

The History of Student and Institutional Practices  
Surrounding Birth Control and Women's Health at Lafayette  
College

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What many people believe to be a relatively short lifespan of the debate surrounding birth control and other contraceptive practices in the United States is actually quite extensive and complex. The evolution of sexual liberation was present on college campuses during the 1960s and 1970s and Lafayette College is fortunate enough to have documentation of College administrators' decisions and students' experiences relating to health and contraceptive services on this campus. This paper will aim to investigate student and institutional perceptions of birth control and women's health at Lafayette College throughout the early 1970s, when women were first admitted to attend Lafayette. I also aim to contextualize these experiences within a historical and feminist framework of birth control practices in society.

Forms of birth control and contraception have existed as long as human history has been traced, such as "suppositories" or "pessaries," known as removable objects placed inside the vagina prior to sex to block the transfer of sperm (Engelman 2011: 2). Historically the most common form of birth control was abstinence or male withdrawal, sometimes referred to as "coitus interruptus" (Ibid). Post-Civil War American feminists offered a radical idea that women actually possess sexual desires and should hold the power to decide the frequency and when they want to have sex (within a marriage, of course) (Ibid). The concept of female sexuality was quite hushed until this point. Ten years after the Civil War, the United States Congress passed what is referred to as the Comstock Act, prohibiting the circulation of any material deemed obscene and "any article or thing designed or intended for the prevention of conception or procuring of abortion" (Ibid: 15). These prohibitions of birth control information and materials were not repealed until mid-

20<sup>th</sup> century (Seidman 2010). Angela Heywood, a feminist writer wrote in response to the restriction of birth control materials and/or contraceptives:

...any information "article or thing designed or intended to prevent conception" is proscribed by the statute, which thereby affirms the present subjection of woman to man, denying us all discrimination as to when, where, how or by whom we may bear children. ... This so called "government" now holds woman's person for man's use or abuse as he pleases; and that *her* claim to own even her womb is *criminally obscene!*" (Ibid: 20, emphasis in original).

Heywood's reaction was in keeping with other feminists of the time, particularly Margaret Sanger, a tireless birth control advocate who fought to make her idea of "a magical pill" a reality, that she hoped would enable women to control their own contraception in an affordable, safe manner (Ibid). She believed, "No woman can call herself free who does not own and control her body" (Ibid: 116).

In the early 20<sup>th</sup> century, Sanger viewed birth control as the only possible means through which women could escape an industrialized society that demanded their complicity in order to produce "a constant stream of new workers" (Ibid: 34). While society viewed the production of children as necessary to capitalist production, and potentially less burdensome on the family than in past centuries, the birthing of several children was detrimental to many women's health, which was often compromised for the sake of societal demand (D'Emilio 1983; Engelman 2011). In order to control their own bodies, Sanger believed women needed birth control. She further developed this feminist argument by stressing the importance of mutual satisfaction in sexual relationships and women's roles as equal partners in sexual behavior (Engelman 2011). She argued that men were also starting to realize the sexual desires and needs of women and they were inclined to want mutually beneficial sexual interactions. Sanger used this argument to appeal to the medical field, indicating that these mutually satisfying sexual encounters would require "preventive



measures," or contraceptives, in order for women to have peace of mind during intercourse, knowing contraception would prevent pregnancy (Ibid: 48). Therefore, this would allow her to focus on her sexual pleasure and climax.

Sanger's feminist beliefs were somewhat radical for this time, since much of her activism took place after the Purity advocates and Comstock Act followers fought to quell sexual deviance and moral corruption occurring in the United States after the Civil War in the form of prostitution, pornography, et cetera (Ibid). Her goal was to push society out of this regression into a "Victorian moment" and back into a culture where sex is freely talked about, particularly in relation to women's needs. She advocated against abstinence and the common practice of male withdrawal, arguing that it prevented mutual orgasm for sexual partners and left women feeling sexually frustrated. She stressed birth control, particularly the diaphragm<sup>1</sup> at this time, as the means of giving women the power to have "more control over the scheduling of sex and a better opportunity to achieve orgasm," without relying on withdrawal as the only option (Ibid: 77). She refused to give up the fight for what truly is a basic human right: control over one's own body and its processes.

Before Sanger's death in 1966 she was able to see the initial impact of her movement's hard work and the creation of her "magical pill." "The Pill," which hit the shelves in 1960, had already become the most popular method of contraception within its first five years of production (Ibid). In 1955, more than 50% of American women who use contraception relied on either the diaphragm or condoms (Watkins 2012). In 1965, 27% of American women were using the pill, 18% were using condoms primarily, and 10% were

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<sup>1</sup> "The combination of rubber and a coated watch-spring rim – allowed it to be folded on insertion and to regain its shape when put in place, completely covering the cervix and vaginal wall" (Engelman 2011: 76).

using diaphragms (Ibid). By the late 1960s, almost nine million women relied on the oral pill as their main form of contraception (Ibid). The birth control pill gave women absolute control and allowed sexual intercourse to be free from any physical interference some methods of contraception caused. Engelman (2011) writes, "Coming on the market in the early 1960s, the pill helped create and sustain an environment conducive to the sexual revolution and the women's movement, as it forced society to confront women's sexual freedom" (183).

Steven Seidman discusses the "sexual revolution" or in essence, the "liberalization of intimate life" that took place in American culture in the 1970s (2010). Much of society was beginning to move away from governmental control over sexuality that had occurred through the criminalization of certain sexual practices, sterilization, abortion, and contraceptives (Ibid). In *Skinner v. Oklahoma* (1942) sterilization practices were banned, other court decisions overturned the ban on contraceptive information and birth control use, *Griswold v. Connecticut* (1965) declared the prohibition of contraceptive use in marriages to be unconstitutional, and in *Eisenstadt v. Baird* (1972) contraceptive use by nonmarried couples was finally permitted (Ibid). The final decision in 1972 marked sexual freedom for heterosexual couples to participate in sexual intercourse without fear of getting pregnant, due to the now-warranted use of birth control. In 1973, the birth control pill popularity had risen; 36% of American women were using it as their main form of birth control, with only 13.5% using condoms, and 3.4% using a diaphragm (Watkins 2012).

Meanwhile at Lafayette College, health services were not following a quite as speedy trajectory. Female students were not admitted at Lafayette College until 1970, therefore prior to this time very little, if any, talk of birth control existed on campus. When female



students arrived in 1970, the pill, amongst other older forms of birth control (diaphragm, condoms), was already established and available on the market. However, not until 1972 with the *Eisenstadt v. Baird* case, was birth control accessible to nonmarried women.

Prior to female students arriving at Lafayette, a committee was formed to address what the needs would be of these female students. A female Dean from Cedar Crest College was asked to be part of this committee, in order to get a female perspective. Diane Shaw, College Archivist, interviewed Professor Robert Chase (of the Biology department) who was part of the committee, asking him to recall a particular incident with this female Dean:

Robert Chase: Well, we would meet together, we deans with her ... in Markle Hall. And at one of the meetings after she left there was a package of, a little package of pills on the floor.

Diane Shaw: I think her purse had fallen over.

RC: Yes it must have fallen over. And when it was picked up the little package of pills were picked up. And I guess I picked them up and I knew what they were, and looked at them, and said that these were birth control pills....

DS: Well the President was distressed wasn't he? That you were seeking advice from someone who...

RC: Yea, Roald Bergethon was concerned that, "what sort of person is this" and "what effect will this have," this person with these kinds of points of view, in terms of our young women who were coming here and so on.... [He] was ten years older than me and...so his views were different (Chase 2009).

Professor Chase recognized that the rising popularity of birth control use was not as easy to come to terms with for members of older generations as it was for younger generations, partaking in, or at least more actively experiencing, the sexual revolution in the 70s. It is almost as if President Bergethon felt that seeking advice from a woman who used the pill would ultimately be detrimental to incoming female students. Some of this resistance to changing cultural practices regarding sexual intimacy and female access to birth control resonated on Lafayette's campus with the administration for the initial years of female student admittance.

A letter from Dean of Students Herman Kissiah in October of 1970 to College President Bergethon suggested the official stance Lafayette would take regarding contraceptives on campus. Dean Kissiah collaborated with the College physician, Dr. Wetmore to draft this policy. It reads:

The Lafayette College Health Center is available for students for Infirmary services, general medical treatment and nursing service. The College does not provide gynecological examinations provided for prescribing proper contraceptives but will refer students to gynecologists or clinics in the area for consultation and examinations (Kissiah 1970).

Dean Kissiah concluded the letter stating that he felt the draft of this policy "is consistent with Dr. Wetmore's feelings. He does not feel that he has the equipment nor the expertise to provide a gynecological examination and he would not prescribe contraceptive drugs or equipment without proper examination" (Ibid). What is most concerning is that Lafayette accepted this policy rather than providing on-campus treatment, or at least a female doctor, for the needs of female students. Male students need not travel off campus to seek routine medical attention, yet this was expected of female students who wished to use contraception. However, Title IX was not yet signed into law at this time. Patti Oberrender, a female student from the Class of 1975 was equally concerned when asked about the role of the health center and the doctor on campus during her time at Lafayette. She said:

That was the scary part. We, we only went there if we were feeling like we were ready to die. It was... It was really like the scary place down the hill. I mean, nobody really wanted to go there. Dr., I'm trying to remember his name. It was like a, an adjective for something bad. ... That was another area that was probably, they didn't anticipate, you know, women's needs and, and whatever. And actually he referred several of us to a doctor in Easton. I think, I just don't think he knew how to handle a lot of the things that came up (Oberrender 2004).

Another student, Liza Lucy '74 added:

I know that freshmen year the doctor on campus was very unfamiliar with females and female problems. And one of my friends went there with very, very, very severe



menstrual cramps, and I mean, he gave her an aspirin and [said] go home. You know, just... he, he was clueless. ... So the campus was not prepared for us medically, that's for certain (Lucy 2004).

In October of 1970, College Health Center Consultants came to assess everything related to health functions at Lafayette. They mentioned that the survey of Lafayette health services was requested since the College was becoming co-educational, however the consultants' report did not mention anything about women's health or the need for additional services to provide female students with necessary services. That Fall, Michelle Vedus-Deeney '74, was a freshman. She signed up to be part of the Lafayette newspaper and collectively it was decided that there should be an article written about the fact that birth control was not offered at the health center on campus. She said:

So I thought, "Okay, I can write that article." ... Not thinking through the possible ramifications of my name being associated with the topic. And so I wrote the article in a tongue in cheek tone ending with, "Don't they realize that 127 coeds ten months from now could have 127 children who might require..." And I went down and interviewed staff at Easton Planned Parenthood, and put all that information in the article. I got hate letters from anonymous people in Easton. I learned that you have to temper what you say. I know there is a much healthier balance these days on campus (Vedus-Deeney 2004).

At this time it was evident that female students at Lafayette may have had a different perception than Easton community members regarding the sexual liberation taking place amongst the younger generations. Lafayette's administration was not quite up to speed with accepting these new practices either, if President Bergethon was any indication in his reaction to a female Dean from Cedar Crest College taking birth control pills, mentioned previously.

In April 1972 a Health Advisory Committee comprised of administrators and three students (only one being a female) submitted a final report on their recommendations regarding health services. The committee suggested:



The College should provide medical care to serve the special needs of women;

- a) Care and assistance for special medical problems pertaining to women, such as vaginal infections
- b) Provide care, but add a fee, for routine medical care such as pelvic exams and blood tests" (Health Advisory Committee 1972).

While it is encouraging that students and administrators recognized the need for female health services at Lafayette at this time, those services were recommended to be provided for a fee. General services were provided at no cost to male students, but separate services for women, even those deemed "routine" demanded payment. In February of 1972 a female student (name redacted from the Archives file) from the Class of 1975, wrote a letter to Dean Kissiah regarding her surprise and frustration about the lack of gynecological services at Lafayette. She wrote:

I realize that a controversy exists concerning the position maintained by the College in matters of contraception, pregnancy, etc., and that Planned Parenthood has provided adequate and helpful information for many coeds [female students]. However, Planned Parenthood cannot do the job which a college-affiliated gynecologist would be able to do. Extensive health care is provided for male athletes in addition to the provisions at the infirmary; I see no reason why the same extensive care should not be provided for women....It is unfair that males are provided with free health care because most problems they incur can be adequately treated at the infirmary, while certain female problems, by their very nature, require extraneous care.... If Lafayette expects to survive as a coed institution, it must be prepared and willing to accommodate the demands required by female presence (Name redacted 1972).

In essence, Lafayette was supporting unequal treatment for its students, requiring women to pay more for their health needs because they are different from male needs. This line of thinking is surely not supported through Title IX, which protects equal access to health care facilities and equal services (Department of Justice 2014). However, Title IX was only instituted in 1972 and many additional amendments regarding other aspects of gender discrimination were not addressed until several years later (Ibid). Dean Kissiah's response

was meager at best, stating that he was "hopeful that steps can be taken by next Fall to establish a better relationship with a local gynecologist" (Kissiah 1972).

Many of the first female students at Lafayette explained their experiences regarding birth control and birth control access during the 1970s. According to these records, most women who wanted birth control, especially the pill, sought advice and medical services from the Planned Parenthood Clinic in Easton or the Easton Hospital Clinic. Some of these first women students even volunteered at Planned Parenthood. One student, Susan Bauman '74 or '75 was already a mother when she attended Lafayette College (Bauman 2004). She was a volunteer "patient educator" at Planned Parenthood, educating people about different contraceptive options prior to meeting with the doctor there (Ibid). Several other women discussed the reliability of their gynecologist or doctor at home to prescribe birth control. As discussed previously, very few female students trusted Dr. Wetmore, and later Dr. Stein (both were College physicians at some point during the early to mid-1970s), to adequately address their needs as women. Some of the women were not even aware if the doctor could prescribe birth control or not, they simply followed other female students' lead and headed to a clinic in Easton. Karen Komlos '74 explained:

...What do you do if you want to go on the pill? Well, you went to Planned Parenthood down in Easton. You didn't... There was nothing on campus, and the only way you found out ... was like pretty much through the grapevine, you know, where were the other girls going? So you know, you'd get a ride from someone. You'd go down to Planned Parenthood in Easton and wait on line with the rest of the people, and you'd get, you know, your prescription for the pill. That was pretty exciting in those days, cause you didn't want to tell you parents either, and it was brand new (Komlos 2004).

In regards to the atmosphere on campus and attitudes toward birth control, Christine Adams-Kaufman '72 said:



Most of the girls went down to Planned Parenthood where they were given a lot of good attention. ... In terms of accessibility [to birth control] I think it was more just a general social time of wanting to be sexually active and experimenting with what was appropriate for each individual person, but still not wanting your parents to know that you were having sex. That was a big deal back then. So, again, we used the Easton Planned Parenthood resources (Adams-Kaufman 2004).

All of these first female students only ever talked about the pill when birth control was brought up in their interviews. Stephanie Bell '73 said, "Everybody I knew was on the pill" (Bell 2004).

In May of 1978, the Office of Student Affairs released a survey regarding the Bailey Health Center, which was the new student health facility on campus that exists to this day. Roughly 2100 surveys were distributed and 435 were returned, 259 having been completed by males and 176 by females ("Student Affairs Questionnaire" 1978). When asked whether or not students felt the Health Center was lacking, and if so, in what areas, 11% of male respondents and 67% of female respondents said gynecological services (Ibid). Eighty-nine percent of males and 94% of females said they would be in favor of a Planned Parenthood Program on campus and 96% of males and 100% of females felt that there "should be special gynecological services here on campus" (Ibid). It is unclear whether or not the College physician at this time prescribed the birth control pill or not, however it is evident from these statistics that females wanted gynecological services, perhaps to provide prescriptions for the pill so that female students would not have to travel to the Planned Parenthood Clinic to obtain prescriptions.

In January of 1982, Student Government conducted an extensive Health & Security Report, gathering data from Lafayette students as well as information about services provided at similar institutions ("Health and Security Report" 1982). The survey represents between 300-400 women at Lafayette, reporting percentages for respondents answering

"yes" to questions (Ibid). Only 5% of Lafayette women at this time had sought gynecological care from the Health Center. Of the women who responded "yes" to that question, 21% of women found the services adequate, understanding that Dr. Stein (the College physician at the time) was a only General Practitioner. Five percent of the women had been referred to a gynecologist in the community and 30% of the women who had visited the gynecologist were satisfied with the services (Ibid). Thirty-one percent of women on campus had sought birth control information or supplies, but only 4% had ever sought them from the Health Center. Only 20% of female respondents were aware Dr. Stein was able to prescribe the pill. Interestingly, 75% of females wanted to see other forms of birth control offered at the Health Center – 72% wanted to see I.U.Ds offered, 95% wanted diaphragms to be offered, and 93% wanted condoms to be offered (Ibid). In a shift from the female student's (name redacted) attitude in 1972 that demanded equal health services for women free of charge, 73% of the female respondents in this survey indicated they would be willing to pay for these birth control options (Ibid). Student Government compared Lafayette's women's health services with similar institutions' service offerings for women. The study cites an article, "After the Sexual Revolution: Campus Life Without the Old Rule," from *The Chronicle of Higher Education* in June 1981, reporting that 67.3% of academic institutions nationwide were providing gynecological services (Ibid). Additionally, "60% of all selective, private, liberal-arts colleges," comparable to Lafayette, provided gynecological services as well. Lafayette could barely be considered one of these institutions, since the College physician at the time was only a general practitioner. Archival information failed to display when exactly gynecological services become available full-time in the Health Center and how students responded to that. Presently in 2014, Bailey Health Center offers full



gynecological services from a female doctor, roughly six hours per week (Bailey Health Center 2014).

By 1991, Lafayette had a full-fledged National Condom Week, and even an event that allowed students to send a Hershey Kiss and a condom to friends on campus through campus mail, sponsored by SERCH (Students Education on Responsible Health). Planned Parenthood came to discuss STDs and prevention. Caroline Davidson, the co-chair for this event in March of 1991 said:

We've had all this publicity about AIDS...Condoms can help prevent the spread of this disease, and yet people still don't use them. It's always been more socially acceptable to appear to be spontaneous. Having a condom looks like you planned to have sex. And for a woman to carry a condom, some people think it looks like she's easy. We're trying to get the message across that it's responsible and intelligent to practice safe sex.

By this point at Lafayette, the Health Center was distributing condoms free of charge, RAs were given condoms to pass out, and a pilot program of installing condom machines in one women's and men's bathrooms in Ruef, Farber, and Watson Halls had been launched, perhaps in response to the rise in HIV/AIDS (Lafayette College News Memo 1991). By this point, birth control was well established and condoms became popular as a secondary birth control method with the primary benefit being proof of STD prevention (Watkins 2012).

In conclusion, the history of birth control is as much about the medical aspect of contraception as it is about feminism. As Linda Gordon writes, "Birth control is about separating sex from reproduction and accepting sexuality as an honorable and delightful aspect of humanity... We might call it part of a right to sexual citizenship" (2012: 60). For too long, women were denied control over their bodies, denied the choice of how often, with whom, and why they wanted to have sex, and denied the ability to choose when (or not) to have a child. Feminist activism surrounding the fight for birth control paved the

way for a society that ultimately granted women the power to make those decisions for themselves. Lafayette's history of birth control and women's health services, and attitudes surrounding these topics, provides an interesting snapshot of how the sexual revolution played a role on a college campus.



## Bibliography

- Adams-Kaufman, Christine. Interview, April, 2004. Transcript. Oral History Collection. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.
- "Bailey Health Center: Services - Gynecological Services." Lafayette College, accessed 5/2, 2014, <http://healthcenter.lafayette.edu/services/#gyn>.
- Bauman, Susan. Interview, April, 2004. Transcript. Oral History Collection. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.
- Bell, Stephanie. Interview, April, 2004. Transcript. Oral History Collection. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.
- Chase, Robert. Interview, April 29, 2009. Transcript. Oral History Collection. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.
- Engelman, Peter C. 2011. *A History of the Birth Control Movement in America*. Healing Society: Disease, Medicine, and History., edited by Parascandola, John. Santa Barbara, CA: Praeger.
- Gordon, Linda. 2012. "Citizenship and the Right to Birth Control." *Dissent*, 60-64.
- "Health Advisory Committee Report." 1972. Health Services, Reference Files. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.
- Kissiah, Herman. Letter to President Bergethon, October 29, 1970. Health Services – Misc. 1967-1995 folder. Special Collection and College Archives, David Bishop Skillman Library, Lafayette College.
- Kissiah, Herman. Letter to [Student Name Redacted], March 5, 1972. Health Services – Misc. 1967-1995 folder. Special Collection and College Archives, David Bishop Skillman Library, Lafayette College.
- Komlos, Karen. Interview, April, 2004. Transcript. Oral History Collection. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.
- "Lafayette College News." March 8, 1991. Health Services, Reference Files. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.
- Lucy, Liza. Interview, April, 2004. Transcript. Oral History Collection. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.

- Oberrender, Patti. Interview, April, 2004. Transcript. Oral History Collection. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.
- "Student Affairs Questionnaire." May 1978. Health Services, Reference Files. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.
- "Student Government Health & Security Report." January 1982. Health Services, Reference Files. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.
- [Student Name Redacted]. Letter to Dean of Students, February 29, 1972. Health Services – Misc. 1967-1995 folder. Special Collection and College Archives, David Bishop Skillman Library, Lafayette College.
- The United States Department of Justice. "Title IX of the Education Amendments of 1972." U.S. Department of Justice, accessed 5/2, 2014, <http://www.justice.gov/crt/about/cor/coord/titleix.php>.
- Vedus-Deeney, Michelle. Interview, April, 2004. Transcript. Oral History Collection. Special Collections and College Archives, David Bishop Skillman Library, Lafayette College.
- Watkins, Elizabeth Siegel, PhD. 2012. "How the Pill Became a Lifestyle Drug: the Pharmaceutical Industry and Birth Control in the United States since 1960." *Public Health then and Now* 102 (8): 1462-1472.