

ARTICLE

## **Natural Family Planning over Contraception: A Strong Case**

A woman once complained to her gynecologist that she was having seizures. The doctor prescribed various solutions over the weeks that followed. The nurse looked up the possible side effects of the birth control pill the woman was taking and discovered that seizures was one of them. When she mentioned this to the doctor, his reply was, "Don't get your religion into this." Alas, he was being religious—about the contraceptive culture. She was being scientific.

Contraception is considered by many as the best advance ever to come along. However, there is a great deal of scientific evidence that supports the superiority of natural family planning (NFP) over contraception, both in terms of health advantages and effectiveness. It is up to priests and NFP teachers to get this information out. Many married couples have been shown to be quite open to NFP when they have the opportunity to hear its benefits as opposed to the potential harm of contraceptives. This is no doubt why Pope John Paul II called for education in NFP to be a part of marriage preparation programs.

In comparing the two, we will consider contraception first and its many possible deleterious effects.

### **I. Artificial Forms of Contraception**

#### **A. The Pill**

One of the most popular methods of contraception is "the Pill," which contains artificial hormones to simulate pregnancy in a woman. It consists of estrogen and progestin, or in the case of the so-called mini-pill, progestin only. The Pill works in various ways to prevent pregnancy: (1) it prevents ovulation (especially the combination pill); (2) it impedes the movement of sperm toward the egg by thickening the mucus through which it must move; (3) it thins the lining of the uterus, thereby preventing implantation of any fertilized egg. This third effect is known as the abortifacient function of the Pill.

How often does this abortifacient function come into play? Estimates are that ovulation occurs in between 2 and 10% of the cycles when a woman is on the combination Pill. For the progestin-only pill these percentages would be higher. If those eggs are fertilized, the embryo would be aborted. The FDA estimates

that the combination Pill allows one to two pregnancies per 100 women per year; the mini-pill, two per 100 women per year.

The possible side-effects of the Pill: high blood pressure, blood clots, stroke, heart attack, depression, weight gain, and migraine headaches. It increases chances of breast, liver and cervical cancer (although it reduces chances of ovarian and some uterine cancers).<sup>1</sup> The International Agency for Research on Cancer classified estrogen and progesterone as class one carcinogens in 2005.<sup>2</sup> It seems strange that doctors routinely warn patients of the dangers of cancer when discussing Hormone Replacement Therapy with post-menopausal women, but not cautioning younger women about the danger of cancer when prescribing oral contraceptives for younger women which contain more of these carcinogens, and are used for a longer duration.<sup>3</sup>

According to a study made between 2005 and 2007, the probability of women developing breast cancer during their lifetime was shown to be 12.15 %.<sup>4</sup> For women who used oral contraceptives the rate of breast cancer increased anywhere from 19% to 44%. The latter increase was for women who used the contraceptives before their first full-term pregnancy (after this the breasts are less susceptible to cancer).<sup>5</sup>

Another problem with the Pill: it causes women to be attracted to men who have the same Major Histocompatibility Complex (MHC) aroma (indicative of immune system genes type), whereas nature encourages attraction to a different MHC aroma. This enables a couple to transmit a wider array of immune system genes to their children, thereby protecting them better from diseases. What's the problem? Studies have shown that those who marry someone with different MHC genes are more compatible and more likely to be faithful to their spouse. Couples with the same MHC genes are less attracted to

---

<sup>1</sup> Chris Kahlenborn, MD, Ann Moell, MD, "What a Woman Should Know about Birth Control," at One More Soul website: <http://onemoresoul.com/contraception/risks-consequences/what-a-woman-should-know-about-birth-control.html>. [All links accessed 21 December 2011.]

<sup>2</sup> Cogliano et al., "Carcinogenicity of Combined Oestrogen-Progestagen Contraceptives and Menopausal Treatment" as found in Rebecca Peck, MD, CCD, and Charles Norris, MD, "Significant Risks of Oral Contraceptives (OCPs)," *The Linacre Quarterly*, February, 2012, p. 48.

<sup>3</sup> See, for example, Peck and Norris, op. cit., p. 48.

<sup>4</sup> National Cancer Institute, Surveillance Epidemiology & End Results, Cancer Statistics, "SEER Stat Fact Sheets: Breast," <http://seer.cancer.gov/statfacts/html/breast.html>. As found in Peck and Norris op. cit., p. 45.

<sup>5</sup> William H. James, "Association of Oral Contraceptive Use and Pre-menopausal Breast Cancer: Mediated by Hormonal Confounders?" *Mayo Clinic Proceedings*, 82 (2007) p. 385. As found in Peck and Norris, op. cit., p. 47.

each other naturally and may be more inclined to infidelity once married.<sup>6</sup>

Rachel Herz, PhD, of Brown University, and author of *The Scent of Desire*, indicated that marriage counselors, who were unaware of the scent studies, told her the most common complaint from women who have lost all sexual attraction to their husbands is that they cannot stand the way he smells. However, she cautions against concluding that the pill causes divorce, since, as she put it, “A woman's response to a man's natural body odor will be colored by her feelings for him.”<sup>7</sup>

Are men affected by birth control pills? Perhaps so. They certainly seem to be affecting the fertility of fish. In a Denver, Colorado river they discovered a much higher percentage of female fish to male, and a greater number of odd “intersex” fish downstream of the city sewer plant than upstream. What was their conclusion in this EPA-funded study? The cause was estrogen and other steroid hormones from birth control pills that got into the water supply by way of female urine. In the state of Washington, they discovered that estrogen “drastically reduces fertility of male rainbow trout.”<sup>8</sup> In England, male sterility has been increasing over the last several years. Here too the suspect is estrogen in the water supply.<sup>9</sup>

## B. Other Hormonal Contraceptives

Depo-Provera is another progestin hormone, which is injected in a woman every three months. Since this is a progestin method, it has the same ethical and physical problems as the Pill, and more.

A list of harmful side effects provided by Lexi-Comp, an independent drug evaluation company for Merck & Company, is as follows: more than 5% chance of dizziness, headache, nervousness; libido decreased, menstrual irregularities (includes bleeding, amenorrhea, or both); abdominal pain/discomfort, weight changes (average 3-5 pounds after 1 year, 8 pounds after 2 years); weakness. (There are many others with lower probability.)<sup>10</sup>

---

<sup>6</sup> Shirley S. Wang, “The Tricky Chemistry of Attraction,” *Wall Street Journal* May 9, 2011; available online at:

<http://online.wsj.com/article/SB10001424052748704681904576313243579677316.html>.

<sup>7</sup> [http://www.cbsnews.com/2100-500368\\_162-4347457.html](http://www.cbsnews.com/2100-500368_162-4347457.html).

<sup>8</sup> Wayne Laugesen, “Contracepting the Environment: Birth-control Poisoning of Streams Leave U.S. Environmentalists Mum,” *National Catholic Register*, July 11, 2007.

<sup>9</sup> Ray Lovegrove, “Oral Contraceptives in Your Water Supply,” from [www.insiderreports.com/storypage.asp?StoryID=20009617](http://www.insiderreports.com/storypage.asp?StoryID=20009617).

<sup>10</sup> “MedroxyPROGESTERone, Drug Information Provided by Lexi-Comp,” from [www.merck.com/mmpe/lexicomp/medroxyprogesterone.html#](http://www.merck.com/mmpe/lexicomp/medroxyprogesterone.html#); updated August 2008.

One athletic 26-year-old woman told her story of taking Depo-Provera, and how it tremendously harmed her health. She had terrible backaches which became so bad she could not even sit down. Her routine of biking 40 miles a day or running 7 miles was ended. She had itchy skin rashes on her neck, arms and face. After several doctors offered all sorts of remedies *except* getting off the Depo-Provera, a chiropractor told her that was the problem. She got off it, and began to improve 20 weeks after her last injection. She expects to be doing special exercises for the rest of her life to correct the permanent damage done to her back.<sup>11</sup>

Virginia Hopkins, who maintains a health watch web site, wrote, "I have yet to meet a woman who used Depo-Provera... who didn't come out at the other end of it feeling terrible. It takes some women a year or more to recover."<sup>12</sup>

### C. Morning After Pill

The morning after pill delivers a drug known as Levonorgestrel into the body to prevent pregnancy. It is known as an "emergency contraceptive." In a 2006 article in *Fertility and Sterility* magazine, two researchers, R. T. Mikolajczyk and J. B. Stanford studied this drug to see what its effectiveness was with or without "mechanisms after fertilization." They concluded that the effectiveness of this pill could not be much more than 50% if taken immediately after intercourse, and if prevention of ovulation were the only significant operation. With some delay before taking it, the number would be considerably less.<sup>13</sup>

In clinical tests, the effectiveness was given as 95% if taken within 24 hours of intercourse. Their conclusion? Other mechanisms besides blocking ovulation contribute to the effectiveness. These, they said, included preventing movement of sperm and reducing the sperm's capacity to fertilize (contraceptive) and "mechanisms that act after fertilization." The latter means preventing implantation of a fertilized egg and is thus abortion. In fact, the New Zealand distributor of the plan B pill in a pamphlet distributed for users admitted that

---

<sup>11</sup> "Wake-Up Call about Depo-Provera: A nightmare of pain and disability for a healthy young woman," taken from the John R. Lee, M.D. Medical Letter, online at [www.virginiahopkinstestkits.com/depoprovera.html](http://www.virginiahopkinstestkits.com/depoprovera.html).

<sup>12</sup> Virginia Hopkins, "What's A Woman To Do About Birth Control? Your best choice depends on you," online at: <http://www.virginiahopkinstestkits.com/womanbirthcontrol.html>.

<sup>13</sup> Dr. John B. Shea, MD. FRCP, "Study Finds Strong Evidence for Abortifacient Effect of Plan B 'Emergency Contraception,'" online at: [www.physiciansforlife.org/content/view/1341/36/](http://www.physiciansforlife.org/content/view/1341/36/).

one of the ways this drug works is to prevent implantation of a fertilized egg.<sup>14</sup>

Regarding a new “emergency contraceptive” drug, ulipristal acetate, sold under the label “Ella,” the Doctor's Association, AAPLOG, wrote, “This class of drug (SPRM) blocks progesterone which is necessary to maintain a pregnancy. It disables the uterine lining, compromising its ability to form “secretory” endometrium—the lining which nourishes the fertilized, implanting new human baby. This effectively deprives the brand new human child of oxygen and nutrients, and the child dies. This is abortifacient action.”<sup>15</sup>

#### D. Intrauterine Devices (IUDs)

Another birth control method is the intrauterine device (IUD). This is a T-shaped piece of plastic or copper which is placed in the uterus with a tail which hangs down and extends just beyond the cervix. These devices irritate the lining of the womb, causing inflammation. It seems that this inflammation, which is similar to the body's response to any foreign object, causes cells to attack sperm, eggs or a newly conceived embryo.<sup>16</sup>

In the USA there are two types of IUDs, the Copper-T IUD, made of plastic and copper, and the so-called intrauterine system (IUS) which releases small amounts of progestin into the woman. Both are over 99% effective in preventing pregnancy.

The copper IUD, which may last for 10 years, releases copper into the woman which tends to poison the egg and the sperm. If the sperm and egg do unite the copper may poison the embryo while it is still in the fallopian tube.<sup>17</sup>

With the IUS, which lasts about five years, the progestin released in the woman has several effects: (1) Thinning the uterine wall thereby slowing or killing the sperm, or preventing implantation if an egg should become fertilized; (2) Thickening the cervical mucus, again slowing or killing the sperm; (3) Reducing ovulation (about 15%).<sup>18</sup>

Thus, both devices involve the mechanism of preventing implantation, should fertilization occur. That is abortifacient. According to Dr. Joseph

---

<sup>14</sup> *Ibid.*

<sup>15</sup> American Association of Pro Life Obstetricians and Gynecologists (AAPLOG), 13 August 2010: <http://www.aaplog.org/get-involved/letters-to-members/ella-approved/>

<sup>16</sup> J. Stanford, MD, MSPH, “Mechanism of Action of IUD devices: Update and estimation of post-fertilization effects,” *American Journal of Obstetrics and Gynecology*, Dec. 2002; 187(6); as found in “Intrauterine Devices (IUD/IUS)” by Lili Cote de Bejarano, MD, MPH.

<sup>17</sup> *Ibid.*

<sup>18</sup> *Ibid.*

Stanford, it is estimated that a woman using one of these devices would have between .2 and 1.8 abortions per year.<sup>19</sup>

Now, there are some who rather strongly deny that IUDs are part-time abortifacients. The arguments of one report follow:

The existing evidence does not support the theory that the mechanism of action of IUDs includes the destruction of embryos in the uterus... Should fertilization occur, the chances for establishing a pregnancy likely decrease as the fertilized egg approaches the uterine cavity.... Any method of fertility regulation that acts before implantation is not an abortifacient, since no pregnancy exists. Major medical organizations, such as the World Health Organization, and the American College of Obstetricians and Gynecologists, concur on this biological point.<sup>20</sup>

Of course, there is a new definition of abortifacient here, claiming that only *after* implantation could an abortifacient effect occur. Very clever. Also, note the expression “destruction of embryos in the uterus...” No moralist claims that the IUD destroys an embryo *in the uterus*. The destruction takes place after the embryo goes beyond the uterus. Right-thinking moralists are clear that any mechanism that prevents an embryo from implantation is abortifacient.

According to women's health web page, “Epigee,” “The IUD has been associated with a number of health risks that, although rare, can occur. IUD problems include:

- Uterine puncture: A piercing of the uterus occurs in one to three out of every 1,000 insertions. Though usually realized right away, if it is not, the IUD may migrate to other parts of the body, necessitating a surgical removal of the IUD.
- Expulsion: As many as 7% of all IUDs will be expelled by a woman's body within the first year, mainly within the first few months. An expelled IUD accounts for 1/3 of all pregnancies that occur to women using an IUD.
- Pregnancy: If pregnancy occurs, the IUD should be removed to prevent serious complications. A pregnancy that results while a woman is wearing an IUD increases her risk of an ectopic pregnancy, serious pelvic infection, preterm labor and miscarriage. During the first 12 weeks of pregnancy, a woman who has an IUD in place has a 15 to 50% chance of miscarrying. After this time, the risk goes up to 50%.”<sup>21</sup>

---

<sup>19</sup> *Ibid.*

<sup>20</sup> Family Health International, “Mechanisms of the Contraceptive Action of Hormonal Methods and Intrauterine Devices (IUDs).” (2002, 2012). Unsigned article available online at: <http://www.fhi360.org/en/RH/Pubs/booksReports/methodaction.htm>.

<sup>21</sup> “Intrauterine Device” at [www.epigee.org/guide/iud.html](http://www.epigee.org/guide/iud.html).

### E. Barrier Methods

Barrier methods of birth control include the condom (male), female condom, and the diaphragm. According to the FDA (12/03), the male condom is said to have a failure rate of 11-16 %. That is, for 100 women using this typically for a year, 11-16 will get pregnant. (Among teens the failure rate has been found to be anywhere from 18% to over 30%.) The female condom has a failure rate of 20 pregnancies per 100 women using it for a year. The diaphragm with spermicide, which requires a prescription, has a failure rate of 15 pregnancies per 100 women using it for a year. Another device is the cervical cap with spermicide (17-23%).<sup>22</sup>

The condom is a fairly common birth control method, but there are some negative side effects, as reported by the American Pregnancy Association:

- Some men complain condoms dull sensations.
- May be considered an interruption during intimate foreplay.
- Requires consistent and diligent use.
- It places more responsibility on the male.<sup>23</sup>

It should be noted that the effectiveness rates can vary widely, depending on the resource reporting. The effectiveness rates above for barrier methods are those for “typical use,” not “perfect use.”

### F. Tubal Ligation

Tubal ligation is done in one of two ways. (1) A mini-laparotomy in which a small incision is made in the woman's abdomen, the fallopian tubes are pulled outside the incision and a part of each tube is removed, and then the ends are tied. (2) A laparoscopy involves inflating the woman's abdomen with a gas, and a fiber-optic light is introduced through a puncture hole in the abdomen. Then the tubes are either cauterized shut or tied or a clip is placed on the tubes to close them. This procedure is 99.9% effective in preventing pregnancy.<sup>24</sup>

---

<sup>22</sup> Office of Women's Health, FDA, “Birth Control Guide,” online at: <http://www.fda.gov/forconsumers/byaudience/forwomen/ucm118465.htm#barr>.

<sup>23</sup> “Male Condom,” American Pregnancy Association, online at: <http://www.americanpregnancy.org/preventingpregnancy/malecondom.html>.

<sup>24</sup> Liliana Cote de Bejarano, MD, “Female Sterilization - What Every Woman Should Know about Tubal Ligation; Sterilization by Tubal Inserts; Sterilization Reversal,” web article at: <http://onemoresoul.com/contraception-abortion/sterilization/female-sterilization.html#more-103>.

Are there negative side effects from tubal ligations? Here is what one woman wrote:

I am an ob/gyn nurse. I am infuriated by the frequency of tubal ligations and then subsequent hysterectomies. The hysterectomies are performed after the woman has suffered for 3 to 5 years with PAINFUL INTERCOURSE, LOSS OF SEX DRIVE, BLEEDING, PAIN, FIBROIDS, PIECEMEAL SURGERIES. We have to educate the American woman. It puts you into early menopause, which leads to hormone replacement and a high incidence of cancer.... My heart is breaking every time I receive a patient now who has had a BTL [bilateral tubal ligation] because I know what she is going to go through. At my hospital they do BTL on 22 year olds if they have had two or three kids. These women trust their doctors so totally....<sup>25</sup>

Apparently, this is a highly political issue. Some doctors claim there is no such thing as post tubal ligation syndrome, but women are popping up all over claiming otherwise, as the above witness attests.

One MD, Dr. Vicki Hufnagel, has associated a whole array of negative side effects from tubal ligation. These include Castrative Menopause, Severe Hormone Imbalance, Ovarian Isolation (Post Hysterectomy, Post Tubal Ligation), Atrophic Ovaries, Hormone Shock, Increased Risk of Heart Disease, Bone Loss and Osteoporosis, Dysfunctional Uterine Bleeding (DUB), PMS, Endometriosis, Adenomyosis, Severe Pelvic Adhesions, Misplacement of Female Organs, and Decreased Lactating Ability.<sup>26</sup>

Also, according to a 2007 study published in the *Journal of Reproductive Medicine*, women who had a tubal ligation were twice as likely (than those who had not) to report stress interfering with sex. 46% of those who had the tubal ligation had the problem. Additionally, these same women were 65% more likely to report seeing a physician regarding sexual problems (43.5% of BTL women).<sup>27</sup>

### G. Vasectomy

A vasectomy is an operation in which a surgeon punctures the scrotum

---

<sup>25</sup> Cathy Bowen, "Stop sterilizing American women!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!" (12/14 2007). Online post at: [www.network54.com/Forum/269447/message/1197666264/Stop+sterilizing+American+women!](http://www.network54.com/Forum/269447/message/1197666264/Stop+sterilizing+American+women!)

<sup>26</sup> "Post Tubal Ligation Syndrome (PTLS)," at <http://tubal.org/VGHPTS.htm>.

<sup>27</sup> Warehime, Bass, and Pedulla (MD), "Effects of Tubal Ligation among American Women," *Journal of Reproductive Medicine*, (J Reprod Med 2007; 52:263-272), pp. 267-270.

and then cuts the tubes, called the *vas deferens*, which conduct the sperm from the testicles. After this he closes the ends of the tubes by tying them. The effectiveness in preventing pregnancy is high. Failure rate is estimated at .15 %.

Reversal of a vasectomy is expensive and is much more significant surgery than the vasectomy itself. And, there is no guarantee the reversal will work although with microsurgery techniques some surgeons claim a rate of 90% or better. The cost for reversal ranges from \$4,000 to \$15,000 and is generally not covered by insurance. Thus, doctors consider this permanent sterilization.

Are there any side effects of vasectomy? Yes, there are. Hematoma, which can cause painful swelling, is reported in about 2% of vasectomies. Infection can occur in about 3.5% of vasectomies. Post vasectomy pain syndrome (PVP) occurs in “a small percentage of men.”<sup>28</sup>

Reports on the percentage of men who suffer from PVP indicate numbers varying up to 33%, but the most reliable sources seem to indicate the number is between 5 and 10%.<sup>29</sup> However, those who do suffer this condition have a lot to say about the problem. One such sufferer from PVP wrote this: “Worst mistake of my life! I normally research everything. I can't understand why I didn't do the same before my vasectomy. My sex life disappeared. I have a constant dull ache turning into shooting pain when I get aroused.”<sup>30</sup>

One activist who has a web site for men suffering from PVP has written: Actually, I have lived the nightmare of chronic pain and autoimmune reactions since my own vasectomy in August of 1999. Nineteen surgeries and nerve blocks, 197 medications and other substances, and dozens of therapies that I have pursued in the interim have not resolved the pain I experience on a daily basis. Other men have told of similar experiences for even longer durations....<sup>31</sup>

A study done in 2006 has tentatively linked vasectomy to a rare form of dementia. It all began when a 43-year-old asked his doctor if there might be a connection between his PPA dementia and his vasectomy. (PPA is primary progressive aphasia, something quite rare, which causes a steady loss of

---

<sup>28</sup> “What Are the Complications and Known Risks of Vasectomy?” an unsigned article, well-footnoted to medical sites, online at: <http://www.vasectomy-information.com/moreinfo/risks.htm>.

<sup>29</sup> See, for example, Cecil Adams, “Is There a Correlation between Vasectomy and Dementia?...” (11/16/2007). Online post at: [www.straightdope.com/columns/read/2734](http://www.straightdope.com/columns/read/2734).

<sup>30</sup> “Vasectomy: ‘My Husband is in Pain 24 Hours a Day.’” (02/28/2008). Unsigned article online at: <http://www.malehealth.co.uk/sex-and-relationships/19369-vasectomy-my-husband-pain-24-hours-day>.

<sup>31</sup> Kevin C. Hauber, “What Happens to a Man’s Body after a Vasectomy?” (04/06/2004). Online article at <http://www.dontfixit.org>.

language skills.) The man brought this up at a dementia support group he was attending, and when he asked how many of the nine men had had a vasectomy, eight hands went up.

When she heard that, Sandra Weintraub, doctor and professor of neurology and psychiatry at Northwestern School of Medicine, decided to do a study. They surveyed 47 men with PPA and 57 men without it, and found that more than twice as many of the PPA group had had vasectomies as men without the PPA (40% to 16%). (They saw no difference when they investigated for Alzheimer's Disease.) “We definitely aren't saying that having a vasectomy causes this condition or that men should not have vasectomies,' ...Weintraub, PhD, tells WebMD. 'It is way too early for that. We need to do more research to understand this.'”<sup>32</sup>

Most of the above is considering the subject from a strictly scientific point of view. The moral issues are great as well, including how contraception helps form an anti-life mentality, subjects the body to technological control, and turns inward an act meant to be one of total self-giving.

## II. Natural Family Planning

As every priest should know, the healthy and moral alternative to the above contraceptive methods is natural family planning (NFP). This is a method of birth control which makes use of the fact that a woman ordinarily ovulates just once a month (or *rarely* twice, with the second ovulation occurring within 24 hours of the first). An ovum, a human egg, has a life span of 24 hours or less, and sperm can last for as long as seven days. Thus, a woman could be fertile for a maximum of eight days per cycle.

By measuring cervical mucus, which changes viscosity when an ovum is coming or present, temperature, which rises after ovulation, and several other symptoms, it is possible to determine with considerable accuracy when a woman is fertile. When cervical mucus alone is used to determine fertility, it is called (not surprisingly) the cervical mucus method. When both mucus and temperature are used (and perhaps some other symptoms), it is called the sympto-thermal method (STM).

A 2006 study done by a team at the University of Heidelberg in Germany, in which 900 women were tracked using the STM, avoiding sex during fertile periods, the failure rate was .4%.

---

<sup>32</sup> Salynn Boyles, “Study Suggests Vasectomy-Dementia Link; Ties to Rare Form of Dementia Seen in Early Research Must Be Confirmed,” WebMD Health News, online at: <http://men.webmd.com/news/20070222/study-suggests-vasectomy-dementia-link>.

The drop-out rate from using the STM was 9%, lower than many other birth control methods, which can run as high as 30%.<sup>33</sup>

A larger study reported in 1982 found similar results. They worked with 19,843 mostly poor women in Calcutta, India. They were 52% Hindu, 27% Muslim, and 21% Christian. The teachers were good and the women were motivated because of their poverty. The failure rate was .2% for the whole study. Another study was reported in Germany in 1981 with a .8% failure rate.<sup>34</sup>

The divorce rate among NFP users is 5% or less, compared to the national average of 50%. This is most likely due to the increased need for communication by the couple using NFP.<sup>35</sup> Plus, many couples say the abstinence keeps their love fresh, forcing them to concentrate on the other types of love, namely *agape* (benevolent love), friendship and affection. One husband stated it was like having a courtship and honeymoon every month.

Of course, NFP is very inexpensive, and is the only "green" method of birth control. Finally, it can be used to enhance the probability of conception for those having difficulty conceiving.

### III. Getting the Message Out

This eminently useful information on the drawbacks of contraception and the benefits of natural family planning is not likely to be disseminated by the mass media. It is up to priests and NFP teachers to inform the public. How to do this?

Priests have the opportunity to make this data available in the parish bulletin. Putting one or two segments of this information in each bulletin or

---

<sup>33</sup> European Society for Human Reproduction and Embryology (2007, February 21). "Natural Family Planning Method as Effective as Contraceptive Pill, New Research Finds." *Science Daily*, available at: <http://www.sciencedaily.com/releases/2007/02/070221065200.htm>.

<sup>34</sup> R. E. Ryder. "Natural Family Planning: Effective Birth Control Supported by the Catholic Church." *British Medical Journal*, vol. 307, #6906 (18 September 1993): 723-36; available online at: <http://www.bmj.com/content/307/6906/723>.

<sup>35</sup> Nona Aguilar received 164 responses to a questionnaire she sent out in the mid-80's to couples of varied educational, social, and religious backgrounds who used natural family planning. Only one in 164 reported having been divorced and remarried (Nona Aguilar, *The New No-Pill, No-Risk Birth Control*, New York: Rawson, 1986, p. 188). John and Sheila Kippley estimate the divorce rate to be between one in 50 and one in 20 (*The Art of Natural Family Planning*, Cincinnati, OH: Couple to Couple League, 1996, p. 288). These are not comprehensive, scientific surveys, and they don't include those who never used birth control. However, they do indicate that in the US, the divorce rate is much lower than the national average for those who use natural family planning.

perhaps once a month could be very helpful to couples in the parish. It probably would not hurt to make a pulpit announcement as well, calling attention to the bulletin excerpt, since many do not read the bulletin unless prompted.

Also, of course, there is the possibility of preaching on the subject at Sunday Mass. However, doing so would call for a good bit of delicacy and tact, given the fact that there is often a wide range of age groups present at Mass.

Another way of getting the word out is to make available the media that has been produced on the subject, such as the audio CD by Janet Smith, "Contraception: Why Not?" (third edition), available in bulk or single copies. Reference should of course be made to the presence of these in the vestibule of the church either in a homily or via pulpit announcement.

NFP instructors and promoters can also do much to get out the word on contraceptives and NFP. As a priest, I am always grateful when an informed parishioner offers to place something in the bulletin themselves on the beauty of the Church's teaching on birth control and family life in general. In the past I have invited NFP teachers and family life leaders to come and explain the Church's teaching and how they can learn NFP by speaking briefly at the end of Mass and having an information session after Mass. We often have posters in the vestibule promoting NFP and providing information on where parishioners can take classes on it.

Couples are often grateful to have the opportunity to learn the good news about NFP. Perhaps this is why it has been called the "best kept secret in the Catholic Church." Of course, it should rather be called the "best kept secret in the world."

#### **IV. Summary**

In summary, it seems that contraceptive methods involve many risks, from terrible pain, to causing abortions, to stressful sex (tubal ligation) to low success in preventing pregnancy (barrier). Natural family planning, on the other hand, has no side effects, causes a lower likelihood of divorce, helps both men and women develop the virtue of self-mastery, costs virtually nothing, and is 99+% effective among motivated users. It is up to priests, bishops, NFP instructors and family life office leaders to let the world in on this wonderful secret.

Rev. T. G. Morrow, STD  
Parochial Vicar  
St. Catherine Labouré Church  
Wheaton, MD

Works Cited

Adams, Cecil. "Is There a Correlation between Vasectomy and Dementia?..." 16 November 2007. Online post at:

[www.straightdope.com/columns/read/2734](http://www.straightdope.com/columns/read/2734).

Aguilar, Nona. *The New No-Pill: No-Risk Birth Control*. New York: Rawson, 1986.

American Association of Pro Life Obstetricians and Gynecologists (AAPLOG).

"Ella Approved." Letter to Members, 13 August 2010. Online at:

<http://www.aaplog.org/get-involved/letters-to-members/ella-approved/>.

American Pregnancy Association. "Male Condom." Webpage at:

<http://www.americanpregnancy.org/preventingpregnancy/malecondom.html>.

Bowen, Cathy. "Stop sterilizing American women!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!" 14 December 2007. Web post at:

[www.network54.com/Forum/269447/message/1197666264/Stop+sterilizing+American+women](http://www.network54.com/Forum/269447/message/1197666264/Stop+sterilizing+American+women).

Boyles, Salynn. "Study Suggests Vasectomy-Dementia Link; Ties to Rare Form of Dementia Seen in Early Research Must Be Confirmed." WebMD Health News. 22 February 2007. Online article available at:

<http://men.webmd.com/news/20070222/study-suggests-vasectomy-dementia-link>.

Cogliano et al., "Carcinogenicity of Combined Oestrogen-Progestagen Contraceptives and Menopausal Treatment." *Lancet Oncology*, vol. 6, #8 (August 2005): 552-3. As quoted in: Rebecca Peck, MD, CCD, and Charles Norris, MD, "Significant Risks of Oral Contraceptives (OCPs)." *The Linacre Quarterly*, 79 (February, 2012): 41-56, at p. 48.

Cote de Bejarano, Liliana, MD, MPH. "Female Sterilization – What Every Woman Should Know about Tubal Ligation; Sterilization by Tubal Inserts; Sterilization Reversal." (No date.) Online article available at:

<http://onemoresoul.com/contraception-abortion/sterilization/female-sterilization.html#more-103>.

------. "Intra-uterine Devices (IUD/IUS)." (No date.) Online article available at:

- <http://onemoresoul.com/downloadable-pamphlets/the-intra-uterine-devices-iudius.html>.
- Family Health International. "Mechanisms of the Contraceptive Action of Hormonal Methods and Intrauterine Devices (IUDs)." 2002; 2012. Unsigned article available online at: <http://www.fhi360.org/en/RH/Pubs/booksReports/methodaction.htm>.
- Hauber, Kevin C. "What Happens to a Man's Body after a Vasectomy?" 6 April 2004. Online article available at: <http://www.dontfixit.org>.
- Hopkins, Virginia. "What's A Woman To Do About Birth Control? Your Best Choice Depends on You." Webpage at: [http://www.virginiahopkinstestkits.com/womanbirth\\_control.html](http://www.virginiahopkinstestkits.com/womanbirth_control.html).
- "Intrauterine Device." Webpage at: [www.epigee.org/guide/iud.html](http://www.epigee.org/guide/iud.html).
- James, William H. "Association of Oral Contraceptive Use and Pre-menopausal Breast Cancer: Mediated by Hormonal Confounders?" *Mayo Clinic Proceedings*, 82 (2007) p. 385. Rebecca Peck, MD, CCD, and Charles Norris, MD, "Significant Risks of Oral Contraceptives (OCPs)." *The Linacre Quarterly*, 79 (February, 2012): 41-56, at p. 47.
- Kahlenborn, Chris, MD, with Ann Moell, MD. "What a Woman Should Know about Birth Control." (No date.) Online article at: <http://onemoresoul.com/contraception/risks-consequences/what-a-woman-should-know-about-birth-control.html>.
- Kippley, John and Sheila. *The Art of Natural Family Planning*. Cincinnati, OH: Couple to Couple League, 1996.
- Laugesen, Wayne. "Contracepting the Environment: Birth-control Poisoning of Streams Leave U.S. Environmentalists Mum." *National Catholic Register*, 11 July 2007.
- Lee, John R. M.D. "Wake-Up Call about Depo-Provera." *Medical Letter*, July 1999. As quoted online at: [www.virginiahopkinstestkits.com/depoprovera.html](http://www.virginiahopkinstestkits.com/depoprovera.html). Original available online at: [http://www.johnleemd.com/store/bi\\_1999.html](http://www.johnleemd.com/store/bi_1999.html).

Lovegrove, Ray. "Oral Contraceptives in Your Water Supply." Webpage at: [www.insiderreports.com/storypage.asp?StoryID=20009617](http://www.insiderreports.com/storypage.asp?StoryID=20009617).

National Cancer Institute. "Surveillance Epidemiology & End Results: SEER Stat Fact Sheets: Breast." Cancer statistics available online at: <http://seer.cancer.gov/statfacts/html/breast.html>.

"Natural Family Planning Method as Effective as Contraceptive Pill, New Research Finds." *Science Daily*, 21 February, 2007. Unsigned article based on materials from the European Society for Human Reproduction and Embryology [<http://www.eshre.eu/>] summarizing a 21 February 2007 report in *Human Reproduction*, available online at: <http://www.sciencedaily.com/releases/2007/02/070221065200.htm>.

Office of Women's Health, U.S. Food and Drug Administration (FDA). "Birth Control Guide." (2011). Online at: <http://www.fda.gov/forconsumers/byaudience/forwomen/ucm118465.htm#barr>.

Peck, Rebecca, MD, CCD, and Charles Norris, MD. "Significant Risks of Oral Contraceptives (OCPs): Why this Drug Class Should *Not* Be Included in a Preventative Care Mandate." *The Linacre Quarterly*, 79 (February, 2012): 41-56.

"Post Tubal Ligation Syndrome (PTLS)." (No date.) Unsigned article available online at: <http://tubal.org/VGHPTS.htm>.

Ryder, R. E. "'Natural Family Planning': Effective Birth Control Supported by the Catholic Church." *British Medical Journal*, vol. 307, #6906 (18 September 1993): 723-36; available online at: <http://www.bmj.com/content/307/6906/723>.

Shea, Dr. John B., MD. FRCP. "Study Finds Strong Evidence for Abortifacient Effect of Plan B 'Emergency Contraception.'" June – April 2007. Online report available at: [www.physiciansforlife.org/content/view/1341/36/](http://www.physiciansforlife.org/content/view/1341/36/).

Stanford, Joseph., MD, MSPH, and Rafael T. Mikolajczyk, MD. "Mechanism of Action of Intrauterine Devices: Update and Estimation of Post-Fertilization Effects." *American Journal of Obstetrics and Gynecology*, 187 (December 2002): 1699-1708; as found in: "Intrauterine Devices

(IUD/IUS),” by Lili Cote de Bejarano, MD, MPH. (No date.) Online article available at: <http://onemoresoul.com/downloadable-pamphlets/the-intra-uterine-devices-iudius.html>.

“Vasectomy: ‘My Husband is in Pain 24 Hours a Day.’” 28 February 2008. Unsigned article available online at: <http://www.malehealth.co.uk/sex-and-relationships/19369-vasectomy-my-husband-pain-24-hours-day>.

Warehime, M. Nicole, M.A., Loretta Bass, MD, and Dominic Pedulla, MD. “Effects of Tubal Ligation among American Women.” *Journal of Reproductive Medicine*, 52 (April 2007): 263-72.

“What Are the Complications and Known Risks of Vasectomy?” Webpage at: <http://www.vasectomy-information.com/moreinfo/risks.htm>.