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BELIEVERS AND BIRTH CONTROL:
A SURVEY OF THE MORAL IMPLICATIONS OF HORMONAL
CONTRACEPTION WITH A LOOK AT NATURAL ALTERNATIVES

The Word of God does not give a clear answer for many questions related to the technological advances and predicaments of our day. Birth control is a pertinent subject for modern-day believers.¹ God-fearing people stand on both sides of the issue: to use or not to use? Perhaps you have not known that there is an issue at all. Is chemical contraception a blessing from God for people to use for the betterment of their lives and the lives of their families? Is it just like any other medication?² Scientists know a lot about reproduction and genetics. Is it wrong to use and experiment with this knowledge? Does the use of birth control have any undesirable effects on one's physical, emotional, or spiritual health or on one's marriage? Does the use of birth control have anything to do with one's faith in Christ and the Bible?

. Some of us here today have already had experience with the use of various forms of birth control, and certainly many of us will one day have to make a decision about it. And several among us, particularly parents of adult children and those involved in ministry, will likely be in a position to council young couples about this very important decision. Although I do not have all of the answers, it is important that we raise some questions regarding this sensitive topic. I believe birth control is a morally significant issue, especially because it is so intimately concerned with human life. I am seeking to survey the moral implications of chemical contraception in particular, but I welcome any

¹ By this I mean believers and followers of Christ or Christians.

² As defined in Webster's Dictionary, medicine is "a substance or preparation used in treating disease" as well as "a science and art dealing with the prevention and cure of disease."

questions or comments related to other aspects of birth control and reproduction. I am not a medical professional, but I have done a considerable amount of research for this paper, and I am very eager to share my findings and concerns with fellow believers. This is a highly involved issue, and we are going to hit only the tip of the iceberg. Dr. R. Albert Mohler, Jr., at a conference on the Christian view of sexuality,³ asserted that no Christian (or even Christian couple) is capable of thinking this issue of contraception through single-handedly. He upheld the need to dialogue openly with other Christians just as the New Testament believers discussed the issues of their day among themselves. Therefore, let us mutually edify one another today through our conversation and seek to honor God in regards to the use of reproductive technology.

Medical Moral Questions

My first question for the Christian is: do you know how chemical contraception works? The word contraception is Latin for “against the beginning.” First let us take a look at what conception actually is so we can see how chemical methods work to prevent it. Conception occurs when a sperm completely penetrates a mature female egg.⁴ Once the nucleus of the sperm has fused with the nucleus of the egg, the sperm and the egg, as they once were, cease to exist, and now remains a brand-new single-celled human being with forty-six chromosomes all his (or her) own.⁵ At this stage, “two simple parts of a

³ Dr. R. Albert Mohler, Jr., “And Baby Makes Three: Contraception, Reproductive Technologies, and the Brave New World,” presented at The Southern Baptist Theological Seminary Collegiate Conference 2002 entitled *Give Me An Answer: Sex* (Louisville, KY, 2002).

⁴ An egg is also called an ovum or an oocyte. See Ch. 28 “How the Baby Came to be: Human Reproduction.” David Krogh, *Biology: A Guide to the Natural World* 2nd edition (Upper Saddle River, NJ: Prentice Hall, 2002).

⁵ Twenty-three chromosomes come from the father, and twenty-three chromosomes come from the mother. (I will refer to the human embryo as a *him* in order to connote personhood in general, regardless of the actual sex of the child.)

human being,” a sperm and an egg, are “transformed into something very different from what they were before.”⁶ This new human being has his own DNA, meaning his hair and eye color, blood type, and much of his personality is already determined. The sex has also been determined (by the kind of sperm that fertilized the egg). This single-cell human zygote is a living human being that immediately begins producing specific human proteins and enzymes to direct his own growth and development.⁷ According to the article “When do human beings begin?”, published by the American Bioethics Advisory Commission, the:

. . . immediate product of fertilization is a human being, a human embryo, a human child – the zygote is a newly existing, genetically unique, genetically male or female, individual human being. And this developing human being is a human being, a human embryo, a human child. . . .

For these reasons, the term “fertilized egg” is rather misleading and scientifically inaccurate. From conception this person does not become “another kind of thing”; he merely divides and continues to grow larger.⁸ One may say, “This does not look like a human being,” but he does; he looks like a person when he is only moments old. After conception, the human embryo makes his journey through the fallopian tube over the

⁶ Pg. 2 Dianne N. Irving, M.A., Ph.D. “When do human beings begin? ‘Scientific’ myths and scientific facts,” American Bioethics Advisory Commission; available from www.all.org/stemcell.htm, accessed March 2003. Pg. 4 explains how a sperm and an egg contain human life just like any other human cell, but are not human beings. “Before fertilization, each has only 23 chromosomes. They each possess ‘human life,’ since they are parts of a living human being; but they are not each whole living human beings themselves. They each have only 23 chromosomes, not 46 chromosomes – the number of chromosomes necessary and characteristic for a single individual member of the human species. Furthermore, a sperm can produce only ‘sperm’ proteins and enzymes; an oocyte can produce only ‘oocyte’ proteins and enzymes; neither alone is or can produce a human being with 46 chromosomes.” Dianne N. Irving is not a medical professional, but her claims are taken from embryology textbooks. She insists embryologists are the appropriate authorities to obtain information and terminology regarding this topic from, as opposed to physicians or even obstetrician-gynecologists.

⁷ As opposed to the mother being in control of the baby’s growth and development. See Irving.

⁸ During development through the first eight weeks of life from conception the child is referred to as an embryo.

course of several days and seeks to implant himself in the thick endometrial lining of his mother's uterus for nourishment from her body.

If anything should prevent this embryonic child from implanting in the uterus, then the embryo will die. Any “drug or device which employs a post conception action” is called an abortifacient.⁹ With this in mind, let us jump into the medical/ethical controversy surrounding the use of various chemical (or hormonal) methods of birth control. The types of contraception I am addressing are the birth control pill,¹⁰ the patch, the ring, Norplant, which is implanted in a woman's arm, the Depo-Provera injection, also known as “the shot,” and the intrauterine device which is implanted into a woman's uterus,¹¹ commonly known as the IUD.¹²

Oral contraceptives, according to the manufacturers, act by:

Suppression of gonadotropins.¹³ Although the primary mechanism of this action is inhibition of ovulation, other alterations include changes in the cervical mucus (which increase the difficulty of sperm entry into the uterus) and the endometrium (which reduce the likelihood of implantation).¹⁴

⁹ John B. Wilks, Pharm. M.P.S. *A Consumer's Guide to the Pill and Other Drugs*. 2nd edition (Stafford, VA: American Life League Inc., 1997), 2.

¹⁰ There are two kinds of pill, the combination pill and the mini-pill. Combination pills use both estrogen and progesterone hormones, and the mini-pill, also called the progesterone-only pill, only uses the hormone progesterone.

¹¹ It is inserted through the cervix by a trained clinician.

¹² All of these methods of birth control are for use by women. I have come upon vague references to experimental male contraception and should like to do more research on that in the near future. Barrier methods, such as the condom and diaphragm, and surgical sterilization will not be addressed in this paper for the sake of narrowing the topic. Spermicides are chemical, but they are not in the same category as hormonal contraception because they operate differently. Spermicidal methods essentially use Nonoxynol-9 as the active ingredient to kill sperm as they seek to enter the uterus. I have also come across information on what is being called an anti-fertility vaccine. The information I have obtained on this comes from a brochure produced by American Life League, Inc. called “Anti-Fertility Vaccine.” See their website www.all.org. They claim that researchers are experimenting with different kinds of anti-fertility vaccines that would teach a woman's immune system to attack and destroy an embryonic child as a foreign object. ALL has stated that these experimental vaccines have already been used on women in third world countries without their knowing what they were being vaccinated against. ALL expresses concerns about the severity of side-effects an anti-fertility vaccine will have on a woman, particularly her immune system.

¹³ Gonadotropins are hormones necessary for ovulation, the release of an egg.

¹⁴ Quote taken from various Pill package inserts provided by the manufacturer.

In other words, the pill seeks to prevent conception by preventing ovulation and impeding the ability of sperm to reach an egg (should one be released). It is obvious that women do conceive while using the pill and other hormonal contraceptives. Therefore, ovulation can occur while using these methods. Some reasons for this include missing a pill, concurrent use of antibiotics, vomiting or severe diarrhea. The third strategy the pill (and most other hormonal contraceptives) employ, according to the manufacturers, is a back up method to prevent implantation.¹⁵ What does implantation mean? This is when a tiny, human zygote seeks to implant in the uterus.¹⁶ The pill manufacturers believe their product alters the uterine lining in such a way that implantation is hoped to be deferred. In that case, the brand-new human being has no way to get a permanent source of nourishment and will die and be flushed from the woman's body without her knowing it.

This argument sounds very scientific and is frightening if true; but is it true? There are four self-proclaimed pro-life, Christian obstetrician-gynecologists (ob/gyns) that are firmly convinced that chemical contraception *cannot* work as an abortifacient. They present compelling arguments in their 1999 article, "Hormone Contraceptives: Controversies and Clarifications."¹⁷ Women certainly *do* conceive and carry to term healthy children while using the pill and other methods. This is evidence that ovulation can occur while a woman is contracepting, and also that a conceived child is not *always* chemically aborted under these conditions. The fact that a woman can conceive

¹⁵ Some versions of the IUD use copper, and it is unknown exactly how this works to prevent pregnancy. The theories are that it is either deadly to sperm that enter the uterus or that it causes irritation and swelling of the uterine walls, creating a "hostile" womb should a child be conceived and seek to implant.

¹⁶ This is done when the embryo releases enzymes to carve a niche in the endometrial lining. Krogh 649.

¹⁷ Joe DeCook, M.D., Susan A. Crockett, M.D., Donna Harrison, M.D., and Camilla Hersh, M.D. "Hormone Contraceptives: Controversies and Clarifications." (April 1999). I obtained a copy of this article by e-mailing a request to Prolifeob@aol.com, accessed 19 March 2003.

ectopically, that is outside of her uterus,¹⁸ seems to indicate that an embryo can also implant without a thick endometrium. A generous endometrial environment is certainly the natural ideal for implantation, but it is obviously not imperative.

In their article, these four pro-life ob/gyns propose that if a woman ovulates while using contraceptives, the hormones operating within the corpus luteum (the small sac from which the egg was released) will take over, overriding the contraceptive hormones. These hormones, being released naturally from the woman's body, begin to instinctively build-up the endometrium for the next seven days to prepare for possible implantation.¹⁹ The aforementioned doctors assert that the most important period of development for the endometrium does not occur until after ovulation; therefore, if a woman ovulates while using a contraceptive, there is still time for the endometrium to be prepared.

These ob/gyns believe quite strongly that there is *no* evidence for an abortifacient action with chemical contraception, despite the manufacturers' claims. Given that millions of women worldwide for the past four decades have been using the pill and other hormonal contraceptives, I certainly hope they are right. The fact is, however, that there are numerous resources and publications citing medical evidence in support of the idea that hormonal contraceptives *can* cause chemical abortions. The Focus on the Family Position Statement concludes:

The majority of the experts to which Dr. Dobson has spoken feel that the pill does not have an abortifacient effect. A minority of the experts feel that when

¹⁸ Newly conceived children have implanted in the fallopian tube, on the cervix, and even in a woman's abdomen. A tubal pregnancy is fatal for the baby; I am unaware of any successful attempts to re-implant a baby in the uterus once he has been removed from the fallopian tube. An ectopic pregnancy can be fatal to the mother without proper medical intervention. These four pro-life ob/gyns feel that some chemical contraceptives reduce the likelihood of ectopic pregnancy because of their success at preventing ovulation. This is significant because most medical literature that reports an abortifacient element of hormonal contraception asserts that its use leads to a higher likelihood of ectopic pregnancy. The pro-life ob/gyns claim that two percent of all pregnancies in general are ectopic.

¹⁹ If there is no pregnancy, the corpus luteum begins to degenerate after twelve days. See Krogh.

conception occurs on the pill, there is enough of a possibility for an abortifacient effect, however remote, to warrant informing women about it.²⁰

Further, they call upon the “medical community to undertake research to prove or disprove the hypothesis that the combined oral contraceptive pill occasionally interrupts human life in its very early stages.” They emphasize the combined pill here because Focus on the Family and Dr. Dobson believe that the combination pill and Depo Provera are the only hormonal methods that work primarily through suppression of ovulation; whereas they believe all others can employ an abortifacient mechanism.

The pro-life ob/gyns feel that a lack of sufficient evidence of abortifacient action is grounds for remaining open to chemical contraception. If there genuinely is a possibility of inducing a chemical abortion through the use of hormonal birth control, however, then Christians should seek some other method that is certain not to pose a risk to their future children (or their own health). I encourage Christians to do their homework concerning these various methods and weigh the medical evidence and arguments themselves.²¹

Natural Alternatives

Every form of birth control (chemical, barrier, surgical, and natural) has a failure rate. All but natural methods can have negative side effects on a person’s body. Oral contraception in particular has been known to cause blood clots in the lungs, eyes and

²⁰ “Birth Control Pills and Other Hormonal Contraception,” Focus on the Family Position Statement; available by e-mailing a request to Prolifeob@aol.com; Internet; accessed 19 March 2003.

²¹ For detailed information regarding the argument in support of the abortifacient property of hormonal birth control, I recommend the John Wilks, M.D. book, cited previously. A similar work was compiled by a pastor who has done extensive research; see Randy Alcorn, *Does the Birth Control Pill Cause Abortions?* 5th edition (Gresham, OR: Eternal Perspective Ministries, 2000). See also, “The New Abortionists: Chemical Abortion In Contemporary Culture,” An Interview with Dr. Thomas Hilgers and Larry Frieders. (Stafford, VA: American Life League, Inc., 1994).

legs of certain women.²² Women have had heart attacks and strokes, gall bladder disease, liver tumors, breast cancer, and even suffered death in conjunction with the use of the pill, especially during its earliest forms. Irregular menstrual bleeding, bone mineral changes, allergic reaction, difficulty wearing contact lenses, hair loss, pelvic pain, and even infertility have been linked to Depo use. Another Depo risk is “low birth weight and neonatal infant death and other health problems in infants conceived close to the time of injection.”²³ The IUD has been linked with causing pelvic inflammatory disease and thus infertility, ectopic pregnancy, perforation of the uterus during insertion, and even death. Norplant also has a lengthy list of risks; these include: increased menstrual bleeding, heart attack, ovarian cysts, chest pain, numbness in the implanted arm, and an increase in body and facial hair.²⁴ Because chemical contraceptives seek to convince a woman’s body that she is pregnant in order that she will not release an egg, women often experience pregnancy symptoms such as mood swings, weight gain, nausea, vomiting, breast tenderness, and decreased sex drive.

On the other hand, birth control methods have also had a very beneficial effect on women suffering with various conditions. The pill is often prescribed for regulation of

²² Particularly in smokers and women over the age of thirty-five. This is why there are so many forms of the birth control pill. The amount of estrogen has been drastically altered over the past four decades, and eventually the progesterone-only pill was created. For more details concerning this subject I recommend: Sharon Snider, “The Pill: 30 Years of Safety Concerns.” *FDA Consumer* v. 24, no. 10 (Dec 1990): pg.8-11.

²³ Taken from the package insert for Depo-Provera®. The insert for the pill claims that studies reveal “no increased risk of birth defects in women who have used oral contraceptives prior to pregnancy.” Also, from my experience working with women through a local Crisis Pregnancy Center, I have heard some frightening stories about the effects of Depo. It seems to me to be very experimental and little understood in the way of side-effects.

²⁴ Judie Brown and Kristine N. Severyn, R. Ph., Ph.D., “What is Norplant?” (Stafford, VA: American Life League, Inc., 1996). For more details please obtain the package insert for each of the hormonal contraceptives. See also: Merle S. Goldberg, “Choosing A Contraceptive”. *FDA Consumer* reprint (Dec 1993). One may also contact the Pope Paul VI Institute Physicians, P.D., for more info: 6901 Mercy Road/ Omaha, NE 68106. (402) 390-6600.

periods, treatment of endometriosis,²⁵ dysmenorrhea,²⁶ and even the treatment of acne. The *FDA Consumer* magazine reported in 1993 that “combination oral contraceptives [i.e. the pill] offer significant protection against ovarian cancer, endometrial cancer, iron-deficiency anemia, pelvic inflammatory disease (PID), and fibrocystic breast disease.”²⁷ Depo was actually approved for the treatment of renal and endometrial cancers before it was approved for contraceptive use by the FDA in 1992.²⁸

Doctors use all forms of otherwise dangerous and damaging treatments to help patients suffering from painful and even terminal diseases. For instance, cancer patients are exposed to radiation, which is seriously detrimental to their overall health, in attempts to kill the cancer cells. I do not therefore see a huge moral dilemma in using these birth control products for acute medical predicaments. It should be understood however, that these methods only treat the symptoms of the problem a woman is experiencing; they do not get to the root of the condition to cure it. Relief from symptoms however is all that many women want when dealing with painful female conditions. A woman who was plagued with chronic pain from endometriosis once told me that the Pill literally saved her life, implying that she was on the verge of committing suicide because of the pain. The true moral dilemma comes when a woman who is contracepting for medicinal purposes is sexually active. If hormonal contraception can indeed cause a chemical abortion, then perhaps another method of treating her medical condition should be

²⁵ A painful and little-understood condition where fragments of the uterine lining embed themselves in other areas of the body.

²⁶ Severe cramps. Also treatable with non-steroidal anti-inflammatory drugs such as naproxen and ibuprofen. See Marian Segal, "On the Teen Scene," *FDA Consumer* (Oct 1994).

²⁷ See Segal article and also package inserts.

²⁸ See Merle article. Also, I recently spoke with a woman at a local endometriosis support group who insisted that the birth control pill saved her life. It relieved the pain of her endometriosis, without which she believes she would have killed herself.

sought.²⁹ This is one of the most difficult questions for me personally because the scientific evidence concerning how chemical contraception works is still up for debate.

I want to hold forth another way, an alternative to chemical (and even physical barrier) contraception. This approach is broadly termed Natural Family Planning, or NFP. This is not the rhythm method of old, whose failure rate is widely known.³⁰ NFP refers to various new and effective methods of charting a woman's fertility, such as the Sympto-Thermal Method and the Billings Ovulation Method. God has designed the woman's body to give signs regarding her time of ovulation. A couple is taught how to work together to chart these signs on a daily basis. Sometimes this requires taking the woman's waking temperature every morning, also observing changes in hormone levels, cervical mucus, and changes in the cervix itself. A committed couple can with great precision determine when the woman is ovulating, and during the roughly five-day "fertile window," the couple can choose to abstain from sexual intercourse. Instead, the couple must find other ways to express their love to one another that will not tempt them to be sexually active during this time. Because this method requires the full cooperation of husband and wife, as well as open communication, many couples report a new level of intimacy in their marriage relationship. By practicing self-control and communication, a couple develops the "same character strengths that are necessary for marital fidelity and lifelong marriage."³¹ The Couple to Couple League, an organization that teaches NFP

²⁹ Some women end up having a hysterectomy because of their medical conditions. I would like to do more research on sterilization surgeries such as vasectomy and tubal ligation.

³⁰ Mostly because a woman must have an incredibly regular menstrual cycle for successful ovulation-detection using this method.

³¹ "Fruit of the Spirit: Fruit of NFP," (Cincinnati, OH: The Couple to Couple League).

nationwide, has cited a two-percent divorce rate among NFP users as compared with the national divorce rate of fifty-percent.³²

There are numerous advantages to using NFP. Women with irregular cycles can use this method effectively, and they will in turn become more aware of what is happening with their bodies. NFP protects both the husband and wife's fertility and is reversible at any time. NFP avoids the possible negative side effects of chemical birth control, including the possibility of chemical abortion, if such a risk indeed exists. NFP is inexpensive,³³ and is ninety-nine percent effective with proper observance.³⁴ NFP also can be used to help a couple have a child should they later desire to do so. John F. Kippley reports in his book, *Birth Control and Christian Discipleship*, that couples who agree to use NFP experience "better marriages, improved communication, [and] refreshed sex lives" as they utilize "alternating periods of courtship and honeymoon."³⁵ He uses this expression to represent the courtship-like behavior of the couple while abstaining from sexual intercourse, (which can be very sweet and beneficial), and the honeymoon-like experience at the end of the fertile period. Clearly, practicing NFP is not without its own difficulties,³⁶ but it does avoid the negative side-effects of chemical birth control, and it can certainly foster a deeper respect between the husband and wife, and also a deeper respect for their marriage.

³² "Natural Family Planning: 2002 Class Schedule," (The Couple to Couple League of North Texas). See also their website: www.dfwnfp.org.

³³ The Couple to Couple League currently charges \$60 for all the necessary charts and materials. This is a one-time purchase as opposed to hormonal birth control, which must be purchased on a regular basis. I know a Billings Ovulation instructor who charges \$100 for all the charts and materials. Many NFP instructors offer financial aid when needed.

³⁴ This rivals the effectiveness of all hormonal contraception.

³⁵ John F. Kippley, *Birth Control and Christian Discipleship*, 2nd edition (Cincinnati, OH: The Couple to Couple League International, Inc, 2001), 37.

³⁶ For instance, NFP involves daily charting of the wife's fertility signs and strength to resist sexual intercourse during her "fertile window".

Biblical Considerations

What does the Bible have to say about the use of hormonal contraception?

Scripture does not contain any clear direction for the Christian regarding the use of birth control methods of any kind. If anything, the Bible continuously deals with the desire for and the blessing of having children. The Word of God is very clear that children are a blessing from God. Solomon writes in Psalm 127:3-5, “Behold, children are a heritage from the Lord, the fruit of the womb is a reward. Like arrows in the hand of a warrior, so are the children of one’s youth. Happy is the man who has his quiver full of them.”³⁷

Also, after creating mankind in His own image, God blessed Adam and Eve and said, “Be fruitful and multiply; fill the earth and subdue it” (Genesis 1:27f). Does this mandate still apply today when the earth is in a sense already “filled”? Does God intend for all married couples to seek to maximize the number of children they will have?

In response to both of these questions, I do not believe that God is commanding individuals to have as many children as possible either as a personal mission or as an assignment to single-handedly populate the planet (or a small village). I do not think that God desires men and women to legalistically fulfill some “duty” to procreate. How would that honor Him and benefit parent and child alike? There must be some greater purpose. Perhaps God’s *summum bonum*³⁸ is our intimacy with Him and in turn with each person He places in our lives.³⁹

Did God create married sex for purely reproductive means? No. If the only purpose in having sex is to conceive a child, then why does Solomon, in the Scripture, so

³⁷ The Holy Bible, New King James Version.

³⁸ Latin for “greatest good.”

blatantly extol the pleasure of sex apart from its reproductive element? In Proverbs Solomon admonishes his son to let the breasts of his wife “satisfy you at all times; and always be enraptured with her love” (Proverbs 5:19). In the Song of Solomon he describes the bliss of sexual intimacy without ever mentioning children. God has also designed the female body in such a way that she is only fertile for a few days each month. If sex were only for procreation, then it would be gratuitous for a couple to “make love” when a woman is pregnant and cannot conceive (again) or when she has passed menopause. So sex is for pleasure as well as procreation. The question is: Is it wrong to separate the two?

Again, in His Word, God does not explicitly condemn attempts at preventing conception. I think we can all agree as believers, however, that He *does* condemn anything that would take the life of a child in the womb. After all, part of “loving your neighbor as yourself” includes the unseen, micro-sized neighbor in the womb of a woman. He too is part of the human race, and made in God’s image. Again, life begins at conception. Therefore, since it is not absolutely certain that hormonal birth control is *purely* contraceptive and *never* abortifacient, I believe Christians need to seek other methods of limiting the size of their families.⁴⁰ Yes, God has given us the wisdom and ability to create various kinds of birth control, but I agree with John Kippley, that this

. . . gives no support for the morality of their use. Human minds have also developed the ovens at Auschwitz, early abortion drugs, machinery for cutting small babies into pieces in utero (suction abortion), chemical warfare, child pornography, etc. Discipleship and morality are concerned with what God’s people ought to do, not with what is physically possible.⁴¹

³⁹ Consider Matthew 22:36-40.

⁴⁰ Especially until a clear answer has been found regarding whether these methods can cause a chemical abortion.

⁴¹ Kippley 38.

If there is even a remote possibility that hormonal contraception can snuff out a tiny life, then to use it is to play Russian roulette with one's future children. Scripture contains a warning for those who, knowing an innocent is being led to slaughter, say, "Surely we did not know;" "He who weighs the hearts" will consider it and "render to each man according to his deeds" (Proverbs 24:11f.).

I certainly do not want to produce a false paranoia and sense of guilt regarding the use of chemical birth control, but the contraceptive/abortifacient question has not been satisfactorily answered. If a hormonal contraceptive is indeed safe in regard to a newly conceived human being, then the issue reverts to the status of "personal conviction." I would like to believe that most Christian couples who use hormonal birth control do not set out thinking, "If we conceive a child I hope the birth control will keep him from implanting and surviving." Certainly not. Most people do not even know about the possibility of a chemical abortion with birth control. But now that it has been brought to the forefront, I believe that it has become a moral issue that each individual needs to personally deal with. Do not forget, however, that there are alternatives to hormonal contraception.

Barrier methods, sterilization, and NFP are alternatives. Again, I cannot say that the Bible condemns the use of barrier methods or even sterilization outright. Perhaps this falls under the "all things are lawful for me, but all things are not helpful" passage.⁴² Perhaps it is just another issue related to the brother with a weak conscience.⁴³ Or perhaps there is something to be said for the natural way of things, such as intercourse being a flesh-to-flesh, total bonding experience and children being the likely result of sex

⁴² I Corinthians 6:12

⁴³ See I Corinthians 8 and I Corinthians 10:23ff.

between two fertile people. After all, “exchanging the natural use for what is against nature” is seen as a bad thing by the Lord in Romans 1:26. Of course this passage is speaking of homosexuality, but is it at all affirming the goodness and beauty, if you will, of God’s natural design for human sexuality?

Sterilization is rather permanent. Situations change. Desires change.⁴⁴ Janet E. Smith, associate professor of Philosophy at the University of Dallas, notes, “They put their barrier methods in place – for ‘protection’: as if they were making war, not love.”⁴⁵ When it comes to NFP, I feel that Scripture does not condemn it either. In Ecclesiastes 3:5, Solomon says that there is “a time to embrace, and a time to refrain from embracing.” There is a season and a time for “every purpose under heaven.”⁴⁶ Paul speaks of a time, a short time, where husbands and wives are allowed to practice “marital chastity”, if you will, for the sake of prayer and fasting in I Corinthians 7:5. Again, in Ephesians 5:25, Paul tells husbands to love their wives as their own bodies. Oftentimes the burden of contraception is placed on the woman, particularly with hormonal methods. It is certainly not very loving to expect a woman to put a chemical in her body that can cause serious side-effects when she has no medicinal need of it. I will allow Janet E. Smith to give the final hurrah for the NFP issue:

Women using NFP generally feel revered by their husbands since their husbands do not make them use unhealthy and unpleasant contraceptives. Men using NFP generally have greater self-respect since they have gained control over their sexual desires and can now engage in sexual intercourse as an act of love, not as an act of mere sexual urgency. . . . They seem to bond in a deeper way than those who are contracepting.

⁴⁴ See testimony: Arlene Schroeder, “Another Child?” (Cincinnati, OH: The Couple To Couple League, 1994).

⁴⁵ Janet E. Smith, Ph. D., an introduction to and new translation of *Humanæ Vitæ: A Challenge to Love* delivered by Pope Paul IV, (New Hope, KY: New Hope Publications, 2001), 12.

⁴⁶ Ecclesiastes 3:1.

The topic of birth control is not an easy one. I do not have any fool-proof position from Scripture, and I hope that dialoguing with fellow believers will provide a deeper glimpse into the heart of God concerning such matters. I want to end here by emphasizing the fact that God looks at the hearts of individuals. Motives are a huge deal to God; that is what Christ was showing the world when He proclaimed that to be angry with your brother for no reason is like murder and that for a man to look at a woman lustfully is to have “already committed adultery with her in his heart” (Matthew 5:22, 28). When it comes to family planning, Christian, ask yourself these questions: Am I open to life should God choose to give my mate and me a child at anytime?⁴⁷ Do I believe that children are truly a blessing and that God will “work all things together for good”⁴⁸ should we become parents? Am I seeking to glorify God in my approach to planning my family? Do I trust that God is in control and will provide for that which He entrusts to us? I do not believe it is wrong to want to limit the size of one’s family; be honest with God and other believers about it. Christians, however, must seek to renew their minds⁴⁹ to the fact that children are not a negative consequence of intercourse with one’s spouse but that every child is a blessing and plays a vital role in God’s plans. My prayer today is that God will give all of us a more beautiful vision regarding the way we view sex, marriage, children, and family as a whole.

⁴⁷ Obviously God can override any man-made contraception and family planning. “A man’s heart plans his way, but the Lord directs his steps” (Proverbs 16:9). I know people that were conceived while their mother was using the Pill; I also have a friend whose mother conceived three years after having a tubal ligation.

⁴⁸ Romans 8:28.

⁴⁹ See Romans 12:2.

To Readers:

Thank you so much for taking the time to read my paper. This particular version was presented at DBU's Friday Symposium, February 2004. Other versions of the paper have also been presented and distributed. I would like to continue to expand my research on the topic of birth control and believers. I am also eager to write another paper on the beautiful vision that God has given me regarding motherhood, as I once was quite outspoken against family and had strong feminist leanings. I hope to have this "sequel" paper ready to present at the 7th Annual Paideia College Society Conference at DBU in April 2004. Please, e-mail me any comments, questions, suggestions, observations, concerns, personal testimony, and other resources which might be helpful to me regarding these two papers. My e-mail address at DBU is stilwelln@acad.dbu.edu. My more permanent e-mail address is danceoftherebuilt@yahoo.com. (Yes, that is DANCE OF THE REBUILT). Thank you so much, and may God bless you richly.

Sincerely,
Natalie Stilwell