Are All Methods of Birth Control Acceptable For The Christian?

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Almost every book one reads that is serious in its presentation of birth control begins with the thought that birth control is needed because of the rapid growth of the world population. Many authors conclude that overpopulation and its resulting pollution of the environment are the chief problems for the modern world. They suggest the solutions to feeding the hungry, clothing the naked, sheltering the homeless lie in limiting the number of starving, naked, wandering people in the world. The socio-economic birth control advocate would not show you stock piles of grain, warehouses of cheese, open expanses of land but crowded cities, starving children, and long lines of refugees fleeing an oppressive militaristic country. They would even use their logic to impress upon the medical world the need for birth control and birth control research: "World population almost doubled between 1950 and 1980 (1.7 to 33 billion). The implications of this increase and of the projected future growth of the population on food supply, energy resources, and political stability justify the present interest in fertility control (birth control). Indeed, an understanding of the methods of contraception and their application, methods of action, effectiveness and its effects is of importance to all physicians."[i]

Another interesting, albeit surprising, aspect of the birth control question is the realization that the developed nations (like the United States) and their drug companies are testing upon and often forcing upon the Third World a variety of birth control methods with the expressed interest at limiting their populations. Such thoughts as "poverty leads to high fertility, which in turn leads to worsened poverty"[ii] and "starvation is not the only problem of unrestrained population growth. The quality of life and economic standards are both adversely affected",[iii] would lead the socio-economic birth control advocate to conclude that he is right to interfere in the productivity and birthrate of a Third World Country. It is hard to believe that the practices that were internationally condemned in the late 40's have become internationally accepted in the 80's.

As Christians, we certainly would condemn an activity of any nation that would try to advance its supremacy over another by the use of birth control methods. Just as we would openly decry the 'fertility" experiments leveled at the Jews in the concentration camps of Nazi Germany.

Other proponents of birth control are those who are in tune with he relaxed sexual mores of the 20th century. They feel that if we wish to maintain our sexual freedom without the risk of pregnancy, then we must have available to our sexually active society, a means to prevent unwanted pregnancies from casual sexual encounters. They would encourage us to place into the hands of our children the knowledge and the means of preventing pregnancy as an act of love and to refrain from placing into their hearts the will of the Lord and strong moral conviction for a chaste and decent life. Such a grounds for birth control research development and use is just as unacceptable for the Christian, as the first two mentioned above.

Why then would a Christian practice any form of birth control or why would he even study the subject? Let us note that under proper motivation and for God-pleasing purposes birth control or better contraception is a matter of conscience or an adiaphoron (it is neither commanded by God, nor does scripture clearly state it is forbidden).

However, this point should be clearly stated: "an adiaphoron remains an adiaphoron as long as it is understood as an adiaphoron and one follows his or her conscience in the observance of that (matter of) adiaphora. When, however, the Christian goes against what his/her conscience says on this matter it is no longer as adiaphoron but it becomes a sin. (cf. Romans 14-15) Likewise when the motivation for doing, or refraining from doing something is God pleasing then you can refrain or do with a clean heart, but when the motivation becomes self indulgent or self centered then that too leads to sin.

Finally, it's possible for matters of adiaphora to move from adiaphora to sin in the abuse of the adiaphora or when further information leads you to conclude you can not do this thing without injury to yourself or others. For example, whether you will drink alcohol or not is an adiaphoron, but when the consumption of alcohol leads to drunkenness it is no longer an adiaphoron but a sin. Smoking may be an

adiaphoron but when continued studies indicate it may injure your health, or the health of your loved ones who are subject to the hazards of that smoke, it no longer remains an adiaphoron, but becomes a sin. So birth control, contraception or fertility control, as some would call it, may be an adiaphoron but when it becomes injurious to the health of the husband or wife, or of the unborn child, it is no longer a matter of adiaphora but a matter of sin.

This, I believe, is why I was asked to prepare this paper. As pastors and teachers of God's people, we must guide them deeply into the word and will of our Lord, and we must be ready to give sound advice and counsel which will help our fellow believers live moral and God pleasing lives in this complex and technical world. We must be very careful that we do not force our opinion on each other (cf. Romans 14:22) but in clear and understandable fashion lay before them the facts and allow God and His Holy Spirit to guide their final decision.

The intention, then, of this paper is to discuss the many methods of birth control available to the Christian, draw some conclusion concerning those methods and to lay the facts into the hands of our Christian laity.

Dr. J. C. Espinosa states in his book *Birth Control, Why They Are Lying To Women*, that the term birth control comes from the philosophy of Margaret Sanger as she and others were trying to come up with a word that meant the limiting of population without sounding too insulting. He quotes her as saying: "Someone suggested we drop "rate" from birth rate control - birth control was the answer and we knew we had it."[iv] Because birth control has as its roots the limiting of population, the discussion of birth control revolves around two different philosophies: 1) The prevention of the union of the sperm and the ovum or what is better described as contraception. 2) The termination of an existing pregnancy by (a) preventing the blastocyst (the fertilized ovum) from implanting in the uterus and (b) as a last resort, the use of abortion .

In order to make the second of these two appear more acceptable those involved in birth control research have tried to define conception not as the union of the sperm with the ovum but the implantation or nidation of the blastocyst (first stage embryo). Such terminology allows the endocrinology scientist to include as contraceptives such measures as would prevent a living being (though in very early stages of development) from continuing to full term and thereby be a form of abortion. It seems they would like nothing better than to include abortifacients to be considered as contraceptives.

From a Christian perspective this is the lowest form of deception leading women and devout couples to do what they would not conscientiously do or what they understand to be morally wrong by playing with words. Let us therefore get our definitions straight. We will use the term "birth control" as the investigation, understanding and regulating fertility. We shall use the term contraception to mean the prevention of conception - the union of sperm and ovum. We will, however, also need to talk about methods included under contraception that we don't feel belong under that term, and with that we will thereby admit our bias.

The text book of Endocrinology lists under the section - fertility control and its complications, seven general categories of fertility control.[v]

(1) hormonal contraceptives
(2) intrauterine device
(3) barrier methods
(4) natural family planning
(5) immunology
(6) sterilization
(7) abortion

Let us look at these seven areas and after careful study, draw our conclusion.

Hormonal Contraceptives

Hormonal contraceptives are administered as synthetic estrogen, synthetic progestogen or a combination of both. The two estrogens that are used are ethinyl estradiol and mestranol. The five synthetic progestogens are: norethindrone, norethynodrel, norethindrone asetate, ethynodrol diacetate, and norgestrel. These hormones

are most frequently introduced into the system orally, hence the term oral contraceptive or OCs. You will find a list of the OCs included in the appendix of this paper. Some synthetic hormones are taken intramuscularly. We will mention these later when we describe their function.

Presently there are four types of oral contraceptives available for use. They include the fixed combination in which the levels of estrogen and progestogen remain constant through out therapy; biphasic and triphasic OCs with which the estrogen remains constant and the progestogen varies; and the progestogen only contraceptive. Each type of hormonal contraceptive has a slightly different function, reaction, and their own unique side effects. However, since the fixed combination OCs are the most widely used, their effects and side effects are most known and studied.

Orally introduced hormones work within the system in four ways. The principle site of action is in the hypothalamus and the pituitary to prevent the midcycle surge of luteinizing hormone and thereby preventing ovulation (the releasing of an egg from the ovary). Another function of these synthetic hormones is to create a condition in the fallopian tubes that makes difficult the passage of the gametes (sperm and ovum). An additional function is the thickening of the cervical mucus which disrupts the passage of sperm into the uterus and on its way to the ovum. Finally, orally introduced hormones effect the endometrium or uterus where they create a condition that will not allow the blastocyst (fertilized egg or conceived being) to implant itself on the uterine wall.

"Some women using oral contraceptives experience unpleasant side effects. Some of these may be temporary. Breasts may feel tender, nausea and vomiting may occur. One may gain or lose weight and ankles might swell. A spotting darkening of the skin, particularly of the face is possible and may persist. Vaginal bleeding or changes in menstrual period may be noticed.

More serious side effects include worsening of migraine, asthma, epilepsy and kidney or heart disease because of tendency for water to be retained in the body when oral contraceptives are used. Other side effects are growth of preexisting fibroid tumors of the uterus; mental depression; and liver problems with jaundice. Fatty substances in the blood may be elevated, although the long tern effects of this change is not known. After stopping the use of oral contraceptives there may be a delay before one is able to become pregnant or before regular menses begin. Also the drugs in oral contraceptives are known to appear in the milk of a nursing mother, though we do not know the long term effect this may have on the infant."[vi]

The list above does not include the most noted side effects. Those are thromboembolic disease, thrombophlebitis, pulmonary embolism, coronary thrombosis, cerebral hemorrhage, hypertension, gall bladder disease, liver tumors, congenital anomalies and post pill amenorrhea. In fact Catherine Ingram Fogel in writing a nurses perspective of health care of women states: "Since 1977 extensive studies have documented the enormously important fact that oral contraceptives affect virtually every organ system. There is steadily accumulating evidence of wide spread effects on physiology, complex endocrine alterations, long term side effects and significant dangers to life and health."[vii]

Such statements would indicate we ought to be careful about the carte blanche prescription or use of oral contraceptives. Synthetic hormones do have a definite effect upon the reproductive system. It is obviously apparent that they effect the rest of the body as well. As Catherine Ingram Fogel prepares nurses to become involved in the health care of women, she presents two charts that indicate the possible side effects of oral contraceptives. Both charts indicate that one cannot ingest synthetic hormones without possible detrimental side effects. (Also find these two charts appended)

Do hormonal contraceptives work? Yes, they work. "Oral contraceptives are highly effective. The pregnancy rate in women using conventional combination oral contraceptives (containing 35 mcg or more of ethinyl estradiol or 50 mcg or more of mestranol) is generally reported as less then one pregnancy per 100 women-years of use (there is less than 1 pregnancy if 100 women used the pill for one year). Slightly higher rates (somewhat more than one pregnancy per 100 women-years of use) are reported for some combination products containing 35 mcg or less of ethinyl estradiol, and rates on the order of 3 pregnancies per 100 women-years are reported for progestogen-only oral contraceptives."[viii]

Should the Christian use them? You have the facts, you must draw your own conclusion!

The Progestogen-only pill: "The mini-pill"

The *Physician's Desk Reference* states: " the second type of oral contraceptive, often called the 'mini-pill' contains only progestogen. It works in part by preventing release of an egg from the ovary and by making the uterus less receptive to any fertilized egg that reaches it (prevents the blastocyst from implantation). The mini-pill is less effective than the combination oral contraceptive, about 97% effective. In addition the progestogen-only pill has a tendency to cause irregular bleeding which may be quite inconvenient, or the cessation of bleeding entirely. The progestogen-only pill is used despite its lower effectiveness in hope that it will prove not to have some of the serious side effects of the estrogen-containing pill, but it is not certain that the mini-pill does in fact have fewer serious side effects."[ix]

The progestogen-only pill is an effective hormonal contraceptive but its primary purpose for use seems to be to avoid the "serious" side effects of estrogen. While it may effectively lower complicating side effects, the mini-pill may not remove all complications. Mini-pills present another unique side to the picture. They may prevent ovulation but there appears to be a number of cycles that are not interrupted, where ovulation does occur - when ovulation occurs and fertilization takes place, the mini-pill works as a synthetic hormone (a birth control agent) to make the uterus unable to support implantation. One can only conclude then that the mini-pill did not prevent conception and therefore it is not a contraceptive. Since the fertilized egg, however, will not find a friendly environment in the uterus it certainly can be considered a birth control agent.

Can we as Christians choose to end a life that has already begun. Our conclusion must be that we must avoid this type of hormonal "contraception."

Postcoital Interception: "The Morning After Pill"

AMA Drug Evaluation states: "When coitus has occurred without contraceptive protection and pregnancy is not desired, interceptive (ie, at the postfertilization stage) measures may eliminate unwanted pregnancy. Postcoital techniques are often referred to as "morning after" contraception. Various estrogens (hormones) may be used for this purpose."[x] Accompanying the above statement was the following chart.

Table 4: Postcoital Contraceptive Regimens

Estrogen	Dosage
Diethylstilbestrol	2_5 mg twice daily for 5 days
Ethinyl Estradiol	2.5 mg twice daily for 5 days
Estrone	5 mg three times daily for 5 days
Conjugated Estrogens	10 mg three times daily for 5 days
Ethinyl Estradiol &•. Norgestrel (combination available as ovral)	100 mcg estradiol and 1 mg norgestrel taken twice 12 hours apart

From the paragraph and the chart above we can conclude that in order to prevent pregnancy or to control birth in cases where coitus occurred with no forethought to preventing conception, large doses of hormones are used to prevent conception and if not that at least the birth.

Introducing into the system high concentration doses of estrogen or progestogen has two purposes. The hormone rise in the system will either shut off the ovulation process entirely, thereby making a women temporarily sterile; or the large concentration of hormones will create the condition in the uterus where a fertilized egg will not be able to implant itself and thus die.

It is apparent that if a woman endures a post coital hormone treatment as a birth control method she may not only place herself in danger but her unborn baby as well. In fact, while the *AMA Drug Evaluation* book lists one of the possible hormone treatments as diethylstilbestrol, the drug company Lilly states, "This drug should not be used as a postcoital contraceptive." The *Physicians Desk Reference* also states: "Diethylstilbestrol should not be used for any purpose during pregnancy. Its use may cause severe harm to the fetus (see box warning)."[xi]

High estrogen concentration pills taken post coitally do cause definite side effects. There is a high incidence of nausea and vomiting which may make it difficult for one to endure a long regimen of treatment. This, of course, may be a contributing factor to the incidence of method failure. “There are also clear correlations between high dose estrogens taken during pregnancy and teratogenic effects on the offspring. DES is associated with high incidence of vaginal tumors in female offspring as well as effects on the male urogenital tract. Tumors have also been reported following the use of estrogens other then DES.”[xii]

Should the Christian subject his wife, his child, herself to such treatments? What about in cases of rape or incest? Can two wrongs make a right; or are we so insensitive that we don’t understand the agony of the victim?...Certainly, the Lord points us to His Cross and His Grace, to His Pardon and His Strength.

Depot Preparations: Depot Medroxy Acetate, Depo-Provera

There are several long lasting hormonal contraceptives in the world market. These contraceptives are generally high dose time-released progestins, although estrogen may be added to the dosage. One such long acting synthetic hormone is Depot Medroxyprogesteron Acetate also known as Depo-Provera (Upjohn) or Amen (low dosage, Carnicle) . These drugs are easy to use and very simple to administer. They are most often injected intramuscularly.

Most surprisingly to note, this type of synthetic hormone is not approved by the FDA as a contraceptive in the United States, but it is shipped, sold and used as a contraceptive in many of the Third World countries. Carol Levine makes this observation, “for twelve years the FDA has vacillated about Upjohn’s application for approval of Depo-Provera as a contraceptive. It is approved for use as a palliative in endometrium cancer. It is being used under an FDA Investigative Drug Permit in an experimental program for male sex offenders as a form of chemical castration. The FDA will probably grant Upjohn’s request for a hearing before a special Board of inquiry - the first in FDA’s history. That board will be make up of scientists who will discuss the scientific evidence about Depo-Provera. What they probably will not discuss are the ethical issues.”[xiii] They must not have! The *AMA Drug Evaluation Book* makes this observation, “ The FDA concluded that the benefit/risk assessment differs among areas of the world and, with the advanced health care system in the United States, that the concerns of the potential adverse effects outweigh the need for this contraceptive.”[xiv]

So we find the big drug companies are selling Medroxyprogesterone internationally and it is being administered. “Intramuscular injections of 150 mg is given every three months, although the effects usually extends beyond that period. The drug is measurable in plasma for six to eight months after the last injection. The contraceptive protection provided is as effective as combination OC’s. Intramuscular injections of 40 mg. every six months also has been used with only a slight decrease in efficiency.”[xv]

The Physicians Desk Reference simply states: “transforms proliferative endometrium into secretory endometrium.”[xvi] This simple statement says that this drug effects the uterus in such a way that it moves the cycle of the recipient from preovulation conditions to premenstrual conditions. Under such circumstances implantation would be impossible.

Perhaps the comment of the *AMA Drug Evaluation* would be helpful, “the major mechanism of action of DMPA is inhibition of ovulation through suppression of midcycle surge of LH (Luteinizing Hormone) secretion. Other contributing effects include thickening of cervical mucus and development of atrophic endometrium that can not support nidation. Gondotropin suppression is not complete, and there is some follicular, development; estrogen production is similar but slightly less than in a normal follicular phase.”[xvii]

Carol Levine hinted that with the use of this type of synthetic hormone contraception there is more involved than personal questions. There are some truly international ethical questions about its use. The drug is manufactured and packaged in the United States and sold abroad and yet is unapproved for use as a contraceptive in this country. It is made available to the Third World Nations. Here, I use the term “made available” very loosely. I find it hard not to be swayed by the conclusions of Gena Corea. She states: “Furthermore it is rarely ‘the people’ of a Third World country who will decide that the benefits of Depo-Provera outweigh the risks. Those making the decision may well be government officials bribed by drug companies. In papers filed by the U.S. Securities and Exchange Commission (SEC), Upjohn admitted that in

order to secure sales, it made payments of more than $4 million to employees of, or intermediaries for, foreign governments and to numerous hospital employees from 1971-1975 ...Male officials of foreign governments may take money from male officials of Upjohn, loudly proclaiming that they have a sovereign right to import Depo-Provera, and women, with their bodies, (my thought here added -and perhaps the bodies of their children) will pay the price for that deal between men."[xviii]

Beyond that ethical question let's look at the side effects. "Depo-Provera does successfully prevent conception. It may do so by dealing a substantial shock. to the hypothalamus-thalamus resulting in the suppression of ovulation. The long term effects (or "fall out") of Depo-Provera it is generally agreed, are unknown. Animal and clinical studies, however, suggest that the risks include: a lower life expectancy; temporary or permanent infertility; anemia; diabetes; uterine disease; permanent damage to the pituitary gland; lowered resistance to infection; deformities in offspring; and cervical, endometrial and breast cancer.

Among Depo-Provera's immediate possible side effects are: abdominal discomfort; substantial weight gain or loss; depression; loss or diminuation of libido and/or orgasm; headache; dizziness; loss of hair; spotty darkening of facial skin; elevated levels of sugar and fatty substances in the blood; nausea; limb pain; vaginal discharge; breast discomfort, and disruption of menstrual cycle.

These are minor side-effects. Medical experts usually run through this list hurriedly as though the effects were of little consequence. They move on to the more worrisome questions of Depo-Provera induced cancer.

Another immediate side-effect of Depo-Provera is almost total disruption of. the woman's menstrual cycle. At first, the bleeding is highly irregular and sometimes very heavy. This can produce severe anemia in well nourished women. In women who are marginally nourished the dangers are much greater. With continued administration, 40-95 percent of women become amenorrheic, that is, they lose their periods."[xix]

The above lengthy list does not even deal with two major issues. What about nursing mothers; and is this drug in the long run carcinogenic? Evidence seems to indicate that nursing mothers who have been injected with Depo-Provera carry the synthetic hormone to their children through their milk. Although the long term effects may not be known with nursing infants, it is quite firmly established that continued exposure of infants in utero subjects those children to teratogenic effects.

The cancer study is even more baffling. In order to determine if Depo-Provera caused breast cancer a test was conducted on 20 beagle dogs. Within four years 18 of the 20 dogs had died. The two that survived were saved because they were given hysterectomies. The dogs that died, died of uterine cancer. In order, then, to assess whether the drug would or would not cause breast cancer the next test was run on 20 dogs all of which underwent hysterectomies as a caution against early death and a guarantee of verifiable test results.

It's a scary thought isn't it? - to think that to prove that this drug does not cause cancer of the breast in beagle dogs (an accepted test animal), the dogs must be rendered impervious to cancer that would certainly kill them before test data could be gathered.

Should the Christian use Depo-Provera? Should he/she recommend it to a friend? What about our Christian brothers in Africa, Colombia, Puerto Rico, Mexico, Japan and Indonesia, do we allow them to fall prey to the double standard, do we allow U.S. drug companies to subject them to the hazards of this type of hormonal contraception?

How can we? Our Lord expects us to have reverence for our life and for the life of our fellow man and not wanton disregard. Our Lord expects us to be honest and truthful, as those who carry the Gospel must carry it with sound character. How can we carry the truth of the Gospel to those whom we have already lied? What does our offered eternal security mean to those whose temporal lives have been shattered by obvious interest in monetary gain and an unethical approach to population control?

Intrauterine Devices

"The contraceptive effectiveness of objects or devices placed inside a human or animal uterus has been recognized for thousands of years. However, it was not until the 20th century that the use of IUD's became wide spread. The development of suitable materials, the improvement of insertion techniques, and the appearance of antibiotics to combat infection were all responsible. The present day IUD is a small plastic device infused with

barium to make it radio-opaque.(my additional thought), all devices have two strings that are fastened to them which help confirm the presence of an IUD and facilitate its removal. These strings protrude from the cervical opening.

'There are five FLEA approved IUD's of various shapes currently on the market. The Lippes Loop and the Saf-T-Coil are plain plastic devices. To increase their effectiveness, the Copper 7 and Copper T are wound with copper wire and the progestesert contains progesterone. Since both the copper and the progesterone are released slowly from these IUD's these devices lose effectiveness over a period of time. The copper-bearing devices are effective for three years and the progestesert for eighteen months."[xx]

"The Saf-T-Coil is available in three sizes: a large and a medium for multiparous women (those who have had several children) and a small size for nulliparous women (those who have had no children). Loops come in four sizes: A, B, C, and D. Loops A and B are used for nulliparas and Loops C and D are reserved for multiparas."[xxi]

All five IUD's are fairly equal in effectiveness with failure rates from about 1.5 to 4 per 100 women at one year after insertion. The Copper IUD's are used more frequently in the U.S. They seem to have these advantages: a smaller increase of blood flow than with Loops, lower rates of expulsion, and less pain after the IUD is in place. The progesterone-containing device significantly decreases the flow of and irregularity of menses.

Functions: in spite of the fact that there has been a real medical interest in the IUD for the last 20 years and an increased use annually, the method of action of the IUD is still not clearly understood. Generally it is believed that the IUD's presence in the uterus brings about a defense system which attacks any foreign body present, especially the gametes. It is further believed that this defense system creates steriods of protection around the ovaries and in the fallopian tubes, but especially in the uterus surrounding the IUD. Apparently the IUD induced creation of leukocytes and macrophages attack the sperm as it is released into the uterus or the blastocyst that seeks implantation. As a contraceptive, then the IUD produces antibodies that like the white blood cells consume the foreign invader as a threat to the health of the body. The safest conclusion offered is the uterus' defense system recognizes the week-old human being as something it can attack, kill and expel - the inert or copper coated plastic device, that's too big to handle.

The copper 7 or copper T simply add copper to the already deadly work of the Inert IUD. Supposedly the addition of copper elevates the toxicity in the uterus and increases the probability that the gametes will not survive and if they do the blastocyst won't. .Jack Lippes made the comment in one source that I read that stated an IUD could virtually be effective 5 to 7 days after unprotected sexual intercourse and from his accumulated data 5-7 days after conception as well.

The progesterone infused IUD doesn't work any more effectively than the inert plastic models. It simply provides the user with a shot of progesterone hormone each day so that the immediate complications of heavy menstrual bleeding or irregular menstrual cycles might be controlled. Of course it also has the drawback of having to be replaced every 12-18 months.

Intrauterine devices are highly effective; not as effective as oral contraceptives (combination estrogen-progestin) but nearly as effective. IUD's also have their drawbacks. There are some generally publicized side effects: pelvic infections, ectopic pregnancy, perforation, expulsion, and increased bleeding and cramping. One might look at this list and conclude it doesn't appear as threatening as the hormonal contraceptive side effects. Perhaps not, but let's consider some of them.

Pelvic infection or worse PID, pelvic inflammatory disease

Because the uterus is invaded by a foreign body which is introduced vaginally it often brings with it some infection. Of course, we are able to ward off the infection with antibodies. Nonetheless, in a number of cases the IUD was a contributing factor to infection and certainly retards of the healing process. The danger to the woman here is twofold. Firstly, because there may have been some pain, bleeding and cramping when the device was first inserted lingering symptoms or renewed symptoms often are not recognized as danger signs and immediate help is not sought. In those cases a woman may not seek help until a serious problem has arisen and

not one but many of the reproductive related organs are infected. Additionally because the IUD creates a hostile environment and because the body recognizes the presence of the IUD as a foreign body, the bodies defense mechanism is placed on alert. Often, then, in order to expel this foreign body, the uterine wall sheds more than under normal conditions, hence the increased bleeding. The end result of this continued burden on the uterus to expel the IUD can cause the uterus itself to slough away.

Concerning perforation and expulsion Sandra Tyler and Gail Woodall write, "Perforation of the uterine wall by an IUD is more likely to occur at the time of insertion than at any other time. The risk of perforation with insertion is increased when the clinician is inexperienced, when the uterus is soft (such as immediately after delivery or abortion) or with extremes of antroversion or retroversion of the uterus.

"Occasionally an IUD will migrate through the uterine wall after a period of time. This does not always cause symptoms. Sometimes it is first detected when a routine check: reveals that the strings are not visible or palpable. The copper IUD's will often cause local irritation and inflammatory response in the abdominal cavity. The uterus has a tendency to contract and attempt to expel a foreign body placed inside it. Expulsion of an IUD is most common within the first few weeks or months after insertion. After the third month the incidence of expulsion decreases as the uterus adjusts to the presence of a foreign body."[xxii]

One study stated that women who use IUD's are 10 times more likely to develop ectopic pregnancy. This is a dangerous condition where the pregnancy develops in the fallopian tube. Should this happen it is possible for the tube to burst and result in massive hemorrhage or even death.

Finally because the IUD creates inflammatory condition in the uterus, often resulting in severe cramps and excessive bleeding, especially during the first few months, one can conclude that this type of birth control does have some negative effects upon the user or wearer but for more serious effects are the effects on the unborn.

All studies indicate that an IUD works by either not allowing the fertilized egg to implant on the uterus and having it flushed from the womb or by creating such a toxic place that the week old infant is devoured by germ fighting cells tricked into identifying anything in the womb as an enemy. It is most distressing that we include IUD's as contraceptives. They really aren't. They are great birth control devices. They don't prevent conception. They control live births - they won't allow the fetus to come to full term. How can the scientific world, the medical world, the drug industries mislead so many of us? What the IUD really does is terminate all existing pregnancies for the wearer and her spouse or family; are we denying the facts or are we truly ignorant?

Can the Christian use an Intrauterine Device? Should the Christian use it? Not if they are interested in contraception. If what the Christian desires is God pleasing, unselfish, properly motivated family planning, then he/she - they will not choose a method that place the women in some health risk and is ultimately a self-abortion tool.

Barrier Method

Any discussion of the Barrier Method of contraception or birth control will lead you into a discussion of two different types of barriers, the chemical barrier and the mechanical barrier. Because our discussion is the methods of birth control or contraception and we have finally reached the area where we can talk about true contraception, we will need to examine both chemical and mechanical barriers. The chemical barriers are one: spermicides; the mechanical barriers are three: condom, diaphragm and cervical cap; and there is one true combination, the sponge. Since we will also note that the mechanical and chemical are often teamed together, let's discuss the chemical first.

Chemical Barriers

Spermicides have been used for centuries and references about them show up in the fore of many cultures. Some of the ancient substances used as spermicides, as was boric acid, can be found in our modern preparations. These preparations are four in nature - foams, jellies, creams and suppositories. They are introduced into the vaginal cavity by an applicator and must be renewed with a fresh application for each act of coitus.

Spermicides can be used alone and most manufacturers label their products as theoretically “95-97 percent effective.” In practice that figure may be as low as 80 percent. However, we note that those who want to be sure of contraception generally do not use chemical barriers alone but add to them mechanical barriers.

There are a host of agents in the modern pharmaceutical arsenal that deal a deadly blow to sperm. That weaponry may include bactericides: enzyme inhibitors; those agents that render the sperm immobile - a function called spermiostatic; or those that attack the membrane of the cell, spill its contents and thereby kill the sperm. These latter forms are true “spermicidal” agents.

The most popular “spermicidal” agent in this country is a chemical called nonoxynol-9, which is an abbreviation of a chemical I can’t even pronounce (nonyl phenoxypolyethoyethanal) . This powerful chemical is a surfactant agent. It causes irreversible loss of mobility and permanent disruption of the cell membrane. When the membrane of the cell is disrupted or opened, the cell becomes weakened or dies.

All chemical birth control agents are introduced into the vagina to cover the cervix with their spermicidal barrier. This barrier does not allow the sperm through the cervical opening without passing through its deadly grasp. The sperm that does pass through this barrier is affected in such a way that its chances of reaching the ovum are greatly reduced. Rendered either immobile or damaged the sperm cell can not join with the egg and fertilization can not take place. Thus we have contraception!

The dangers suggested for chemical barrier are two. The first danger may be minor and considered by most to be only a slight disadvantage. That “disadvantage” is the fact that some may be allergic to the chemicals in one product and may need to change products or find an alternate method to “chemical barrier contraception.” The other danger, while not totally researched and documented may be not for the sexual partners but to the offspring which may be effected by the toxicity of the chemicalwhich damaged the sperm but did not kill it before fertilization.

Can the Christian use a spermicide? Once a Christian knows what the chemical does, after the Christian asked, “why is it being used?”, then the Christian may be ready on the basis of prayer and the exercise of his Christian conscience to make a God pleasing decision.

The Sponge

One of the oldest mechanical, now, mechanical-chemical forms of barriers is the sponge. In the early attempts of birth control through mechanical method, the sponge was wads of cloth or tufts of cotton or even sea sponges. Today, the sponge is made out of polyurethane or pure collagen. These sponges are “loaded” with bactericidal, fungicidal or surfactant agents - “spermicides.”

The sponge presents one theoretical advantage over the chemical barrier alone. Once the sponge is inserted into the vagina, it does not leak, run or drip. Supposedly with the sponge the spermicidal agent is held against the cervix and doesn’t move until removed.

Holding the spermicide in place would seem to be a big advantage but apparently it is also a disadvantage. From the test data accumulated in the clinical and extra-national tests, the sperm is able to survive in the sponge because apparently the “host” sponge saps the strength of the spermicide or provides a place for the sperm to avoid spermicidal effect until the chemical has lost it’s strength.

What is said of the chemical spermicide can be said here. However, the modern technology applied to this ancient form of barrier contraception is so new that it is difficult at this point to know the effects of its use. We can say that the chemical reaction with the sponge upon its users may be just as noticeable and just as harmful as with the chemical alone. Also if this method has greater failure rate than the chemical alone, it would seem logical that the threat of birth defects from a damaged sperm cell involved in fertilization would be greater among sponge users.

Again, when the Christian’s conscience is raised and he/she becomes aware of difficulties and dangers, the decision making becomes more complicated and requires more soul searching and more fervent prayer.

Mechanical Barriers-The Condom

"The condom, a sheath or cover for the penis that is worn during coitus, is variously called prophylactic, rubber, safe, preservatif, French letter, skin or sheath. It is the only reversible male contraceptive method presently available. Although family planning organizations, because of their exclusively female orientation, have tended to underrate the condom, In the United States, where it is universally obtainable, its popularity as a contraceptive method is scarcely exceeded by that of oral contraceptive and sterilization.

Condoms made from one material or another have existed for centuries and have been used in spite of considerable imperfections during most of that time. Widespread use of the condom began in the 1840s, after the introduction of vulcanized rubber, and its use is still more widespread in the 1930s with the development of the latex manufacturing process, which yields a vastly superior product: a thin, strong elastic film.

"Rubber condoms produced and commercially available in the United States have to meet rigorous Food and Drug Administration standards; contrary to what is generally stated, they are not thicker than those produced in .Japan, and obtainable abroad. They are made of thin, opaque or transparent rubber, with a blunt tip or a reservoir/teat end; they come in a choice of colors and may be cylindrical or contoured, ridged or strictured, and lubricated (with spermicidal silicone fluid) or lightly powdered. They are neatly rolled and packaged flat in paper, transparent plastic, or aluminum foil. They have a long shelf life - well over two years - especially if they are protected from direct sunlight, heat, air, and ozone, which all contribute to the oxidation and decay of rubber."[xxiii]

As a barrier method the condom's sole function is to contain the ejaculate and thus prevent the contact between the semen and the vaginal cavity and the sperm with the ovum.

"Although the contraceptive effectiveness of the condom is acknowledged to be less than that of the oral contraceptive, IUD's and the diaphragm, when the condom is consistently used with an adjuvant (spermicidal contraceptive cream, jelly foam, or suppository) placed post coitally in the vagina, its use-effectiveness may approach that of the oral contraceptive's. Accepted 'failure rates' vary from 3 to 10 accidental pregnancies per 100 women-years, with higher rates attributed to improper use.

'The condom is a form of contraception virtually without any side-effects of any kind. It is simple to-use, its modus operandi is easy to teach and to understand. The only possible side effects is the rare one of allergy to the rubber, the powder, or the lubricating substance. Ideal as the method for sporadic or unanticipated coitus, the condom also provides a reliable alternative method for couples who may wish to share the responsibility and to rely on his decision making or because they want to avoid the contact with the ejaculate."[xxiv]

The drawbacks to condom use are generally listed as these three. The use of a condom requires consistency that rests primarily on the male (for some a good thing, for others a drawback); condoms may diminish sensation for the male; and for many the connotation connected with condom use is its principal drawback. Condoms are often associated with illicit sex and immorality and therefore hold an aversion for some.

For the Christian the use of the condom falls more clearly in conscience than in law. As the Christian lives a life motivated for love of his Lord, love for his wife, with what motivation will he face contraception? Can he use this method with a clear mind? Can he use it with a clean heart?" Does the use of the condom cheapen God's gift of sex? There are few solid answers. Only the heart drawn to the Lord and to His Word can answer all the questions and only a couple that follows God's speaking to them through their conscience will have peace.

The Vaginal Diaphragm

"A diaphragm is a dome shaped cup made of latex rubber with a flexible metal rim. It is available in sizes of (illegible) to 11 mm rim diameter and four basic rim types: flat spring, coil spring, arc spring and the rigid bow-bend shape. Three types are used most frequently. The arcing spring diaphragm with a firm rigid rim is used with women who have poor muscle tone and relaxed pelvic organs.The softer more flexible coil spring is used by women with good pelvic musculature or by those who find the firm arc spring uncomfortable. Less

frequently the flat spring is used when the coil spring is appropriate but the rim is too thick and therefore does not fit snugly."[xxv]

The diaphragm is used in conjunction with a spermicidal cream or jelly which is placed around the rim and in the center of the device. It is then inserted into the vagina so that the dome of the diaphragm covers the cervix and holds the spermicide against the cervix. The diaphragm may be used with additional spermicide added after it is properly in place.

With the diaphragm properly inserted it offers a double protection. It is a barrier that withholds the sperm from the cervix. It is also retaining in the proper place the proper strength spermicide for the protection of the cervix; and the ovum, should have ovulation occurred.

The effectiveness of this formof contraception depends largely upon the continued use. For many the preparation process - spermicidal application to the diaphragm, insertion of the diaphragm, the wife having to be "ready" diminishes the enjoyment of the sexual activity, to truly be successful, "it requires a certain level of sophistication on the part of the woman using it - a knowledge of reproduction and some degree of comfort with her body.

One of the major reasons for a resurgence in interest in the diaphragm and its increased use is an uneasiness about the side effects of other methods: OCs and IUDs. Certainly their side effects are known while with the diaphragm there are relatively few adverse effects. The most frequent complaint with the diaphragm is the reaction with the spermicidal agent or in rare cases the latex rubber. Another, though more serious complication may be urinary tract infections. With some the diaphragm may cause muscular damage or weakness but this too is rare.

Can the Christian use a diaphragm? Should she use one? These too are tough questions. How does the Christian woman - how does the Christian couple - answer these questions? Certainly the answer to these questions isn't found in the world of science.The answers are found in the Lord. They are found in His Word. They are found in God's teachings on marriage, on family, on children. The answer here, like so many others is a matter of the heart.

The Cervical Cap

The cervical cap is a barrier method that has found little acceptance in the United States, though it is quite popular in England and Central Europe. Cervical caps can be made out of plastic, hard rubber even metal-(gold and silver caps have been worn by the wealthy of Europe). With the increased interest, some investigating practitioners are making form fitting caps using a technique very similar to a dental impression. Working with the negative impression they use it to fashion a form fitting cervical cap

Because the cervical cap can be worn for longer periods of time than a diaphragm it is viewed as more convenient. Because it is held in place partly by suction and partly by abdominal pressure, many believe it causes less trauma to the reproductive organs and surrounding muscles. Spermicides sealed within the cap and against the cervix, offer continued protection against conception for up to seven days

The cervical cap is a barrier. It is held tightly against the cervix; not allowing the sperm to contact the cervix or enter into the uterus to the fallopian passage. The cervical cap uses spermicide which has a longer life than with a diaphragm, largely because it is held in air tight. The cervical cap works under the same principles as the diaphragm, with the added convenience of less bother. It should, therefore, be more successful - at least that's what its advocates will say.

The advantages and disadvantages of the cervical cap are hard to establish, there is so little test data available. It does work! It does protect the user as well as a diaphragm, without the draw back of exerting pressure on the vaginal wall as does the diaphragm. It is convenient! It is not FDA approved. The fact that it is not FDA approved probably doesn't disturb too many people, except maybe the proponents of its use. (FDA disapproval doesn't stop the Depo-Provera scandal.)

We do note that the cervical muscle is a delicate muscle. Can we cover it and hold a spermicide against it for seven days and not eventually cause it some damage? Is it a good idea to place within the vagina a mechanical device that may cause injury, irritation, or infection? We don't have enough information or studies

available to answer all our questions. Perhaps a few more need to be answered before we place ourselves in jeopardy.

As Christians the Lord gave us a mind. He gave us wisdom to investigate and draw conclusions. He taught us to go slowly. We may be free to do all things that are not definitely against Gods moral law but freedom and "is it right" are too different things. Here we pray, "Lord make my choice right!"

Natural Family Planning

Natural family planning is, as it sounds, the prevention of conception or controlling pregnancy through strictly natural methods. In natural family planning there are no internal or external devices. There is no ingestion of dangerous or system altering drugs. The normal body functions are not disrupted; they are observed and observed closely.

Natural family planning is the one form of contraception that some label as the only method acceptable. NFP has been the only method of fertility control that may not be classified as "birth control" especially if you consider "birth control'" as an effort to limit population.

There are generally four methods that are taught as natural. These are the Rhythm or Calendar method, the Basal Body Temperature method, the Ovulation method, and the Sympto-thermal method. The function of all four methods is the same and all four methods require periodic abstinence and a high degree of self discipline. However, because NFP is a family method and must, for its success, be the concern of both partners that discipline is much more easily achieved. Today, natural family planning is being taught by the couple to couple league and other such organizations. They are trying to eliminate an often one-sided approach to contraception, an easy fix method that has too many hidden effects for the delicate machine -the human body.

The Rhythm or Calendar Method

The rhythm or calendar method allows the woman or couple to calculate the periods in the cycle where it is possible for conception to occur. This calculation is based on the assumption, that ovulation occurs two weeks (14 plus or minus 2 days) before the next menses: that sperm are viable for only two or three days; and that the egg (ovum) survives for only 24 hours. In order, to accurately calculate when the woman is fertile it is necessary for the woman or couple to chart the length of her cycle for the last eight months.

In order to make the rhythm or calendar method work:, it is necessary for the couple to refrain from sexual intercourse during the period of time when conception might occur. Mathematically, this period is obtained when you subtract 18 from the length of her shortest cycle and 11 days from the length of her longest cycle.

This method works well if the woman's cycle is regular and fluctuates only 1 or 2 days. The effectiveness diminishes with each additional day of deviation because it means the days of abstinence are increased. Also because the cycles of most women are often irregular this method is often unsuccessful when used alone. Because this method involves no external or internal devices and does not endanger the health of the woman and because it requires self control, self discipline and abstinence it was easy for the Roman church to adopt it as early church policy. The Christian today, who is likewise concerned for the health and well being of his wife would favor a method that does not threaten or endanger her. Rhythm could be that method providing that the husband also could exercise self control and self discipline.

The Basal Body Temperature Method

The basal body temperature method of NFP realizes that there is a correlation between ovulation and temperature. BBT method also notes that there is a lowest temperature that a body reaches during waking hours. This is the basal body temperature. By charting the temperature of a women every day, at the same time of the day = early morning before rising, ovulation can be recognized. In the normal cycle ovulation occasions often a slight drop in temperature and is ended after a period -- 1 to 3 days of elevated temperature.

This method of natural family planning works, if practiced in the strict form, as well as OCs. This method like the calendar method is successful when the practitioners are disciplined and regular. This method

has no adverse indications and because it does not require the taking of anything - but the temperature - it does not in any way harm or damage the health of the woman. In fact, because the health of the woman is more accurately charted it may improve her health.

There is a drawback, however, connected with this method. Because the body uses temperature to fight infection and minor illness it may not always be possible to keep a chart that indicates ovulation has occurred and sexual intercourse is safe. The dependability of this method to prevent conception or pregnancy is increased if like the calendar method another method of NFP is used.

The Christian couple which chooses to follow the basal body temperature method of natural family planning is using science to help it achieve its goals not in a dangerous way, as with IUDs, but in a God - pleasing way. When the Lord told man to subdue the earth, He expected man to study, learn and wisely manage the wonderful creation provided him. Any method of contraception that leads man into a deeper or better understanding of himself and his spouse and a better opportunity to express his love to his spouse ought to be seriously considered by the Christian.

The Ovulation Method: "The Billings Method"

The ovulation method of natural family planning was first developed by Doctors John and Evelyn Billings of Australia. They observed that for ovulation to occur there need to be favorable (identifiable) cervical mucus present. The Billings determined that it was possible to teach women to recognize the changes that take place in the cervical mucus. These indicated when the four stages of the cycle occurred. The four stages of the cycle are menstruation, early safe, ovulation and late safe.

The stages were marked by primarily the feeling or sensation of wetness or dryness in the vagina. In addition the mucus from the cervix was checked. The cervical mucus was determined to likewise undergo two changes. There was a sticky or tacky stage before and after ovulation and a smooth slick stretchy stage during ovulation.

The smooth, slick, stretchy mucus known as the *spinnbarkeit* phenomenon was labeled "the peak symptom day" and is followed by ovulation.

Because the cervical mucus in tacky stage and especially in the "*spinnbarkeit*" stage supports sperm life, it is necessary to avoid sexual intercourse during any day where there is cervical mucus. The days where sexual intercourse may take place are only the "dry" days.

With the ovulation method of NFF, we have another method that relies on the knowledge gained from scientific study. The work of Drs. John and Evelyn Billings have truly assisted those who do not wish to take hormones or use an IUD, find a safe alternative. Used as the only method of contraception, with self discipline and self restraint, this method also can be successful. More than the BBT method, this method requires for the wife to be in tune with her body and the husband to be in tune with when intercourse is safe and when it is not.

Certainly this method of family planning could be used by the Christian providing that the motivation which prompts family planning is in keeping with God's will for the Christian and with the commitment to Christian love by each spouse.

Sympto-Thermal Method

The Sympto-thermal method of natural family planning involves a combination of the previously mentioned methods and the recognition of additional secondary symptoms. This method if practiced as taught is truly a team effort. The woman becomes the diagnostician and the husband becomes the charter and recorder. The woman notes both basal body temperature and cervical mucus condition on a daily basis and the husband indicates that information along with any other pertinent symptoms on a master monthly chart. The secondary symptoms most likely noted are increased libido, spotting, break through bleeding, abdominal pain, fullness or tenderness in the pelvic area, vulvular swelling or bearing down pains.

Prior to ovulation, the cervix dilates slightly, becomes softer, increases mucus production, rises in the vagina, and feels more slippery. The couple practicing sympto-thermal natural family planning learns to identify these signs as an indication of ovulation: having divided the cycle of the wife into the three stages – the

relatively fertile stage,the fertile stage and the infertile stage, the couple is guided by the above symptoms as well as BBT to know when sexual intercourse is possible and when abstinence is necessary.

Many couples who choose this type of family planning note an improvement in their marriage. The responsibility for conception prevention does not rest in agents. It does not rest in drugs. It does not rest in chemicals. It relies upon the accuracy of practice and good communication. What a blessing to have to observe closely and discuss openly the woman's fertility. What a blessing that the burden of family planning does not rest upon one gender - the woman. What a blessing to be forced to discuss that very thing that makes you one flesh physically and permit that openness to increase the openness in the rest of the marriage.

Are all methods of birth control acceptable for the Christian? That's a tough question. Here we answer that question in part. We understand that marriage is a union of two people, working at the same goals and purposes, to serve the same Lord. In marriage your property should become one, your goals should become one, your lives should become one. Yes, there still should be two personalities, two people, but they should be a unit. So often in marriage the sole responsibility of preventing conception lies with the wife. That is the destruction of the unit concept and a relegating to one what is the function of both.

God expects Christians living together in the unit of marriage to place ourselves in Christian love under the needs of our spouse. For the husband that means using his own life, desires, will and body to serve the needs of his wife. A true Christian husband does not demand that his wife becomes what he wants but helps her attain to what God wants. The true Christian wife recognizes her husbands needs and as she serves her Lord and Savior, works to meet her husband's needs. This is not an easy process, especially when we add personal desires that the devil and the world lays before us as so necessary. In sexual relationships it is doubly difficult: the world's aspirations and God's desires for a married couple are not the same - they are at the opposite ends of the spectrum. The Christian couple which recognizes Gods will, sees his hand of love and walks, rises and lies down with the Lord is the couple that of all couples is truly blessed. How wonderful it is when a man and a woman working in close harmony can see and appreciate the miracle of God in the lives he created and in the new life he allows Christian couples to experience through the gift of children.

Immunology

There is much research being done to arrive at a vaccine that will immunize a woman against pregnancy. This would be accomplished by manufacturing a protein that would produce an antibody formation around the ovum and thereby prevent fertilization.

In order to accomplish this immunological effect it is necessary to introduce into the system of the woman a protein (antigen) that would react with the proteins of the zona pellucida (the gelatinous layer around the ovum.) The foreign protein would cause the woman's immune system to function in such a way that the sperm would be unable to join with the ovum. One of the suggested sources for collecting the proteins is the placenta because the placenta is in the woman for a period of time and is full of "non-self" components.

After reading the few articles about immunology I was both interested and startled: Interested to see where medical science will go for its answers; startled to see how much medical science tampers with the very building blocks of life. Assured by the fact that these attempts are in their infancy stages and may be discarded, nonetheless it is distressing that they had already stepped from animal experiments to human subjects.

What does the Lord think when He sees man with all of his 'wisdom', experimenting with the very foundations of life? Here the true irony of the birth control question is so obviously apparent. They collected in groups to decry overpopulation and the starving masses and where do they spend their bounty? They don't buy food! They don't build shelters! They don't provide clothing for those masses! No - they spend their money on research so they might discover a shot they can give the women of the masses. The masses remain just as poor, just as uneducated - there just aren't so many of them; that turns my stomach!

How can the Christian become part of such wickedness, effective or not?

Sterilization

Sterilization as a method of birth control can be discussed under two separate headings, mal a sterilization and female sterilization.

The procedure for sterilization for the man is referred to as a vasectomy and for the woman is called a tubal ligation. We will discuss these two areas separately.

Male sterilization: The Vasectomy

The vasectomy is a medical procedure that is increasing in popularity. It may even be the leading elective surgery performed on the male in this country. The vasectomy is a relative simple procedure and may be done in a clinic or doctor's office with very little complication . The vas deferens is able to be felt in the male scrotum as part of the spermatic cord. The vas deferens can be divided into 5 sections. The section that is normally severed in a vasectomy procedure is the midscrotal portion. The scrotum is given a local anesthesia and a small incision is made. After the vas has been located and separated from the rest of the spermatic cord a portion of it is excised. The two ends may be clamped together side by side or cauterized with electrocoagulation. Because there are two ducts, one from each testicle it is necessary to perform this procedure on both sides.

The vasectomy procedure makes the passage of sperm from the scrotum to the penis impossible and therefore renders a man sterile. This sterility may not be immediate but may take several weeks until all sperm still beyond the incision have been emitted through ejaculation.

While the intended results of a vasectomy may not be immediate but take time to develop thus also the same is true of the adverse effects of the vasectomy. There has been much research into the long term effects but no conclusion. The suspected and studied results are these, impotency, prostate function reduction, tumors, and an immunological occurrence. The last of these is the result of sperm build up in the system which must be handled by the immune system of the man who has undergone a vasectomy.

Complications from a vasectomy seem to be infrequent and minor. Nonetheless, there are complications. As the Christian approaches the question of what type of birth control he would use, the male comes face to face with the choice and the unique complications of the vasectomy. Should he choose the vasectomy? The answer to that question may be based upon an increasing awareness of the adverse long term effects. It may be answered through prayerful consideration of God's Word.

The major question that needs to be asked by the Christian when it comes to sterilization is the reason for this elective procedure. Is it necessary to have that vasectomy to improve the sexual relationship of a husband and wife? Would a vasectomy make lovemaking and sexual expression freer and remove the responsibility? Certainly the Lord does not expect His people to live without responsibility. He expects us to be responsible and admit responsibility in our life. If the Lord excused man of all responsibility he couldn't hold man guilty for his sin. In Scripture we find the example of the Lord holding man responsible for his very words. (see: Matthew 12:26-37)

If the motivation for this elective surgery is that it frees up my life that I might live and do what I want without the risk of another mouth to feed at my table, then the vasectomy is being done for the wrong reason. If the motivation is God pleasing and out of a Christian heart filled with obedience to the Lord and love for the spouse, the vasectomy, with other methods of birth control, is an adiaphora. It is up to the individual couple as to how they are going to observe the will of the Lord. After careful prayer and hearts turned to the Lord a couple may figure an ideal family size. However, that decision must never be made selfishly or with blinders on that hide the fact that the Lord can further bless the family with material bounty and the ability to rear additional children. This is the most frightening thing about a sterilization procedure. It is blind to the future blessings of the Lord.

Sterilization of the woman: Tubal Ligation or Occlusion

By far one of the most common minor surgical procedure performed on women is the tubal ligation. This procedure can be accomplished abdominally, vaginally or in the most common manner through a laparoscopic operation. The procedure is simple. An, incision or two are made in the abdomen a laparoscope is

inserted through one incision a clamp through the other. After the fallopian tube has been lifted in the center, a portion of the tube is excised. Other procedures do not remove a section of the tube; it is simply looped and tied.

Today, in some far Eastern countries, they are no longer excising a portion of the fallopian tube, they are simply filling it with a permanent plug or a chemical that causes the tube to grow shut.

It makes little difference what procedure one chooses, tubal ligation, by excision, cauterization, clipping, tying, looping, crushing, or occlusion (stoppage or blocking) accomplishes one purpose: it renders the woman infertile. The eggs produced in the ovaries and released at ovulation can not pass through the fallopian tubes and the sperm released through the cervical os can not meet with the ovum. In this way we have made it impossible for the woman to ever become pregnant.

Drawing a solid conclusion about the sterilization of women is very similar to drawing a conclusion of the like procedure in men. The only difference that is immediately apparent is the fact that there are many more sterilization procedures performed on women than on men. This might be the results of the double standard which claims. “since it is the woman that bears the child, she should therefore bear the responsibility for the regulation of fertility and the prevention of pregnancy.” Given that pressure month after month, year after year, by her demanding sexual partner, no wonder so many of our women choose to avoid the hassle and elect sterilization.

There may be those rare cases where sterilization is the prescription for the health of the woman. When the best medical advice obtainable recognizes that a (or another) child could jeopardize the health and life of the woman, sterilization may be good medical practice. Perhaps also in a marriage where the Christian wife is constantly under the pressure of her non-Christian husband, one could “understand” the choice of quiet sterilization to silence the constant fear of affixed blame for another pregnancy and the demand to end that newly formed life.

Do such examples really take into account the problems involved with sterilization, do they answer the Christian’s question, “Is it a righteous choice?” There are problems connected with female sterilization. Often, sterilization brings about a menstrual change or irregularity. Sterilization does bring about hormonal changes in the woman. The right combination of hormonal changes often lead to cancer and other serious health problems. Sterilization has been attributed to an increased need for hysterectomy as a follow-up procedure. The loosely connected, but none-the-less real, side effects are present in these sterilization procedures.

What about the Christian question? Here again, as with the vasectomy, we examine motivation. If the sterilization procedure is used try avoid responsibility, we ask, “Does God say to the Christian, ‘Go ahead, you aren’t responsible for your actions?’” We already pointed out, man is responsible, even for his words. In fact in the examination of the Lord Jesus’ Sermon on the Mount one discovers that Jesus holds man responsible for his very thoughts. Christian couples, Christian women can not choose sterilization because they wish to avoid responsibility. Christian women can not choose sterilization as a procedure that gives them sexual freedom or the ability to live as they please. Christian men and women ought not to act like animals. They aren’t animals. They are the creations of God, fashioned by a loving Lord. Man’s greatest purpose is to love and serve his Creator God with his whole being.

Sterilization, when done for the right reason, when it is not an attempt to thwart God’s will in your life, is, as said before, an adiaphoron. When sterilization is not done selfishly, when there are good sound reasons for this choice, when those reasons reflect a knowledge and faith in a loving God who with each trial offers a means of deliverance, then the procedure may be the right choice. However, let’s not choose irreversible methods of contraception that fail to see what rich grains the Lord has sown in our field and how beautiful and bountiful the harvest can be.

Abortion

Surprised to find abortion under birth control? You shouldn’t be. Those people who advocate birth control as population control will do so by any means at their disposal. “If effective birth control means the murder of a young child before it is born, so be it!”

The Christian can not tolerate such logic and recognizes the life of a new being from the moment the two single cells meet. The Christian cares not whether the fertilized egg is an hour old, the blastocyst a day old, the fetus a week old. It is still a new human being, capable of walking, talking, or composing a symphony; all it needs is protection, nourishment, and time.

Further discussion of abortion is not needed. The Christian recognizes abortion to be totally contrary to God's holy will, totally contrary to Christian principles, and not an acceptable form of birth control.

Conclusion

Having presented the most common and almost complete list of birth control methods and having made comments about each, we are now ready for a conclusion. "Are all methods of birth control acceptable for the Christian'."'

The secular-humanist would tell the Christian, "of course they are!" Those thousands who fear an uncontrolled reproduction of millions would play upon the Christian heart and say, "It's your Christian duty not to waste the resources of our world with 'over population'" The drug and chemical manufactured would assure us, "It's okay, you know we wouldn't produce drugs or chemicals that would hurt you. You have nothing to fear." The medical world would tell the Christian, "It's all right, we've tested those drugs and chemicals on all sorts of laboratory animals and they weren't injured. They didn't die." Given that barrage of "learned" advice the Christian, having checked his bible reference for birth control, may not know where to go.

The next stop often is at the other end of the street where he reads the alarmist literature that quotes Sir Robert Armstrong .Jones, "Birth control leads to lunacy in women. If you are to have birth control on a large scale, you will have to add lunatic asylums for mothers. The absence of children leads to neurasthenia in married women, and that leads. to insanity." Now the Christian knows that's extreme, so he looks further. Soon he meets a fellow Christian who points him to the Old Testament to the account of Onan in Genesis 39. There the Christian, eager to know if birth control is acceptable, is told by a conservative interpreter, "God killed Onan because he practiced birth control." Now we know that Onan's sin wasn't birth control, Onan's sin was the despisal of the birth right and the thought of his having to give up his inheritance to what would be considered his brother's son, was unbearable to him. Onan was not reluctant to take the pleasures of Tamar's body. He wasn't ashamed to excite the woman and cheapen God's gift of sex. He simply would not allow anyone to take from him what he felt was rightfully his.

So we have all views. Where do you find the right answer? First the Christian checks scripture. There he learns that God, twice in history, told man to be fruitful and multiply (Genesis 1:28 and (3:17) - both of those accounts where when the earth was unpopulated except for one family. Next the Christian turns to God's directives in marriage: The husband is told to love the wife as Jesus loved the church and the woman is to love the husband as the church loves Christ. (Ephesians 5:22-33) Then the Christian looks at a number of passages that talk about proper Christian living, especially under the fifth and sixth commandments (Philippians 4:8, Romans 13:13-14, Ephesians 4:32, Matthew 5:1-22) . Finally the Christian examines his Christian liberty under the words of Paul, (Romans 6:12 and 10:23) where Paul tells the Christian he is free to do all things but just because he can do them, doesn't make it right.

These passages do not clearly tell us birth control is right nor do they tell us birth control is wrong. They simply tell us as children of God we are to be totally dedicated to God, in constant love, serving God. Can we serve God with birth control?

If the term "Birth Control", no matter what method you choose, means for you the limiting of population; the controlling of the number of children born into this world; then you can not use birth control no matter what method you choose. That philosophy is dangerous for two reasons. It does not look to a loving and gracious God to provide you with the necessities to raise another child or bless you as you make sacrifices to lead another lamb to the altar of the Lord. It also allows the erroneous notion that abortion or abortive methods are acceptable alternatives and may be used.

If on the other hand the Christian is lead by the term "Birth Control", because he understands it as fertility, awareness, to a deeper understanding of the workings of the Lord, to marvel at the unique creation of man and woman, and to the true miracle of the reproduction of life, then he can practice "birth control."

In our world today that is so full of self awareness, self advancement, self determination, it is very easy to shift an issue that has at its root a moral question to a "self" issue. The moral issue is life. God has given us insight into how that life begins. We have a moral obligation to protect it. The "self" question is 'What might I do to prevent or control this life?' This is the birth control issue. That issue is not answered in the selfishness of the husband or in the selfishness of the wife. That issue is not answered in the selfishness of those young people who choose sex without responsibility.

Responsibility is really the answer. The Christian is responsible to his God. The husband is responsible to his wife. The wife is responsible to her husband. Any sexual activity can not be carried out without responsibility. The husband should know into what position he is placing his wife. The wife should know the responsibility which she may be undertaking. If and when a child is conceived, there is responsibility to provide the best prenatal care available; and the responsibility to introduce this new soul to his or her loving Lord.

God does not leave us alone in this or any task. To those who take up the position He has given them, who in Christian faith carry out the work laid before them, He says "Well done thou good and faithful servant. You were faithful over a few things, I will make you ruler of many things."

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[ii] Fogel, Catharine Ingram and Woods, Nancy Fugate, *Health Care of Women, A Nursing Perspective*, (St. Louis: C.V. Moseby Company, 1981). pg. 484.
[iii] Ibid.
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[vi] Angel, Jack E. pub., *Physician's Desk Reference* (Oradell: Medical Economics Company, Inc., 1984) pg. 1431.
[vii] Fogel and Woods, op. cit. p. 492.
[viii] Angel, op. cit. pg. 1430.
[ix] Ibid.
[x] Bennet, pg. 979.
[xi] Ibid., pg. 980.
[xii] Angel, pg. 980.
[xiii] Holmes, Helen B. and Hoskins, Betty B., and Gross, Michael, ed., *Birth Control and Controlling Birth: Women Centered Perspectives.* (Clifton: Humana Press, Inc., 1980) pg. 101.
[xiv] Bennett, op. cit., pg. 981.
[xv] Ibid., pg. 980.
[xvi] Angel, op. cit., pg. 829.
[xvii] Bennet, op. cit., pg. 980.
[xviii] Holmes and Hoskins and Gross, op. cit., pg. 115.
[xix] Ibid., pg. 108-109.
[xx] Tyler, Sandra L. and Woodall, Gail M. *Female Health and Gynecology Across the Life Span.* (Bowie: Robert J. Brady Co., 1982). pg. 207.
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[xxii] Tyler and Woodall, op. cit. pg. 209.
[xxiii] Sciarra, "Mechanical Contraceptives," pg. 5.
[xxiv] ibid. pg. 6.
[xxv] Fogel and Woods, op. cit. pg. 508.