

9



Contraception and Abortion

Birth Control Has a Long History

Diaphragms and condoms have existed for hundreds of years.

Watch a short tour of the History of Contraception Museum in Cleveland:

<http://www.youtube.com/watch?v=SMKA-TShHuw>

Short History of Condoms:

<http://www.lifestylesplay.com/en/useful-information/history-of-condoms/>

Giacomo Casanova (1725–1798) made the testing of condoms into a social activity



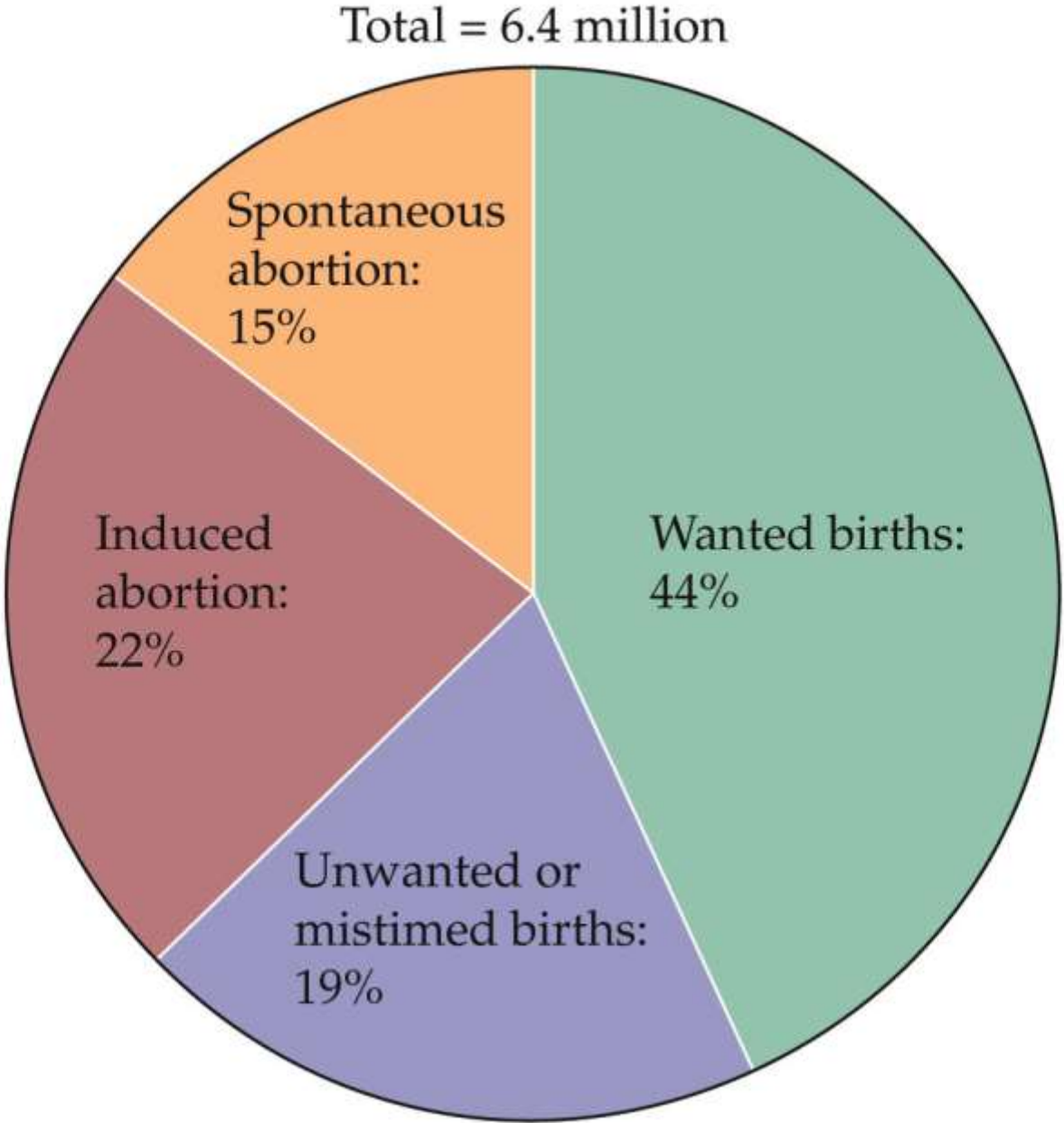
DISCOVERING HUMAN SEXUALITY, Figure 9.1

Sex in History: Margaret Sanger and the Birth Control Movement

- Feminists such as Margaret Sanger (Center in the picture) campaigned to legalize contraception in the United States during the twentieth century.
- - Faced Legal Persecution, but did it anyway because she believed in women's right to reproductive control.



Fewer than half of all U.S. pregnancies lead to the birth of a wanted child



Different Users Have Different Contraceptive Needs

IMPORTANT BIRTH CONTROL QUESTIONS

How reliable is the method?

How safe is it for a particular individual (smoker, non-monogamous, hormonal sensitivities)?

Is it reversible?

Does it provide STD protection?

How easy is it to use?

How much will it cost?

Will the user be in control? (An individual might need to be in control because their partner is unreliable.)

TABLE 9.1**Usage and Failure Rates of the Most Common Contraceptive Methods (Part 1)**

Method	Usage (percentage of all contraceptive users who use this method) ^a	Failure rate (percentage of women using this method who become pregnant within 1 year)	
		With perfect use	With typical use
NO METHOD	10.7	85.0	85.0
PHYSICAL METHODS			
Male condom	17.9	2.0	15.0
Female condom	—	5.0	21.0
Diaphragm	0.3	6.0	16.0
Cervical cap ^b	—	18.0	24.0
IUD	2.0		
ParaGard (Copper-T)		0.6	0.8
Mirena		0.2	0.2
SPERMICIDES			
Sponge ^c	—	9.0	16.0
Other	—	18.0	29.0

Source: Guttmacher Institute, 2005.

^aWhere not listed, usage is small or unknown.

^bFor these methods, failure rates are higher for women who have already had a child.

^cTypical-use failure rates for the patch and the NuvaRing are estimates.

^dFailure rates for behavioral methods are estimates.

TABLE 9.1

Usage and Failure Rates of the Most Common Contraceptive Methods (Part 2)

Method	Usage (percentage of all contraceptive users who use this method) ^a	Failure rate (percentage of women using this method who become pregnant within 1 year)	
		With perfect use	With typical use
HORMONE-BASED METHODS			
Pill	30.5	0.3	8.0
Injection (Depo-Provera)	5.3	0.3	3.0
Implant (Implanon)	1.3	0.05	0.05
Patch ^c	—	0.3	8.0
NuvaRing ^c	—	0.3	8.0
BEHAVIORAL METHODS^d			
Periodic abstinence	1.2	1.0 – 9.0	25.0
Withdrawal	4.0	4.0	27.0
STERILIZATION			
Male	9.2	0.1	0.1
Female	27.0	0.5	0.5

Source: Guttmacher Institute, 2005.

^aWhere not listed, usage is small or unknown.

^bFor these methods, failure rates are higher for women who have already had a child.

^cTypical-use failure rates for the patch and the NuvaRing are estimates.

^dFailure rates for behavioral methods are estimates.

Physical Methods Block Sperm Transport and Pathogens

Barrier methods such as male and female condoms, diaphragms, and cervical caps block sperm from entering the cervix.

Spermicides are often used in conjunction with these barrier methods.

- Chemical that kills the sperm, often nonoxyl 9
- Not for use during anal sex, some have reactions

Female condoms put the condom responsibility

- Female condoms are relatively intrusive.

Pope on Condom Use:

<http://www.nytimes.com/2010/12/22/world/europe/22pope.html>



Male condoms come in a variety of types, textures, sizes, and even flavors
BARRIER METHODS ARE THE ONLY BIRTH CONTROL THAT ALSO PROTECT FROM STIs



DISCOVERING HUMAN SEXUALITY, Figure 9.3

The Reality female condom is made with a non-latex material.



The cervical cap holds onto the cervix by suction



DISCOVERING HUMAN SEXUALITY, Figure 9.7

Physical Methods Block Sperm Transport

Diaphragms and cervical caps are inconvenient but have few side effects.

Intrauterine devices, or IUDs, offer their own advantages and disadvantages.

- Expensive to get inserted, but lasts long enough to cost less in the long term than the pill.
- Easily reversible, highly effective
- Hormonal (Mirena) and non-hormonal (Paraguard Copper T) versions available.

Spermicides come in a variety of forms

When used alone, spermicides are not reliable in terms of preventing pregnancy (71% effective).

- A- Spermicidal foam and inserts
- B- The Cervical SPONGE (Seinfeld reference)!

(A)



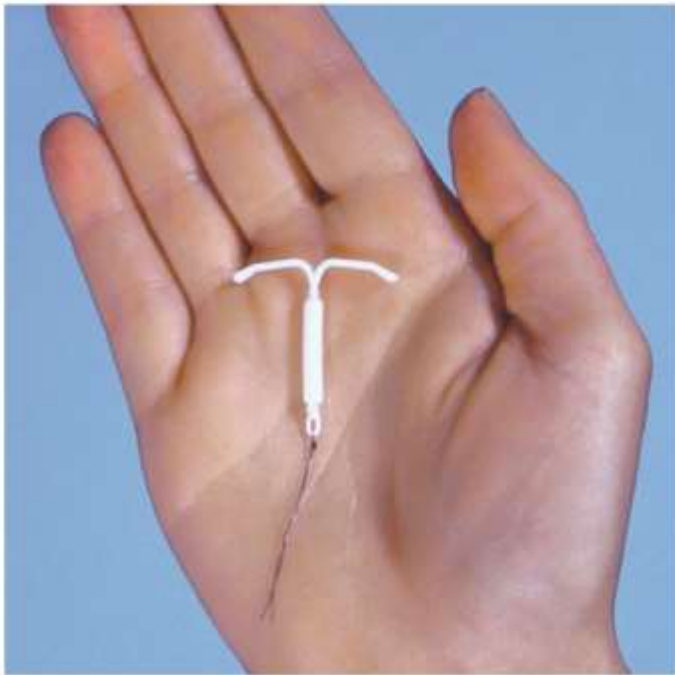
(B)



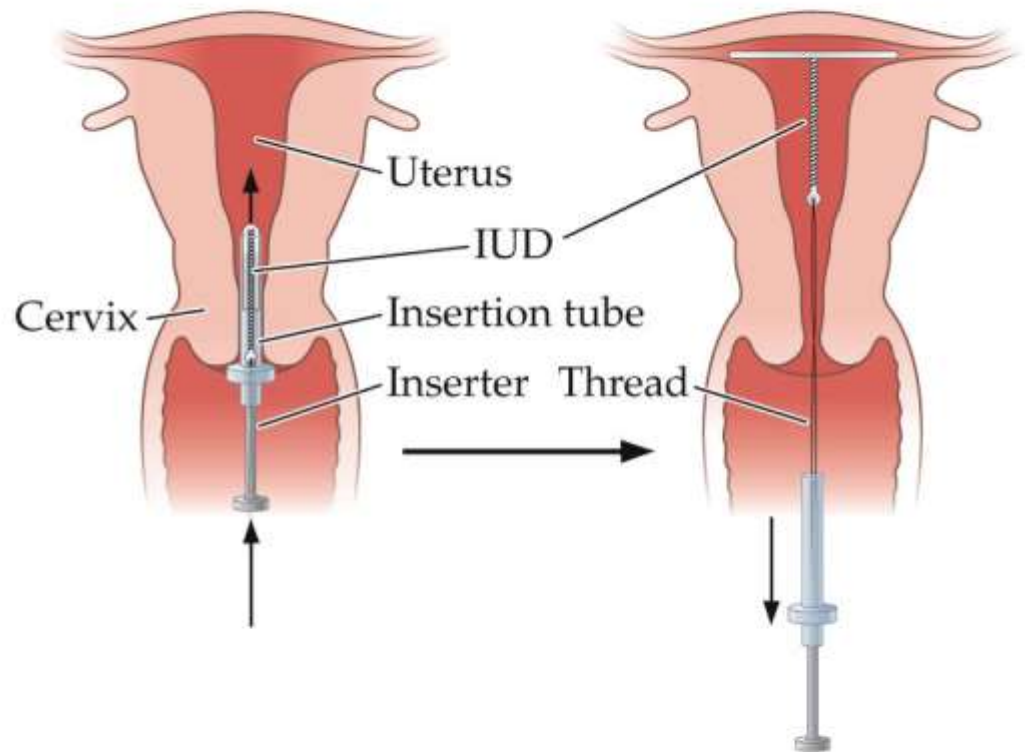
IUD insertion

- The uterus is measured before insertion, if large enough, insertion follows immediately.
- The IUD is best inserted during the menstrual period because the cervix is dilated.
- Lasts between 5 to 12 years.

(A)



(B)



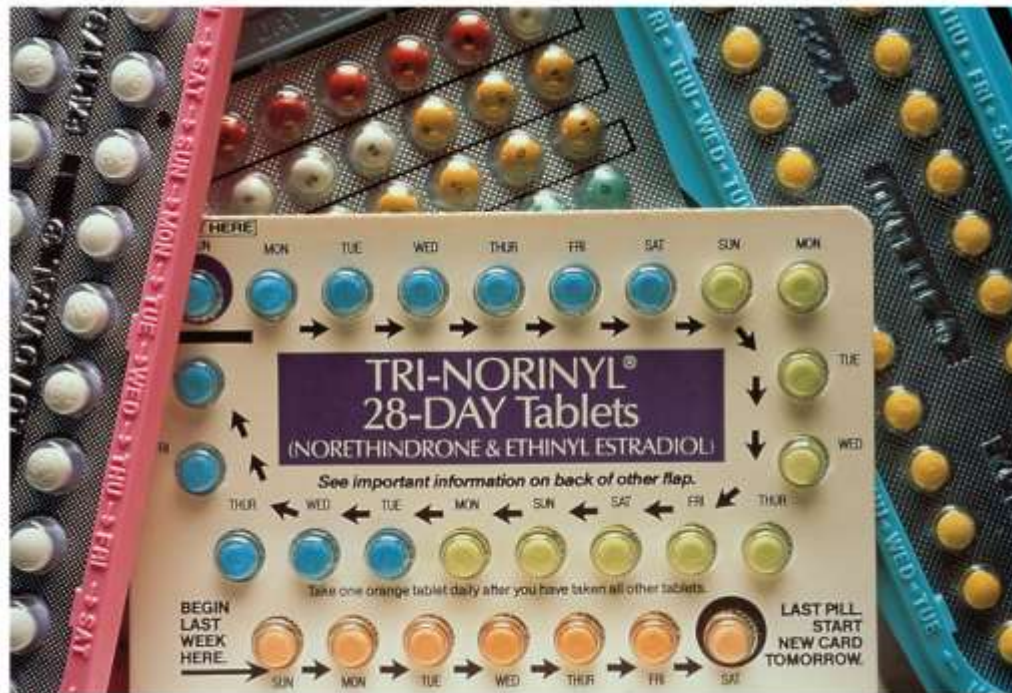
Hormone-Based Contraceptives Are Easy to Use

A variety of hormonal contraceptive methods are available.

Contraceptive pills contain either a combination of estrogen and progestin or progestin alone.

Combination pills offer health benefits but also can have side effects.

Progestin-only pills have fewer side effects than combination pills, but they require greater care in use.



Hormones Can Be Administered by Non-Oral Routes

Depo-Provera is administered by injection and lasts three months.



Transdermal patches last one week.



Vaginal rings last three weeks.



Implants are reliable but costly.



Depo-Provera is an injectable progestin that provides 3 months of contraceptive protection

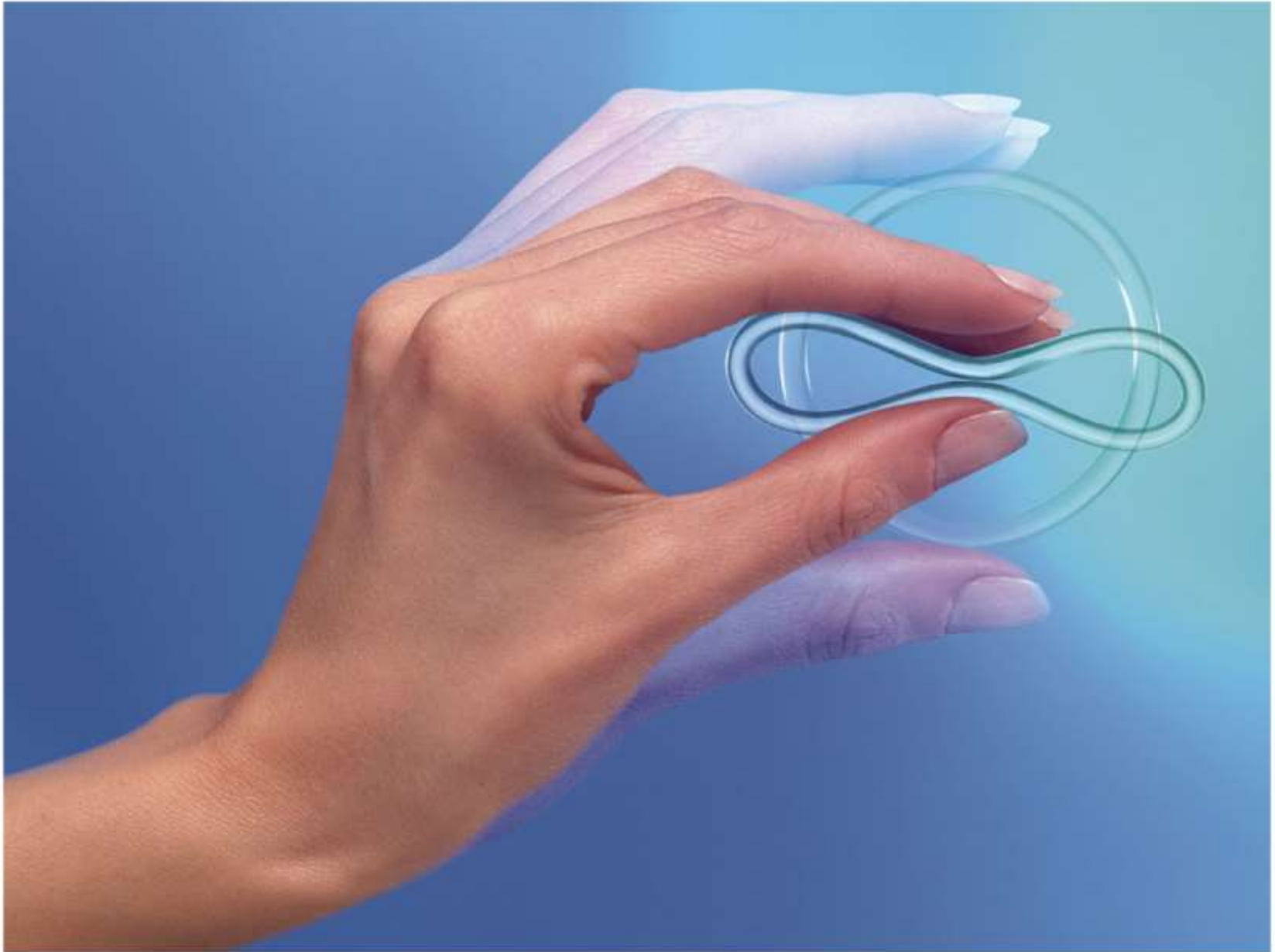


DISCOVERING HUMAN SEXUALITY, Figure 9.12

The Ortho Evra patch releases an estrogen–progestin combination that is absorbed through the skin



The NuvaRing is a flexible, hormone-releasing ring that is placed in the vagina

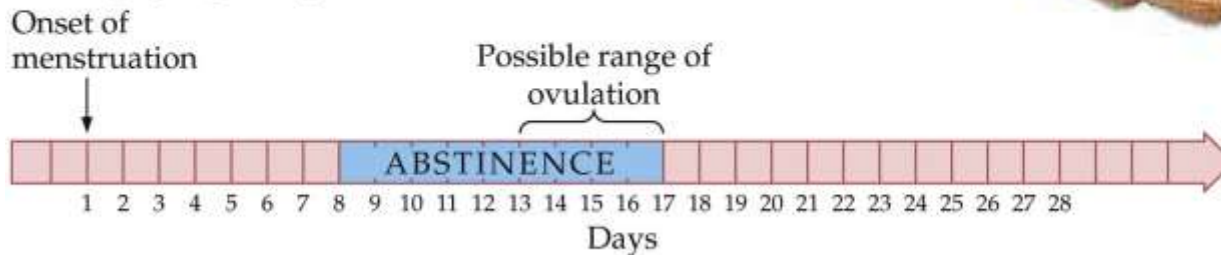


Behavioral Methods of Contraception Are Demanding

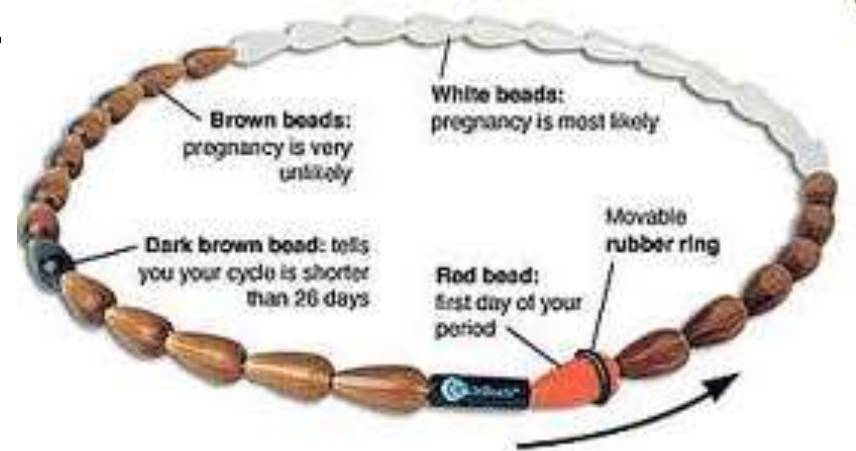
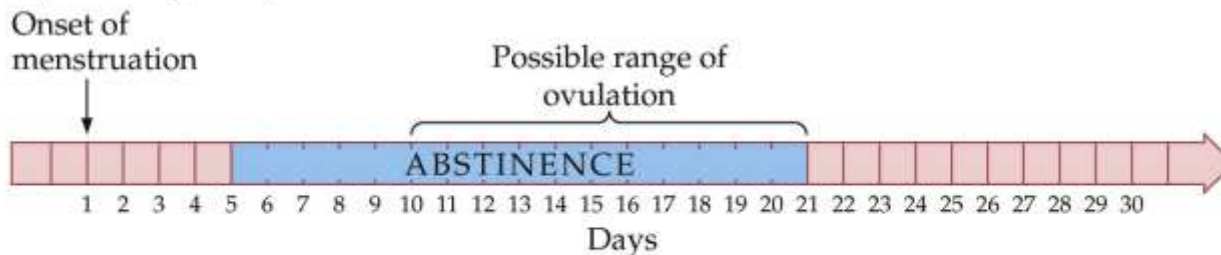
A couple can avoid coitus during the fertile window.

- Fertile windows can be assessed via several methods including standard days, calendar rhythm, cervical mucus, and sympto-thermal methods.
- Timing methods make different demands on women with regular and irregular cycles

(A) Highly regular cycles



(B) Less regular cycles



Other ways to avoid pregnancy

The withdrawal method is challenging and ineffective.

- Can be effective if done PERFECTLY (96%)
- But it's hard to pull out in time, leads to a 73% rate, or a pregnancy.
- No STI protection
- Let's face it—men and women are not programmed to push each other away at the moment of a man's ejaculation. In fact, it's pretty much the opposite.

Noncoital sex is one way to avoid pregnancy.

- Oral sex, manual stimulation, mutual masturbation, outercourse/dry humping

There Are Contraceptive Options after Unprotected Coitus

Emergency contraception prevents ovulation.

- Plan B is a progestin, levonorgestrel, specifically packaged for use as an emergency contraceptive.
- 2 pills
- Very effective if used within 3 days of unprotected sex



IUDs also prevent implantation.

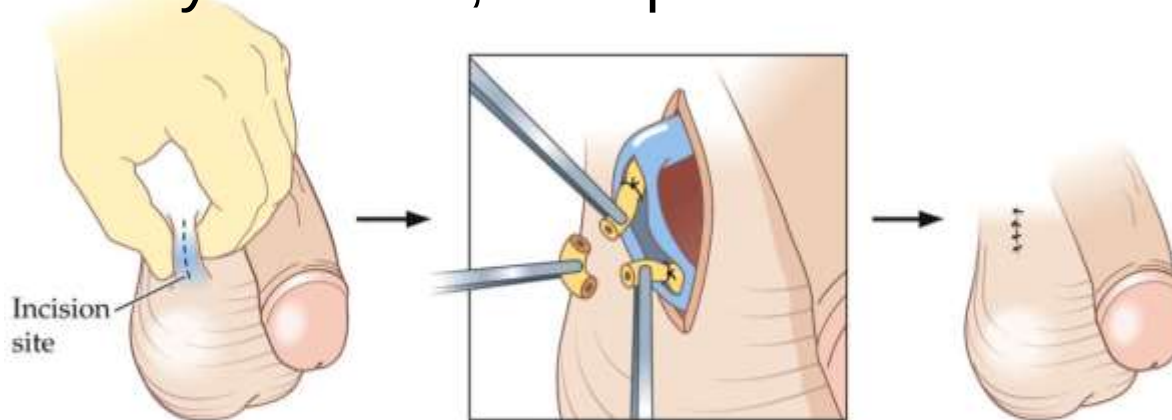
- If inserted within 5 days of unprotected sex, can be very effective and left in as a form of birth control.

Sterilization Is Highly Reliable

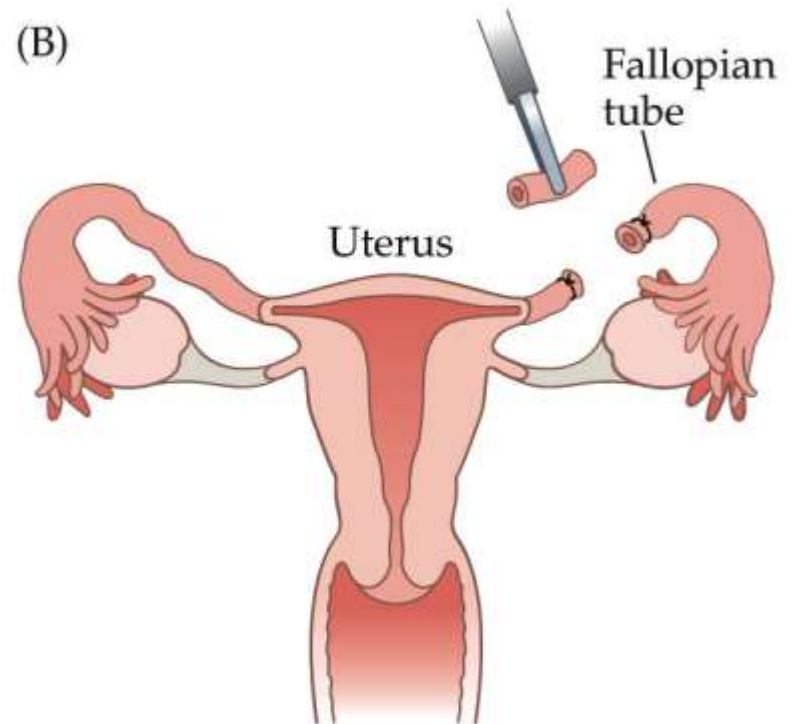
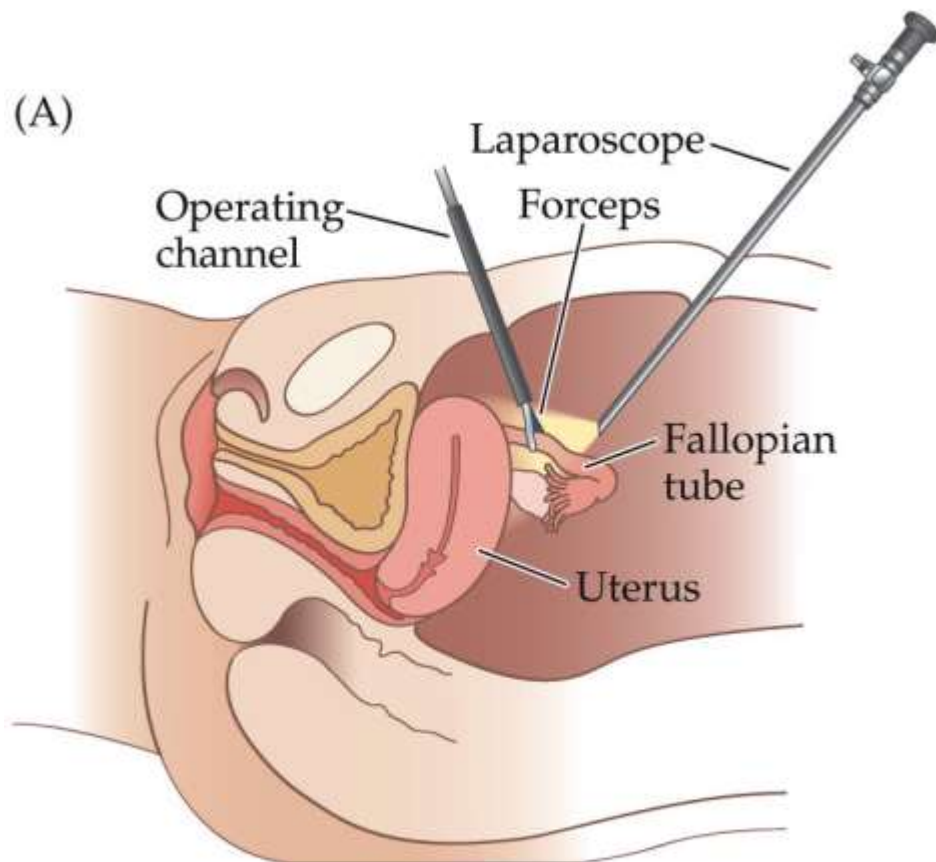
Tubal sterilization is more invasive, longer to recover from and expensive.

- Laparoscopy.
- Mini-laparotomy.
- In 2002 the FDA approved a new method of tubal sterilization called Essure.

Vasectomy is a safe, brief procedure.



Tubal sterilization - TYING YOUR TUBES



Disabled Persons Have Special Contraceptive Needs

Men and women with physical and intellectual disabilities may face difficulties using common contraceptive methods.

- Deserve the right to be sexual (Some disagree)
- Deserve access to birth control (Some want force sterilization)

Progestin hormone injection methods may be the best option for intellectually disabled women.

- Does not require the woman to be actively taking birth control pills.
- Time released, highly effective

Several Safe Abortion Procedures Are Available

Induced Abortion- Intentional termination of pregnancy
Abortions may be **therapeutic** (medically necessary to save the mother's life) or **elective** (unwanted pregnancy, fetus is not viable or is congenitally defective).

Vacuum aspiration is the preferred surgical method to terminate pregnancy during the first trimester.

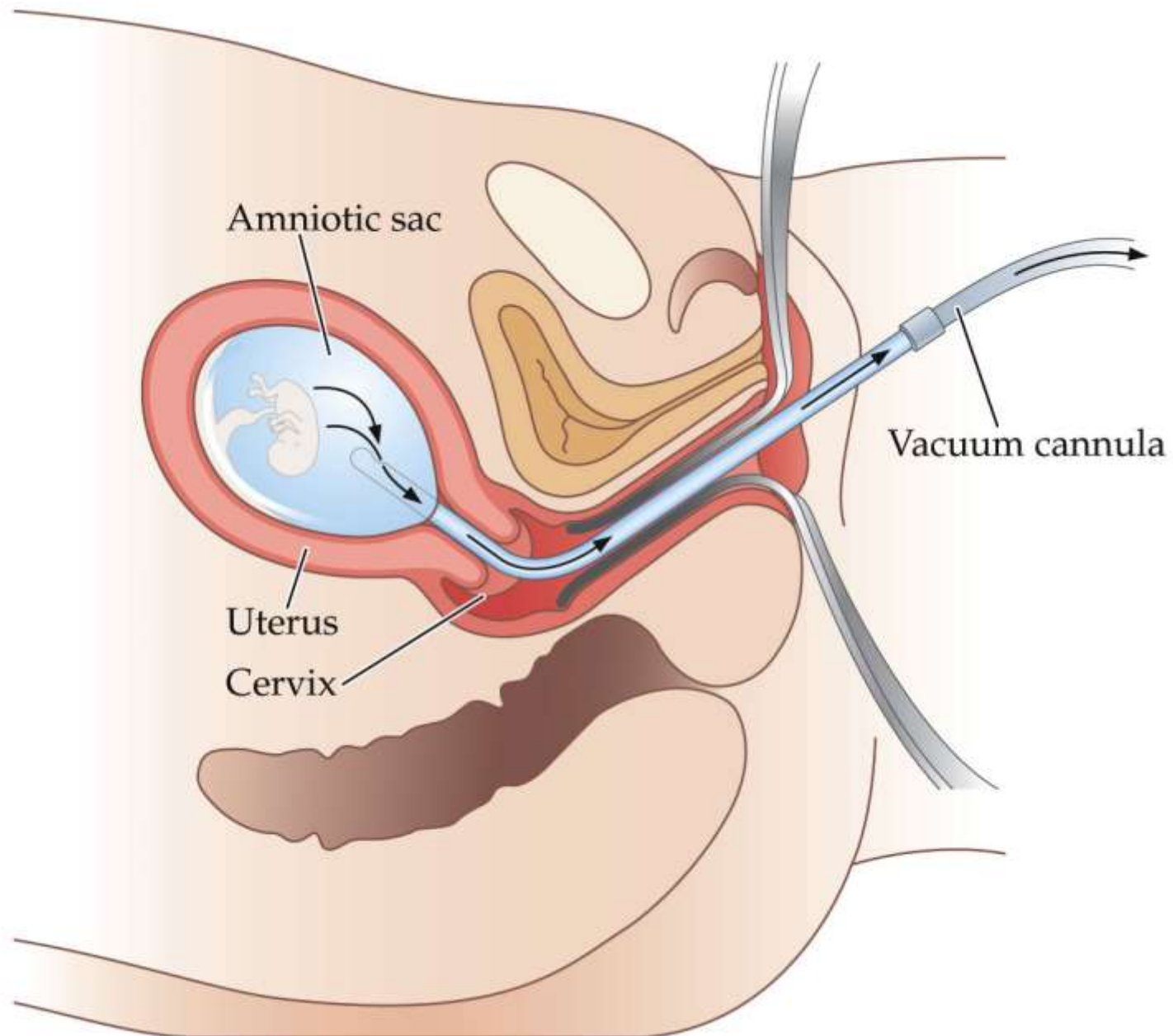
- Performed up to 14 weeks

Dilation and evacuation (D and E) is a type of surgical abortion used to terminate pregnancy during the second trimester.

- Similar to vacuum aspiration, but cervix is dilated the day before using seaweed extract.

- Performed at 13 to < 20 weeks

Vacuum aspiration is the abortion procedure most commonly used in the first trimester



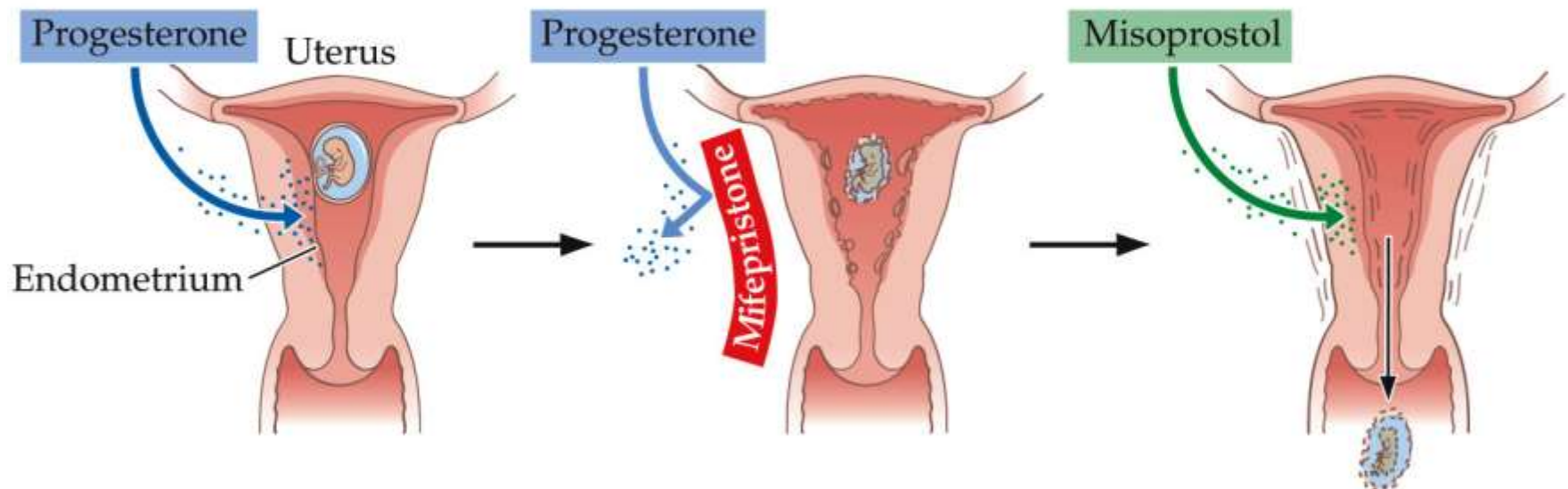
Medical abortion with mifepristone and misoprostol

Medical abortion- termination induced with drugs

Medical abortions must be done early in the pregnancy and may use mifepristone or methotrexate.

- Can only be done up to the 8th week of pregnancy

- A Guttmacher Institute survey of abortion providers estimated that early medical abortions accounted for 17% of all nonhospital abortions and slightly over one-quarter of abortions before 9 weeks gestation in the United States in 2008; medical abortions accounted for 32% of first trimester abortions at Planned Parenthood clinics in the United States in 2008.



Several Safe Abortion Procedures For Late Second Trimester

Hysterotomy- An abortion performed by a surgical incision in the abdominal wall and the uterus.

Saline-induced Abortion- An abortion induced by an injection of a strong salt solution into the amniotic sac.

Late term Abortion- 21 weeks or longer

- In 2003 President Bush banned intact D and X procedure used to perform a late term abortion.
- As of April 2007, the Supreme Court upheld the law.

Abortions do not cause long-lasting ill effects

Neither medical or surgical abortions reduce a woman's fertility or cause problems with subsequent pregnancies.

Stress and sadness is common immediately after having an abortion, but for most women, this is not long-term.

Some women report feeling an enhanced sense of self-esteem after an abortion.

1% of women seem to experience long-lasting depression or stress, mostly women who were depressed before the abortion.

Two Side of the Abortion Fence: Pro-Life and Pro-Choice

Pro-Life: Opposed to abortion; believing abortion should be illegal in most or all circumstances.

Pro-Choice: Believing abortion should be legal in most or all circumstances, and should be determined between a woman and her doctor. This position is NOT PRO ABORTION.

Not always as simple as one or the other

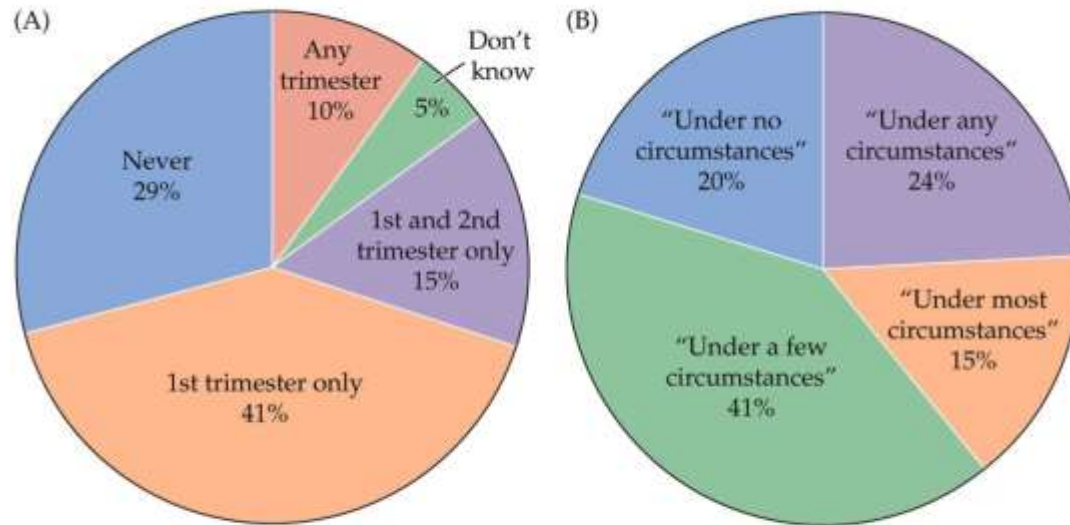
- Other influential factors

Two Side of the Abortion Fence: Pro-Life and Pro-Choice

POLL:

A. Break down of acceptability by trimester

B. Different circumstances



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Americans Are Divided on Abortion

Most Americans favor restricted availability of abortions.

- Require 24 window, mandatory counseling, only for cases of rape, incest, danger to mother, etc.

The abortion debate focuses on specific issues such as age of fetal viability (able to live outside the uterus).



The availability of abortion varies by location

Many large cities have multiple options for clinics.

Rural areas may not have any close clinics.

- Mississippi only has one in the whole state.
- Also limit abortion to no later than 12 weeks.
- 1/3 of Americans live in counties where there is not a single abortion provider

In the 1990's at least 11 abortion providers were murdered.

There are ongoing debates (Texas, the South) about how and when clinics should even exist for pregnancy termination.