

"If men could get pregnant, abortion would be a sacrament."

Florynce R. Kennedy

Contraception

Not all fun and games

by Kathy Roczowskyj and Amanda LeRougetel

"If women don't want to get pregnant, they should use birth control." This oft repeated argument sounds logical on the surface but neglects two very important facts.

Firstly, there is no 100% effective method of birth control and many popular methods don't even come close (see Table 1). Secondly, many methods of birth control have serious side effects.

Although the pill is one of the most effective methods of birth control, approximately 40% of the women using it experience side effects. These range from potentially lethal effects (clots, heart attack risk increases, benign liver tumors) to serious effects (gall bladder disease or hypertension) to "minor" effects (nausea, headaches, missed periods, depression, fatigue, etc.).

The long-term effects of pill usage are unknown. Heart attacks and other circulatory diseases lead to a 40% higher death rate among pill-users. However, mortality rates for young, healthy, slim, non-smoking women with no history of diabetes, high cholesterol, high blood pressure, varicose veins, liver or gall bladder disease or migraine headaches, are still lower than those resulting from pregnancy and childbirth.

Women who don't use the pill often try the IUD (intrauterine device). However, in eight to ten percent of women the IUD may be expelled. Its possible side effects are heavier and more irregular periods, more intense or prolonged menstrual cramps and back pain.

If these methods don't work a couple may try diaphragms, condoms or spermicidal creams

or foams. Although these methods are less effective than the pill or IUD, if they are combined they become a viable alternative. However, women using the diaphragm may experience pelvic pain, cramps, urinary retention, bladder symptoms or recurrent urinary infections. The condom may reduce sensitivity for a couple, while foam or cream may produce an allergic reaction.

Although the morning-after-pill should not be used as a regular method of birth control, it can be used occasionally. Its possible side effects are numerous: nausea, vomiting, headaches, menstrual irregularities. As well, research suggests that it may be a carcinogen.

Coitus interruptus (withdrawal) is a widely used method of birth control. It is popular, for it requires no devices, uses no chemicals and is available in any situation at no cost. However, its failure rate is between 20% and 25%.

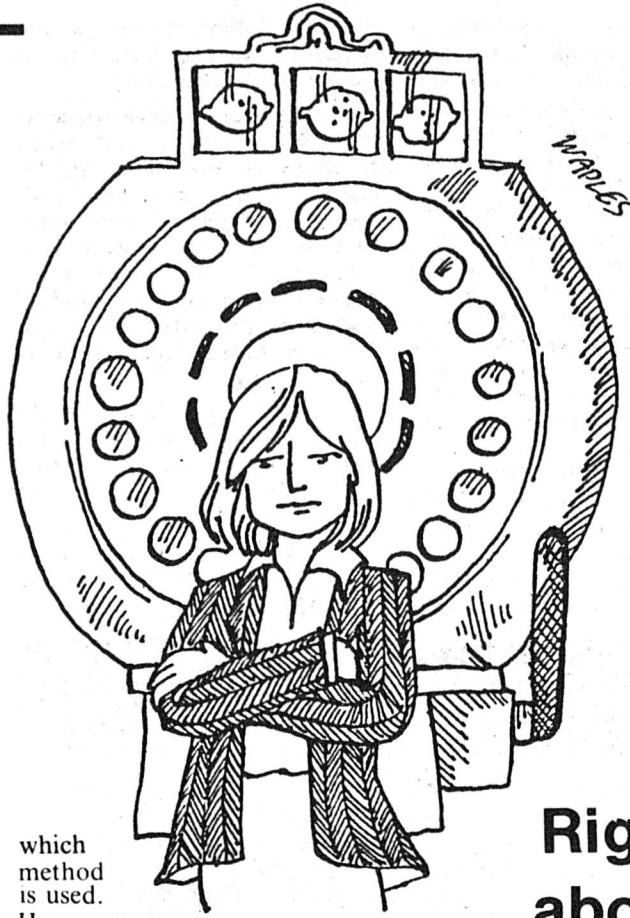
Another popular method is the natural calendar rhythm method. The method's failure rate is high, for its success is dependent on the regularity of the menstrual cycle. Only eight percent of women of child-bearing age have regular cycles.

Basic human error, misunderstanding of the workings of

WHERE TO GET HELP

Planned Parenthood Association
McLeod Building
#308, 10136-100 Street 423-3737
Open: every day from 9:30 - 5:00

A.I.D. Services (Information and Referral)
426-3242 - 24 hour service
Distress Line
426-4252 - 24 hour service
Birth Control Clinic
Baker Building
10010-105 Street
428-5700
Open: every morning & Mon., Wed. Fri., afternoon
Social Hygiene Clinic (V.D. Clinic)
10012-107 Street
427-2836 - Female Clinic
427-2834 - Male Clinic
24 hour V.D. Information - 427-2830
Terra (Assoc. for Assistance to Unwed Mothers)
9735-75 Avenue
2nd Floor Old Ritchie School
433-6163 or 439-0515
Birthright Association
9803-105 Street
429-1051
Family Service Assoc. of Edmonton (Counselling)
9919-106 Street
424-4161
Serena Sympto-Thermal Method
23 Huron Drive, Leduc
986-0090



Right to abortion supported

by Norah Hutchinson-Shields

"There is good evidence that men who commit rape are frequently not fertile because of other aberrant sexual behavior, such as frequent masturbation, which makes the likelihood of impregnating significantly less."

This quote, appearing in a piece of "pro-life" literature, attempts to justify an anti-abortion position by claiming that pregnancy resulting from rape isn't really an issue, due to the "fact" that virtually no one gets pregnant from rape.

This argument exemplifies the position that the abortion issue is often clouded by erroneous information and myths.

The anti-abortionists are not as pro-life as they claim to be. History has proven that women will have abortions regardless of whether they are legal or illegal. Anti-abortionists prefer to see women risk death or mutilation from illegal abortions rather than have safe abortions made available.

Anti-choice people frequently say that "women who abort as a method of birth control and will do so even if the abortion laws are repealed." This statement is simply not true. In Britain, where abortion is legal, accessible and often free, the abortion rate is not only lower than in Canada but there are also fewer "repeaters".

But in Italy, where abortions were illegal until six months ago, abortion was used as the primary form of birth control.

Britain also has extensive accessible information and education on contraceptives. It appears that repressive abortion laws seem to go hand in hand with inadequate information on birth control. Young teenage immigrants and the poor are most often the victims of this injustice.

Not only is an early abortion safer than childbirth, carrying an unwanted pregnancy to term can be emotionally damaging for a woman. As well, unwanted children often become the victims of abuse and neglect.

According to a recent Gallup Poll the majority of Canadians don't believe abortion is "morally" wrong. A woman's choice should not be limited by a small minority of convictions.

Women should have the right to control their own bodies and to end unwanted pregnancies. The choice must be theirs.

Birth Control Effectiveness (from *Contraceptive Technology*)

METHOD	THEORETICAL (%)	ACTUAL (%)
Oral Contraceptive	0.3	4.1
Condom and Spermicidal Foam	Less than 1	5
I.U.D.	1 - 3	5
Condom	3	10
Diaphragm	3	17
Spermicidal Foam	3	22
Coitus Interruptus	9	20 - 25
Rhythm	13	21
Chance	90	90

International Campaign for Abortion Rights

In May 1977, Vincennes, France was host to the largest European-wide feminist conference ever given. The massive assembly marked the beginning of an international campaign for the right of women to control their fertility, their right to contraception and to safe, legal abortion.

The *right to choice* has emerged as the primary issue in women's liberation movements in North America, Western Europe and in the colonial countries. In all of these countries, these rights are denied or restricted. As a challenge to the world-wide situation, the International Campaign for Abortion Rights (I.C.A.R.) has been established. In dozens of countries I.C.A.R. supporters are mobilizing for an international day of action on March 31, 1979.

At present, no country allows women the absolute right to control their fertility to decide whether or not to have children. Further, the facilities to make

this choice a reality do not exist.

Millions of women suffer physical harm or death because their right to safe, legal abortion and contraception is denied by state or church law. Women are injured by "backstreet" abortions and humiliated and sometimes imprisoned for demanding this right. In countries such as Portugal, Spain, Magreb, Italy and Ireland women are forced to take expensive trips to other countries to have safe abortions.

In some countries like Switzerland, Holland, West Germany, Belgium and even Canada abortion is still illegal, but tolerated in practice. Thus women are denied their right to control their fertility, while such formal restrictions help to raise the price of the operation and maintain it as a fearful and guilt-ridden experience.

Liberalized laws passed in the USA, France, Italy and Britain still place severe restrictions on the right to abortion.

Time limits, denial of the right to minors and non-citizens and 'conscience' clauses which makes it legal for doctors to refuse to perform abortions limit the availability of abortions even under these "liberal" laws. Under these laws women must give proof of rape, mental instability and 'grave' health risks to get an abortion. In most of these countries the medical profession ultimately controls the decision.

Population control programmes are used in parts of Latin America, Africa and India and amongst oppressed minority and poor women in the USA and Canada to force unwanted sterilization and contraception on women. In Puerto Rico for example, 35% of women of childbearing age have been sterilized.

Here in Canada, abortion is still considered illegal, with abortions granted only in cases where the birth of a child may endanger the mother's physical or social health, or where there is

the potential that the child will be born with physical or mental defects.

The legal process of obtaining an abortion is such that it presents delays and problems to women who are legally able to have them. In Canada many women such as poor women, minors, rural women and single women do not have satisfactory access to safe contraception or counselling. Above this important disparity the Canadian abortion law is unfairly and unequally applied against these women.

The provincial chapters of I.C.A.R. desire to bring the right of choice to all of those who are denied. Actions are already being planned in B.C., Saskatchewan, Quebec and Alberta. The Alberta chapter evolved in October 1978 as a response to the world-wide call to action by I.C.A.R. In agreement with the international campaign I.C.A.R. Alberta believes that it is a woman's right

to choose and proposes:

- to remove abortion from criminal code
- the right to free, safe contraception and abortion for all
- legislation to ensure that there is no forced sterilization
- increased medical research into safe, effective contraception

I.C.A.R. also stresses the need for better prevention of contraception and sex education. Therefore individuals should have ready access to education programs, contraceptive services, problem pregnancy counselling, maternal and child care, early abortions and other necessary health, welfare and educational services. To achieve these objectives all levels of government must give priority to providing program research funds and legislative changes in the areas of planned parenthood and accessible abortion.

by Michaleen Marte