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The 'pill', promiscuity, and venereal disease

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THE incidence of sexually transmitted diseases, particularly gonorrhoea and trichomonal vaginitis, has gradually increased in the past few years. Notifications from the venereal disease clinics in England and Wales illustrate only the trends of infections, but it is obvious that the number of cases of gonorrhoea in the population as a whole is rising (Table I).

TABLE I *Incidence of gonorrhoea*, by sex,* 1950-66

Year	*Cases of Gonorrhoea*	
	Male	*Female*
1950	17,007	3,497
1951	14,975	3,089
1952	15,510	3,585
1953	15,242	4,021
1954	13,962	3,574
1955	14,079	3,766
1956	16,377	4,011
1957	19,620	4,761
1958	22,398	5,489
1959	24,964	6,380
1960	26,618	7,152
1961	29,519	7,588
1962	28,329	7,109
1963	27,895	8,154
1964	29,050	8,615
1965	27,886	8,805
1966	27,921	9,562

*Compiled from the Annual Report of the Chief Medical Officer for the year 1966.

The various factors responsible for this rise have been discussed by such authors as Morton (1966) and Idsøe and Guthe (1967). A more recent possible reason for the increased incidence of sexually transmissible diseases is the increasing use of the oral contraceptives (Ashworth, 1968).

The doctor working in the venereal disease clinic is in the best position to note the changes in sexual habits and infection rates in his local population. The general practitioner does not as a rule see his own cases of venereal disease as his patients may not admit their promiscuous behaviour to him.

In the past 3 years we have found that women from a much wider range of social groups have been attending our particular clinic than in the past. The predominant group is no longer that of Social Classes 4 and 5. The available diagnostic services for cases of vaginal discharge, for the study of cervical cytology, and for pure diagnostic work are encouraging many doctors to refer their patients to the 'Special Clinic', whereas in the past they would have sent them to the gynaecological out-patients department.

For the past 5 years we have noted in all our cases the nature of any contraceptive used together with a full sexual history, so that we are now able to compare the changes in contraceptive habits in relation to the possible increase in promiscuity which may be due to the use of oral contraceptives. In order to do this, we compare the percentage of infected women in the total clinic population (Table II) with that of the patients taking oral contraceptives. The habits of the women taking the 'pill' are then further analysed.

We have taken gonorrhoea as the criterion of venereal disease; it is by far the commonest of such diseases, and urethral, cervical, and rectal films and cultures taken at weekly intervals over a period of one month enable us to make an accurate diagnosis. Gonorrhoea is diagnosed only if the cultures grow oxidase-positive colonies which ferment glucose alone.

Table II shows a sudden increase in cases of gonorrhoea in this area in the past 6 months.

TABLE II *Total number of cases of gonorrhoea* (female) seen from* 1965 *to June* 1968

Year	*Total admissions*	*Cases of Gonorrhoea*	
		No.	*Per cent.*
1965	575	84	14·06
1966	563	67	11·90
1967	679	100	14·72
1968 (Jan.-June)	364	73	20·05

*Figures were extracted and compiled from the Annual V.D. returns to the Ministry of Health.

Table III (opposite) shows the contraceptives used by our patients for the year 1965 and the half-year 1968.

TABLE III *Method of contraception in total clinic population,* 1965 *and* 1968

Year	*Contraceptive*	*No. of patients*
1965	None	350
	Pill	80 (19 with gonorrhoea)
	Other forms	145
1968 (Jan.-June only)	None	159
	Pill	90 (36 with gonorrhoea)
	Other forms	115

From these we are able to compare the percentage of patients using the 'pill' who have gonorrhoea with that of the total clinic populations. In 1965, the total number of cases of gonorrhoea in patients taking oral contraceptives was nineteen, of which ten admitted extramarital exposures. The proportion of patients taking the 'pill' who had gonorrhoea was thus 25 per cent. compared with 14·06 per cent. of the total clinic population. In the first 6 months of 1968 the total number of cases of gonorrhoea in patients taking oral contraceptives was 36, and 28 of these admitted extramarital exposures. The proportion of patients taking oral contraceptives who had gonorrhoea was now 40 per cent. compared with 20·05 per cent. in the total clinic population.

The incidence of gonorrhoea in the total clinic population had thus increased by 6 per cent. since 1965, but the incidence of gonorrhoea in patients taking oral contraceptives had increased by 15 per cent., their infectivity rate being twice that of the total clinic population.

We next enquired into the social status of the patients taking oral contraceptives, using the Registrar General's criterion of social status. Table IV shows that there has been a marked increase in the number of patients attending the clinic who are using oral contraceptives, especially in Class 3. The infection rates have also increased, more markedly in Classes 1, 2, and 3. This would not appear to correspond with the findings of most sociologists, or with Ashworth's statement that immoral behaviour is a prerogative of Social Classes 1 and 2 and 4 and 5.

TABLE IV *Social status of women taking the pill (cases of gonorrhoea in brackets),* 1965 *and* 1968

Year	*Social class*			*Total*
	1 *and* 2	3	4 *and* 5	
1965	27 (5)	22 (5)	31 (9)	80 (19)
1968 (Jan.-June only)	26 (17)	34 (10)	32 (9)	90 (36)

All the women in this series had been taking oral contraceptives for at least one year. During one of their interviews the following questions were asked:

(**1**) Have you had extramarital intercourse since taking the pill?

(**2**) Would you have thought twice about having extramarital sexual relations had you not been taking the 'pill'?

Their replies to these questions are set out in Table V, which shows that a large number of the women in Social Classes 1, 2, and 3 might not have indulged in extramarital intercourse had they not been taking the 'pill'. Fear of pregnancy does not appear to be such a strong deterrent from promiscuous behaviour in Social Classes 4 and 5. Very few of all the women questioned had given any thought at all to the possibility that extramarital sexual intercourse might lead to contracting venereal disease.

TABLE V *Replies to two questions relating extramarital intercourse to use of oral contraceptives, by social class*

Social class	*No. of cases*	*Affirmative answer*	
		(1)	(2)
1 and 2	26	19	14
3	34	24	22
4 and 5	32	20	8

No great difference is seen in the degree of sexual freedom in the different social classes. The majority of women taking the 'pill' took it to prevent pregnancy; they did not appear to have any insight into the fact that they might have been taking it specifically to avoid extramarital pregnancy. With married women, promiscuity developed gradually with the increasing realization that they could no longer conceive. From individual case histories it would appear that once a woman has started taking oral contraceptives, the likelihood of promiscuity is as great in the so-called stable university undergraduate as it is in Social Classes 4 and 5. In this manner sexual continence with one partner becomes jeopardized when oral contraceptives are taken.

The age groups of the women taking oral contraceptives and those infected with gonorrhoea are shown in Table VI, where the data are also analysed by social class.

TABLE VI *Age group and social class of women taking oral contraceptives (cases of gonorrhoea in brackets)*

Age group (yrs)	*Social class*			*Total*
	1 *and* 2	3	4 *and* 5	
10–20	4 (3)	4 (3)	9 (4)	17 (10)
21–30	14 (10)	15 (1)	14 (1)	43 (12)
31–40	7 (3)	11 (4)	7 (3)	25 (10)
41–50	1 (2)	4 (2)	2 (1)	7 (4)

It would perhaps be expected that the more sexually active age groups, *i.e.* 21–30 years, would provide the majority of patients who were infected. This is true for Social Classes 1 and 2 but not for the other classes. This may be due to the fact that most of the women who are infected in Classes 3, 4, and 5 are infected by their erring husbands. Thus the 'pill' may be responsible for the increase in venereal disease in the non-promiscuous groups also, by removing the barrier of the sheath that used to give some measure of protection from disease. The decreased use of the condom is a potent factor in the increase in incidence of gonorrhoea. It is very common today, when asking a male patient if he used a sheath, to receive the reply 'I didn't have to because she told me she was on the pill'.

Summary

Oral contraceptives are being used increasingly by both married and unmarried women, and there is increasing extramarital sexual activity among all women taking the oral contraceptives regardless of marital and social status. Decreasing use of the condom is an additional factor in spreading venereal diseases.

Fear of pregnancy acts as a brake on promiscuity, and removal of this brake increases sexual activity and the incidence of venereal infection. The oral contraceptives fulfil their function as an almost perfect method of preventing pregnancy, but one of the by-products would appear to be increased promiscuity with a consequent increase in the risk of contracting venereal diseases. In short, the 'pill' promotes promiscuity, but this complication of taking the 'pill' is only one of many and must be viewed in its proper perspective.

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La pilule, le vagabondage sexuel et les maladies vénériennes

SOMMAIRE

Les contraceptifs buccaux sont utilisés de plus en plue par les femmes mariées et non-mariées et il y a uns augmentation de l'activité extra-conjugale parmi les femmes qui prennent des contraceptif oraux, quelle que soit la situation conjugale ou la classe sociale.

Le moindre emploi du condom est un facteur supplémentaire dans l'expansion des maladies vénériennes.

La peur de la grossesse agit comme frein sur le vagabondage; la suppression de ce frein augmente l'activité sexuelle et l'incidence des maladies vénériennes. Les contraceptifs oraux remplissent bien leur fonction en tant que méthode presque parfaite de prévention de la grossesse, mais, en contrepartie, ils favorisent une augmentation de la promiscuité avec, comme conséquence, une augmentation du risque de contracter des maladies vénériennes.

En bref, la 'pilule' favorise le vagabondage, mais cette conséquence de la 'pilule' est seulement une parmi plusieurs et doit être examinée dans sa propre perspective.