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Shown above are two different methods by which limits of the fertile period are determined for the rhythm method of conception control. According to the calendar method, the first day of the fertile period for a woman with a regular 28 day cycle would be day 10 and the last day of the fertile period, day 17. Assuming that a woman has a regular cycle of 28 days duration, according to the calendar method, the first day of her fertile period would be day 8 (28 minus 18), the last day would be day 15 (28 minus 13), and the number of days covered by the fertile period would also be 8 days. When the menstrual cycle is variable and the calendar method is being used, the first day of the fertile period is calculated from the month with the shortest cycle, the last day from the month with the longest cycle.

The calendar-temperature method is based on a more

accurate approximation of ovulation time during a given cycle. In a woman whose menstrual cycles vary in length, the fertile period would be shorter if calculated by the calendar-temperature method, since the last day of the fertile period is the 3rd day after the rise in basal body temperature and not 11 days before the latest likely menstruation.

Basal body temperature may become elevated as the result of many conditions (e.g. infection). Therefore, the actual period of time during which pregnancy must be considered a possible result of coitus has been stated to begin as early as day 5 of the cycle. In short, even the more accurate calendar-temperature form of the rhythm method may easily fail because of menstrual cycle irregularity or a rise in basal body temperature resulting from a cause other than ovulation.

coitus interruptus

The oldest method of birth control known to be still in use is coitus interruptus, ("withdrawal" or "being careful"). Even today it may be the most widely used method. Coitus interruptus is clearly better than no method at all, however it is far from safe.

Method:

This method of conception control is very simple: just before orgasm the male withdraws his penis from the vagina and region of external genitalia of his partner, and ejaculates on the skin of the woman's stomach or lower abdomen region, or on to the bedclothes. The man's sperm is thus prevented from entering the vagina, and pregnancy cannot occur.

However, both partners are often left tense and unsatisfied because of this sudden interruption of coitus. The ejaculation does not have the benefit of assisting pressure of the vagina. Moreover, the woman is deserted at the high point of excitement. This can lead to harmful psychic and physical effects because of frustrated orgasm and congested genital organs.

Difficulties involved with method:

In the presence of a suitable moist environment, sperm may not only survive but also succeed in reaching the ovum and effecting fertilization. During sexual intercourse, the external female genitalia as well as the vagina are sufficiently moistened by coital secretions to provide an

environment in which sperm may not only survive but even migrate within the reproductive tract. Therefore if intercourse takes place during a period or time when fertilization of the egg is possible, depositing the ejaculate near the external female genitalia could result in pregnancy.

It is important to remember that sperm cells within semen possess mobility of their own. When semen is deposited between the labia (external lips of the vagina), the moisture may often be sufficient for sperm to retain and exercise their mobility (whereas semen deposited on the skin quickly evaporates and sperm die).

Many couples often rely on intercourse between the labia or between the thighs in the mistaken belief that they do not run the risk of pregnancy. However cases are recorded of women who have become pregnant although the hymen remained intact if e. they were still technically virgins). Ejaculation too close to the external female genitalia can cause pregnancy.

Effective coitus interruptus, involving withdrawal before ejaculation, requires the man to be aware in advance of when ejaculation will occur. However evidence shows that complete ejaculation in a single emission (one powerful gush) occurs less than 50% of the time. At other times semen can be expelled intermittently or in a slow stream. Whether in these cases the man is aware of the exact mo-

ment when semen begins to escape, or whether he feels only the last portion of the ejaculation, is not known.

Also, Kinsey points out that with the imminence of orgasm both men and women experience a condition that varies from mild to considerable clouding of consciousness, in which all coital movements lose their voluntary character and become involuntary. This condition may last for several seconds, and during it a conscious action such as withdrawal is impossible. The shorter the duration of coitus, the more difficult it is for the man to recognize the boundary between different phases of feeling and behaviour. Those who lack considerable sexual experience find it even more difficult to determine accurately and consistently the imminence of orgasm.

Sperm may enter the vagina even if withdrawal is successful because sperm cells may leak at the beginning of coitus. When erection occurs, a drop of liquid is produced by mucous glands inside the urethral opening. Spermatozoa (sperm cells), mobile and viable after many hours, have been found in these mucous drops as well as in ordinary urine specimens. Because such a drop of moisture may actually be deposited in the vagina at the beginning of coitus, conception could theoretically result even though intercourse is interrupted before ejaculation.

There are further difficulties involved for men who are not circumcised. If coitus occurs once, followed by ejaculation, some sperm may remain alive and mobile underneath the foreskin. If coitus then occurs a second time, these living sperm may be introduced into the vagina.

To summarize, pregnancy may result despite use of coitus interruptus since sperm can enter the vagina in the following ways:

1. ejaculation in stages, or interruption of coitus after some semen has already been deposited in the vagina;
2. inability of some men to withdraw the penis from the vagina in time;
3. ejaculation close enough to the external sexual organs of the woman that spermatozoa can migrate into the vagina;
4. before ejaculation, escape of a drop of semen containing a number of sperm;
5. presence of sperm underneath the foreskin of men who are not circumcised.

The chances that 44 or 45 would lead to pregnancy are slight because of the very small number of sperm involved.

Interrelated physiological and psychological problems connected with method:

Masters and Johnson have clearly demonstrated that with sexual excitement complex anatomical and physiological changes occur in genital and perigenital structures. After orgasm complementary processes occur which return the structures to a normal state. However this process fails to occur in the same orderly and relatively rapid

fashion if sexual excitement has not culminated in orgasm. Occasional failure to reach climax after excitement is probably not harmful but it would be unrealistic to expect that repeated interruption would not result in some observable changes.

Urologists condemn coitus interruptus, attributing to it various difficulties with the male prostate gland. However, there have been no methodical studies on this question, and therefore conclusions are not well substantiated.

Psychological problems related to coitus interruptus have been considered more carefully, and, due to a relation with such problems as impotency and frigidity, coitus interruptus can often be a dangerous practice.

Many men and women apparently overevaluate ejaculation as the sole measure of virility. Hence, denial of the unrestricted right to ejaculate can seem to be a deprivation of the man's most important and obvious male prerogative.

Some cases of impotency which occur in connection with coitus interruptus can certainly be explained on a physiological basis, especially for those men who have a premature ejaculation. However, the majority are probably far more closely linked to psychological factors. The man may be tense and anxious, afraid of not being able to control himself and at the same time afraid of a possible disturbance of potency. If he has ever been impotent while attempting coitus interruptus he may soon find himself in the vicious circle so characteristic of impotent men. "Unsuccessful" coitus produces the strong fear that the next attempt will also be unsuccessful, which almost unavoidably leads to exactly what is feared. The man may soon believe himself "incapable" and be overwhelmed at the thought that his partner will also believe it. This can be an almost insoluble problem, especially at the beginning of a relationship, before the partners know each other well.

The psychological stress of coitus interruptus can also result in unresponsiveness in women. Frigidity develops primarily on a psychological basis, although it can also result from certain physiological conditions (as can impotency in men). It is certain that in most cases a combination of factors is present.

In older literature it is stated that withdrawal without orgasm for women can lead to a congestion of blood in pelvic organs and eventually to pelvic inflammation. However, interrupted coitus differs from completed coitus only by seconds, and if the partners are in sexual harmony the interruption can only mean that on some occasions the woman's orgasm is somewhat less strong than on others. Although this may become a psychological problem if the women believes that she has missed something important, it cannot lead to physical damage.

The woman's fear and lack of confidence can also be important contributing factors to her inability to respond. She may fear she will be cheated of orgasm or that the man may not withdraw in time, and thus may be tense during the entire coitus. Thus, the same cycle which is seen in men can result - fear, causing incapacity, causing fear. It should be remembered that in both sexes this vicious cycle is not unique to coitus interruptus - it can appear with any form of conception control - or with none.



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