

BIRTH CONTROL AND THE CHRISTIAN: RECENT DISCUSSION AND BASIC SUGGESTIONS

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The proliferation of artificial means for birth control offers significant challenges for Christians who need to think through this issue from a biblical perspective. As they consider what the Bible says about birth control, Christians need to understand the role it has played in the moral decline in society. This moral decline of society connected to the availability of contraceptives does not determine the morality of birth control, but it does challenge evangelicals to maintain a biblical view of marriage and sex within marriage. A “contraceptive mindset” must not dominate our thinking about how the Bible views marriage and children.

Introduction

Evidence for the use of various artificial means of birth control or contraception reaches back in history at least 4,000 years.¹ Although some scholars advocated the use of contraception for the purposes of population control in the 1830s, the federal Comstock Law of 1873 made illegal the mailing or importation of contraceptives, and most states prohibited both their sale and advertisement.² The diaphragm was developed in 1880 and by 1935 over two hundred different kinds of artificial contraceptive devices were in use in Western nations.³ In the 1920s birth control clinics began to open (only for married or soon-to-be married

¹ See John Jefferson Davis, *Evangelical Ethics: Issues Facing the Church Today*, 3rd ed. (Phillipsburg, NJ: Presbyterian and Reformed, 2004), 28–29, for a helpful overview of historical examples of birth control, beginning with the Egyptians in 1900 B.C.

² *Ibid.*, 30.

³ *Ibid.*

women, with documentation required)⁴ and in 1936 the courts overturned the Comstock Law.⁵

The introduction of the birth control pill in the 1950s had a major impact in the worlds of medicine and society. In two separate cases (1965 and 1972), the Supreme Court struck down Connecticut's law prohibiting the use of contraceptives and a Massachusetts law prohibiting the sale of contraceptive devices to the unmarried. By 1970 contraceptives were being funded domestically through the Family Planning Services and Population Research Act. Soon afterwards, that funding reached the international level through the Foreign Assistance Act of 1971.⁶ In less than a century, contraceptives moved from being illegal to being officially sponsored by the federal government.

This openness to contraception has made a significant impact on society throughout the world. As Mohler has pointed out, "The effective separation of sex from procreation may be one of the most important defining marks of our age—and one of the most ominous. This awareness is spreading among American evangelicals, and it threatens to set loose a firestorm."⁷ Because of the widespread availability of various kinds of contraceptives, people can engage in regular sexual activity with little concern that pregnancy will result. Beyond this, developments with in vitro fertilization enable people to have children without sexual intimacy. Both of these developments seem to be changing sex to something purely recreational and unnecessary for procreation, rather than having procreation as at least one of the important functions for marriage and sex. There is no doubt that the availability of contraceptives, often provided by government agencies and public schools, has impacted our society in another way as well. In her consideration of the collapse of the moral fabric of the West, Himmelfarb presents some sobering statistics from England and the United States. In England, prior to 1960 the illegitimacy ratio (i.e., proportion of out-of-wedlock to total births) hovered around 5 percent. It then rose to 8 percent in 1970, 12 percent in 1980, and jumped to over 32 percent by the end of 1992 (a sixfold increase in three decades). In the United States the figures are no less dramatic. After hovering around 5 percent before 1960, it rose to almost 11 percent by 1970, 19 percent by 1980, and just under 22 percent in 1991.⁸

⁴ William R. Cutrer and Sandra L. Glahn, *The Contraception Guidebook: Options, Risks, and Answers for Christian Couples* (Grand Rapids: Zondervan, 2005), 27.

⁵ Davis, 30.

⁶ *Ibid.*

⁷ Al Mohler, "Can Christians Use Birth Control?,"

<http://www.albertmohler.com/?cat=Commentary&cdate=2004-03-30> (accessed 11/06/09).

⁸ Gertrude Himmelfarb, *The De-moralization of Society: From Victorian Virtues to Modern Values* (New York: A. A. Knopf, 1995), 223–24. Robert Rector and Sarah Youssef point out that the illegitimacy ratio for the United States increased to 32.6% in 1994 and slightly declined to 32.3% in 1997 ("Illegitimacy Ratio Declining," *Intellectual Ammunition* (March/April 1999), http://www.heartland.org/policybot/results/359/Illegitimacy_Ratio_Declining.html (accessed 11/16/09). The December 1, 2006, issue of *The Washington Times* recorded an illegitimacy ratio of 36.8% for the nation; "Disastrous' illegitimacy trends," <http://www.washingtontimes.com/news/2006/dec/01/20061201-084845-1917/> (accessed 11/16/09).

As we consider what the Bible says about birth control, we must understand the role birth control has played in the moral decline in society throughout the world. This moral decline of society that is related to the availability of contraceptives does not determine the morality of birth control⁹, but it does challenge us as evangelicals to maintain a biblical view of marriage and sex within marriage. We must be careful that a “contraceptive mindset” does not dominate our thinking about how the Bible views marriage and children.

Overview of Debate

A consideration of this important issue can be structured in various ways. Although we could focus on the various approaches to birth control,¹⁰ this article briefly considers the “no birth control” view and then focuses on the methods themselves. After it considers the methods that are morally acceptable and those that are clearly immoral, it surveys the methods about which there is considerable debate. This article concludes with some attention given to suggestions for how couples might approach the issue from a biblical perspective, driven by biblical values.

An important definitional point deserves attention. Birth control or contraception has been customarily defined as something that *prevented* fertilization or conception (i.e., *contradicted conception*). Historically, fertilization, conception, and the beginning of a pregnancy have been regarded as virtually synonymous. Prior to 1976, a “contraceptive” was understood as an agent that prevented the union of sperm and ovum. However, in 1976 the American College of Obstetricians and Gynecologists (ACOG) changed the definition of contraception.¹¹ In one of their fact sheets (copyright 2009) ACOG affirms that “pregnancy occurs when the fertilized egg is implanted.”¹² This is connected to the way that numerous medical dictionaries define “conception”. As one example, *Taber’s Cyclopedic Medical Dictionary* (21st ed.) defines “conception” as: “The onset of pregnancy marked by implantation of a fertilized ovum in the uterine

⁹ Numerous factors have contributed to the moral decline in modern society. Regardless, free access to numerous kinds of contraceptives and the separation of sexual intimacy and marriage (and the possibility of procreation) is part of that moral drift.

¹⁰ In a recently published volume, Mark Driscoll proposes five levels or categories of views concerning birth control: no birth control, natural birth control, non-abortion birth control, potentially abortive birth control, and abortive murder. Mark Driscoll, *Religion Saves: And Nine Other Misconceptions* (Wheaton, IL: Crossway, 2009), 19–42.

¹¹ Eugene F. Diamond, “Word Wars: Games People Play about the Beginning of Life,” *Physician* (Nov/Dec 1992): 14–15.

¹² “Contraception,” <http://www.acog.org/departments/adolescentHealthCare/TeenCareToolKit/contraception.pdf> (accessed 11/10/09).

wall.”¹³ Consequently, these definition changes blur the distinction between those birth control methods that exclusively prevent fertilization and those that prevent or hinder the implantation of the week-old embryo. So when various medical resources and professionals affirm that a given birth control method is not abortifacient, one must discern whether they are referring to the moment of fertilization or implantation.

Proponents of No Birth Control

People who advocate a “no birth control” view fall into three categories. First, some view artificial birth control methods as undesirable and unwise and believe that some version of natural family planning best honors the biblical teaching of God’s intentions for marriage and sex. Second, there are those who believe that all artificial birth control methods are morally wrong. They embrace some form of natural family planning. Third, a small but growing group of couples, often associated in some way with the “Quiverfull” movement, reject any attempts to adjust the timing of their sexual intimacy as a way of avoiding pregnancy. They gladly embrace as many children as God might give them.

“Quiverfull” is a movement among conservative evangelical Christian couples chiefly in the United States, but with some adherents in other countries. Mary Pride’s book, *The Way Home: Beyond Feminism, Back to Reality*,¹⁴ is generally viewed as the spark that triggered this movement.¹⁵ The name is based on Psalm 127:5a: “Sons are a heritage from the LORD, children a reward from him. Like arrows in the hands of a warrior are sons born in one’s youth. Blessed is the man *whose quiver is full of them*. They will not be put to shame when they contend with their enemies in the gate.”¹⁶ The following supportive arguments are representative of those who reject birth control, but are not shared by all proponents of this approach.

¹³ “Conception,”

<http://www.tabers.com/tabersonline/ub/view/Tabers/143211/10/conception?q=conception> (accessed 11/10/09).

¹⁴ Mary Pride, *The Way Home: Beyond Feminism, Back to Reality* (Wheaton, IL: Crossway, 1985).

¹⁵ Besides the volumes cited below, here are some other resources that share the Quiverfull perspective: Rick Hess and Jan Hess, *A Full Quiver: Family Planning and the Lordship of Christ* (N.p.: Hess family, 1989); Craig Houghton, *Family UNplanning* (Longwood, FL: Xulon Press, 2006); <http://www.quiverfull.com> (accessed 11/12/09); <http://www.familyunplanning.com> (accessed 11/12/09). A strong critique of this movement can be found in Kathryn Joyce, *Quiverfull: Inside the Christian Patriarchy Movement* (Boston: Beacon Press, 2009).

¹⁶ Unfortunately, some proponents of the Quiverfull approach to birth control make extreme statements. Campbell links abortion with contraception and sterilization and describes all three as “masterminded in hell.” Nancy Campbell, *Be Fruitful and Multiply: What the Bible Says about Having Children* (San Antonio, TX: Vision Forum Ministries, 2003), 154. DeMoss regards birth control as part of Satan’s agenda. Nancy Leigh DeMoss, *Lies Women Believe and the Truth that Sets Them Free* (Chicago: Moody, 2001), 169–70. Mary Pride (*The Way Home*, 77) affirms that “Family planning is the mother of abortion.”

Supporting Arguments

Birth Control Only Recently Accepted

They refer to the Lambeth Conference of 1930 as the decision that opened the door for contraception to be acceptable for Christians. In Resolution 15 of that Anglican conference, a strong majority of bishops allowed for the use of contraceptives as long as it was not motivated by “selfishness, luxury, or mere convenience.”¹⁷ Editorial pages of major newspapers and religious leaders of mainline denominations found the decision repugnant and disconcerting.¹⁸ They conclude that this acceptance of birth control clearly paved the way for the later acceptance of abortion.¹⁹ They also affirm that contraception “was not entertained by the Christian church—Protestant or Catholic—until as late as 1930.”²⁰

The Mandate in Gen 1:26–28 (cf. 9:1, 7)

As part of the climax of the creative week, we read: “God blessed them and said to them, ‘Be fruitful and increase in number; fill the earth and subdue it’” (Gen 1:28). One proponent wrote that the Hebrew verb “to fill” (מלא) means “fill up the world to overflowing.”²¹ God’s blessing is not zero population, but maximum population.²² They also point out that there is no place in Scripture where God rescinds this command.²³ Birth control clearly represents disobedience to this command to fill the earth.²⁴ They grant that God does not require unmarried people to have children, but contend that all married couples must regularly pursue having children. A key assumption is that procreation is the primary purpose of marriage.²⁵

Birth Control Represents a Denial of God’s Sovereignty

All who reject birth control regard it as rebellion against God’s legitimate authority over reproduction. The fact that the Bible presents God as the one who

¹⁷ “Resolutions from 1930,” <http://www.lambethconference.org/resolutions/1930/1930-15.cfm> (accessed 11/12/09).

¹⁸ Examples of this are cited in Campbell, *Be Fruitful and Multiply*, 157. Resolution of that same conference affirmed this about abortion: “The Conference further records its abhorrence of the sinful practice of abortion,” “Resolutions from 1930,” <http://www.lambethconference.org/resolutions/1930/1930-16.cfm> (accessed 11/12/09).

¹⁹ Campbell, *Be Fruitful and Multiply*, 157–58.

²⁰ *Ibid.*, 154.

²¹ *Ibid.*, 25.

²² *Ibid.*, 59.

²³ *Ibid.*, 22.

²⁴ Charles D. Provan, *The Bible and Birth Control* (Monongahela, PA: Zimmer Printing, 1989), 5.

²⁵ Samuel A. Owen, Jr., *Letting God Plan Your Family* (Wheaton, IL: Crossway, 1990), 39.

opens and closes a woman's womb prohibits couples from taking the matter of the timing and number of children into their own hands. As stated above, some couples reject all means of artificial birth control, but are willing to embrace natural methods and believe that this does not represent a denial of God's sovereignty.

Response

Birth Control—Recent or Ancient?

According to the Babylonian Talmud, rabbinic teaching allowed for various kinds of birth control without censure.²⁶ The practice of contraception was also prevalent during the Middle Ages in parts of the Roman Catholic Church.²⁷ From the time of the Reformation, Protestants have accepted a definition of marriage broad enough to include the use of contraceptives in the context of marriage.²⁸

Besides this meager evidence, the fact that birth control does not reach widespread usage among various Christian groups does not, of necessity, demonstrate its immorality. After all, this argument about the recent availability of contraceptives focused on artificial methods of birth control. Any effort by couples to time their intimacy to avoid pregnancy is a version of birth control and that appears to have been practiced for centuries in numerous cultures as well as in the church. Even though an openness to birth control may have preceded an openness to abortion, that reality does not prove that birth control is, in itself, morally objectionable. The ultimate question is, What does the Bible teach about it?

The Mandate in Genesis 1:26–28 (cf. 9:1, 7)

Do these passages mean that married couples are obligated to have as many children as possible or to do nothing that might prevent conception from taking place? Genesis 1:28 affirms: “God blessed them and said to them, ‘Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish of the sea and the birds of the air and over every living creature that moves on the ground.’” God gives mankind two key assignments through five imperatives: procreation (be fruitful, increase in number, and fill) and dominion (subdue and rule).²⁹ This statement is one of three “God blessed” statements in the creation

²⁶ John T. Noonan, Jr., *Contraception: A History of Its Treatment by the Catholic Theologians and Canonists* (Cambridge, MA: Harvard University Press, 1966), 10–12.

²⁷ *Ibid.*, 200–213.

²⁸ Lloyd A. Kalland, “Views and Positions of the Christian Church—An Historical Review,” in *Birth Control and the Christian: A Protestant Symposium on the Control of Human Reproduction*, eds. Walter O. Spitzer and Carlyle L. Saylor (Wheaton, IL: Tyndale House, 1969), 464, cf. 441–43.

²⁹ Victor P. Hamilton, *The Book of Genesis: Chapters 1–17*, NICOT (Grand Rapids: Eerdmans, 1990), 139.

account.³⁰ In the first one, God blesses the animal world with the ability to reproduce, using the same three imperatives (Gen 1:22). He pronounces this blessing over them, unlike Gen 1:28 where God directly addresses Adam. Also, God blessed the seventh day at the end of the creative week (Gen 2:3). What is the primary significance of this statement? First, the blessing seems to involve the ability to reproduce and the opportunity to rule over the created world on behalf of God, the ultimate sovereign of the universe. Second, we should observe that the commands in Genesis are general imperatives given not to individuals but to the human race as a whole (through their representatives, Adam and Noah).³¹ Also, that fact that God commands mankind to “fill” the earth in addition to being fruitful and multiplying demonstrates that this task was not given to individual couples but to mankind in general. This gives room for barren couples who would love to have children and single men and women. Third, the statement begins with the introductory statement, “God blessed them,” not “God commanded them.” The imperatives that make up this divine blessing are not commands that must be kept but a privilege and ideal that should be enjoyed and pursued.³² For example, as part of his blessing on Jacob, Isaac declares: “Be lord [imperative] over your brothers, and may the sons of your mother bow down [jussive—mild command] to you” (Gen 27:29; cf. Gen 24:60). The imperative, along with the jussive, commonly occurs in statements of blessing, not as a command, but to show the strength of the blessing. Can families have a large number of children? Yes. They should be given respect and not offered derision for their choices. However, this passage does not present a *divine demand* that families *must* have as many children as possible. If this were really a divine mandate, it leaves no room for unmarried men and women or childless couples.

Birth Control and Sovereignty

It is absolutely essential for couples to recognize God’s sovereignty as it relates to fertility and conception. He is the giver of life and we must submit to His authority. Any decisions we make with regard to the timing and number of children can be made only as we carefully consider how God would be most honored by our choices. We will interact more with the sovereignty question below. Now let’s turn to the various methods of birth control (see below section on wisdom).

³⁰ The idea of divine blessing is an important theme in Genesis as well as throughout the OT (Gen 12:2–3; 17:16; 22:17; 26:24; 39:5; 48:3–4; Exod 1:7; Deut 28:1–14). In the OT it often involved many descendants and material prosperity.

³¹ David VanDrunen, *Bioethics and the Christian: A Guide to Making Difficult Decisions* (Wheaton, IL: Crossway, 2009), 106.

³² It is interesting to see how people treat the five imperatives in Gen 1:28 inconsistently. Numerous modern scholars refer to this passage as the cultural mandate that requires that people care for the environment or be involved in world missions. Those discussions generally ignore the implications if the first three verbs that deal with procreation were also treated as a mandate. Most proponents of no birth control, esp. the Quiverfull perspective, give little attention to the requirements of the last two imperatives. Rather than being culturally engaged, they tend to isolation from the world.

Methods of Birth Control

Any attempt to affect the timing of conception fits the definition of birth control or contraception. As has been true as far back as we have written records describing contraception, some methods focused on causing the death of the unborn baby. Various modern methods share the same abortifacient function. There have also been methods of birth control that present no intrinsic moral problem. This section will conclude by giving brief attention to a few methods that have engendered significant discussion among prolife evangelicals.

Clearly Abortifacient Methods

If we believe that life begins at conception, an embryo is a human being and bears God's image. Any method that brings an end to that embryo's life is unacceptable. Of course, abortion is unacceptable as a means of birth control for a Christian.

RU-486

RU-486 (Mifepristone) has demonstrated its effectiveness in terminating pregnancies, especially in women with pregnancies of 49 days' duration or less.³³ Some refer to it as the "abortion pill." It is not the same thing as the "morning after pill" (see below). RU-486 facilitates a non-surgical abortion. The primary chemical, Mifepristone, blocks a hormone required to sustain the pregnancy. Typically it is followed two days later by another drug, misoprostol, to induce contractions, which causes the fetus to be expelled from the woman's body.³⁴

"Morning After" Pill

The "morning after pill" or "emergency contraceptive pills" (ECPs) involves different combinations of hormones. Generally, they involve estrogens, progestins, or both. These drugs act both to prevent ovulation or fertilization and possibly post-fertilization implantation of an embryo on the uterus wall. They are licensed for use up to 3-5 days after sexual intercourse.³⁵ ECPs are made of the same hormones found in birth control pills (see below). Plan B is a brand of hormone pills specially packaged as emergency contraception. Planned Parenthood

³³ Irving M. Spitz, C. Wayne Bardin, Lauri Benton, and Ann Robbins, "Early Pregnancy Termination with Mifepristone and Misoprostol in the United States," *New England Journal of Medicine* 338:18 (April 30, 1998): 1241-47.

³⁴ "Mifepristone," <http://www.mifepristone.com> (accessed 11/9/09).

³⁵ James Trussell and Elizabeth G. Raymond, "Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy" (November 2009): 1-2, 3-4, <http://ec.princeton.edu/questions/ec-review.pdf> (accessed 11/02/2009); Randy Ellen Wertheimer, "Emergency Postcoital Contraception," *American Family Physician*, Nov. 15, 2000. <http://www.aafp.org/afp/20001115/2287.html> (accessed Nov. 2, 2009); "Plan B: Questions and Answers August 24, 2006, updated December 14, 2006," <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm109783.htm> (accessed November 2, 2009).

affirms that it is incorrect to say that the morning after pill causes an abortion. They affirm that it is birth control, not abortion.³⁶ They say this because they do not believe that life begins at conception. If implantation of the embryo does not take place and the embryo is eventually expelled from the woman's body, they do not consider that as abortion.

Morally Acceptable Methods

There is debate among evangelicals about "natural" versus "artificial" means of birth control. Natural methods of contraception involve choices on when a couple enjoys intercourse. Artificial means of birth control involve the introduction of something that is not part of the body to prevent conception.

Rhythm Method

The Roman Catholic Church (RCC) accepts natural methods of birth control but rejects any artificial means.³⁷ The generally accepted RCC approach is the rhythm method, which involves the couple refraining from intercourse during a certain number of days when the woman is thought to be fertile. This method has generally been demonstrated as unreliable or guesswork.

Natural Family Planning (NFP)

A newer method, NFP, observes physical changes in the woman's body to determine when she is ovulating and susceptible to conception. It broadly refers to a variety of methods used to plan or prevent pregnancy, based on identifying the woman's fertile days. For all natural methods, avoiding unprotected intercourse during the fertile days is what prevents pregnancy. It is explained and recommended by groups as varied as Georgetown University's Institute of Reproductive Health³⁸ and the Roman Catholic Church.³⁹ NFP does not intrinsically represent a no birth control position.

One example of evangelicals advocating NFP is found in *Open Embrace*, by Sam and Bethany Torode.⁴⁰ This young couple proposes that NFP represents the ideal approach to the question of the spacing of children. They avoid saying that

³⁶ "Emergency Contraception (Morning After Pill)," <http://www.plannedparenthood.org/health-topics/emergency-contraception-morning-after-pill-4363.htm> (accessed 11/9/09).

³⁷ Consult the RCC documents, *Humanae Vitae* and *Donum Vitae*.

³⁸ Institute for Reproductive Health, <http://www.irh.org/nfp.htm> (accessed 11/4/09).

³⁹ NFP and More, <http://www.nfpandmore.org/nfpresources.shtml> (accessed 11/4/09). Cf. John and Sheila Kippley, *Natural Family Planning: The Complete Approach* (n.p.: Lulu, 2009); cf. John F. Kippley and Sheila K. Kippley, *The Art of Natural Family Planning*, 4th ed. (Cincinnati: Couple to Couple League, 1996).

⁴⁰ Sam and Bethany Torode, *Open Embrace: A Protestant Couple Rethinks Contraception* (Grand Rapids: Eerdmans, 2002).

other (non–natural) forms of contraception (those processes, devices, or actions that prevent the meeting of the sperm and egg) are intrinsically sinful. Rather, their main point is that those kinds of contraceptive methods are *not ideal*. They correctly reject out of hand all contraceptive methods that work after conception occurs. They also do not view any sterilization procedure as proper for a Christian.

They offer various arguments against artificial contraceptive methods. First, since humans are made in God's image, they should not regard their spouses merely as sources of personal gratification.⁴¹ Second, the "one flesh" pattern of marriage precludes holding back anything from one's spouse, including fertility.⁴² Third, they contend that lovemaking should always be life–giving, even when it does not generate a new life, and fourth, suggest that contraceptives represent a selfish withholding of something important from one's spouse.⁴³ They propose that one cannot make any legitimate "disconnect" between the use of contraceptives and the practice of abortion. The mindset that justifies the former also legitimizes the latter.⁴⁴ They also clearly distinguish NFP from a method of birth control.⁴⁵

In response, does the truth of the image of God and the "one flesh" pattern for marriage clearly demonstrate that the use of contraceptives is an act of sinful selfishness? What is the basis for saying that conjugal relations should always be "life–giving"? Also, it seems logically impossible to present NFP as something that is not a method of birth control. Any attempt to affect the timing of the birth of a child represents a form of birth control.

Fertility Awareness Method (FAM)

This method of birth control is not to be confused with the "rhythm" method. It is a natural method of determining whether a woman is fertile or infertile by observing simple body signs and applying a few rules of explanation.⁴⁶ On the one hand, fertility awareness is useful for couples who are trying to conceive. The couple is able to understand more accurately when the wife is fertile. On the other

⁴¹ *Ibid.*, 19.

⁴² *Ibid.*, 25.

⁴³ *Ibid.*, 30.

⁴⁴ *Ibid.*, 65–71.

⁴⁵ The Torode's have since rejected NFP, but are still opposed to hormonal methods. Joy–Elizabeth Lawrence, "When Changing Your Mind Goes Public," *Catapult Magazine*, vol. 7, num. 18 (Oct. 10–24, 2008), <http://www.catapultmagazine.com/changing–minds/feature/when–changing–your–mind–goes–public> (accessed 11/2/09).

⁴⁶ FAM is based upon the charting and analysis of certain simple body signs that change with changes in a woman's menstrual cycle: waking temperature (also referred to as basal body temperature) and cervical fluid (sometimes referred to as cervical mucus). Some call this the symptothermal method. These change predictably and identifiably with changes in the hormonal cycle that accompanies ovulation and menstruation ("The Fertility Awareness Method (FAM)," <http://www.ovusoft.com/library/primer002.asp> [accessed 11/3/09]). A couple of key resources that explain this method more fully are: Toni Weschler, *Taking Charge of Your Fertility: The Definitive Guide to Natural Birth Control, Pregnancy Achievement, and Reproductive Health*, 10th ed. (New York: Harper Paperbacks, 2006); and Katie Singer, *The Garden of Fertility: A Guide to Charting Your Fertility Signals to Prevent or Achieve Pregnancy—Naturally—and to Gauge Your Reproductive Health* (New York: Avery Trade, 2004).

hand, it provides direction to those who are aiming to avoid pregnancy without the use of chemical contraceptives. FAM is a form of NFP in that it seeks to utilize the natural rhythms of a woman's body. However, it is quite different from NFP in that proponents of this approach do not necessarily reject other means of birth control during a woman's times of highest fertility. Different resources and websites dedicated to FAM refer to the use of anything from barrier methods (see below) to various kinds of chemical contraceptives (RU-486, "morning after" pill, the pill, etc.). Generally, what sets NFP proponents apart from FAM adherents is this. NFP proponents exclusively use an accurate awareness of a woman's fertility cycle as their method of birth control while FAM adherents feel free to make use of various other strategies during times of peak fertility to avoid conception. Both NFP and FAM represent forms of birth control that are "natural," but still they are forms of birth control. Couples are deciding to either avoid intimacy or intentionally use other methods to avoid conception at times of peak fertility.

Barrier Methods

These methods involve temporary measures that seek to influence the timing of conception. They allow for normal sexual intimacy but prevent the sperm and egg from coming together. For men, this involves condoms. For women, it includes the diaphragm, contraceptive sponges, cervical caps, and female condoms.⁴⁷ Some women also use spermicides, which kills the sperm, thus preventing conception. These are the artificial methods of birth control that are not morally objectionable since they do not destroy or prevent the implantation of the fertilized egg.⁴⁸

Debated Methods⁴⁹

"The Pill"—Basic Information

The "pill" describes a category of hormonal contraceptives that includes at least forty types of oral contraceptives. Birth control pills or oral contraceptive pills (OCPs) are available only by prescription and in two basic categories: a combination of estrogen and progestin or progestin alone (the "mini-pill").⁵⁰ When they first were prescribed, the dosages were five to ten times greater than what

⁴⁷ See Cutrer and Glahn, *The Contraception Guidebook*, 71–83, for further explanation of each of these contraceptive tools.

⁴⁸ Of course, those who reject all birth control methods find even these morally objectionable.

⁴⁹ This overview does not consider other ways of delivering the hormones found in OCPs to a woman's body (e.g., injections, patches, vaginal rings). See Cutrer and Glahn, *The Contraception Guidebook*, 117–24, 219, for an overview of some of these other options.

⁵⁰ There are sub-varieties of these pills based on the exact kind of progesterone used and the dosage levels (monophasic, biphasic, and triphasic). For a superb and understandable overview of how OCPs function, see Cutrer and Glahn, *The Contraception Guidebook*, 85–100.

occurs presently.⁵¹ The combination pills are the more common type of oral contraceptive. At least 10 million American women and 100 million women worldwide use “combination oral contraceptives.”⁵² Doctors generally prescribe the progestin only version for women who have complications from the combination pills. The estrogen suppresses various reproductive hormones and prevents ovulation. They are designed to override the woman’s normal reproductive cycle and tell her body, “I am already pregnant.”⁵³ The progestin also suppresses a key reproductive hormone and makes it difficult for the sperm to enter the uterus (because of heavy cervical mucus).⁵⁴

Evidence that Suggests a Possible Abortifacient Feature

Various writers have affirmed that OCPs have the potential to be abortifacient, i.e., to cause an abortion.⁵⁵ Of course, if ovulation never takes place, there is nothing to worry about concerning the potential for a spontaneous abortion since there is no egg for the sperm to engage. The complicating factor as it relates to the pill and ovulation is that none of the OCPs guarantee that ovulation will never take place. Breakthrough ovulations, i.e., ovulations that take place when ovulation should have stopped, have happened with women taking OCPs. Generally, two variables can introduce the risk of a breakthrough ovulation. First, there are certain medications (certain antibiotics and anticonvulsants) and herbs that interfere with the impact of OCPs on suppressing reproductive hormones and preventing ovulation.⁵⁶ Second, if a woman fails to take one or more doses of the OCP, there is an increased chance for a “breakthrough” or “escape” ovulation.⁵⁷

The *Physician's Desk Reference (PDR)* is the most frequently used reference book by physicians in America. It lists and explains the effects, benefits, and risks of every medical product that can be legally prescribed. It is the most authoritative source of FDA-regulated information on prescription drugs available, based on scientific research and laboratory tests. Concerning the drug Ortho—

⁵¹ Cutrer and Glahn, *The Contraception Guidebook*, 91.

⁵² “Birth Control and Family Planning,” <http://health.nytimes.com/health/guides/specialtopic/birth-control-and-family-planning/in-depth-report.html> (accessed 11/5/09).

⁵³ Cutrer and Glahn, *The Contraception Guidebook*, 90–91.

⁵⁴ Cutrer and Glahn, *The Contraception Guidebook*, 92.

⁵⁵ Here are some of the resources that explain their belief that hormone-based contraceptives are abortifacient: Randy Alcorn, *Does the Birth Control Pill Cause Abortions*, 7th ed. (Gresham, OR: Eternal Perspective Ministries, 2004); William F. Colliton, Jr., *The Birth Control Pill: Abortifacient and Contraceptive*, <http://www.ufl.org/vol10/colliton10.pdf> (accessed 11/06/09); Walter L. Larimore and Randy Alcorn, “Using the Birth Control Pill Is Ethically Unacceptable,” in *The Reproduction Revolution: A Christian Appraisal of Sexuality, Reproductive Technologies, and the Family*, eds. John F. Kilner, Paige C. Cunningham, and W. David Hager (Grand Rapids: Eerdmans, 2000), 179–91; Walter L. Larimore and Joseph B. Stanford, “Post-Fertilization Effects of Oral Contraceptives and Their Relationship to Informed Consent,” *Archives of Family Medicine* 9 (Feb. 2000): 126–33;

⁵⁶ Cutrer and Glahn, *The Contraception Guidebook*, 90.

⁵⁷ Numerous resources that deal with OCPs strongly recommend that women who have missed a dose use barrier contraception for at least 7 days (or the entire cycle if they fail to take two doses).

Novum, the most common OCP, the *PDR* states that “Combination oral contraceptives act by suppression of gonadotropins. 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)* (emphasis mine).⁵⁸ According to the American College of Obstetricians and Gynecologists (ACOG), an OCP “thins the lining of the uterus making it harder for a fertilized egg to attach.”⁵⁹ Numerous other references in *PDR* say something similar about other common OCPs.⁶⁰ In light of these numerous statements, Alcorn concludes that OCPs involve three mechanisms: 1) inhibiting ovulation (the primary mechanism); 2) thickening the cervical mucus; and 3) thinning the lining of the uterus (endometrium). He regards the first two mechanisms as contraceptive but the third as abortive.⁶¹ A small percentage of women who take OCPs become pregnant, indicating that all three mechanisms have failed.⁶²

Alcorn and Larimore also present two primary arguments in favor of their belief that OCPs have an abortifacient feature. First, they contend that the thinning of the uterine walls hinders or prevents implantation. They recognize that the fact that some women become pregnant while taking an OCP indicates that implantation can take place. Based on that, they conclude that implantation does not take place most of the time because of the hostile environment in the uterus caused by the OCPs.⁶³ Second, they compare the ratio of pregnancies inside the womb (intrauterine) to those outside the womb (extrauterine, i.e., tubal or ectopic) for women not taking OCPs with those who are taking them. They contend that if OCPs have no abortifacient mechanism, the ratio between intrauterine and extrauterine pregnancies will remain the same regardless of whether a woman is taking an OCP or not.⁶⁴ They point out that women taking OCPs have an increased risk, per pregnancy, of extrauterine pregnancies compared with those who are not taking them. They conclude from this that if there is an increased tubal pregnancy rate, than there must be an increased number of embryos that have entered the

⁵⁸ *Physicians' Desk Reference*, 56th ed. (Montvale, NJ: Medical Economics, 2002), 2556.

⁵⁹ “Contraception,”

<http://www.acog.org/departments/adolescentHealthCare/TeenCareToolkit/contraception.pdf> (accessed 11/10/09).

⁶⁰ See Alcorn, *Does the Birth Control Pill Cause Abortions*, 14–15. Alcorn’s little booklet is required reading for anyone wanting to investigate this issue.

⁶¹ *Ibid.*, 15.

⁶² Alcorn (*Ibid.*, 16) suggests this is 3% of OCP users based on combining all efficacy rate tables for the various OCP drugs listed in *PDR*.

⁶³ Larimore and Alcorn, “Using the Birth Control Pill Is Ethically Unacceptable,” in *The Reproduction Revolution: A Christian Appraisal of Sexuality, Reproductive Technologies, and the Family*, 180–82.

⁶⁴ *Ibid.*, 183–84.

uterus as well, which were flushed out of the woman's body because of the hostile environment of the uterus.⁶⁵

The conclusion by Alcorn and others is that since OCPs *can* prevent the embryo from implanting on the uterine wall, we must reject them altogether as a birth control method. Even though we all face a degree of risk with various activities (being around sick people, driving a car) and that risk does not prevent us from doing that activity, Alcorn points out that most of us cannot totally isolate ourselves nor can we totally avoid driving as a way of avoiding risk. However, with birth control, there are other methods available to us that are clearly non–abortifacient. For Alcorn and other proponents of this position, the choice is clear. Believers should reject the use of OCPs altogether.⁶⁶

Evidence that Suggests No Abortifacient Feature

As with the above view, numerous scholars have argued that OCPs have no abortifacient feature.⁶⁷ Various factors contribute to the ambiguity of the medical evidence that is cited in favor of the previous position. In the first place, no medical study has been made of women who experience breakthrough ovulation in order to measure the thickness of the uterus wall (in the wake of a “breakthrough” ovulation). No one knows that a breakthrough ovulation has taken place until a woman becomes pregnant, so they cannot predict when to study the lining of the uterus. Secondly, breakthrough ovulation is a relatively rare event. Various medical studies of women who started the OCPs later in the cycle than recommended (even up to three days) demonstrate no increase in ovulation rates.⁶⁸ Third, if ovulation

⁶⁵ Those who disagree with Alcorn and Larimore contend that the increase in extrauterine or tubal pregnancies is caused by “reduced tubal motility,” i.e., reduced motion caused by the progestin and that this does not also indicate an increase of intrauterine pregnancies; Susan A. Crockett, Joseph L. DeCook, Donna Harrison, and Camilla Hersh, “Using Hormone Contraceptives Is a Decision Involving Science, Scripture, and Conscience,” in *The Reproduction Revolution: A Christian Appraisal of Sexuality, Reproductive Technologies, and the Family*, 194.

⁶⁶ It is interesting to note that several secular sources as well as those who conclude that OCPs have no clear abortifacient feature strongly encourage women who miss one of more doses to utilize other methods of birth control for the peak fertility days of their cycle.

⁶⁷ Here are some of the resources that explain their belief that hormone–based contraceptives are non–abortifacient: Association of Pro-life Physicians, “Do Oral Contraceptives Cause Abortions,” <http://www.prolifephysicians.org/abortifacient.htm> (accessed 11/6/09); Susan A. Crockett, Joseph L. DeCook, Donna Harrison, and Camilla Hersh, “Using Hormone Contraceptives Is a Decision Involving Science, Scripture, and Conscience,” in *The Reproduction Revolution: A Christian Appraisal of Sexuality, Reproductive Technologies, and the Family*, 192–201; Susan A. Crockett, Joseph L. DeCook, Donna Harrison, and Camilla Hersh, “Hormone Contraceptives: Controversies and Clarifications,” <http://www.aaplog.org/PositionsAndPapers/OralContraceptiveControversy.aspx?fileID=3> (accessed 11/10/09); Cutrer and Glahn, *The Contraception Guidebook*, 101–11; Michael Frieleds, “Birth Control: A Biblical Perspective,” <http://www.faithandreasonforum.com/index.asp?PageID=34&ArticleID=417> (accessed 11/06/09); Grace Community Church pastors and elders, “Planned Parenthood? Birth Control, In Vitro Fertilization, and Surrogacy,” in *Right Thinking in a World Gone Wrong* (Eugene, OR: Harvest House, 2009), 87–96; Dennis M. Sullivan, “The Oral Contraceptive as Abortifacient: An Analysis of the Evidence,” *Perspectives on Science and Christian Faith* vol. 58, no. 3 (September 2006): 189–95.

⁶⁸ Jill L. Schwartz, Mitchell D. Creinin, Helen C. Pymar, Lynn Reid, “Predicting Risk of Ovulation in New Start Oral Contraceptive Users,” *Obstetrics and Gynecology* vol. 99, no. 2 (Feb. 2002): 177–82; Kaisa Elomaa, Rune Rolland, Ivo Brosens, Marie Moorrees, Jan Deprest, Juhani

takes place when a woman is taking OCPs (caused by the reproductive hormones customarily suppressed by the OCPs), won't the woman's body produce enough estrogen and progesterone (which normally accompanies ovulation) to counteract the pill's negative impact on the uterine lining?⁶⁹ Fourth, the reproductive hormone that triggers ovulation also stimulates the woman's body to produce progesterone, which causes the uterine lining to thicken in preparation for the fertilized egg.⁷⁰ Fifth, medical professionals affirm that an embryo does not require a perfectly prepared endometrium (uterine wall) to implant. There are several cases of embryos implanting "on fallopian tubes, on the ovaries, on the intestines, and even on other intra-abdominal structures."⁷¹ Sixth, many obstetricians have delivered babies that were conceived while the mothers were taking OCPs. Finally, with women who are not taking OCPs, a full 70% of fertilized ova fail to proceed to a full-term pregnancy, with three-fourths of them due to failure of implantation.⁷² An important statistical comparison of those who use OCPs and those who don't should provide evidence that OCPs have a clear abortifacient function. Here is the set of circumstances that must exist in this comparison: "(1) In instances of breakthrough ovulation (a rare event), a significant number of sperm must penetrate the thickened cervical mucus (presumably a rare event), thus evading both truly contraceptive effects of OCPs; and (2) If fertilization does occur, an embryo must fail to implant in an endometrium at least somewhat prepared for it, or if it implants, fail to continue to term, and this failure rate must be greater than the 70% that occurs naturally."⁷³ Those who advocate the use of OCPs point out that there is absolutely no evidence that OCPs cause a greater failure rate than what exists with normal pregnancies (with women not taking OCPs).

Ongoing Debate and Ambiguity

Various significant organizations are undecided on this issue. For example, Focus on the Family's Physician Resource Council (PRC) carefully studied this issue for two years. At the end of that time they did not reach a consensus as to the likelihood, or even the possibility, that OCPs might be abortifacient. The majority of the experts they consulted did not believe that OCP's were clearly abortifacient, while a minority concluded that there was enough

Tuominen, and Pekka Lähteenmäki, "Omitting the First Oral Contraceptive Pills of the Cycle Does Not Automatically Lead to Ovulation," *American Journal of Obstetrics and Gynecology*, vol. 179, no. 1 (July 1998): 41–46.

⁶⁹Cutrer and Glahn, *The Contraception Guidebook*, 103.

⁷⁰ See the helpful explanation and chart that delineates the development of the uterine lining during a woman's reproductive cycle in Jenell Williams Paris, *Birth Control for Christians: Making Wise Choices* (Grand Rapids: Baker, 2003), 58–63.

⁷¹ Cutrer and Glahn, *The Contraception Guidebook*, 108.

⁷²Sullivan, "The Oral Contraceptive as Abortifacient," 192. Cf. E. R. Norwitz, D. J. Schust, and S. J. Fisher, "Implantation and the Survival of Early Pregnancy," *The New England Journal of Medicine* vol. 345, no. 19 (2001): 1400–1408.

⁷³ Sullivan, "The Oral Contraceptive as Abortifacient," 192.

information to warrant informing women about it.⁷⁴ The Christian Medical and Dental Associations (CMDA) recognize that the scientific data may cause legitimate concern, but affirm that “our current scientific knowledge does not establish a definitive causal link between the routine use of hormonal birth control and abortion. However, neither are there data to deny a post–fertilization effect current knowledge does not confirm or refute conclusions that routine use of hormonal birth control causes abortion.”⁷⁵ The Association of Pro-Life Physicians has concluded that the “‘hormonal contraception is abortifacient’ theory is not established scientific fact. It is speculation, and the discussion presented here suggests it is error.”⁷⁶

Summary

The question does not seem to be whether OCPs cause the uterine lining to thin. The pressing question is whether OCPs cause a thinning effect on the uterine lining *even when breakthrough occurs* to a degree that prevents implantation more than what usually happens with women who are not taking OCPs.⁷⁷ There are no medical studies that have tracked the thickness of the uterine wall in the context of a breakthrough ovulation. We cannot confirm the hard facts either way. Where does the above debate leave us? It seems that we must choose from one of three options. First, since OCPs are potentially abortifacient, it would be wrong for a woman to take them as a biblically allowed method of birth control. Second, OCPs have no known abortifacient qualities and there is absolutely no need to be concerned. The majority of obstetricians prescribe OCPs to their patients without a thought about the issue of abortion. Part of the reason for this is that in the medical world generally, any reference to abortion only considers the embryo *after* implantation. Third, in light of the ambiguity of the evidence, this is a decision each couple must make according to their conscience. In this case, the physician should provide sufficient information for the couple to make an informed and wise decision. Cutrer and Glahn, for example, refer to a risk–benefit ratio.⁷⁸ They provide various examples of practices that carry a degree of risk, some even thought to be life–threatening. For example, we do not quarantine all pregnant women even though we know that certain viral infections can have a devastating or fatal affect on human embryos. Auto accidents are probably riskier to human life

⁷⁴ “Position Statement: Birth Control Pills and Other Hormonal Contraception,” http://www.family.org/sharedassets/correspondence/pdfs/miscellaneous/Position_Statement–Birth_Control_Pills_and_Other_Hormonal_Contraception.pdf (accessed 11/9/09)

⁷⁵ “Hormonal Birth Control,” <http://www.cmda.org/AM/Template.cfm?Section=Search&template=/CM/HTMLDisplay.cfm&ContentID=3045> (accessed 11/9/09).

⁷⁶ “Do Oral Contraceptives Cause Abortions?,” <http://www.prolifephysicians.org/abortifacient.htm> (accessed 11/2/09).

⁷⁷ Cutrer and Glahn, *The Contraception Guidebook*, 107.

⁷⁸ *Ibid.*, 105–6.

than these OCPs (statistically). They conclude that “the risks are quite small in comparison with the benefits.”⁷⁹

I would agree that the evidence available to us does not allow us to make a concrete decision concerning what is right or wrong. In addition, both sides are making some important assumptions about what they believe happens in a woman’s uterus. Consequently, we need to be gracious with fellow believers who make a different decision than we do concerning this difficult question. Some women take the pill to address other issues that relate to their reproductive health. Also, I have great respect for believing medical professionals who have given careful consideration to this issue and feel comfortable prescribing OCPs to their patients. However, I would have a hard time encouraging my wife or someone I counsel to take OCPs in light of what I know and don’t know. If someone decided that OCPs presented them no moral conflict, I would challenge them that they needed to take them faithfully and avoid the medications that suppress their effectiveness. If they missed a dosage, they should use other methods of birth control (abstinence or barrier methods) to avoid pregnancy during that cycle, just to exercise caution.⁸⁰

Intrauterine Devices (IUDs)

IUDs must be inserted and removed by a physician. Most resources that describe IUDs affirm that doctors do not totally understand exactly how they hinder fertilization. There are two primary brands of IUD available in the United States—ParaGard and Mirena. The mere presence of the IUD in the uterus interferes with the sperm’s access to the fallopian tube. The ParaGard IUD contains copper, which helps kill the sperm, preventing their journey up the fallopian tube. The Mirena IUD releases a small amount of the hormone progestin, which has the same function as progestin in combined OCPs. According to numerous sources, it prevents a woman’s ovaries from releasing eggs and thickens a women’s cervical mucus. According to Planned Parenthood, both IUD devices “affect the way sperm move, preventing them from joining with an egg. If sperm cannot join with an egg, pregnancy cannot happen. *Both types also alter the lining of the uterus. Some people say that this keeps a fertilized egg from attaching to the lining of the uterus. But there is no proof that this actually happens* (emphasis mine).⁸¹

⁷⁹ *Ibid.*, 106.

⁸⁰ The above discussion gave no attention to potential negative side effects of OCPs for some of its users. These do not involve moral considerations but would be part of the decision-making process.

⁸¹ “IUD,” <http://www.plannedparenthood.org/health-topics/birth-control/iud-4245.htm> (accessed 11/9/09). Here are just two of numerous other websites and resources that clearly affirm that IUDs prevent implantation of the embryo: “Intrauterine Device (IUD),” http://healthydevil.studentaffairs.duke.edu/health_info/IUD.html (accessed 11/9/09); Cara Birnbaum, “Your Doctor’s Favorite Birth Control,” <http://www.womenshealthmag.com/sex-and-relationships/birth-control-and-iuds> (accessed 11/9/09).

The maker of the Mirena IUD, Bayer Health Care, says this in response to the question, "How does Mirena work?":

It is not known exactly how Mirena works. Mirena may work in several ways. It may thicken your cervical mucus, thin the lining of your uterus, inhibit sperm movement and reduce sperm survival. Mirena may stop release of your egg from your ovary, but this is not the way it works in most cases. Most likely, these actions work together to prevent pregnancy. Mirena can cause your menstrual bleeding to be less by thinning the lining of the uterus.⁸²

It is interesting that the manufacture minimizes their IUDs function of preventing ovulation. In an article on emergency contraception, Trussell and Raymond examine numerous methods of emergency contraception, including the IUD. They conclude that the high effectiveness of the IUD as a form of emergency contraception "implies that emergency insertion of a copper IUD must be able to prevent pregnancy after fertilization."⁸³ In other words, the copper IUD (at least) has an abortifacient function.

However, not all researchers are convinced that IUDs function as abortifacients. For example, I. Sivin argues that no studies show that IUDs destroy developing embryos at rates higher than those found in women who are not using contraceptives. He also writes that in all the studies he considered for his article, the primary mode of IUD action appears to be interference with fertilization rather than with implantation. The studies thus show that the mechanism of action by which IUDs prevent pregnancy is contraceptive; IUDs are not abortifacients.⁸⁴

Family Health International (FHI) produced a paper entitled "Mechanisms of the Contraceptive Action of Hormonal Methods and Intrauterine Devices (IUDs)." They reject the idea that embryos that rarely make it to the uterus fail to implant.⁸⁵ As part of their evidence, they cite a World Health Organization technical report that affirms that it "is unlikely that the contraceptive efficacy of IUDs results, mainly or exclusively, from their capacity to interfere with implantation; it is more probable that they exert their antifertility effects beyond the uterus and interfere with steps in the reproductive process that take place before the ova reach the uterine cavity."⁸⁶ In other words, whatever happens, caused by an

⁸² "Highlights of Prescribing Information," p. 22 (September 2009), http://berlex.bayerhealthcare.com/html/products/pi/Mirena_PL.pdf?WT.mc_id=www.berlex.com (accessed 11/9/09). Cf. "How Mirena® Works," http://www.mirena-us.com/what_is_mirena/how_mirena_works.jsp (accessed 11/9/09).

⁸³ Trussell and Raymond, "Emergency Contraception," 2, 4.

⁸⁴ Irving Sivin, "IUDs Are Contraceptives, Not Abortifacients: A Comment on Research and Belief," *Studies in Family Planning* 20 (Nov/Dec 1989):355–59.

⁸⁵ Family Health International, "Mechanisms of the Contraceptive Action of Hormonal Methods and Intrauterine Devices (IUDs)," <http://www.fhi.org/en/rh/pubs/factsheets/mechact.htm> (accessed 11/9/09).

⁸⁶ World Health Organization, Scientific Group on Mechanism of Action, Safety and Efficacy of Intrauterine Devices, *Mechanism of Action, Safety and Efficacy of Intrauterine Devices*, Technical Report Series 753 (Geneva, Switzerland: World Health Organization, 1987), 16.

IUD, that prevents fertilization does not happen after an egg is fertilized and arrives at the uterus. However, as part of the conclusion of that report we learn the following. All IUDs stimulate a reaction in the endometrium (uterine wall) and progestogen-releasing IUDs produce endometrial suppression, i.e., reduction in the thickness of the walls of the uterus, like what occurs with OCPs. Consequently, they conclude that no single mechanism accounts for the antifertility effect of IUDs. They conclude that section by saying that the “mechanisms whereby this effect is exerted remain ill-defined but probably include alteration or inhibition of (a) sperm migration in the upper female genital tract, (b) fertilization and (c) ovum transport. These factors *probably play a more important role than does the prevention of implantation resulting from biochemical and histological changes in the endometrium*” (emphasis mine).⁸⁷ Notice that they do not rule out the prevention of implantation as a result of the IUD, but simply minimize its impact in comparison to the primary function of the IUD.

Another piece of evidence cited in the FHI paper is the statement by the American College of Obstetricians and Gynecologists (ACOG), who reviewed the evidence and concluded that, “As such, the IUD is not an abortifacient.”⁸⁸ However, in the technical bulletin of the ACOG (April 2007) that replaces the one cited in the FHI article (written in 1987), they affirm that the hormonal IUD “thins the lining of the uterus. This keeps a fertilized egg from attaching and makes menstrual periods lighter.” They also state that the copper IUD “releases a small amount of copper into the uterus. This can prevent the egg from being fertilized or attaching to the wall of the uterus. The copper also prevents sperm from going through the uterus and into the fallopian tubes and reduces the sperm’s ability to fertilize an egg.”⁸⁹

It seems fair to say that the primary function of IUDs is to destroy or damage sperm or prevent their entrance into the fallopian tube. The hormone-releasing version also limits ovulation and makes the sperms’ entrance into the uterus less likely. However, both kinds of the IUD utilized in the United States seem to impact the thickness of the uterine wall and could impact the implantation of an embryo. Since the hormone-releasing version does not release as much progesterone as OCPs, it does not prevent ovulation as effectively as OCPs. As with OCPs, we do not know whether the fertilization of an egg would cause the release of sufficient hormones to counteract the customary thinning of the uterine walls in the days that pass between fertilization and arrival at the uterus. In the end, it seems that IUDs face some of the same questions as OCPs do. However, the majority of resources found, both from a secular or Christian perspective, contend that IUDs have an abortifacient feature. Consequently, until scholars can conclusively demonstrate that IUDs do not prevent the implantation of the growing embryo,

⁸⁷ *Ibid.*, 68.

⁸⁸ “Mechanisms of the Contraceptive Action of Hormonal Methods and Intrauterine Devices (IUDs),” n. 18.

⁸⁹ ACOG, “The Intrauterine Device,” http://www.acog.org/publications/patient_education/bp014.cfm (accessed 11/9/09).

believers should be very cautious with this method of birth control. As with other cases, we need to be gracious with those we know who utilize IUDs, because their physician may not have explained their potential abortifacient function.

*Sterilization*⁹⁰

This is a permanent procedure that almost always prevents pregnancy from happening. For a woman, tubal ligation is a surgical procedure in which the fallopian tubes are blocked (by being tied, cut, cauterized, or pinched).⁹¹ For men, a vasectomy either blocks or cuts the vas deferens, the tube that carries sperm from the testicle to the storage glands. Although both of these are “permanent” methods of birth control, there are many instances in which they are surgically reversible.

If one views procreation as a fundamental and required part of sexual intimacy, sterilization obviously represents a violation of God’s desires. However, if as we have proposed above, procreation is not the *only* purpose for marriage and sex, what are we to think of “permanent” birth control? First, as with birth control in general, a couple should make sure that biblical values about marriage and children have preeminence in their decision-making process. For example, a couple should not selfishly abandon the blessing of children just to make life more simple or convenient. Secondly, a couple must make this decision in total agreement with each other. One partner in a marriage must not force this decision on their spouse. Third, a couple must not make this decision rashly or too early in life. Numerous couples who found rearing their children exhausting decided to take permanent steps, only to regret it later. Since this is a “permanent” procedure, a couple should give careful and cautious consideration before moving forward. Men or women who get divorced and remarry or lose a spouse and remarry may desire to have children with their new spouse. Finally, avoid harsh, bombastic statements about or to those who may decide to do something different than you might do in this area.⁹²

Biblical Wisdom and Birth Control

In light of the size of my own family (eight children), I have had many people ask me what I believe about birth control. Some hope that I will confirm their cherished opinion. Many are genuinely confused about what the Bible says about this important issue. Most are young couples approaching marriage who want to do what would honor God in this important part of marriage. When they ask me, “What does the Bible teach about birth control?,” I don’t answer that question

⁹⁰ The focus here is on voluntary sterilization, rather than involuntary sterilization. This section focuses on issues faced by a married couple, not by someone who is mentally incompetent, poor, or a habitual criminal whom the government intends to sterilize.

⁹¹ Removing the ovaries or the uterus will also cause sterility but are much more risky procedures.

⁹² Mark Driscoll (*Religion Saves*, 36–37) refers to friends, a pastor and wife, who suffered through eighteen miscarriages before the husband had a vasectomy to stop what had become for them incredible physical and emotional pain.

immediately. I walk them through some fundamentally important biblical values that provide the foundation for the answer they desire.⁹³

What Does the Bible Teach about God’s Sovereignty?

At the outset of this section, I recognize the debate over how to relate divine sovereignty to human responsibility. I would like to avoid that debate if I could. Where you are on the Calvinist—Arminian spectrum does not impact my primary point here. I am not debating conditional and unconditional election here. I am thinking more broadly about God’s sovereignty. We read in various passages that God opened and closed a woman’s womb, orchestrating certain births (Gen 20:8; 25:21–22; 29:31; 30:1–2, 22; Judg 13:2–5; 1 Sam 1:5–6, 20).⁹⁴ In the context of the Mosaic Covenant in which He addresses the entire nation, Yahweh promises to “bless the fruit of your womb” (Deut 7:13; 28:4, 11) or to curse “the fruit of your womb” (Deut 28:18). Looking forward to Israel’s restoration to the land, Yahweh declares that he will “make you most prosperous . . . in the fruit of your womb” (Deut 30:9). Various biblical writers attribute the formation of a child in a woman’s womb as the work of God. For example, the psalmist writes, “For you created my inmost being; you knit me together in my mother’s womb” (Ps 139:13; cf. Job 31:15; Eccl 11:5; Jer 1:5). The clear point seems to be that the Lord is involved in the formation of a child in the womb. Blessing or not blessing the womb is under the realm of His sovereignty. Decisions in the area of childbearing must be made with an intentional recognition of God’s sovereignty in this area. We need to be asking how we can honor God’s name with this decision.

What Does the Bible Teach about the Value of Children?

In addition to the fact that a key part of God’s blessing on humanity is the ability to reproduce (Gen 1:28; 9:1, 7), the blessings of the Mosaic Law highlight a healthy and growing family as a fundamental part of an obedient servant nation (Lev 26:9; Deut 28:4, 11). The psalmist praised God concerning the blessing of children when he wrote: “Behold, children are a heritage from the Lord, the fruit of the womb a reward. Like arrows in the hand of a warrior are the children of one’s

⁹³ Driscoll does something similar when he introduces his comments on birth control with sixteen truths that comprise the biblical worldview that is necessary for answering this question. *Religion Saves*, 17–18.

⁹⁴ I realize that these examples deal with Patriarchs and Hannah, Samuel’s mother, and are not commonplace. It seems that this description occurs concerning certain women because the child they will bear will serve an important role in God’s plan for Israel. Also, the Bible does not use this expression to describe average, ordinary women, i.e., women in general. The statement that God opened or closed a woman’s womb describes something God did that had significant implications for the covenant people. On the one hand, there is no doubt that these examples clearly demonstrate the Lord’s involvement in reproductive issues. However, they do not support the far-reaching conclusion that reproduction demands only divine involvement and precludes any human involvement with regard to timing or number of children. That conclusion teaches something from the passage that goes beyond its intended significance.

youth. Blessed is the man who fills his quiver with them! He shall not be put to shame when he speaks with his enemies in the gate” (Ps 127:3–5). The very next psalm also describes children as a tangible manifestation of divine blessing: “your sons will be like olive shoots around your table” (Ps 128:3b). The three synoptic gospels contain accounts that show Jesus’ compassion for children. Although the primary point of each story does not focus on the children, they clearly demonstrate that Jesus placed great value on children.⁹⁵ Finally, as part of his instructions for widows, this is what Paul writes concerning younger widows: “So I counsel younger widows to marry, to have children, to manage their homes and to give the enemy no opportunity for slander” (1 Tim 5:14). The Bible places great value on children as part of God’s blessing to His creation. Mohler correctly points out that the Bible rejects the “contraceptive mentality that sees pregnancy and children as impositions to be avoided rather than as gifts to be received, loved, and nurtured. This contraceptive mentality is an insidious attack upon God’s glory in creation, and the Creator’s gift of procreation to the married couple.”⁹⁶

What Does the Bible Teach about Roles in Marriage?

With regard to the above two questions, it may seem patently obvious that couples need to approach the issue of child bearing with a proper theological perspective. They need to make sure that God’s values are driving their approach to this important issue. Unfortunately, many couples think about God’s values somewhat glibly or superficially as they make decisions about family size. Other issues generally receive more attention: convenience, finances, possessions, etc. God’s values should be the fundamental basis for decisions made by couples about having children.

The Bible clearly depicts a husband and wife as having a home–focus rather than a career–focus. The two are not mutually exclusive, but one of the important functions of and reasons for marriage is to establish a family that cherishes each member. A godly father should provide for his wife and children as part of his living for God’s glory (1 Tim 5:8). Wives are “to love their husbands and children . . . fulfilling their duties at home” (Tit 2:4–5). Fathers (and mothers) are to rear their children “in the training and instruction of the Lord. Deuteronomy highlights the importance of parents passing on their passion for honoring God to their children (Deut 6:6–9; 11:18–21). The book of Proverbs has abundant references to the role a mother and father should have on their children (Prov 1:8; 6:20; 13:24; 19:18; 22:6; 29:15, 17). All of this will not and cannot happen unless couples maintain a home–focus, in the midst of their other responsibilities.

Does this emphasis represent a non–negotiable command that every couple must have children or be in rebellion against God? No, but it does represent an ideal that couples have children in whom they invest with the result that those children have a God–honoring impact on the world around them. As couples face

⁹⁵ Humility—Matt 18:1–5; Mark 9:33–37; Luke 9:46–48; entrance to the kingdom—Matt 19:13–15; Mark 10:13–16; Luke 18:15–17.

⁹⁶ Al Mohler, “Can Christians Use Birth Control?,” <http://www.albertmohler.com/?cat=Commentary&cdate=2004-03-30> (accessed 11/06/09).

this issue of family size, they should remember the biblical ideal given to them as a husband and wife.

What Does the Bible Teach about God's Purposes for Marriage?

According to the Westminster Confession of Faith, marriage has at least four purposes: for the mutual help of husband and wife (Gen. 2:18–24), for the increase of mankind with legitimate issue (Gen 1:27–28; 9:1, 7, 9–10, 15–16), for the provision of the church with a holy seed (Gen 17:7–14; Matt 19:13–15; Eph 6:1–3), and for the preventing of uncleanness (1 Cor 7:1–9).⁹⁷ Bruce Waltke offers five purposes for marriage: companionship (Gen 2:18, 24), completeness (Gen 2:24), sexual pleasure (Prov 5:15–23; 12:4; 18:22; 19:14; 31:31; Eccl 9:9; Song of Songs), procreation (Gen 1:28; 9:1, 7; Ps 127:3–5), and fidelity (1 Cor 7:1–9).⁹⁸

There are two main schools of thought about the purposes for marriage, especially as it relates to birth control.⁹⁹ Both schools of thought value the gift of sexual expression within marriage as a joyful part of husband–wife intimacy. First, many propose that the primary purpose for marriage is to unite two people for reproduction or procreation. Both the *unitive* aspect and the *procreative* aspect of marital love must always be present and never separated in each sex act. This is called the “unitive–procreative link.”¹⁰⁰ Some proponents of the “unitive” view reject all forms of contraception (including any human planning). Most proponents of that view allow for some version of natural family planning (see above). All proponents of the “unitive” view would reject any form of birth control beyond natural family planning. Second, others suggest that the primary purpose of marriage is to reflect the *intimacy* between Christ and His bride, the church. Intimate knowledge is at the core of that image. Procreation is often, but not always, a part of that picture. According to this view, although procreation is part of marriage, it is not the primary focus of marriage nor the main purpose for sex.

⁹⁷ Summarized in David VanDrunen, *Bioethics and the Christian Life* (Wheaton, IL: Crossway, 2009), 98–99.

⁹⁸ Bruce K. Waltke, “Old Testament Texts Bearing on the Problem of the Control of Human Reproduction,” in *Birth Control and the Christian: A Protestant Symposium on the Control of Human Reproduction*, 20–22.

⁹⁹ I have drawn these two schools of thought and a summary of their perspectives from Cutrer and Glahn, *The Contraception Guidebook*, 35–36.

¹⁰⁰ This is the customary Catholic position—a “Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation Replies to Certain Questions of the Day,” http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19870222_respe-ct-for-human-life_en.html (accessed 11/8/09); cf. John S. Grabowski, “Marriage as a Unitive and Procreative Partnership,” unpublished paper presented at a Colloquium of Social Scientists and Theologians, “Promoting and Sustaining Marriage as a Community of Life and Love,” October 24–25, 2005, <http://www.usccb.org/laity/marriage/Grabowski.pdf> (accessed 11/8/09); “Why Catholics Are Not Allowed to Use Contraceptives,” <http://www.unitedforlife.com/whycatholicscannotusecontraceptives.html> (accessed 11/8/09).

Consequently, contraception may be acceptable because intimate knowledge can be deepened even when conception is unlikely or even impossible.¹⁰¹

Various Scriptures favor the “intimacy” view for marriage and sex. It is interesting that that word chosen to describe Adam’s sexual intimacy with his wife is the verb “to know” (Gen 4:1).¹⁰² The celebration of marital sexual love in the Song of Solomon does not appear to be fundamentally connected to procreation. Finally, Paul’s exhortation to couples to give themselves fully to each other emphasizes meeting each other’s needs and not procreation (1 Cor 7:5).¹⁰³ Also, if procreation is the primary purpose for sex, what about sexual intimacy between younger couples who cannot have children or couples beyond child-bearing years.

Having argued against an inseparable link between the sexual intimacy of a husband and wife and procreation, it is essential to remember that although God gave us the gift of marriage and sex for several specific purposes (e.g., sexual pleasure, emotional bonding, mutual support, procreation, and parenthood), *one* of those purposes is procreation. We must carefully avoid severing the blessings of marriage and sex from procreation, choosing only those benefits we desire for ourselves. As Mohler affirms, “Every marriage must be open to the gift of children . . . To demand sexual pleasure without openness to children is to violate a sacred trust.”¹⁰⁴

Does the Bible Condemn Birth Control Anywhere?

In Genesis 38, Judah married a Canaanite woman and had three sons. His oldest son became married, but before he had any children (and an heir), the Lord put him to death because of his wickedness. Judah commanded his second son to “fulfill your duty to her as a brother-in-law to produce offspring for your brother” (Gen 38:8). However, because Onan knew that this child would not be his, he “spilled his semen on the ground to keep from producing offspring for his brother” (Gen 38:9). This is not an example of a biblical condemnation of birth control. God put Onan to death because of his refusal to raise up an heir for his deceased brother. The Hebrew construction shows that Onan did this repeatedly, not just once or twice.¹⁰⁵ The biblical text makes it clear that the purpose of the custom was to produce an heir for his deceased brother. Onan was willing to use the law or custom

¹⁰¹ On his daily radio show, Al Mohler addressed the view that “every act of marital intercourse must be fully and equally open to the gift of children.” He responds: “This claims too much, and places inordinate importance on individual acts of sexual intercourse, rather than the larger integrity of the conjugal bond. The focus on “each and every act” of sexual intercourse within a faithful marriage that is open to the gift of children goes beyond the biblical demand,” “Can Christians Use Birth Control?,” <http://www.albertmohler.com/?cat=Commentary&cdate=2006-05-08> (accessed 11/8/09).

¹⁰² A man “knowing” his wife is a common idiom for sexual relations throughout the Old Testament.

¹⁰³ For a helpful overview of the purpose for marriage that does not focus on procreation alone, see Stanley Grenz, *Sexual Ethics: A Biblical Perspective* (Dallas: Word, 1990), 43–56.

¹⁰⁴ Al Mohler, “Can Christians Use Birth Control?,” <http://www.albertmohler.com/?cat=Commentary&cdate=2006-05-08> (accessed 11/8/09).

¹⁰⁵ Gordon J. Wenham, *Genesis 16–50*, WBC (Dallas: Word, 2002), 367. The Hebrew conjunction כִּי (*im*) carries the idea of “whenever” here.

to gratify his desires, but was not willing to do what his father required.¹⁰⁶ Therefore, the Bible never provides an implicit or explicit condemnation of birth control.

Does the Bible Condone or Endorse Birth Control Anywhere?

There are no biblical passages that model or encourage birth control. That does not make birth control unbiblical, however. The non-mention of something never demonstrates the illegitimacy of that thing. People who *assume* from this that biblical people refused any involvement in birth control and embraced God's sovereignty wholeheartedly are making conclusions that are not justified biblically. We don't know that they practiced or rejected birth control, based on its non-mention in Scripture.

What should we conclude based on the preceding two questions: Does the Bible condemn or condone birth control anywhere? Let me ask another question. How do we deal with other lifestyle questions that are not condemned or condoned in Scripture? We regard them as liberty issues. We turn to Rom 14:13–23 and 1 Cor 8:1–13. I cannot take this opportunity to explain biblical liberty and the weaker/stronger brother issue because of time and space limitations. However, the basic idea is that we need to disagree with each other in a godly fashion as we approach this intimate and debated question. That leads us to the next question.

What Role Does Biblical Wisdom Play in the Birth Control Issue?

In areas that are open for disagreement because the Bible does not explicitly condemn or condone something, we need wisdom to conduct our lives for God's honor. The above biblical/theological values provide the bedrock for our decision-making. Issues like convenience or material possessions should not be primary factors. Finances are a legitimate factor to consider, but not necessarily from the perspective of "the American dream."

Here are just a couple examples of applying wisdom to this important area for married couples. What if a married couple has a child who has severe genetic issues and dies within a short time after his birth? The wife is tested and finds that she carries the genetic cause for this problem. It is very likely that most of her children will carry the gene as well and might face the same fate her one child faced. Could that couple decide to avoid future pregnancies in light of that almost guaranteed reality? Let's say a woman faces grave health challenges caused by pregnancy. It is dangerous to her health, evidenced by a pregnancy she has already experienced. What might be (not must be) a wise option for this couple to consider? What about the timing of children? When a woman gives birth to a child her body is divested of various substances in order to assist the development of the child she

¹⁰⁶ Since this event predates the Mosaic Law, Onan's disobedience is not treachery against the Mosaic Covenant (Deut 25:5–10). However, it seems to have been a custom of sorts in the patriarchal period as well. Onan's conduct was considered treachery in his day.

carries. It takes several months to restore her body to full health. Is it possible to consider not pursuing another child until she has a couple of years for her body to recharge? None of these issues presents an option that a couple *must* accept. They all present situations in which a couple must exercise biblical wisdom in deciding how they can best honor God and be stewards of who God has made them.

Does resorting to biblical wisdom in deciding about family size or the timing of children represent a rejection of divine sovereignty? Not at all. Let me illustrate it this way. Let's say that doctors discovered that my wife had a certain kind of cancer that, left to itself, would certainly result in death. However, there were some treatment options that had a high rate of success. Would I turn to my wife and say, "Sweetheart, I guess it is God's will that you die"? On the one hand, I would not question that God has not been caught by surprise by this discovery. Regardless, I would resort to the medical technology available to me and pursue treatment that would cure my wife of this cancer. My beloved wife and I would try to make a wise decision. Wisdom and sovereignty are not enemies. In the same way, if I am counseling a couple who are facing major areas of disfunctionality in their marriage, would I encourage them to pursue having additional children? It would seem wise that they avoid (if possible) adding pressure (though God-given) to their circumstances. It might be wise for a newly married couple to seek to avoid pregnancy for a period of time and give themselves time to acclimate to this new blessing of marriage. However, with these and a host of other potential examples, keep in mind that biblical wisdom is not driven by materialism, selfishness, and personal convenience. Those me-focused dimensions are part of worldly wisdom, which explicitly or implicitly shakes its fist at God.

My burden is that we avoid acting or thinking like "pagans" as we approach this question. What are the driving forces behind the decisions we make concerning birth control and family size? Are my biblical values finding preeminence in the decision-making process? Am I asking "Why not have children?," in addition to asking "Why have children?"

What about Couples Who Choose to Have No Children at All?

I am not thinking here about couples who are not able to have children. We all know numerous couples who, because of various factors, are not able to have children. They are not disobeying a mandate to have children. As a matter of fact, their childlessness may be a source of great sorrow and grief. They have not failed God nor are they necessarily being punished by God through their childlessness.

Instead, I am asking this question. Would it ever be right for a couple to choose never to have children? Is this necessarily the epitome of selfishness on the part of a Christian couple? It could be a manifestation of selfishness, but does not have to be. The starting point is to work through the questions provided above and carefully examine one's motives. A couple must honestly consider the fundamental factors behind a decision like this? In many cases, people are pursuing wealth, convenience, career, or some other part of the "American dream". However, this is not always the case. A wife might face such daunting physical illnesses that the demands of pregnancy would be totally dangerous for her health. A couple might

know in advance that one or both of them carries a genetic feature that would have drastic impact on their children (e.g., Tays–Sachs syndrome, Trisomy).¹⁰⁷ Finally, some couples choose to have no children of their own in order to focus on adopting children who have no parents and no hope for a home. Others become foster parents to bring a gospel influence into the lives of needy children. They may choose not to have any natural children and focus their resources and efforts on part of what James exhorted his readers: “Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world” (James 1:27).¹⁰⁸

Conclusion

Since the 1960s, contraceptives have been freely available throughout the United States (as well as the world). This free access has been accompanied by a general moral decline in modern society. What does the Bible have to say about birth control in general and does it help us determine any contraceptive methods that are morally acceptable? After summarizing and evaluating the “no birth control” position, this article gave primary attention to various methods of birth control. After dealing with those that were clearly abortifacient and unacceptable for a Christian and those that present no intrinsic moral problems (unless you reject birth control on moral grounds), the article focused on three controversial methods, the “Pill,” IUDs, and sterilization. Since there is controversy about the way that two of these methods impact the potential for the implantation of the fertilized egg, believers have debated their morality. Although there is enough evidence to question the absolute decision that both are absolutely wrong because of their abortifacient function (at least in part), I left the issue somewhat undecided. I would not encourage people to use the “Pill,” but respect medical authorities who are confident that it does not cause abortion. The IUD has more evidence against it, even though medical professionals are not totally sure exactly how it functions. Sterilization has caused some people concern because of its “permanent” nature. The last major section of the article focused on embracing biblical values that should be preeminent for couples who are trying to honor God in the way they approach the question of the timing and number of children. Any decisions we make must be compatible with a recognition that God has ultimate sovereignty, and this is not an area for us to regard as a secular province under our control. God values children highly and so should we. Since the Bible does not explicitly condemn or condone birth control, we must employ biblical (rather than worldly)

¹⁰⁷ This does not represent a quality of life versus sanctity of life debate since there is no child in the equation at this point. The question is being asked in light of potential pregnancies. Also, since pregnancy by itself represents a certain degree of risk and we all carry some genetic features that are not ideal, we are not talking about total avoidance of risk by avoiding having children. We have in mind concrete examples of high risk.

¹⁰⁸ The absolute “no birth control” view would seem to preclude involvement in adoption, one of the ways Christians can greatly impact the world in which we live with the gospel.

wisdom in determining how we as couples can best bring God great glory through this stewardship of marriage and sexual intimacy.

Once again, Mohler calls us to think biblically about birth control. He writes: "For evangelicals, much work remains to be done. We must build and nurture a new tradition of moral theology, drawn from Holy Scripture and enriched by the theological heritage of the church. Until we do, many evangelical couples will not even know where to begin the process of thinking about birth control in a fully Christian frame. It is high time evangelicals answered this call."¹⁰⁹

¹⁰⁹ Al Mohler, "Can Christians Use Birth Control?,"

<http://www.albertmohler.com/?cat=Commentary&cdate=2004-03-30> (accessed 11/06/09).