

Contraception: The Fine Print

By Susan E. Wills, Esq.

The teaching of the Catholic Church on human sexuality is profound and uplifting. Married love is meant to mirror the love within the Trinity – to be faithful, selfless, permanent, and life-giving. And isn't that what everyone really wants out of marriage?

But rather than encouraging this kind of love, contraceptives have helped many people to engage in sexual relationships that are unfaithful, selfish, short-term, and altered to be sterile, not life giving. Such uncommitted relationships can not only damage our ability to love as we're meant to love, but very often lead to other problems – contributing to the 3 million unintended pregnancies, over one million abortions, and 19 million new cases of sexually-transmitted diseases (STDs) in the United States each year.

Almost 90% of sexually-active American women “at risk” of becoming pregnant are using contraception. The prevalence of contraceptives is understandable because, for 50 years, we've been told they are “safe and effective” at preventing unintended pregnancies and (in the case of condoms) STDs. But if they are so “effective” and so prevalent, how to explain such high levels of unintended pregnancies and STDs? Something doesn't add up.

One need only look at a report like *Contraception Counts* (2006) from the Guttmacher Institute, a research institute which supports abortion and contraception, to see there is *no correlation* between better access to contraception and lower abortion rates.

Condoms

Last year, Guttmacher reported a 17.4% pregnancy rate for condom-users over a 12-month period. But that's an average which includes pregnancies among women in their late 30s and 40s, who have lower fertility and more experienced use. Teenagers are another story: Almost one in four low-income teens (23.2%) who rely on condoms will become pregnant in a year. If these teens cohabit (and are therefore more sexually active), almost three in four (71.7%) who rely on condoms will become pregnant within a year.

Condom failure rates in protecting against STDs are even worse. This is partly because a healthy woman can only become pregnant during a six-day window in each menstrual cycle, but she can contract an STD any day of the month. Also, while the risk of contracting an STD may appear low from one exposure, each additional exposure increases the risk until STD transmission becomes all but certain.

A fundamental reason why increased access to contraceptives fails to reduce unintended pregnancies is a well-documented fact of human behavior called risk compensation. Those who mistakenly believe that contraception protects them from pregnancy and STDs are more likely to become sexually active at an earlier age and to engage in riskier activity, such as having more sexual partners.

A 2002 article by Fitch et al. in the journal *Sexually Transmitted Diseases* discusses three “cohort studies” measuring the association between reported condom use and the presence of

multiple STDs. None of the studies showed *any* STD risk reduction, even among those who reported “*always*” using condoms.

In the U.S., United Kingdom, Sweden, sub-Saharan Africa and elsewhere, the same pattern has emerged: increased access to contraceptives has increased rates of STDs, but failed to reduce unintended pregnancies and abortions.

Hormonal contraceptives

It is important to understand that hormonal drugs and devices are not “medications” given to cure a disease, where the benefit of restoring health makes some level of risk acceptable. Hormonal contraceptives are powerful *steroids* intended to disrupt a normal, functioning reproductive system. The drugs powerful enough to accomplish that purpose also disrupt the healthy functioning of other systems. The more successful they are at disrupting ovulation, the more risks they pose to a woman’s overall health.

In 1960 the contraceptive pill was hailed as an “absolute godsend,” and within a few years millions of American women were using it. Yet women taking the high-dose estrogen pill were almost 9 times more likely to be hospitalized with blood clotting diseases and 7 times more likely to die than women not taking the pill.

The World Health Organization has identified estrogen in combined oral contraceptive pills (COCs) as carcinogenic. Women who began taking COCs before age 20 increased their risk of dying from breast cancer by 820%. Evidence of increased heart attack and breast cancer risk halted a trial of women taking hormone replacement therapy (HRT) halfway through its 5-year trial period. Note that the dose of estrogen in HRT is 4-8 times *lower* than in many COCs.

Norplant (rods implanted under the skin), was once called “as perfect a method as you can have,” but fell from grace when complications in removing the rods and Norplant’s side effects – excessive bleeding, depression, weight gain, and strokes – became known.

The intra-uterine device (IUD) has been linked to pelvic inflammatory disease (a leading cause of infertility), and over 200 documented cases of septic abortions resulting in 20 maternal deaths in the United States. IUDs might also interfere with implantation, causing very early abortions. The progestins in all forms of hormonal contraception, taken daily or long-term, cause changes to the uterine lining, including “atrophy.” Some researchers believe this can inhibit or prevent implantation of the week-old embryo, causing his or her death.

The popular Ortho Evra patch has been linked to 23 deaths of healthy young women from fatal blood clots, heart attacks, and strokes.

Clinical studies have confirmed an increased blood clot risk from the NuvaRing, in addition to the increased risk of breast cancer, gallbladder disease, bleeding irregularities, heart disease, and high blood pressure.

Yaz birth control pills can produce some 40 unpleasant side effects including hair loss, depression, and emotional instability.

Progestin-only contraceptives – mini-pills, implants, and injections (DepoProvera) – can cause depression, weight gain, menstrual changes (including intermittent bleeding for the first 18 months of use), headaches, and hot flashes, and loss of bone density.

Plan B, the progestin-only emergency contraceptive, was once predicted to reduce unintended pregnancies and abortions by half. But in 23 large and population-level studies, Plan B has shown *no effect* on rates of unintended pregnancies and abortions. For the individual woman, its effectiveness is now estimated to be “quite substantially” lower than the 80% often claimed, and may be as low as 23%.

What Works?

For married couples, Natural Family Planning (NFP) works! Yet, many married couples remain unaware that modern scientific methods of NFP enable them to space the birth of their children and, for sound reasons, limit the size of their family, in a way that is lovingly obedient to Jesus Christ and his Church, while avoiding the sin of contraception.

For single people, abstinence works! The steady decline in rates of unintended pregnancies and abortions in the United States has been driven primarily by more teens remaining abstinent: 16% fewer teens had ever had sexual intercourse in 2001, compared to 1991, and the percentage who were “sexually active” decreased almost 11% in that period.

Greater abstinence means fewer abortions. Between 1984 and 2004 the abortion rate dropped more than 60% among girls under 18 and decreased almost 48% for girls 18-19. In the same period, abortion rates increased for women 30 and older. It defies reason to claim that the decrease in abortions among teens resulted from their using contraception more often and better than older women.

There is now plenty of evidence that many school-based abstinence programs help teens postpone sexual activity. Studies show that the best way to protect children from the dangers of contraception and pre-marital sexual activity is by having two parents who make their values and expectations clear, and who participate as a family in religious and leisure-time activities.

Rather than protecting girls and young women, contraception risks their physical, emotional, and spiritual well-being. Our daughters and sisters deserve to grow up healthy and free of preventable diseases that can last a lifetime. For their sakes, we must reject the contraceptive-based approach to reducing unintended pregnancies and abortions and support sound abstinence education.

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More information on this topic and citations to all supporting documents can be found on the Secretariat’s website: www.usccb.org/prolife/issues/contraception/index.shtml.