

## CONTRACEPTION OVERVIEW

### THE ISSUE

When is it appropriate to explain contraception and birth control to your children? What will you tell them? How should the subject be handled in a youth group? What should the public schools be teaching? Would you advise a sexually active child of yours to use contraceptives? How would you answer questions about birth control from those about to be married? What does the Bible and your church say about contraception?

### DEFINITION AND DEBATE

According to Encarta World English Dictionary (1999), “contraception is a way of avoiding pregnancy, using either artificial methods such as condoms and birth control pills or natural methods such as avoiding sex during the woman’s known fertile periods.”

Contraception or birth control is accomplished by Barrier Methods (such as condom or diaphragm), Chemical Methods (the Pill, implants, male pill, spermicides, contraceptive patch and morning-after pill), and Other Methods (IUD or Intrauterine Device, natural family planning, surgical sterilization including male vasectomy and female tubal ligation, and chemical or surgical abortion—although whether or not abortion is considered a means of birth control brings us into the field of debate).

Prior to the 1930s most Christian churches condemned artificial means of birth control. The official position of the Roman Catholic Church, many Orthodox and a few Protestant Christians is against use of the pill, the condom and such devices. Against such opinions are family planning groups and many fighting AIDS and other sexually transmitted diseases.

Arguments against artificial means of birth control or disease prevention usually proceed from biblical grounds linking sexual intimacy with procreation. Contraceptives, this position argues, separates sex from its God-intended function of reproduction and parenting, and also encourages the fulfillment of lustful desires. It frees cultures and individuals from a necessary and beneficial discipline.

Arguments for the use of contraceptives usually proceed from a different and more liberal view of sex—as something intrinsic in the nature of human beings and meant to be enjoyed. Coming from a religious base, these arguments usually expect contraceptives to be used within marriage. In a faithful, monogamous relationship contraceptives are used to prevent more children than a family can adequately support. When the argument is made for contraceptive use extended to all adults and youths in a society, it is offered to prevent both disease and unwanted pregnancies.

### HISTORY OF BIRTH CONTROL AND RELIGIOUS PERSPECTIVES

In The Encyclopedia of Women and World Religion, Kathleen O’Grady writes: “Contraception has been known to humankind from the earliest times. Ancient Jewish sources, early Islamic medical texts, and Hindu sacred scriptures all indicate that herbal contraceptives could induce temporary sterility.”

Traditional methods of birth control throughout history also include celibacy and sexual abstinence, non-vaginal sex such as “outercourse” (or sex without penetration sometimes referred to as mutual masturbation), oral or anal sex, coitus interruptus, and the rhythm method.

There are no explicit statements about contraception in the Qur’an, and there are different opinions voiced on the subject by Islamic scholars.

Scholars are quite unanimously agreed that Jewish and Christian Scriptures include no specific reference to birth control or instructions about contraceptives. The story of Onan “spilling his semen on the ground” (Gen. 38: 9) has been cited, but this is a story and not a didactic part of Scripture. Any lesson from this story, according to scholars, would rather reinforce the Levirate law of taking responsibility, after a brother’s death, for his wife and descendants (Deuteronomy 25: 5ff). The story of Onan is not about birth control or masturbation.

Some Rabbinic authorities in Judaism see prevention of pregnancy by contraceptives as violating the commandment to “be fruitful and multiply.” But use of contraception is discussed in the Talmud (tractate Yevamot 12b). There seems to be permission to use contraceptive methods, carefully, in Judaism generally. Orthodox Jewish couples are expected to seek rabbinic guidance.

Traditional Christian teaching about the sanctity of sex for childbearing in marriage led Protestant churches, with some exceptions, to condemn contraceptive devices until the 1930s. Restrictions were relaxed by the Anglican (Episcopal in the U.S.) Lambeth Conference of 1930. Lutheran and other churches gradually followed.

Among the Eastern Orthodox jurisdictions, birth control by artificial means was condemned until recently. Bishop Kalistos (Timothy) Ware is widely regarded as a spokesperson for the Orthodox Church. In the 1963 edition of his popular book, *The Orthodox Church*, Bishop Ware wrote: “Artificial methods of birth control are forbidden in the Orthodox Church.” (1st edition, p. 301). But his second edition follows trends in his Church (with some strong voices of dissent):

Concerning contraceptives and other forms of birth control, differing opinions exist within the Orthodox Church. In the past birth control was in general strongly condemned, but today a less strict view is coming to prevail, not only in the west but in traditional Orthodox countries. Many Orthodox theologians and spiritual fathers consider that the responsible use of contraception within marriage is not in itself sinful. In their view, the question of how many children a couple should have, and at what intervals, is best decided by the partners themselves, according to the guidance of their own consciences. (see end of discussion of “Marriage” in ch. 14).

In the mid-1960s, a Roman Catholic advocate for the Pill believed the Vatican should and would approve of the Pill as a “natural” form of birth control and a critical complement of the rhythm method. Instead Pope Paul VI’s encyclical, *Humanae Vitae* (Of Human Life) reaffirmed traditional teaching and rejected the Pill as an artificial method of birth control and classified its use as a mortal sin. It went on to warn:

(The Pill) opened up a wide and easy road... toward conjugal infidelity and the general lowering of morality. Man, growing used to contraceptive practices, may lose respect for the woman and come to the point of considering her as a mere instrument of selfish enjoyment, and no longer as his respected and beloved companion.

The pronouncement not only disappointed John Rock but led to protests around the world including the two thousand demonstrators, some of them nuns and priests, at Catholic University in Washington D.C. A Gallup poll at that time showed only 28% of American Catholics favoring the Vatican opinion. Two thirds of all Catholic women and three quarters of Catholics under 30 were using the Pill or some other birth control device by 1970, according to a Gallup poll.

Where did such strong church opinions come from? There was a persistent interpretation of the Onan story interpreting his action as a withdrawal method (coitus interruptus) of birth control which “displeased the Lord.” More important, these ancient scholars saw the excesses of lust and sexual promiscuity all around them. Many of them had chosen ascetic and celibate lifestyles in response. They interpreted the marriage covenant in such a way and isolated verses such as “the woman will be saved through childbearing” (1 Timothy 2:15) as sanctifying sex only when engaged in for the purpose of conception.

In the Eastern Church, St. John Chrysostom, 4th century Patriarch of Constantinople, condemned “medicines of sterility... murder before birth... You do not even let a harlot remain a harlot, but you make her a murderess as well.”

The Western Church produced the great Latin Father, St. Augustine (4th-5th centuries). In a letter, he wrote:

It is one thing not to lie (with one’s wife) except with the sole will of generating: this has no fault. It is another to seek the pleasure of the flesh in lying, although within the limits of marriage: this has venial fault.... (But if) for the sake of lust obstructing their procreation by an evil prayer or an evil deed. Those who do this (use any artificial method of contraception) although they be called husband and wife, are not; nor do they retain any reality of marriage.

Issues of contraception, sexual behavior, and abortion are controversial and divisive topics. There are deep differences within faith communities as well as secular opinions.

## CONTRACEPTION AND FAMILY PLANNING TODAY

Those promoting most strongly the use of contraceptives do so out of concern for (1) population control in poor countries, (2) the rights of women over their own bodies and families, and (3) protection from HIV Aids and other sexually transmitted diseases. In many places, men, especially truckers and others who travel, bring diseases home to their wives and resist the use of condoms.

The Center for Reproductive Rights ([www.crip.org](http://www.crip.org)) describes its mission and philosophy:

A woman’s ability to plan her reproductive life and her right to be free from interference in reproductive decision-making are two fundamental aspects of reproductive self-determination.... (The go on to cite world conferences that have) defined the right to plan one’s family as the right to determine freely and responsibly the number and spacing of one’s children and to possess the information, education, and means necessary to do so.

(The Center goes on to affirm) The right to plan one’s family gives rise to a governmental duty to ensure that women and men have equal access to a full range of contraceptive choices and

reproductive health services and that they have accurate information about sexual and reproductive health.

## NATURAL FAMILY PLANNING

New thought, however, is being given to the whole matter of contraception from different perspectives and motivations. Young couples are not willing to accept blindly either technology or prevailing opinions. They are eager to take control of their bodies and relationships. Ideas of “natural family planning” (NFP) would be one example. This thinking attempts to recover the inherent procreative nature of sexuality without losing the intentions for pleasure and enjoyment. Couples following NFP pay careful attention to the wife’s fertility signs and, if they want to avoid pregnancy, abstain from intercourse during her fertile times. Many NFP followers say this intentionality opens up a deeper communication between the couple, adds a fuller, more qualitative dimension to sexuality, and moves away from the instant, individualistic gratification and artificial manipulation of sex in our culture today. These ideas need explanation and discussion.

## CONTRACEPTION FOR UNMARRIED YOUTH

It is difficult to produce a situation in which this issue can be objectively discussed, where those who disagree—even apart from extremists—will really listen to one another and respect opposing concerns.

In many places in the world, there is a double standard. There is what is taught, and there is what goes on. There may be a very strict control of girls and license given to boys. In northern Europe, sex among teenagers is expected and not a big issue. Those who abstain are a minority usually with strong support from family and friends. In the United States, probably the most sex-obsessed society on earth, a culture war rages around the matter of sex education for young people.

Conservatives object to what in some places became condom-promotion with little attention to abstinence. Counter programs such as True Love Waits and Silver Ring found high school students eager to take a stand, to resist peer pressure and be relieved by vows or “virginity pledges.” Supported by parents, encouraged by affirming peers and inspired by powerful programs, teenagers flocked to take the pledge. Many in this camp see public school sex education offering both abstinence and protection as a double message to impressionable youth.

The primary argument against abstinence only programs and the pledge is that at least half of all adolescents are sexually active. (It is clear that abstinence programs and general concern has lowered the rate of sexual intercourse among teens somewhat.) Promoters of sex education to children and youth point to studies following long-term results of chastity vows. Many of these studies report that sexual intercourse was indeed put off by those who took the pledge, but that those who broke the pledge tended to have sex in other ways than intercourse and to be more likely to engage in sex without protection. (See *Journal of Adolescent Health*, April 2005) One study (Bearman and Bruckner, 2004) reported the rate of STDs among those who made abstinence pledges as similar to those who had not.

So heated is this argument that the findings of various studies have become less decisive and helpful. Both sides of the issue accuse studies, highlighting findings contrary to their position, of bias.

## ETHICAL QUESTIONS

A critical issue, in considering the ethics of contraception as well as abortion, is deciding when a fertilized egg and resulting cell division actually become a human being. Condoms, diaphragms and some other methods prevent conception, the fertilization of the egg. Progesterone in birth control pills creates a thick mucous that makes it difficult for an egg to attach to the uterine lining and for the sperm to reach the egg. There is debate about the exact function of IUDs, but it seems they may allow fertilization but prevent attachment on the uterine wall. Obviously, the “morning-after pill” or “emergency pill” offers a strong chemical action to prevent further growth of the fertilized egg. For those who believe that human life begins at conception, these are all forms of aborting life.

Some have pointed to ironies in the religious condemnation of all artificial contraceptive devices while allowing natural rhythm methods. Don't both methods go against the command to be fruitful and multiply and to engage in sex only for the purpose of reproduction? And what about sexual intercourse for couples past child-bearing age?

There are continuing questions about “abstinence” and “protection” sexual education to teenagers. Hopefully, most wish that teenagers would postpone sexual activity. The two outstanding questions are: “Does advice about protection sanction, or even encourage, teen promiscuity?” and “Do powerful abstinence only programs make teens more likely to have unprotected sex?”

Another question is about the place of faith-based instructions and the role of the church, temple, synagogue. How can faith-based and public organizations cooperate in matters of youthful sexuality? And, what does religion have to offer the public domain in this regard?

## CONCLUSION

The purpose of this long article has been to give definition, background, and some clarity to the issues raised by the topic of contraceptives. There are striking differences among traditions of faith, between churches, and in secular life and education. People will respond very differently to questions about the morals of contraception. Still, few can argue the importance of all this to the health of societies, families and individuals—young and older.

We need to give even young children some explanation and instruction regarding the bombardment of explicit sexual images, stories and messages hitting them from all sides. It is important to remember their developmental stage and get advice before we do. Parents often find it awkward to talk to their pre-pubescent children and those going through puberty about sexual matters. Studies show, parents usually feel they have conveyed a lot more than their teenagers acknowledge.

Parents and teachers/school administrators need to be collaborators and not enemies in regard to sex education—even when their opinions differ radically. Somehow the divide needs to be

bridged. Effective youth leaders have a kind of relationship that gives them special privilege in discussing personal matters professionally.

#### QUESTIONS FOR REFLECTION AND DISCUSSION

1. Would you agree that this is an important issue? Why or why not?
2. What is your opinion regarding the controversial issues raised here?
3. It's commonly said, what people do in bed (between or among consenting adults) is their own private business. When it comes to young teenagers, such a statement is a little more controversial. What do you see as the broader effects of personal sexual behaviors?
4. What in this article was of most, and least, interest to you? Were there statements or points to which you would take exception?
5. Do you think this subject needs discussion: for the good of youth and the health of society? If so, in what setting would you like to have this discussion?
6. What, besides what you have here in this document, would be helpful for such a discussion? Where might such information or resource persons be found?

#### IMPLICATIONS

1. There is a definite relationship between personal and public sexuality. Sexual attitudes and mores are revealed in pop culture, the media, advertising, and images and suggestions do affect body-image and self-confidence, personal and public health.
2. Careful thought and discussion of this topic of contraceptives may bring most of us to the conclusion that tradition can not be too blindly and rigidly adhered to, that changing times do call for some modification of previous positions. On the other hand, it is difficult not to admit that easy access to contraceptives, removing fears of pregnancy and disease, can contribute to a looseness of moral character and pangs of guilt.
3. Since so much is riding on this topic, we ought to hear one another out, regardless of our differences. Young people and those isolated from information need proper education and healthy role models.

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