1980.

Gordon, *Woman's Body, Woman's Right*. New York: Groseman Publishing, 1976.

THE PILL

Kaufman, Reeves, Dougherty. "Severe Atypical Endometrial Changes and Sequential Contraceptive Use" in *Journal of American Medical Association*, Vol. 236, No. 8. August 23, 1976.

Seaman, *Women and the Crisis in Sex Hormones*. New York: Bantam Books, 1978.

Seaman. *The Doctors' Case Against the Pill*. New York: Doubleday & Co., 1980.

Seaman. Press Statement re: "Walnut Creek California Study of the Pill", November 20, 1980.

Smith, Percival. "Metabolic Effects of Contraceptive Steriods"; paper presented to Planned Parenthood Convention, Fall 1980.

IUDs

"Another Look at Intra-uterine Devices", in *The Medical Letter*, Vol. 22, No. 20 (issue 567).

Ehrenreich, Dowie, Minkin. "The Charge: Gynocide" in *Mother Jones Magazine*; November 1979.

Seaman. *Women and the Crisis in Sex Hormones*, Chapter 12. New York: Bantam Books, 1978.

"The Case Against IUDs", *New West Magazine*. May 5, 1980.

SPERMICIDES

Jick. "Vaginal Spermicides and Congenital Disorders" in *Journal of the American Medical Association* 245: 1329, 1981.

Waddell, Charlotte. Summary and Criticism of the above study. Unpublished. Available at the Health Collective.

Seaman. Critique of the Jick Study. Mimeographed letter circulated by the Boston Women's Health Book Collective. Available at the Health Collective.

DIAPHRAGM

Lane. "Successful Use of the Diaphragm and Jelly by a Young Population". *Family Planning Perspectives*. March/April 1976.

San Francisco Women's Health Centre. *The Diaphragm*. 1975. Twenty pages of information on effective diaphragm use. Available for 75 cents at the Health Collective or from the SF Women's Health Centre, 3789 24th Street, San Francisco, CA 94114, USA

Vessey and Wiggins. "Use-Effectiveness of the Diaphragm in a Selected Family Planning Clinic Population, in the UK" in *Contraception*, 9:15-21 (1974).

FOAM AND CONDOMS

Seaman. "Vaginal Spermicides" in *Women and the Crisis in Sex Hormones*. Chapter 13. New York: Bantam Books, 1978.

CERVICAL CAPS

Seaman. "Gone but not Forgotten: The Cervical Cap" in *Women and the Crisis in Sex Hormones*. Chapter 12. New York: Bantam Books, 1978.

Tietze. "The effectiveness of the Cervical Cap as a contraceptive method" in *American Journal of Obstetrics and Gynecology*. 66:904-908 (1953).

FERTILITY AWARENESS

Guren. *The Ovulation Methods -- Cycles of Fertility*. Bellingham, 1978.

Nofziger. *A Cooperative Method of Birth Control*. Book Publishing Co., 1978.

FURTHER REFERENCE SOURCES

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

Dreifus. *Seizing Our Bodies*. New York: Vintage Books, 1977.

Montreal Health Press. *A Book About Birth Control*, 1980.

Shapiro. *The Birth Control Book*. New York: Avon, 1978. ♀

Positively changing

Changing to a safe and effective alternative to the Pill or the IUD requires some work on our part. We need to learn to feel comfortable with our bodies and have confidence in our ability to use methods we may have thought were too awkward.

We need to be patient with ourselves and to have a sense of humour, especially when we're learning to use new method. And we need to talk to our sexual partners about it all.

But we can encourage each other to do what we need to do to change our ideas about birth control. It is obvious that scientists and doctors are not the ones to trust to analyse and interpret the risks of various birth control methods.

We are promoting the use of the methods we have described as a positive change for better health. They are also a positive change in our experiences as women. Now we are the ones making decisions about our sexuality -- when, with whom and with safe contraception. ♀

Jo Nesbitt/Spare Rib

WOMEN'S HEALTH

Vancouver Women's Health Collective

Resource Centre

For centuries health information was passed from woman to woman, from one generation to the next. As the medical profession took over health care late in the 19th century, this information became more and more their property.

One way women have begun to take back contol of our own health care is to write and collect good information and to share it with each other.

We have been conditioned to think that only the medical "experts" know about good health care. In fact, we all have valuable information and we can share it and learn together.

The Resource Centre is available for women to use to find the information they need. We have a copying machine for public use. Health Collective workers will assist people using Resource Centre materials.

Library

Magazines, newsletters, reference books on gynecology, pharmacology, alternative healing, sexuality, children's health, women and therapy, and more. Books are available for reading at the Health Collective.

Files

On all aspects of women's health: breast lumps and treatment, vaginal infections, herbs, estrogen and cancer, workplace hazards, the drug industry, third world women and more.

Information Sheets

Free info sheets on many topics such as diaphragms, menopause, cervical and breast self-exam. Presently, we have copies of Our Bodies, Ourselves; Lesbian Health Matters, and The Ovulation Method for sale.

Health Practitioner Directory

We collect and file evaluation forms filled out by women on their experiences with doctors, chiropractors, massage therapists, naturopaths, therapists, etc. Another part of the Directory shares women's experiences with doctors who assisted at their births.

Resource People

Sharing experiences is as important as sharing information. We encourage women with experience/information in a certain area to be a resource person for others. For example, a woman who has had a tubal ligation (sterilization) and has searched for information in that area would be a valuable resource to other women for information and support.

Health Groups

These groups are for researching, gathering and sharing information and experiences on specific health topics -- such as bladder infections, menopause, endometriosis, as well as meeting to discuss general health issues. Health Collective members will facilitate the first few sessions of new groups, or we'll help women to form groups on their own.

Skill-Sharing Day

Held regularly, usually on the first Saturday of each month. In an informal atmosphere women can learn cervical and breast self-exam, and get Pap tests.

1501 West Broadway
Vancouver, B.C.
(604) 736-6696

HOURS

Sunday: Closed
Monday: 1:30-7:30
(Closed Mondays June 1-Sept. 6)
Tuesday: 1:30-5:30
Wednesday: Closed
Thursday: 1:30-5:30
Friday: 1:30-5:30
Saturday: 12:00-4:00

Health Care

The Health Collective was founded on the principle of self-help: active participation and control in our own health care. We are opposed to the traditional health care model where one person is the expert and the other receives advice or treatment with no opportunity for discussion or decision around alternatives.

In the health care work we do, we encourage self-help in dealing with health problems and in acquiring and sharing information that is useful in maintaining health.

Our own structure reflects our belief in sharing information, power and responsibility. We operate as a collective and everyone is expected to participate in decision-making. All of us share maintenance, operating details and projects.

Pregnancy Testing

We use a two-minute test that is accurate six weeks from the first day of your last period. Bring in a refrigerated, first-morning urine sample if possible. The test is free. We also encourage and provide information and guidance to women's groups to buy and learn to use their own testing kits. For information, phone us at 736-6696.

Pregnancy & Abortion Counselling

For women seeking advice on pre-natal care, birthing and childcare, we offer information and referrals. For women uncertain about continuing their pregnancy, we offer supportive help in making the decision. For women wanting an abortion, we offer information, doctor referrals and supportive counselling.

Diaphragm Fitting

We are affiliated with a diaphragm-fitting collective. Call us to make an appointment or if you would like to learn the skill and/or join the group.

Action

The "health" industry is designed to profit from our ill-health. It is more profitable to treat us with drugs and surgery (often with devastating effects on our health) than to encourage prevention and self-care. The health industry -- including government agencies -- blames our lifestyles (alcohol, cigarettes) for the increasing incidence of chronic disease and cancer. In fact, hazards in our workplaces -- including stress -- pollution of the air, the water and the food we eat, as well as poverty, are the major causes of sickness in our society, and are rarely addressed by the health industry.

We need to look at why we get sick, and take action now, and on a long-term basis, against conditions that endanger us all.

Health Talks

From time to time we present a series of informational and practical talks on various aspects of the health industry and its effects on our lives, and other topics relevant to women's health.

Speaking

We are eager to speak to groups of women who are interested in learning about women's health and in sharing our perspective of the health industry. One of our goals is to encourage further action.

Orientation

We hold regular orientation sessions to describe the various Health Collective projects for women who are interested in joining them. Call for more details.

Research Group

A group of women who meet to gather information on topics such as birth control pills, herbal remedies and pelvic inflammatory disease (PID). They are planning to produce a newsletter. Call us for details.

Women's Action on Occupational Health

A group whose focus is women's workplace hazards. They do research and educational sessions, and have committees on clerical workers -- with special emphasis on Video Display Terminals, and on hospital workers. This group can be reached through the Health Collective.