

# Contraception

**Social Issues & Resources Committee**



## Introduction

Sex is a good gift from God.

The Bible makes it quite clear that sex is good and is God's gift to men and women. It is a joy and intended for our good. It is God's means of procreation and of binding human beings together in the most intimate of human relationships – marriage.

Any discussion of sexuality or sexual practice must be set in this positive context. The matter of contraception has forced itself back up the list of current issues for a number of reasons, e.g. teenage pregnancy in N. Ireland is amongst the highest in Europe; over 6000 women per year give Republic of Ireland addresses at UK abortion clinics; the incidence of sexually transmitted infection is rapidly increasing.

Since the 'sexual freedom' of the sixties sex has become a commodity, particularly in the western world. Sex feels good but it is often seen as a right. In the exercise of this perceived right people wish to be protected from unwanted "side-effects" such as sexually transmitted diseases and pregnancy. A discussion of contraception touches on the balance between freedom and responsibility, the value of human life and when life begins. And on the wider stage the issue of contraception has great relevancy in countries with exploding populations and/or HIV/AIDS at epidemic levels.

## Related Issues

### Socio-political Issues

1. It seems clear that widespread use of contraceptives has encouraged both promiscuity and adultery both of which are incompatible with fundamental Christian teaching. For many who do not accept fundamental Christian teaching, widely available contraception has enabled them to indulge in sexual activity with a greatly reduced risk of infection or unwanted pregnancy;

However, greater sexual freedom has often led to personal unhappiness and social disturbance. In addition it must be asked if the provision of contraception and advice to teenagers is a realistic concession to the practices already ongoing in society, or a sign of encouragement to immorality?

2. The request for contraception by sexually active teenagers without parental consent can place Doctors and particularly GP's in morally difficult circumstances. It is also a potential matter of conflict between medical colleagues with differing views;

3. The widespread use of contraceptives may encourage the image of both women, and more recently, men, as mere sexual objects;
4. Contraception is also open to political abuse such as in the United States when enforced sterilization was practiced in the 1930's on certain categories of people and in China where family size is officially restricted.

## Medical and Ethical Issues

1. In practice when contraception is considered there can also be medical side effects that need to be made clear and carefully considered. This is particularly true for the Pill and injected contraceptives;
2. Some forms of contraception work by producing abortion. For the many Christians who hold that life begins at conception such methods, including abortion itself would be wrong;

## Global issues

1. It is estimated by the United Nations that the worlds population will rise from 6.07 billion in 2000 to 7.54 billion by 2020. In the first two centuries of the Christian Church world population and resource depletion were not such major issues as they now are in the 21st century. Christians often find themselves in the position of having to change the moral weighting on an issue because of changing circumstances. In the world as it now is it would seem morally irresponsible for Christian couples not to take family planning seriously;
2. The falling fertility rate in developed countries had become a point of issue in recent years. An increasingly aging population coupled with a falling birth rate is likely to have both social and financial implications for the future. Such social factors cannot be ignored in a discussion about the promotion and use of contraception;
3. The UNAIDS organisation estimates that 40 million people worldwide are living with HIV/AIDS. As the virus is predominantly spread by sexual contact it begs the question if the availability of advice and cheap or free contraceptives would not be the lesser of two evils.

## What does the Bible say?

We have already noted that sex is a good gift from God. In addition:

## Sex is a good gift within marriage.

Ideally God meant sex to be enjoyed in the context of the full commitment of marriage. It is the physical expression of the deeper reality of two becoming one in marriage. For those who are married, faithfulness to one's marriage partner is the norm. Monogamous heterosexual marriage is still the best defence against sexually transmitted disease and especially HIV/AIDS.

In recent years Christian organisations such as *Focus on the Family* in the USA and *Love for Life* in N. Ireland have been promoting sexual abstinence before marriage to young people. At every level the Christian Church must be encouraged that more young people are taking this seriously and making it a personal commitment, and also be active in supporting this Biblical position.

## Sex is just one part of life.

With our societies obsession with sex it is crucial for those involved with teenagers and young adults to encourage them to view sex in a holistic way. God has made us to be spiritual, intellectual, social and physical beings of which our sexuality is an essential part. However, when one part is either ignored or over emphasised we become unbalanced human beings, something less than whole.

## Balancing principles

The Biblical injunction to reproduce **Gen 1:28** must be taken in context with the NT principle that other concerns, particularly the demands to faithfulness to God's call to service can take precedence over both marriage and reproduction. **1 Cor. 7** *'This seems to suggest that we are not under a divine call to produce as great a quantity of offspring as possible, but to bear children who can be nurtured and given appropriate attention, instruction, love and material resources.'* (Birth Control: New Dictionary of Christian Ethics and Pastoral Theology, Edt. DJ Atkinson, DH Field)

Hence, contraception surely has a place in Christian marriage when it is mutually agreed upon and seen as a method of postponing or spacing or limiting the bearing of children in order to provide opportunities to finish education, develop the personal relationship between spouses and to enable the couple provide better nurture and support to those children they choose to have.

There may be an argument for Christian couples to willingly choose to remain childless when this choice is made out of a sense of calling to dedicated service in the same way as singleness and celibacy may be chosen. Or, such a decision

may be made on medical grounds, for example when there is a very high risk of genetic disorder in the child or danger to the mother's life. However, no such argument exists when this choice is made for selfish reasons. In normal Christian marriage it should be expected that the couple should be open at some point to bearing children.

## Conclusion

Differing views amongst Christians should neither surprise nor upset us and indeed Paul faces this issue in **Romans 14 & 15**. Whatever our views on the methods of family planning, it seems clear that in the 21<sup>st</sup> century, planned parenthood is an essential aspect of stewardship for the married couple and those preparing for marriage. Bearing in mind the principles above it is clear that the use of contraceptives for the purpose of avoiding pregnancy in a sexual relationship outside marriage is a misuse of God's gift and contraceptive methods. Of course it is better to use a contraceptive than to have an unwanted baby or contract a sexually transmitted disease but Christians should want to advocate God's best, not settle for the lowest common denominator. It is also hugely important that the Church demonstrates compassion, love and practical care to those who are pregnant or have a child outside marriage. It must be stressed that this is not the end of the world and the child still be loved and cherished.

## Some points for married couples to ponder

1. Have we prayed and thought about our plans for a family?
2. Have we assessed how parenthood might affect our lives?
3. Is our marriage stable, and ready for the stresses of being parents?
4. What method of contraception are we most happy with from an ethical point of view, and which will be the most practical and effective for us?
5. Bearing in mind 1 Cor. 7 are there any reasons why we should consider taking 'time out' from sex.

## Discussion Questions

1. Is there such a thing as 'safe sex'?
2. What are the problems associated with prescribing contraceptive devices/pills to underage teenagers?
3. Is it better to encourage the use of contraceptives when we 'know' abstinence will not be considered an option?
4. In what ways might the use of contraceptives encourage sex without responsibility?
5. To what extent should wider world issues affect our personal decision in this area?

## **A small selection or relevant passages**

Genesis 2:24; 4:1; 4:17;

Proverbs 5:18-20;

Malachi 2:13,14;

Song of Solomon;

Romans 1:22-27;

Hebrews 13:4;



## **Useful addresses**

### **LIFE, Northern Ireland**

28 Bedford Street  
Belfast BT2 7FE  
Tel. 028 9043 839  
[www.loveforlife.org.uk](http://www.loveforlife.org.uk)

### **Love for Life**

6 Banbridge Road  
Waringstown BT66 7QA  
028 3882 0555

### **Family Planning Association (NI)**

113 University Street  
Belfast  
Tel. 028 9032 5488

### **Northern Counties Building**

Custom House  
Londonderry  
Tel. 028 7126 0016

### **Family Planning Information Service**

27-35 Mortimer Street  
London W1N 7RJ

Your local NHS family planning clinic is in the Yellow Pages under “Family Planning”.

## **Means of contraception – pros and cons.**

### **Natural Family Planning (NFP method)**

This works through limiting intercourse to the period of the monthly cycle when no ovum has been released.

With careful use this can be 85-93% effective. It has the advantages of no medication or devices to be used at the time of intercourse. However, it requires an increased awareness of the menstrual cycle along with mutual responsibility and self-discipline. Also it is difficult for women with very irregular cycles.

### **Methods preventing the mature ovum from being produced, (Eg. The Pill, injectable contraceptives.)**

The Pill can be 99% effective if taken properly and is therefore both reliable and convenient. However, a break in the regime (forgetfulness by the women, vomiting or diarrhoea, and the taking of other medication, such as some antibiotics and sedatives) may reduce the effectiveness of the pill. Also, some women experience side effects, such as nausea, headache, depression, tiredness or weight increase. Very rarely, side effects are more serious.

Injectable contraceptives are given by deep intramuscular injection and inhibit ovulation as well as rendering the uterus unreceptive to a fertilised ovum if produced. They are about 99% effective. One injection lasts for 8-12 weeks and, like the Pill does not interfere with lovemaking. However, they can cause menstrual disturbances, weight gain and depression, and a return to fertility can take up to 18 months.

### **Methods obstructing the sperm on its journey towards the ovum, (Eg. Male sheath, female diaphragm, vaginal sponge, spermicides, sterilization)**

Barrier methods prevent the sperm from reaching the ovum. They are between 75- 97% effective and have the advantages of having none of the side effects of the pill, being readily available and providing some protection against infection. However, they do require forward planning, are not just so reliable and can interfere with sensitivity during intercourse.

Obviously the most permanent method is male or female sterilisation. While this is effective it requires an operation under anaesthetic and leaves a couple unable to have children should they change their mind.

**Methods rendering the lining of the womb unreceptive to a fertilised ovum,** (Eg. Intrauterine devices, mini-pill, post-coital (morning after) pill)

The other methods of birth control in common use raise issues of moral acceptability. Intrauterine devices are small devices made of either plastic or metal, which a doctor inserts into the uterus. They probably act in a variety of ways but mainly by preventing a fertilised ovum implanting in the lining of the uterus and so starting a pregnancy.

They can be over 90% effective and require no medication or preplanning but can cause menstrual irregularities and can increase the risk of an ectopic pregnancy – one that occurs in the fallopian tubes. In addition, this method of contraception is actually an induced termination at a very early stage and generally unacceptable to those who hold a pro-life position on abortion.

The mini-pill is a little less effective and the contraceptive effect may be lost if the pills more than 3 hours late in being taken. While it is more suitable for breast-feeding mothers than the combined Pill it also probably inhibits implantation and therefore carries some of the same problems as the intrauterine device.

Postcoital or 'morning after' pills must be started within 72 hours intercourse. This method effectively prevents implantation of a fertilised ovum and is therefore abortive in nature.



Board of Social Witness  
Assembly Buildings, Belfast BT1 6DW  
[www.presbyterianireland.org/bsw](http://www.presbyterianireland.org/bsw)