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Foundations of Sexology

Contraception

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Introduction

Contraceptive methods have existed since recorded history and have radically evolved over time. Along with the methods used, attitudes towards contraception have also changed over time, influencing who has access, how the contraceptives have been used and also which methods are more prevalent in today's society. Historically, the responsibility and risk of pregnancy has fallen on women. Over time this has led to the current situation where contraceptive options for women outweigh the options available to men, and attitudes towards contraception are often steered towards women taking sole responsibility. This is reflected not only within general society but also within academic research and literature. This paper will examine the history of contraceptives and attitudes towards contraception while turning a critical eye towards the current approach and the heavy focus on women taking responsibility.

Discussion

The contraceptive options available to women today have evolved from crocodile dung near their cervix as a spermicide to prevent conception in ancient Egypt, vaginal sponges holding solutions as a spermicide (Baur & Crooks, 2017, p. 298) and a thimble shaped cervix cap in the 1920s, which suctioned onto the cervix (Fairbanks & Scharfman, 1980, para. 2). The cervix cap had been the main female contraceptive prior to the oral contraceptive pill (OC), which requires women to take a hormonal pill daily to manage the rhythm of their menstrual cycle (Quarini, 2005, p. 30). This contraceptive pill was legally introduced in the west in the 1960s (Tone, 2001, p. 572). Intrauterine devices (IUD), objects inserted into the uterus to stave conception have also evolved over a century from silk worm guts, to plastic, to copper (Quarini, 2005, para. 1).

The contraception options women currently have exist on a spectrum between non-invasive and highly invasive with some methods being more effective than others (Delamater & Hyde, 2017, pp. 145-175). Non-invasive methods include using variations of rhythm and basal methods (tracking fertile days using a specific device), or modern types of spermicides. These are not highly effective, however they are sufficiently non-invasive. Female condoms/dams also sit on the non-invasive side of the spectrum yet offer higher degrees of effectiveness. In the middle of the spectrum,

there are two forms of IUDs, a few variations of OC (which can be taken ongoingly or immediately after sex) along with injectable, adhesive and implantable contraceptives. These are all moderately invasive though offer higher levels of effectiveness, some coming with higher risks of side effects (Yasmine, n.d., para. 4). The most invasive method on offer for both men and women is the sterilization procedure, involving the severing/tying of the fallopian tubes of women and the vas deferens of men. The most commonly used forms of effective contraception for women around the world is OC (United Nations, 2015, p. 2).

There are a few options available for men though these have not significantly been developed in modern times and they very closely reflect methods used historically. The oldest method (that is still a popular choice today) is coitus interruptus, where the male withdraws his penis pre-ejaculation (Quarini, 2005, p. 29). By the 18th century men began using animal membranes as condoms, heavily influencing the modern approach to condom usage. Given usage of condoms also provides the added benefit of keeping sexually transmitted diseases at bay, this is the most frequently suggested option of the limited male contraceptives available (Delamater & Hyde, 2011, p. 157). The other effective method for men is the above-mentioned method of sterilization (Delamater & Hyde, 2011, p. 163), which is less expensive and has fewer post-surgery complications than female sterilization (Baur & Crooks, 2017, p. 327). Additionally, vasectomy procedures have advanced to a small incision in the scrotum (Baur & Crooks, 2017, p. 328). It is worth to mention that there has also been research into a male contraceptive pill being made however these developments are yet to be of any value (Dalemater & Hyde, 2011, p. 171).

Throughout history, contraceptives had often been seen in a negative light and had been illegal, making it difficult for most people to access effective options (Tone, 2001, p. 572). The freedom to use artificial contraception and access to birth control support in the modern world was brought about by activists and pioneers in the field, some of whom include Charles Knowlton (1832), Aletta Jacobs (1882), Maria Stopes (1921), Margaret Sanger (1921) and Margaret Pyke (1930) (Quarini, 2005, p. 8). The predominant number of female activists and pioneers may be due to the fact that conception biologically largely affects women more so than men. However, it also hints at the subtle nuance that the responsibility for birth control should rest largely in the hands of women.

With the expansion of contraceptive options available, there has not been substantial attempts made to offer men more viable and less intrusive options since the discovery of the sterilization procedure in the 19th century (Plano, 2017, para 1). However, since that time, women have seen the rise and development of a plethora of contraceptive options. This attitude of women being responsible for birth control has become dominant in society and has shaped much of the literature available to both women and men around the issues of safe sex and conception. It is not only the public literature available to the masses that has been affected, but also the scientific and research literature in academic circles is also heavily influenced by this notion of female responsibility.

In practice, while the use of condoms offers optimal balance between invasiveness and effectiveness, there are many men who do not use them. This may be due to resistance and perceived issues with condom use (Davis, George, Gilmore, Kajumulo, Norris & Schraufnagel, 2015, para. 14). This resistance in men may also be present due to their knowledge that women have a plethora of options (Davis et al., 2015, para. 14) and it serves to perpetuate the notion that contraception responsibility should fall on the shoulders of women. With such little advancements in options available to men and an entire body of literature that focuses on research and development of female contraceptives (Plano, 2017, para. 1; United Nations, 2015, p. 2), men are offered little in the way of having better options to choose from.

As there has been far more study on female birth control than for male birth control men who are interested in looking at other options often turn up a blank (Plano, 2017, para. 1). Given also that the United Nations (UN) defines contraceptive prevalence as “the percentage of women currently using any method of contraception among all women of reproductive age who are married or in a union” (2015, p. 2), it seems that the direction of research will continue to be focused on options available for women. This focus on female contraception only further perpetuates the disparity between birth control responsibility of women versus men even though it is inconsistent with the disparity of periods of active fertility between women and men.

While women are only fertile for approximately seven days of each month hormonal contraception effects their hormonal cycle continuously. Most men, on the other hand, are consistently fertile and yet are given the opportunity of taking little to

no responsibility. The fertility disparity between men and women is a plausible argument for the case of men taking more initiative and responsibility on the issue of contraception. A recent study in New Zealand has indicated that 78 percent of men had wanted to have more involvement and contraceptive responsibility (Plana, 2015, para. 2), but the lacking research and development of male contraceptives has made it difficult for them to take further action.

Along with the minimal amounts of research and development in the field of male contraceptives, academic literature may also be responsible for skewing public perspectives thereby influencing attitudes of responsibility. While condom usage is on the decline (The Conversation, 2014, para. 3) and coitus interruptus is ineffective, there is yet a third remaining option for male birth control: vasectomy. It seems however, that the stigma associated with this method over represents the side effects for men due to its invasive nature (Delamater & Hyde, 2017, p. 328). The stigma associated with hormonal contraceptive side effects affecting women, on the other hand, are somewhat tame deeming it a safer and acceptable option, however it too is an invasive process. Additionally, much of the literature available (Delamater & Hyde, 2017, p. 148; Dhont, 2010; Dragoman, 2014; Gompel & Plu-Bureau, 2014, para. 1), skews the perspective of the reader toward the idea that the pill is a mostly risk-free method, despite evidence indicating the many negative side effects of hormonal contraceptives affecting women on a physical, emotional and psychological level (Bjorner et al., 2016, p. 173; Casey, Faubian & Shuster, 2012: Kerschbaum, & Pletzer, 2014 para. 3; Yasmine, nd., para. 4). To help complete the picture, when looking at the rates of people who use sterilization as a contraceptive method, less than half are men (Delamater & Hyde, 2017, p. 165), again demonstrating that while women are exposing themselves to risks with hormonal contraceptives, they are more likely to do the same with operative measures.

Conclusion

Therefore, while there have been advancements over time regarding contraception, the return to original methods suggest there is further research and advancements needed in this area. The overrepresentation of women in taking birth control measures additionally demonstrates the need for further inclusion of men and male-oriented birth control. The misrepresentation of male birth control is affecting men's uptake on the options currently available while the underrepresentation of the risks involved for women as well as the pressure on women holding sole responsibility sees women taking more steps and risks to stave off conception. These perspectives are entrenched socially, through large influencing organisations such as the UN and also through the skewed perspectives present in literature and research in this field.

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