December, 1986

A publication of Vanderbilt University Women's Center

IX:4

The Incomplete Revolution

Joan Anderson
The Women's Center

Let's say you are pregnant and single. You don't want to have a baby. What are your options?

- You can carry the baby to term and keep the child, either as a single parent or after marrying the child 's father or someone else.
 - 2) You can give up the baby for adoption.
 - 3) You can have an abortion.

What are the consequences of keeping the child as a single parent? First of all, you think, what will I tell my parents and my friends? What will I tell the child 's father? (Even partners who plan to have a child face stress with the birth of their child; with a single parent it intensifies.) Can I support the child? Afford child care? Go out socially and pay for a babysitter? Who will care for the child while I work? Who will stay home when s/he is sick? Who will take over for a while when my child is driving me crazy or when I just need a little time to be alone? How will a future partner react to my child?

Marrying to provide your child with a father may or may not work. Divorce rates indicate that staying married is challenging even with the best beginnings. It is difficult to make a rational, mature decision about marriage with the pressure of an imminent child. And even if economic stability comes through the marriage, as Ann Landers says, "If you marry for money, you will earn every penny."

Giving up the baby for adoption is not easy. After carrying the child for nine months and going through the birthing of that baby — a new life, part of your flesh — saying goodby to her/him is wrenching. Today, less than 5% of older women give up a child for adoption. Those who do go through the same guilt as those who chose abortion. And questions include where is my baby now? Is s/he in a good home? Safe? Loved?

An abortion, if that is your choice, is painful and expensive, and it has moral, ethical, and religious implications which may remain with the would-be mother for life. Was I right? Was I wrong? How old would my baby be today? How can I tell my (later) partner about this? With whom can I share my pain? My guilt? My isolation?

Though it is hard to find agreement on the issue of abortion, most U.S. citizens feel that abortion is justified if the life of the mother is

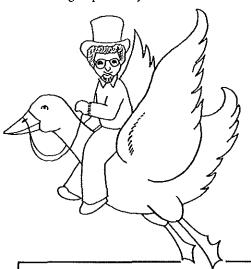
threatened or after a rape or incest. All other abortions, which are the majority of abortions, represent a failure of our educational system, a failure to say no to having sexual intercourse, or a failure of a contraception system due to malfunction of the system or irregular or improper use.

After looking at the consequences above, it seems easier to *prevent* a pregnancy than to make hard choices and live with the consequences. Why, then, do women get pregnant?

It is true that many teenagers (and some older women) do not know about birth control techniques: condom, pill, intrauterine device, diaphragm, vaginal contraceptive sponge, foam, jelly, abstinence, the rhythm method, and sterilization. Fortunately for teenagers in Tennessee, the new sex education state curriculum will enable 70% of public school students this year go get accurate information about sexuality, (some) birth control, and human relations at an age when many become sexually active.

But is accurate information enough? "Sex education is not so much giving facts as giving values," says Steven Bignell of ETR Associates, a family-life textbook company.

Teaching responsibility is central to sexual-



ity socialization for both men and women. Historically we've admonished girls to "be careful," and we've winked at the boys. Young women have been chaperoned (who chaperoned the young men?) and otherwise "protected from" males. Women, then, lived with guilt and condemnation if they got pregnant outside of marriage. Males were seen as the villains, and then they were excused.

All persons have sexual needs. A healthy and mature relationship between a man and a woman includes communication, love, pleasure, and the responsibility of planning if and when to bring a child into the world.

Teenage boys and men whose attitude toward their sexual partners and contraception is "It's your problem," are irresponsible and ethically lax. We can't legislate responsibility and ethics. When two people are mature enough to have sex, they ought to be mature enough to discuss responsibility and contraception.

"Birth control is inconvenient . . . messy . . . embarrassing." "I just can't go into a drug store and buy condoms!" Some women don't use preventive methods for these reasons. After they become pregnant, they say "I didn't think I could get pregnant," being somehow exempt. "I didn't think I could get pregnant the first time," playing the odds. "I didn't know I was going to have sex. It just happened." "I was drunk." "I was high." "My boyfriend made me do it." However, except for rape, sex does not occur outside of mutual choice. Either partner can say no.

In her book Swept Away, Carol Cassell has a chapter called "Good Girls and Bad Contraception." She says that in the interest of "romance" and "spontaneity," knowledgeable, educated women sometimes choose not to use birth control. They say, "There is nothing more awful than premeditated sex." "I need to be seduced to enjoy sex." Underlying those statements is "... our ambivalence about

(Continued on next page)

The Old Couple Who Lived in a Shoe

"There was an old couple who lived in a shoe,
They had so many children they didn't know what to do.
So they gave them some broth and some good whole wheat bread,
And kissed them all sweetly and sent them to bed.
There's only one issue I don't understand
If they didn't want so many why didn't they plan?"

— Father Gander Nursery Rhymes by Father Gander our own sexuality (which) leads us to deny that we might need birth control." There are noes, don'ts, and waits churning around in our minds while our bodies are saying yes, now, do. "A Good Girl cannot admit the reality of her sexuality and retain her status: To be prepared for coitus would give the lie to the rationale that each act of intercourse was unplanned, merely a temporary and transitory lapse of virtue," (Greer Litton Fox as quoted in Cassell's book).

There is also fear of discovery by the sexual partner. "I went out with a man last night. Like a dummy, I went totally unprepared for sex. I wanted to take my diaphragm, but I was afraid that he might think I sleep around. I couldn't tell him to use a rubber, it sounded like I'm a little too hip about sex,' "(a 38-year-old educator in the field of human sexuality as quoted in Cassell's book).

Ambivalence, anxiety, and vulnerability about our sexual selves keeps us from making responsible sexual choices.

The sexual revolution has left women with increased opportunities and greater pressure to have sex, and only the courage of their convictions to avoid pregnancy. Wishing for the good old days when women were chaperoned and when there were curfews and uniformly accepted standards and practices of ethical conduct is unrealistic. The barriers to freer sex have been removed, but a support system for responsible sex has yet to evolve.

To complete the cycle of the sexual revolution, there must be more messages to help women and men take responsibility for procreation. Men and women need to be comfortable saying no to sex, if that is their choice. They need to be comfortable using family planning techniques, if that is their choice. They need to be secure enough in their sexual self-esteem to freely seek resources through education, counseling and health practitioners.

Meanwhile the greater burden of saying no or using contraception will undoubtedly be borne by women. If woman do not maintain control of their bodies as reproductive agents, they are vulnerable through pregnancy to potentially disastrous consequences.

When babies come into the world, they deserve responsible parents who are able to provide economically for them and for whom their arrival is a joyous, loving event. For all the generations, family planning makes sense.

News Briefs

The numbers of university-level women coaches are declining, according to "Women in Athletics — A Status Report" by R. Vivian Acosta and Linda J. Carpenter of Brooklyn College who tracked the following:

Sports	<u>'77- '78</u>	'83-'84
Basketball	79.4%	64.9%
Cross Country	35.2	19.7
Golf	54.6	39.7

Gymnastics	69.7	59.1
Soccer	29.4	26.8
Softbali	83.5	68.6
Squash	71.4	40.0
Swimming/Diving	53.6	33.2
Tennis	72.9	59.7
Track	52.3	26.8

Reasons for the decline include the perpetuation of a network. In 1982, the N.C.A.A., which was the governing body for men's intercollegiate athletics, gained control of women's athletics from the Association of Intercollegiate Athletics for Women, promising increased opportunities, funding, and higher visibility. Since then, male athletic directors have tended to hire male coaches, even for women's programs, because they feel comfortable working with men. Also, women lack the experience that men often have, since men seem to start coaching teams when they are as young as 13. And under the N.C.A.A., salaries for coaches of women's teams have increased, so that men go after the jobs.

Some women believe that the downward trend can be reversed as more women participate in athletics. They fear, however, that women's sports may become tainted with the same abuses — bribery, drugs, etc. — that plague men's sports programs.

- New York Times December 15, 1985

Women without tenure work on and publish fewer scholarly papers than men without tenure and tend to be less satisfied with their jobs, University of Kansas researchers have found. In general, non-tenured women also serve on more committees, are assigned more classes to teach, are less likely to cancel classes than non-tenured men, and thus may have less time for their own scholarly pursuits.

The study found that both tenured and nontenured women are more likely to rate the publication of papers as less important for career success than are men in either category. Many women may, in becoming "professionally socialized," either miss the message about the importance of publishing for winning tenure or reject that idea.

In comparing 320 men and 111 women from six state universities, the researchers found that women without tenure tended to be significantly older than men without tenure.

University Women
 September 1986

The first U.S.. study on the health risks of video display terminal (VDT) users during pregnancy reveals that for those who use the terminals under 20 hours a week, there is no higher-than-average risk of miscarriage. No such statement could be made for those who use a VDT more than 20 hours a week, because the study did not track heavier use.

— Wall Street Journal September 30, 1986 Three ways to increase the yield you are now getting on your savings account are: Switch banks: the publication 100 Highest Yields recently listed 16 federally insured banks and S&Ls offering yields of 7 percent and higher. Lengthen maturity: six-month to one-year CDs pay more than money market accounts. Consolidate deposits (if your banks pays higher rates for large deposits).

Changing Times
 October 1986

Researchers have found that workers never use 75-85 percent of the documents they retain and estimate that just four file drawers of storage per employee have an annual cost of \$2,160. At that rate it's worth the risk of throwing out papers you may — or probably may not — need in five years.

- Boardroom Reports
October 1, 1986

With the passage of the new tax bill, most personal finance books on the shelves in bookstores now are obsolete.

Wall Street Journal
 September 24, 1986

Fewer than half of the women engaging in sexual intercourse for the first time use contraceptives, according to a study recently published by the Government. The study, based on interviews with more than 7,000 women in 1982, found that the most common contraceptive method reported for first experiences was the condom.

The study also found a major change in the most preferred method of contraception over the lasts 20 years, with sterilization replacing birth control pills.

— New York Times
November 3, 1986. ■

One Day in Herstory

On December 3, 1833, Oberlin College officially opened. Four years later, it became the first college in the U.S. to admit women.

The following booklets are available free from the Women's Center:

- · Don't take chances on campus
- About contraception
- Date rape
- About Bulimia
- About Anorexia Nervosa

Call 322-4843 to request material.

It's Your Health

Lois J. Wagner, R.N., C., M.S.N. Occupational Health Service

Recently there has been a resurgence of media coverage regarding DES (diethylstilbestrol) exposure and resulting health hazards. DES is a synthetic estrogen hormone discovered in 1938. In 1947 it was approved for use during pregnancy and was used widely between 1945 and 1955 to prevent miscarriage and complications of pregnancy. It was also used for various research purposes as early as 1940. Its safety came under serious questioning in 1953, though it was not until 1971 that the FDA issued formal warnings against its use during pregnancy. The drug is currently approved for other uses such as the treatment of certain cancers and estrogen replacement therapy. It is estimated that as many as four to six million mothers, daughters, and sons were exposed to its use during pregnancy.

In 1985 a task force was convened to review the most current research on DES exposure. The evidence to date indicates that women who used DES during pregnancy may be at increased risk for breast cancer. The daughters who were exposed to DES during their mothers' pregnancies are at significantly higher risk for the presence of abnormal cells of the cervix and vagina. This condition is referred to as dysplasia on pap smears, and though it is not a pre-cancer condition, it can go through a series of changes which can evolve into cancer if not treated. These daughters may also be more likely to have complications during pregnancy such as miscarriages, tubal pregnancy, or early delivery. DES-exposed sons have been reported to have slightly higher rates of abnormalities of the reproductive organs, though more recent research have shown this risk to be less than originally thought.

Anyone who gave birth or was born between 1940 and 1972 may have been exposed to DES. Daughters and sons should ask their mothers if they took any medication during pregnancy, though many were not even told they were being given DES. Obstetricians and pediatricians who provided your care at that time might also be contacted for information. If you are aware or suspect that you have been exposed, you should inform your health care providers. All women, regardless of exposure should do the following:

- monthly self breast exam,
- yearly breast exam by a health care provider,
- a base line mammogram between age 35 and 40.
- a repeat mammogram every two years after 40 and every year after 50, and
- periodic gynecological exams and pap smears.

DES daughters should begin yearly gyn ex-

ams at age 14 or at onset of menstruation, whichever comes first. The exam should include a pap smear and careful examination of the vagina. DES sons should become informed of their exposure and possible related health risks. They should perform monthly testicular self exams and see a health care provider if problems are found.

Did You Know?

- ... that one of every three women will be the victim of sexual assault?
- ... that one of every five children, both boys and girls, will be sexually abused before they reach adulthood?
- . . . that 90% of all sexual abuse is not reported to the authorities?
- ... that without treatment, the long term effects of sexual abuse can include drug/alcohol abuse, dysfunctional relationships, criminal activities, or pervasive emotional problems?

... that the long term emotional damage of sexual abuse can be virtually eliminated with good intervention?

The Rape and Sexual Abuse Center of Davidson County is planning a comprehensive Medical Center which will serve all victims of sexual assault. This Medical facility will have all the Crisis Intervention and counseling services available now and will expand to include interviewing and examination by trained medical personnel, evaluation, and long term followup. Right now this plan is in the the beginning stages.

Meanwhile the Rape and Sexual Abuse Center invites you to express your interest and concern in the fight against adult and child sexual assault by becoming a member. Annual memberships range from \$10 student rates to as much as you want to give.

The Center also needs persons 18 or older to volunteer as para-professional counselors, community educators, and victim advocates. Comprehensive training programs are held on Saturdays. For membership and volunteering, call the Center at 352-1716. ■

Women's Center Programs



"Equity by 2000: Meeting the Challenge of the Nairobi Conference" is the title of a report by Nancy Ransom and round table discussion on Tuesday, December 9, 12:15-1:15 p.m., at the Women's Center.

In summer 1985, women from around the world met in Nairobi, Kenya, at a United Nations Forum to discuss the Decade for Women which was just ending. Important resolutions involving equity for women were taken home to each country to implement. In October 1986, Nancy Ransom attended a conference in Washington, D.C., to address implementing those resolutions in the United States. The report on December 9 concerns strategies to achieve equity in the U.S. by year 2000.

Bring a brown bag lunch. At 1:15, following the discussion, slides of the Nairobi Forum and rural Kenya will be shown for those who would like to stay.

The Single Mothers Group will meet on Tuesday, December 2 and 16, 6:45-8:15 p.m., at the Vanderbilt Child Care Center. The group is free. Child care will be provided on site for a small fee.

A discussion of Alison Lurie's book Foreign Affairs will be led by Elaine Goleski at the Book Group meeting Wednesday, December 3, 5:00-6:00 p.m. at the Women's Center. If you have not read the book and are interested in listening to the discussion, feel free to attend. Those present on December 3 will make the reading selection for the meeting in January.

Dale Gray, director of MANNA, will be the guest speaker for the Dutch Treat Breakfast Club. MANNA is a non-profit organization which advocates with citizens; other groups; and local, state and federal agencies to eliminate hunger. The people who benefit from MANNA's work are low-income, many of whom are women and children. This year MANNA has worked on a Food Stamp Outreach Program for elderly citizens; a maternal care program for Women, Infants, and Children; and the statewide implementation of a School Breakfast Program which now serves 136,000 low-income children.

The breakfast, open to faculty and staff women, will be Thursday, December 11, in the Divinity School Private Dining Room at 7:30 a.m. Dale Gray will speak at 8:00 a.m. with a discussion to follow at 8:20 a.m. Club members may bring guests, and visitors are welcome at each gathering. Coffee available free.

ANNOUNCEMENTS ET CETERA

The Vanderbilt women's basketball team will play the following home games in December:

- Sun 7-St. Peter's, 2:00 p.m.
- Wed 10-Western Kentucky, 7:00 p.m.
- Fri 12-Alabama-Birmingham, 7:00 p.m.
- Sun 14—Southern University, 2:00 p.m.
- Wed 17—UT-Chattanooga, 7:00 p.m.
 Sat 20—Illinois State, 2:30 p.m.

All games will be at Memorial Gym. For information, call 322-2888.

The steps leading up to the Women's Center have been a safety hazard for years. In early November, Plant Operations covered them with a non-skid, solid surface. The Women's Center staff and regular visitors have commented on the improvement, and we hope that this will make getting to the Women's Center a more pleasant experience for everyone.

Holidays can be lonely, depressing, and disappointing for some people. A few suggestions to help prevent "holiday slump" for others are:

 Buy or make a safe, durable gift for a child of a low-income mother. Contact a distribution agency such as Ladies of Charity, Salvation Army, 18th Avenue Community Center, Jewish Community Center, Nashville Baptist Association, St. Luke's Community House, South Street Community Center, United Methodist Neighborhood Center, and WSIX Parade of Pennies.

- Contact Metro Social Services, which could use gifts for elderly clients, many of whom are women.
- Call Vanderbilt Department of International Services, 322-2753, for the name of a student far from home who would appreciate a meal and company during the holiday break.

Seven students attended the Tennessee Women's Political Caucus conference "Running To Win" earlier this year with scholarships from the Women's Center. The students are: Kimberly Bryant, Eng. '89; Katherine Lindsey, Eng. '89; Lisa Najavits, Peabody Grad. '89; Jennifer Oldham, A&S '89; Laura Ponte, A&S '87; Courtney Renolds, Eng. '89; Alexander Ryan, A&S '88; Melissa Waflart, A&S '88. Dr. Elisabeth Perry's Women's Studies students also attended.

A student chapter of the Women's Political Caucus is starting at Vanderbilt. For information on the new political organization, call 322-4843.

Confidential sexuality, self-esteem, and decision-making counseling is available to individuals and couples at the Psychological and Counseling Center, Office of University Ministries, Center for Sexual Health Care, Occupational Health Services, and Student Health.

Information on contraception is available from Student Health, Occupational Health Services, Planned Parenthood (on 21st Avenue South across from Curry Field), and your family doctor.

The Women's Center library has two new guides: Money Matters: How to talk to and select lawyers, financial planners, tax preparers, real estate brokers and a Woman's Guide to Pension Rights, which is designed to help women understand their retirement benefits so they won't be caught by surprise when it's too late. Although these guides are reference material, the library also contains books which circulate for two-week periods. Library hours are 8:30 a.m. - 5:00 p.m., Monday through Friday. Staff and faculty members and students are always welcome to drop by, check out the library, and check out a book.

Early Messages
Rev. Michelle R. Prentice
De Kalb, Illinois

I am an ordained minister. Not long ago, while waiting for me to finish my duties after church, my four-year-old son went into the sanctuary to mosey around. When I finished and peeked into the sanctuary, I beheld him upon the chancel, microphone in hand, mimicking me going through the worship service. Out of the corner of his eye, he caught my gaze. He stopped dead in his tracks in the middle of his "performance," then summoned up all his three-and-a-half-foot self, put his hands on his hips, turned to me, and said boldly, "Well, Mommy, boys can be ministers, too!"

— *Ms.* July 1986 ■

Edited by Joan Anderson

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