Who's Control? A Review of Birth Control in a Paternalistic Society

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Introduction

Women’s reproductive ability is often controlled and monitored by others. Different groups with different agendas want society to be reproduced in a certain fashion. The easiest and most effective way to do this is to control and monitor which women allowed to reproduce and which are not. Introducing and managing laws and social norms regarding contraception and abortion, control and minimize the ways women can govern their own reproductive health and reproductive freedom. Women are not trusted to make decisions about reproductive health because of societal expectations of motherhood and sexuality, which are different for different types of women. Throughout this article, I will examine how women are infantilized through multiple regulatory paternalistic institutions around contraception and birth control.

Historical Context

Sterilization and eugenics movements are well known and concrete ways to show how certain people control reproduction of women in order to control society. During the eugenics movement of the early 20th century, many scientists and doctors looked to sterilization to control who is able to produce offspring. Physicians, scientists and dominant society get to choose which characteristics are ideal. People with these characteristics are allowed to reproduce and those without them are not. Although scientific journals at the time claim they will not sterilize based on race and status they also state that the mentally

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1 Eugenics is the practice of human involvement in the evolutionary process. Using birth control techniques advocates of eugenics could control which human genes were passed on selectively breeding out whichever traits were seen as unnecessary or detrimental.
“feeble” poor and African Americans were sterilized to prevent those identified as being “below socially valuable” from reproducing.\(^2\)

Eugenics and forced sterilization are a part of the United States history. Socially marginalized and oppressed women, often defined as “lesser,” these women are not trusted to not reproduce and thus must be sterilized. These United States policies are an obvious way to manage women’s reproductive rights but more subtle ways of controlling women and reproduction are shown through the control of abortion and contraceptives.

In the United States, abortion has been a contentious and controversial issue since its criminalization in late 19\(^{th}\) century. When abortion was made illegal it was aimed at middle-class white women. Many middle-class women at the time were using abortion for family planning, since abortions allowed more time between children and less children overall. Populations of lower class, Catholic, Chinese, Mexican and other peoples of color, where climbing rapidly due to an influx of immigrants and the larger family size of these groups of people. White protestant men became troubled by the possibility of ‘losing’ the country and other occupied regions to these ‘others’. Dr. Horatio Storer, an antiabortion activist, states "Shall [these places] be filled by our own children or by those of aliens? This is a question our women must answer; upon their loins depends the future destiny of the nation." Women from higher classes were not trusted to make the “appropriate” decision, and therefore abortions became criminalized. The antiabortion movement was antifeminist.\(^3\) Women were expected to conform to a certain standard based on their reproductive abilities. Certain women were supposed to be mothers while others were not.

Anglo-Saxon women choosing to limit family size were said to be selfish, while Catholic

\(^2\) See "Man's Control Over Life is Prime Science Contact." The Science News-Letter 34 (1938).
\(^3\) See Reagan, Leslie J. When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973
lower class women were said to be selfish for not limiting family size. Both were seen as selfish because women were taking ownership and responsibility for their bodies. Women were not trusted with their own bodies and decisions pertaining to them.

Abortions were not only used to make statements about motherhood. Women’s sexuality and sexual freedom were called into play in the 1950s and 1960s. When abortion discussion flared and many women’s rights advocates looked for the decriminalization of abortion, women’s sexuality was raised as an issue. Pregnancy was used as a punishment to unmarried sexually active women because if a woman is not married she should not be sexually active. Abortions for women who were not wed were seen as more than immoral. William Marbury of the American Law Institute stated “some girl who goes out and gets herself in trouble [to endorse that would land the ALI] in a great deal of hot water.” Abortions for unmarried women were seen as something that would spread promiscuity. Women are supposed to be sexually pure and moral.

The birth control movement of the 1960s began in England as a way of increasing women’s sexual freedom and reproductive rights. In America, Planned Parenthood viewed birth control as an implement for family planning instead of allowing female freedom. Something viewed as increasing women’s agency and sexual freedom was being touted as a way for motherhood to improve. Again, this implies women’s purity and moral superiority as nonsexual maternal figures. This states that women should not be engaging in sex for enjoyment and should only be using birth control to maximize their abilities as mothers.

In this paper, I discuss more recent examples of women being seen as unable to make “correct” reproductive decisions. Women face many obstacles when trying to procure
birth control and many others are forced into using some form whether they wish to or not. I will also discuss the societal statements of motherhood and sexuality based on the restrictions of women’s reproductive rights. I will focus on the United States current population of heterosexual women in childbearing years.

**Oral Contraception**

In 2002, 82% of women in the United States between the ages of 15-44 had used a form of oral contraception. It is also the leading method of birth control among United States women. Women subject their bodies to invasive hormones that modify the way the female body functions in order to prevent ovulation and pregnancy. Women are expected to keep a daily regiment of hormones that can lead to a host of side effects, from decreased libido to cancer. Unfortunately, there is currently no form of oral contraceptives for males.

Oral contraceptives can increase women’s agency by providing more freedom through the use of birth control. They can allow women to make decisions regarding family planning but can also prevent children completely. Per year, oral contraception has a 5% failure rate with typical use, with perfect use this is decreased even further down to .1%. Per year, condoms have a typical use failure rate of 14% and a perfect use failure rate of 3%. By using oral contraception women dramatically reduce their risk of unplanned and unwanted pregnancy. This allows women to increase not only sexual freedom, the ability to

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7 Typical use rates mean the method was not always used correctly. i.e. pill was missed, condom not put on correctly.
8 Perfect use rates indicate the method was always used correctly but failed anyway.
9 See ibid 4
10 See ibid.
have sex spontaneously when desired without risk of pregnancy, but also freedom from medical complications from pregnancy that can include death. Women who use oral contraception are also more likely to be employed. Oral contraception use is associated with women who have higher total earnings than women who do not use oral contraception. Women with large families are often forced to seek employment that is flexible, close to home, and entails fewer hours of work. 11

Unfortunately, many barriers fall between women and oral contraceptives. Firstly, a doctor needs to prescribe an oral contraceptive. For low income women and women under the age of 18 this may not be a viable option. Low income women may be unable to afford a doctors visit, and for those under the age of 18 parental consent is needed to obtain a doctors appointment. Because women under the age of 18 need parental consent, this increased difficulty in obtaining oral contraception implies this population of women should not be engaging in sexual behavior. For the case of low-income women, these women are encouraged to go to clinics that push birth control. In some cases, women were fearful of the loss of welfare without their compliance of birth control. The forcefulness of this push indicates that these women should not be having children. 12

After a doctor prescribes an oral contraceptive a woman needs to go to a pharmacy. In some states, like Illinois and Wisconsin, pharmacists can deny patients their doctor prescribed medication based on moral objection. 13 In Illinois, pharmacists can refuse to fill prescriptions under the Illinois Health Care Right of Conscience Act. The Illinois Health Care Right of Conscience Act asserts:

11 See Best, K. "Contraception Improves Emlyment Prospects." Network
12 See ibid 3
13 See Baergen, R, and C Owens. "Revisiting Pharmacists Refusal to Dispense Emergency Contraception." Obsetrics and Gynecology
It is the public policy of the State of Illinois to respect and protect the right of conscience of all persons who refuse to obtain, receive or accept, or who are engaged in, the delivery of, arrangement for, or payment of health care services and medical care whether acting individually, corporately, or in association with other persons.

In states where it is illegal for pharmacists to refuse to dispense oral contraceptives, some pharmacists are pushing for the ability to deny women their medication. Women are forced to confront this extra step in order to procure birth control. Pharmacists prevent women from obtaining contraceptives and also expose women to judgments from morally “superior” pharmacists who undermine patient care.

When Pharmacist Neil Noesen became aware of a patient, who intended to use oral contraception to prevent pregnancy, he took action, or more precisely inaction. Noesen refused a patient her legally prescribed oral contraceptive, refused to transfer the prescription elsewhere and refused to give the patient further information regarding her prescription. Pharmacist Neil Noesen stated, “I can't aid, abet, encourage, refer, transfer, or participate in any way with something that I feel would be impairing the fertility of a human being.” These pharmacists believe women should not be having sex for anything but procreation. This seems to imply women should be mothers and sexually pure. This group of pharmacists believe it is their right to deny women birth control and implies they know what is best for a woman. This paternalistic view decreases women’s reproductive choice and freedom, and causes the infantilization of women.

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14 See Murphy, Brett. "Illinois Pharmacists Ask State High Court to Overturn Emergency Contraception Rule." The Jurist
At the University of Illinois in Urbana-Champaign, when a doctor prescribes an oral contraceptive through the McKinley Health Center, the patient still needs to complete an online quiz before being able to obtain her medication. \(^{15}\) Patients do not need to complete quizzes for any other type of medication prescribed from McKinley Health Center. Anti-depressants can be extremely dangerous when taken improperly. Oral contraception, when taken incorrectly, in extreme cases, can lead to pregnancy. Anti-depressants, when taken incorrectly, in extreme cases, can lead to suicide. An online quiz is a laughable attempt to properly educate patients in how to use contraceptives. Instead of physicians taking the time to properly explain how to a medication works and how to properly use the medication, the university institutes a mandatory quiz. An online class prefaces the mandatory quiz. The first page of the online class states a goal:

To provide detailed information about various birth control options available in order that a woman may make a well-informed choice. All women who are first-time users of hormonal contraception need to complete the birth control education class through McKinley\(^{16}\)

“All women” does indeed mean only women; men are never asked to take this quiz. Even though only women who are interested in hormonal methods of contraception are to take this quiz, 9 of the 13 questions are pertaining to other types of birth control. So women receive a “well-rounded” birth control education if they are looking for hormonal birth control while men do not have to complete this class of submit to a quiz. Before picking up condoms from the University of Illinois McKinley Health Center an individual does not have to take a quiz to prove their competence and knowledge. McKinley only offers a brief

\(^{15}\) See figure 1.

\(^{16}\) See http://www.mckinley.uiuc.edu/Interactive/bclass/1_introduction.htm
instructional sheet with condoms. This form of birth control, which has to be used by men, does not need “special” training. This implies women are not as educated, or knowledgeable about reproduction and contraception as men. In the bottom left hand of the quiz, the statement “Last modified: June 16, 2004.” Since 2004, new information is out on birth control, including new types of birth control. By not updating the quiz every year to better serve the young women at the University of Illinois, the university seems to imply the quiz is of little importance and worth. By adding another step to procuring birth control states how women are not trusted and need to take a quiz to prove they will not become mothers at this point in life, where it is socially unacceptable.

Marketing is also used to take away women’s agency through oral contraceptives. Yaz is an oral contraceptive but it is often marketed as a PMDD treatment. Premenstrual dysphoric disorder, PMDD, is a serve form of PMS. Yaz is different than “the pill,” like Ortho Tri-Cyclin, because it contains drospirenone and ethinyl estradiol instead of progestin and estrogen. They both work in similar ways to suppress ovulation in women, but drospirenone can offer alleviation of PMDD symptoms more effectively than progestin and estrogen.

Yaz commercials highlight it’s ability to relieve women of PMS and PMDD while minimizing the contraceptive effects. In the advertisement for Yaz, a group of women are sitting around at a bar or club. They are surprised when their friend arrives because she is

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17 See ibid 15
18 Premenstrual dysphoric disorder (PMDD) is a serve form of PMS that occurs in at least 5% menstruating women. Common symptoms are tension, anxiety, depression, and irritability. The difference between PMS and PMDD is severity. For more information see pmdd.factsforhealth.org.
19 Commercial for Yaz as a PMS/PMDD treatment can be seen here: [www.youtube.com/watch?v=0-gsezO1Zfg](https://www.youtube.com/watch?v=0-gsezO1Zfg)
normally unable during the few days before her period and she discloses that she is now taking Yaz. The women begin talking about PMDD, and how Yaz can be used to prevent PMDD, a more severe form of PMS. The one woman then begins to explain PMDD, and in-depth information on Yaz. One of the women comment on how knowledgeable their friend is and she remarks “I didn’t go to medical school for nothing.”

The women in the advertisement are to be trusted about menstruation and birth control because they are women. The words PMDD, PMS, and DSRP are all used in the Yaz commercial. Instead of using long medical words, the commercial uses abbreviations without explaining what these abbreviations are acronyms for. This commercial views women as being too simple to understand more complex words and medical information. Even though Yaz is a birth control pill, the commercial says nothing about pregnancy. Using abbreviations and medical science as a paternalistic authority this commercial limits women’s abilities by limiting the pregnancy prevention aspects of this drug. The commercial indicates women should maternal and become mothers because Yaz does not emphasize the contraceptive uses of this drug.

Similarly, other contraceptives use marketing to highlight the importance of other medical issues while reducing the significance of oral contraception being used for pregnancy prevention. Seasonique is a birth control that allows periods only four times a year instead of every 28 days. Its main marketing ploy is that women will have fewer periods. Busy women will have more time to be healthy while not menstruating. This implies that women are somehow impared when they are menstruating and cannot

22 The commercial for Seasonique can be viewed here: http://www.youtube.com/watch?v=YC_glEbf4X5U
complete normal daily tasks. The commercial implies that something is wrong with a menstruating woman. Seasonique also allows women to “pass” as non-menstruating. 23

Marketing oral contraceptives as something other than a birth control indicates women cannot be trusted to make their own decisions on reproductive rights. Women are enticed with the side effects, such as treating acne, shorter more predictable periods, and decreased PMS symptoms, 24 instead of being educated and informed about the pregnancy prevention aspects of the drugs. When advertisements of multiple brands of oral contraception emphasizes the non-pregnancy prevention aspects of the drugs, it denies women the ability to make reproductive decisions. The advertisements also add to the infantilization of women. These commercials show women as beings only wanting to relieve discomfort of PMS, and not have to the burden of menstruation and not being mature enough to handle these aspects of womanhood.

Woman looking to procure oral contraceptives are also impeded by insurance companies. Insurance companies often refuse to pay for contraception, leaving women paying from 30 to 60 dollars monthly. Over a lifetime without insurance coverage for oral contraceptives, a woman would need to pay from 7,000-10,000 dollars. 25 Ironically, insurance companies will cover the addition of a dependant as well as prenatal care. Some insurance companies are paying for the prescriptions of Viagra and not for oral contraceptives. 26 Viagra is a drug used to treat erectile disfunction. Not being able to perform sexually is a quality of life issue. Oral contraception works for both partners in a

23 For more information on passing as normal in regards to menstruation see Vostral, Sharra. Under Wraps: a History of Menstrual Hygiene Technology
24 See www.thepill.com
26 See Carlson, Robert H. "What's Good for the Gander is Good for the Goose [Impotency Covered by Health Insurance But Not Contraception in US]." Medical Post
heterosexual relationship by preventing pregnancy, but leaves the women in charge of the expensive medication. As of 2000, out of the 62 million women in the United States of childbearing age, over 3 million unintentionally conceive each year which leads to over 1.1 million unwanted births per year.\(^{27}\) Insurance companies are favoring men’s sexual pleasure and sexual freedom over female sexual pleasure and sexual freedom.

**Emergency Contraception**

Emergency contraception is a method of preventing pregnancy after unprotected intercourse has occurred. Emergency contraception is not an abortaficient.\(^{28}\) When emergency contraception is taken within 72 hours of unprotected sex it prevents ovulation and this decreases the chance of pregnancy.\(^{29}\)

Emergency contraception is mostly sold under the name Plan B in the United States. This contraceptive is only recently become an over-the-counter medication.\(^{30}\) The Food and Drug Administration allowed for Plan B to become over-the-counter in 2006. Plan B is still not available over-the-counter to women under the age of 18. For those under 18, a prescription from a doctor is needed. This once again implies that this population should not be engaging in sexual activity and since Plan B becomes less effective as time passes, teenagers incur the most severe consequences of pregnancy for their actions.

Before 2006, Plan B and other emergency contraception needed a doctor’s prescription. Many doctors refused to pre-prescribe Plan B to their patients for fear of patient incompetence.\(^{31}\) These women were seen as unknowledgeable and unable to

\(^{27}\) Ibid 24  
\(^{28}\) An abortificient ends a pregnancy, like RU486  
\(^{29}\) See www.Go2planb.com  
\(^{31}\) See Karasz Alison, Nicole Kirchen, and Marji Gold. "The Visit Before the Morning After: Barriers to Pre-prescribing Emergency Contraception."
accurately and properly use the medication. Some pharmacists took a moral stance on the issue of emergency contraception, like oral contraception, and refused to dispense this drug.\textsuperscript{32} Even though this is illegal in most states, pharmacists are fighting for their “right” to refuse to dispense emergency contraception to women. In Illinois, April 1 on 2005, Governor Rod Blagojevich issued an order requiring pharmacies that carry birth control to also fill prescriptions for the morning-after pill with “no delays, no hassles, no lectures.”\textsuperscript{33} Some pharmacists in Illinois have since sued the state and the governor stating that refusal to dispense emergency contraception is covered under the Illinois Health Care Right of Conscience Act. This case has gone to the Supreme Court and at the current date there has been no change in the governors edict. The fact that some pharmacist’s believe it is a right to deny service is detrimental to women. Emergency contraceptive needs to be taken as quickly as possible. Paternalistic pharmacists believe it is their right to decide if a woman should be able to receive this contraceptive or not and causing women to wait increases the likelihood of unwanted pregnancy. These barriers all add to the social narratives regarding motherhood and sexuality. These pharmacists are using unwanted pregnancies as a form of punishment for women having sex for reasons outside of procreation. This once again, shows societies expectations that women are not supposed to be having or enjoying sex or sexual freedom.

\textbf{Abortion}

Abortion is a procedure to end a pregnancy. Abortion uses medicine or surgery to remove the embryo or fetus and placenta from the uterus. After 1973, in the landmark case of \textit{Roe V. Wade}, the United States set up a lattice work of law regarding abortion and

\textsuperscript{32} See Murphy, Brett. "Illinois Pharmacists Ask State High Court to Overturn Emergency Contraception Rule." \textit{The Jurist}

\textsuperscript{33} See Villa, Joan. "Right to Refusal." \textit{Illinois Times}
women’s reproductive rights. These rights vary state-by-state, woman-by-woman, pregnancy-by-pregnancy and case-by-case. In all this confusion, women are infantilized, seen as unable to make reproductive decisions without help. The paternalistic laws and regulations pertaining to abortion force women to go through a barrage of blockades before they are able to procure an abortion and are sometimes denied receiving the this from of birth control.

Most states, 36, deny women abortions passed fetal viability.34 With technology constantly moving forward, the amount of time a pregnancy needs to become viable is decreasing. Some women do not realize they are pregnant before they are past the date of fetal viability. This robs women the decision to choose between an abortion and a birth. The rights of the unborn fetus are at this point shown to be more important than that of the mother because laws protect the unborn fetus instead of women’s reproductive freedoms and rights.

All 50 states require informed consent before a medical procedure.35 What information is given during the disclosure on abortion varies state-by-state and clinic-by-clinic. Many of the information given to women seeking abortions is not only medically unfounded but biased towards an anti-abortion agenda. Six states mandate that counseling include the supposed link between abortion and breast cancer. The National Cancer Institute declared in 2003 that, “Induced abortion is not associated with an increase in breast cancer risk.” This is deliberate propaganda to stop women from consenting to abortion. This paternalistic law implies women are incapable of making appropriate decisions about abortion and their reproductive health. This deceptive false information is

35 See Ibid
seemingly used to push an antiabortion agenda. Eight of the states in the union are required to give the woman information pertaining to the fetus’s ability to feel pain. Although research is inconclusive, the Journal of the American Medical Association’s article in 2005 stated a fetus begins to feel pain starting somewhere between the 23rd week and 30th week. In the abortion counseling literature, many states indicate that this happens much earlier. Giving women false information impedes their ability to act in an appropriate manner regarding their reproductive health. Several other states require women be informed about the long-term mental health consequences of an abortion. Much of the current literature, given during abortion counseling, about depression after abortion does not look at the rates of depression after pregnancy and delivery. Studies that include the risk of depression after pregnancy and childbirth indicate that women, who have had abortions, are not at an increased risk of major depression. Not including completely accurate literature in pre-abortion counseling, distorts women’s views about abortion. Paternalistic laws try to “protect” women by preventing women from receiving an abortion, effectively infantilizing women by decreasing women’s agency.

**Intrauterine Device**

Intrauterine device is a small T-shaped device that is placed in the uterus to prevent pregnancy. It is a long-term form of birth control that can be used for up to 10 years and offering 99% effectiveness in preventing pregnancy. Intrauterine devices use the structure of the device but may also employ the use of low doses of hormones or copper to help prevent pregnancy. Copper IUDs are one of the only non-hormonal forms of birth control

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36 See Ibid
37 See Ibid
38 See Ibid
40 Ibid
available for women who wish to have spontaneous intercourse. IUDs provide women with greater agency to make decisions about their reproductive health.

Many doctors will not fit a woman for an IUD without meeting a host of criteria. First, a woman needs to be monogamous. Pelvic inflammatory disease (PID) occurs when the uterus, fallopian tube and other reproductive organs become infected often times from a sexually transmitted infection. PID can lead to serious health risks such as, infertility, entopic pregnancy, and sepsis. It is thought, an IUD can foster an infection and lead to more serious problems such as PID.

There is very little research to be found pertaining to the increase of PIDs in women using IUDs but despite this, it is accepted as common knowledge among medical communities. When a woman is in a non-monogamous relationship she can be at a greater risk of becoming infected with a STI, which is thought to lead to higher PID rate. Recent studies indicate that the increase risk of PID occurs for only a month after insertion but physicians fall on old knowledge and safety issues associated with the IUD. Because of this, the medical community does not trust women to practice safe sex acts and will not allow women in non-monogamous relationships to obtain an IUD as a method of birth control. Non-monogamous is usually define as being married but not all marriages are monogamous.

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42 See Morrison, C, and L Murphy. "Identifying Appropriate IUD Candidates in Areas with High Prevalence of Sexually Transmitted Infections." Contraception
44 See ibid 42
45 See ibid 42
46 See Vos, A. "Intrauterine Contraception: the Role of General Practitioners in Four Dutch General Practices." Contraception
48 See Arias, R D. "Compelling Reasons for Recommending IUDs to Any Woman of Reproductive Age." International Journal of Fertility and Woman’s Medicine
49 See ibid 42
While researching IUDs, many cite infertility risks as reason to not use an IUD without already having children.\textsuperscript{50, 51, 52} It is possible some women do not want children, and it is also possible that a woman with children may want more children after the removal of her IUD. Many studies indicated that infertility following IUD use was false. In a Norwegian study, 93.4% of women who wanted to become pregnant after IUD use did become pregnant. There are still reasons American physicians fear infertility in their IUD using patients. Women who contract PIDs are at risk of becoming infertile and it is thought by the medical community that women using IUDs can increase the risk of PIDs despite recent studies which suggest the contrary.\textsuperscript{53, 54} Another risk for infertility is uterine perforation.\textsuperscript{55} This is a serious risk to fertility and in server cases it can also be fatal. Recent studies suggest the cases of uterine perforation on insertion of an IUD are between .12-.68 per 1000 insertions.\textsuperscript{56} This is a very low risk and there are many risks with any other type of activity that can lead to infertility or death. Obesity, smoking and alcohol can all reduce a woman’s fertility but the risks from an IUD are viewed as more detrimental. Women are not seen as knowledgeable enough to make a decision regarding fertility and are therefore denied use of this contraceptive device based on their family status.

**Conclusion**

Little has changed since the days of forced sterilization and eugenics of the early 1900s. Dominant society still seeks to control women and their reproductive abilities but through more subtle ways than forced sterilization. Women are infantilized by a

\textsuperscript{50} See ibid 41  
\textsuperscript{51} See ibid 42  
\textsuperscript{52} See ibid 43  
\textsuperscript{53} See ibid 46  
\textsuperscript{54} See ibid 48  
\textsuperscript{55} Uterine perforation is a tear in the uterine lining that is extremely dangerous and can lead to death.  
\textsuperscript{56} See Broso, P R., and G Buffetti. "The IUD and Uterine Perforation." Minerva Ginecologica
paternalistic society because of the mistrust of women and their ability to make “correct”
decisions regarding reproduction. One of the more visible examples regards Norplant\(^{57}\), a
hormonal method of birth control, that was being forced on women who were seen as unfit
to be mothers.\(^{58}\) Norplant is considered non-invasive and error proof because it does not
rely on user competence. The first case of the forced use of Norplant occurred when a
mother, who was convicted of child abuse, was ordered by the judge to use this form of
birth control. Following that many women with low socioeconomic status, specifically
African Americans were coerced into using this form of birth control.\(^{59}\) These women were
viewed to be unfit to become mothers.

Forcing women to use contraceptives, and preventing women from being able to
make reproductive choices, is paternalistic. Women, especially low income, African
American, or young women, are seen as untrustworthy and unknowledgeable and therefore,
others, dominant society, must step in to make decisions for them. Outside of the highly
publicized account of forced contraception with Norplant, many more subtle aspects of
dominant society control exist. Multiple barriers impede women from receiving desired
reproductive and sexual freedom. Many of these barriers can be seen with birth control.
Birth control and contraception is an issue in the United States because reproduction
changes society. Reproduction is monitored and controlled in order to mold society in a
way in which to keep white, Christian, men dominant just like in the early 1900s. The way
birth control and contraception is discussed and viewed also implies certain expectations
women should follow in the current United States society.

\(^{57}\) Norplant is a hormonal birth control consisting of progestin that is inserted under the skin of the arm and
is good for up to 5 years, but no longer available in the United States due to the severity of side effects.
\(^{58}\) See Lewin, Tamar. "Implanted Birth Control Device Renews Debate Over Forced Contraception." New
York Times
\(^{59}\) See Ross, L. "Sterilization and "De Facto" Sterilization." Amicus
Women are faced with the societal expectations to become mothers while remaining sexually pure. White women, who can afford to have children, should be mothers, this is seen through the various techniques employed to keep birth control out of reach for some and forced upon for others. The same women should be sexually pure. Many times birth control is marketed in a way that denies its pregnancy prevention purpose. Women who violate the expectation can be punished through unwanted pregnancy.

The solution to the problem about birth control in a paternalistic society is not simple. Many policies need to change and for that to happen women need to be viewed as competent capable beings by those who currently try to infantilize them. Women and men need to be educated on contraception and birth control. Blockades need to be removed for those women seeking birth control, and barriers impeding forced and coerced use of birth control need to be put into place. Small steps can be made with little improvements like the removal of the University of Illinois contraception quiz and the denying pharmacists the ability to choose who can and cannot receive birth control. Doctors need to start having conversations with their patients regarding contraception. Without societal views about women and expectations for women changing, nothing will revolutionize contraception or women’s reproductive rights.


"Intrauterine Copper Contraceptive." Paraguard. 2007. Duramed Pharmaceuticals, Inc.


On-Line Birth Control Quiz

For each question below, click on the circle next to the correct answer. When you are finished with the test, push the 'Score my test' button at the bottom of the page. Good luck!

<table>
<thead>
<tr>
<th>Question #1</th>
<th>Condoms are made out of all of the following except:</th>
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<tbody>
<tr>
<td>A. latex</td>
<td>B. polyurethane</td>
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<td>B. polyurethane</td>
<td>C. vinyl</td>
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<td>C. vinyl</td>
<td>D. natural membrane</td>
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<tr>
<th>Question #2</th>
<th>If a condom breaks you can:</th>
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<tr>
<td>A. Immediately withdraw penis and put on a new condom</td>
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<tr>
<td>B. Immediately insert 2 applications of spermicidal jelly</td>
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<tr>
<td>C. Go to McKinley Health Center within 120 hours to receive emergency contraception</td>
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<tr>
<td>D. All of the above</td>
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<tr>
<th>Question #3</th>
<th>Male condoms can be used with the female condom.</th>
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<tr>
<td>A. True</td>
<td>B. False</td>
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<tr>
<th>Question #4</th>
<th>Spermicides come in all of the following forms except:</th>
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<tr>
<td>A. jelly</td>
<td>B. cream</td>
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<tr>
<td>B. cream</td>
<td>C. suppositories</td>
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<tr>
<td>C. suppositories</td>
<td>D. injections</td>
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<td>D. injections</td>
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Question #5
Diaphragms and cervical caps need to stay in place:
A. 6-8 hours after intercourse
B. 18-24 hours after intercourse
C. 30 min – 1 hour after intercourse
D. no longer than 5 minutes after intercourse

Question #6
If you want additional protection against STIs when using a diaphragm and cervical cap, you can:
A. wear a condom
B. insert an extra application of spermicide
C. make sure partner withdraws penis before ejaculation
D. wear a cervical cap and a diaphragm

Question #7
The sterilization of a woman is called:
A. vasectomy
B. tubal ligation
C. defertilization
D. hysterectomy

Question #8
Sterilization is highly effective against STIs.
A. True
B. False

Question #9
‘The Pill’ is the most common form of hormonal contraception used by women
A. True
B. False
**Question #10**
Combined hormonal methods of contraception include the hormones:

A. estrogen  
B. progestin  
C. testosterone  
D. both a and b

**Question #11**
Hormone methods of birth control work by:

A. inhibiting ovulation  
B. altering the uterine lining  
C. altering the cervical mucus  
D. all of the above

**Question #12**
The patch contains the same hormones found in the pill.

A. True  
B. False

**Question #13**
The Ring is inserted into the vagina and left there for how long?

A. 3 weeks  
B. one month  
C. 3 months  
D. one week

**Question #14**
The Ring works by:

A. releasing estrogen & progestin into the bloodstream  
B. creating a barrier to sperm entering the vagina  
C. blocking entryway of the uterus (the cervix)
Question #15
The IUD is inserted into

A. The upper arm  
B. the vagina  
C. the uterus  
D. the abdomen

Question #16
You should change the Patch:

A. Once a day  
B. Once a Week  
C. Once a Month  
D. Once every 3 months

Question #17
Which location should the Patch NOT be placed on the body?

A. The upper arm  
B. the breast  
C. the abdomen  
D. the buttock  
E. the shoulder

Question #18
Women who use Depo Provera should get at least 1,000 mg. of what daily?

A. Protien  
B. Vitamin C  
C. Vitamin E  
D. Calcium

Question #19
Depo Provera should not be used for more than two years, except in certain
circumstances

A. True
B. False

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