# History of Regulating Family Size: A Western Perspective

Wendy Abigail BN (Hons) Grad Cert Health, FP Cert.*

## Abstract

This article aims to provide an historical overview of contraception and termination of pregnancy for the purpose of providing insight into both these issues which impact on women's fertility management and control. It will be shown that both these concepts are not new and that unsafe practices have impacted on maternal mortality rates worldwide. It is recommended that women have access to safe, reliable and affordable modern methods of contraception. Further, it is recommended that termination of pregnancy is legal, safe and accessible.

*Register Nurse School of Nursing &Midwifery, Flinders University, Australia

## Introduction

The Millennium Development Goals (MDGs) seek a global commitment to family planning which includes maternal health to reduce maternal mortality (Cates Jr 2010). It is estimated that 68,000 women die each year from unsafe abortion, which makes up 13% of maternal mortality globally (Shaw 2010). Maternal deaths in developing countries could be significantly reduced by 70% if the investment in family planning was doubled (Singh, Darroch Forrest & Vlassoff 2009). Investment in provision of modern contraceptives, safe abortion, sexual and reproductive health education would increase women's education and employment opportunities, improve their living and economic conditions, and help reduce poverty (Singh, Darroch Forrest & Vlassoff 2009). Overall, women would be able to manage and control their fertility and their family size knowledgably using modern methods which are safe.

This article aims to examine the history of contraceptive practices and the history of termination of pregnancy with the purpose of showing that both these concepts are not new. Historically, unsafe practices have resulted in high maternal mortality rates. An understanding of the history of unsafe practices is important in gaining understanding of why it is important that safe modern methods are available for women today. For centuries women have regulated their family size using a variety of methods. These include using contraceptives and terminating their pregnancies.

## History of contraception

Limiting family size is not a new concept. In the second century BC families were limiting their size to one or two children (Riddle 1997). Methods such as herbs, delayed marriages, prolonged lactation, using rhythm method, coitus interruptus, condoms and other barriers, pregnancy terminations and infanticide were mentioned as a means of limiting family size (Riddle 1997). Although there were no medical writings, literary or anecdotal references showing testing of contraceptives in ancient times, it is believed they worked, as reproduction rates showed that people influenced population numbers and modern scientific studies confirm the antifertility actions of some of the herbs (Riddle 1997).

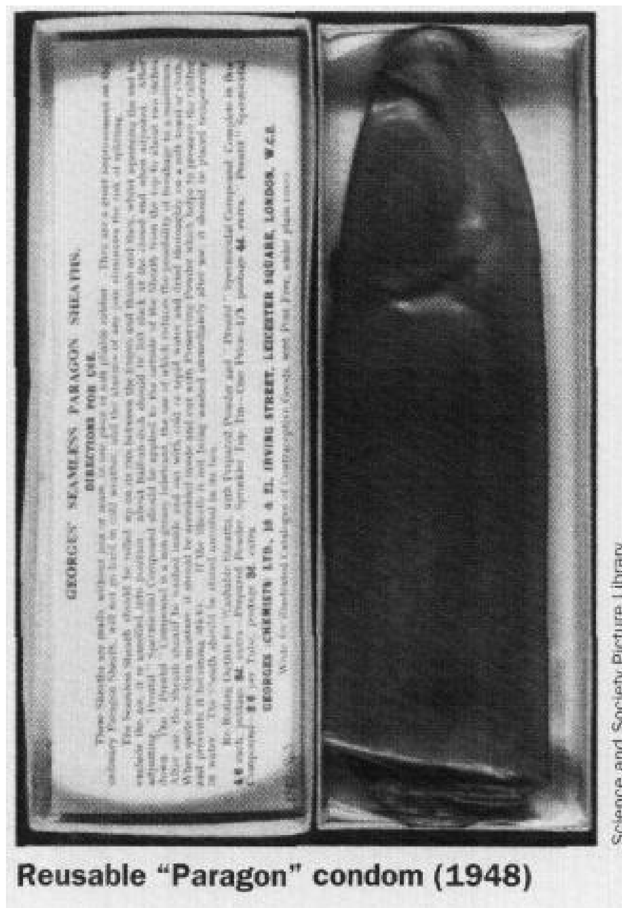
However, history shows further back to an ancient Egyptian source, the Kahun Papyrus which was complied around 1850 BC, as listing pessaries made up of recipes using herbs or other ingredients such as crocodile faeces mixed with fermented dough, were used as contraceptives (Riddle 1997). In the second century AD, clearer evidence showed contraceptives

were made up of herbs which were different to abortifacients (Riddle 1997).

Magic and superstition played a part in contraception in ancient times. This was evidenced by an Arabic writer in the tenth century who prescribed the recipe of *"...if a woman takes a frog and spits into its mouth three times, she will not conceive for a year"* (Riddle 1997). Other early beliefs in the late thirteenth/early fourteenth century were that contraception such as drinking sage which had been cooked for three days would stop conception for a year, if a women ate a bee she would never conceive and that if she drank a mans urine, conception was impeded (Riddle 1997). It was around this time that Midwives were associated with witchcraft and were burned at the stake or hung (in England) for using magic to control women's fertility (Riddle 1997).

By the fourteenth and fifteenth century, contraceptive knowledge was handed down from generation to generation and information lost in the process (Riddle 1997). In the eighteenth century there was a dramatic increase in the population in Europe, although this was not necessarily attributed to the lack of contraception knowledge but rather to changes in economic forces (Riddle 1997). Although there was a significant increase in population, it was noted that birth control (drugs, manipulative abortion, interruptus, infanticide, celibacy) were still employed in many European areas to control family size (Riddle 1997). Some herbs were still being listed as contraceptives in England, (Riddle 1997). In the nineteenth century, contraceptive devices were starting to be produced in Germany with the invention of the diaphragm, rubber condoms, intrauterine devices, and cervical caps (cited by Tone 2001 in Draper 2006). Initially condoms were made from lamb's intestines (supposedly used by Casanova 1725-1788), with a ribbon for tying on, and later in the twentieth century were made from rubber which could be washed and reused (see figure 1) (Lawrence 2002; Riddle 1992).

**Figure 1. Reusable condom (Lawrence 2002)**




The later part of the twentieth century saw the marketing by Pincus and Chang in the 1950's of the contraceptive pill, a highly effective and easy to use contraceptive for women in most industrialized countries (Baird 2000). Further refinement of hormone contraception has occurred since with the development of different delivery systems such as non-oral routes (percutaneous or vaginal), such as patches, creams, pessaries, rings, implants, injections and intrauterine devices (Baird 2000).

Entering the twenty-first century, further development of contraceptives will occur albeit slowly due to stringent requirements for safety and efficacy (Baird 2000). In countries where economic, political or religious factors combine, easy access to affordable, effective contraceptives is still impaired (Baird 2000). This sees the use of herbs still for contraception in countries such as West Africa (Ghana) (cited by Anarfi in Basu 2003).

The Roman Catholic Church continued throughout the centuries to reject the use of contraception, Western Christian religions generally accepted and approved of birth spacing by its use

(Benagiano, Bastianelli & Farris 2007). Today, in the twenty first century the Catholic Church prohibits the use of modern contraception in any form, including voluntary sterilization (Catholics for a free choice 2004). Permissible contraception is limited to periodic abstinence, total abstinence and breast feeding, with forbidden methods including condoms, and coitus interruptus (Catholics for a free choice 2004). However, research has shown the majority of Catholic women do not follow their church rulings and do use contraception (Benagiano, Bastianelli & Farris 2007; Catholics for a free choice 2004). In Australia in 2000, a survey of Catholic university students found only two percent accepted the churches teachings on contraception (Catholics for a free choice 2004). Other religions, such as Islamic faith, are not governed by religious law and can use contraception freely, although some women are unaware of this and believe it is prohibited (Benagiano, Bastianelli & Farris 2007).

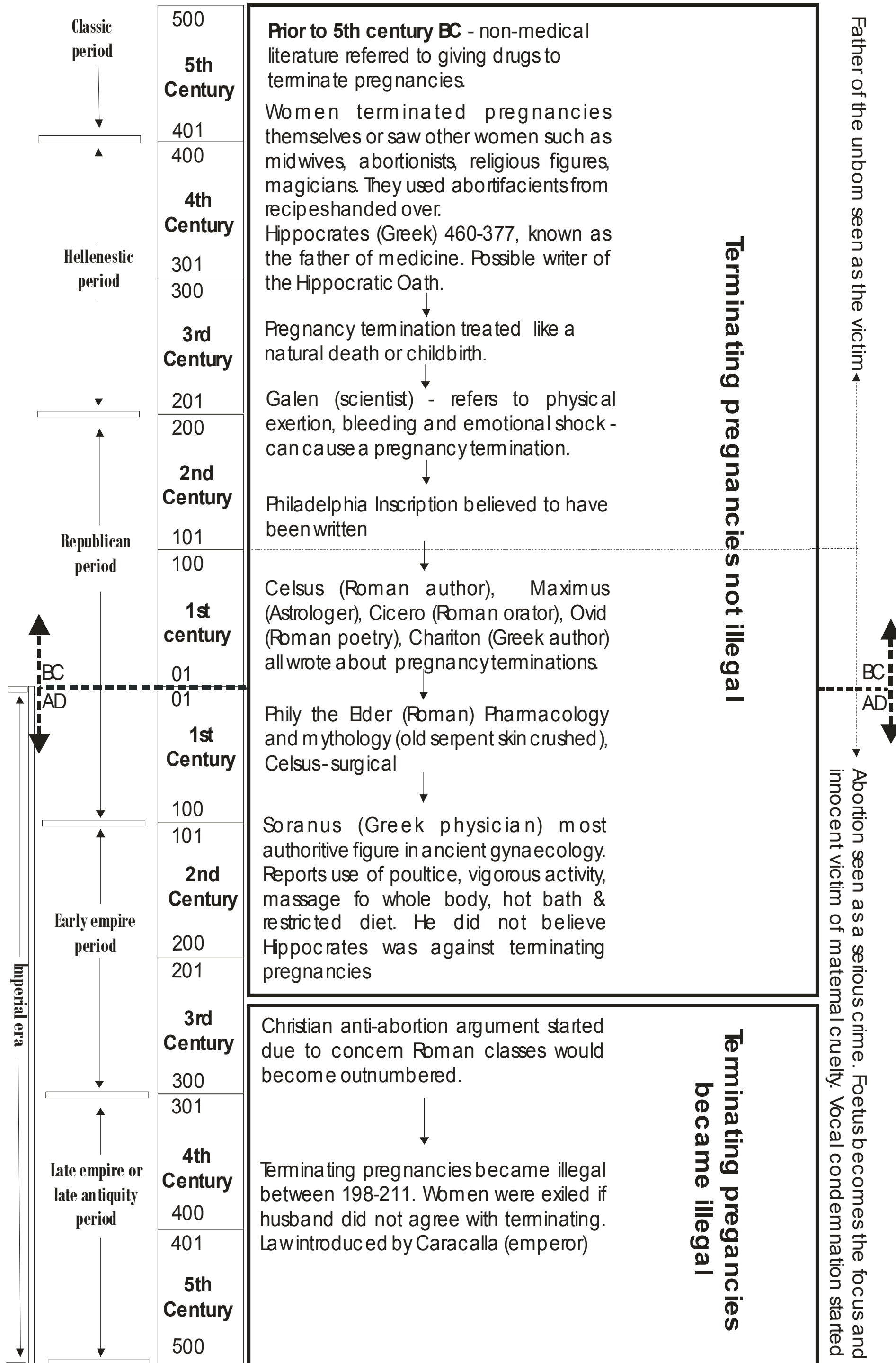
Adequate contraception is still not available in many developing countries, although organisations such as the United Nations Family Planning Association (UNFPA), campaign to change this (Singh et al. 2003). Research has shown that women's lives throughout the world and over many centuries are impacted on the availability of safe effective contraception. For centuries, when contraception was not available, failed or was not used, women resorted to terminating unwanted pregnancies.

## History of pregnancy terminations

With the debates that surround pregnancy terminations today it could be presumed that the issue of terminating pregnancies is a relatively new debate in the last few centuries or so. However, pregnancy terminations have been recorded since the pharaohs in ancient Egypt. Evidence on Papyrus suggests that pregnancy terminations occurred using 'recipes' around 1500 BC (Benagiano, Bastianelli & Farris 2007; Riddle 1997). Evidence in non-medical literature referred to giving drugs to terminate unwanted pregnancies in Greece and Rome prior to five BC (Kapparis 2002). More concise information on the history of pregnancy terminations was recorded by men in medical and literary sources from the fifth century BC in Greece and Rome. Authors such as Galen (scientist), Celsus (Roman author), Maximus (astrologer), Cicero (Roman orator), Ovid (Roman poet), Chartion (Greek author), Phily the Elder (Roman), Soranus (Greek physician) and Hipporates (Greek) contributed to the knowledge in this area (Figure 2.) (Kapparis 2002). From these recordings it was found that from the fifth to the second century BC the concern was for the father of the unborn who was seen as the victim as the woman was depriving him of an heir (Kapparis 2002). Pregnancy terminations were treated no differently to a natural

death or childbirth, and were not viewed as homicide (Kapparis 2002). Terminating pregnancies was acceptable for a number of reasons such as a means to limit family size, conceal the consequences of adultery, to maintain feminine beauty, avoid danger to the mother when her uterus was too small to accommodate the full embryo, and to prevent excess population (Noonan 1970; Riddle 1997).

**Figure 2** Ancient Greek and Roman Abortion History 5BC to 5AD



**Adapted from Kapparis 2002**

During this period women terminated pregnancies themselves or saw other women such as midwives, abortionists, religious figures, or magicians using abortifacients from recipes (Kapparis 2002; Riddle 1997). A variety of methods were used to terminate pregnancies, some of which were somewhat safe and efficient and others were ineffective and life-threatening (Kapparis 2002, p. 11). Over the centuries doctors and pharmacists experimented with different combinations as many were found to be efficient in terminating the unwanted pregnancy but also detrimental to the mother (Kapparis 2002, p. 15).

Another method of terminating pregnancies included use of externally applied drugs such as poultices, ointments and creams, which were supposed to result in the painless expulsion of the uterine contents while the woman was sleeping (Kapparis 2002). These treatments were probably not very effective (Kapparis 2002). The most complete account of surgical means was recorded in the first century AD although it was viewed as a last resort as it was excruciatingly painful and life threatening due to poor sterilization techniques, lack of anaesthesia and antibiotics (Kapparis 2002).

Magic and superstition also played a role in terminating pregnancies. Treatments such as; old serpent skin crushed and drunk in wine, the hoof of a donkey, the women crossing over the egg of a cow would cause a pregnancy to terminate through the mouth, crossing over the menstrual blood of another woman, hitting of the abdomen with fiery thorn three times, wine from the vine-tree, and the influence of the moon on zodiac cycles. Examples of this are an Aries cycle danger would occur during the first day, but the woman would be fine afterwards, Taurus held dangerous fate for a woman who had a pregnancy terminated during the first day but things improved after the second day, she would die in Gemini unless the benign influence of another star saved her (Kapparis 2002).

From the fourth century AD, Christian arguments against pregnancy terminations began. This was not as a result of ethical considerations or biological factors but based on an increasing concern among the ruling classes in Rome that they would be vastly outnumbered by other cultures and would become an insignificant minority (Kapparis 2002; Riddle 1997).

The middle ages saw medical data written about abortifacients causing pregnancy terminations regardless of the increasing disapproval of the Christian church (Riddle 1997). By the thirteenth century the churches position was apparent, no contraceptives or abortifacients were to be used. By the late Middle Ages there was the movement away from home remedies and increasing dependence on apothecary guilds which dispensed complex mixtures, including

abortifacients and contraceptives (Riddle 1997).

From the thirteenth century to the Renaissance, there was little family planning education for medically trained university students, probably because the church viewed it as wrong and the university was largely an institution of the church (Riddle 1997). This left the practical knowledge of birth control to 'old women' and midwives, passing knowledge verbally (Riddle 1997). In the fourteenth and fifteenth centuries, knowledge about abortifacients was known but used less often than in previous centuries (Riddle 1997). In the sixteenth and seventeenth centuries, stricter laws were being enforced with penance, punishment, or exile for anyone who aborted a women, including the woman herself (Riddle 1997). However, if a physician judged that the woman would die if drugs were not given then it was viewed that they should be given to save her life (Riddle 1997).

Surgical methods of terminating an early pregnancy were available by 1900, and were viewed as relatively safe (Brookes 1988). However, the use of safer methods highlighted the ethical dilemma for medical practitioners and additionally was particularly problematic for general practitioners (GPs) who were under pressure from the woman or her relatives to comply with her request which was illegal (Brookes 1988; Keown 1988). A division between the two emerged as the GP had at risk the confidence and patronage of his patient and the specialist risked professional standing (Brookes 1988). Nevertheless, women still terminated unwanted pregnancies and generally did not seek medical treatment, resorting to other methods to terminate (Brookes 1988).

In the twenty-first century, women still terminate unwanted pregnancies. It is estimated that 46 million women around the world terminate pregnancies each year (35 per 1000 reproductive aged women), with 26 million in countries with liberal laws and 20 million with restricted or prohibited laws (Guttmacher Institute 1999). Predominantly, in developed countries, this is by safe surgical means, although there is increasing use of medical methods such as the abortifacient Mifepristone (RU486) in many countries. Use of herbs, bought from pharmacists or herbal market vendors, are still used today as abortifacients in some countries (cited by Pick, Givaudam, Izazaga et al in Basu 2003).

## Conclusion

It can be seen that contraception and termination of pregnancy are not new concepts. Women have always found ways to manage and control their fertility which have not always been safe or legal. However, in the twenty-first century, there are many safe options available to women. Modern contraceptives, such as the oral contraceptive pill, are proven to be safe and effective in preventing pregnancies. Furthermore, women should have easy access to a variety of contraceptive methods which are affordable, and easy to access. Termination of pregnancy should be legal, accessible, and affordable for all women worldwide, and provided in safe medical facilities by caring professional medical staff. Women need to be able to manage and control their own fertility as historically it has been shown that they will take unsafe measures. These unsafe measures result in high mortality rates worldwide which are preventable.

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