

Reproductive health advocates downplay risks and side effects of hormonal contraceptives, weighing them on the same scale as the distressing and dangerous side effects one would be willing to tolerate in combating end-stage cancer or other life-threatening disorders. In modern healthcare systems, pregnancy is very rarely life-threatening; such risk, when it exists, is usually from a pre-existing condition of the mother. Contraceptive advocates seem to consider pregnancy itself a fate worse than death; yet hormonal contraceptives have led to many deaths among otherwise healthy young women.

Advocates who downplay the risks to women from using hormonal contraceptives are thinking of statistics, not loved ones. How many parents are mourning the deaths of their teen-aged daughters, like the parents of Alycia B. (14), Adrianna N. (17), Zakiya K. (18), and Michelle C. (18), just a few of those who died from massive blood clots while using Ortho Evra, the very popular contraceptive patch? “Instead of coming home [during college breaks] and being part of life here again,” Michelle’s mother told CBS News, “she came home and I had to bury her. It’s just horrible.”

About 130 deaths have been linked to the contraceptive patch. Over 2,400 women have claimed that the patch caused them to have blood clots that resulted in *heart attack, stroke or pulmonary embolism*. In 2002, even before it went on the market, a former vice president of Johnson & Johnson, Ortho Evra’s manufacturer, warned of the patch’s dangerously high levels of estrogen. Another vice president quit in 2005 because his warnings concerning the doubled risk of blood clots, stroke, and heart attacks due to the high levels of estrogen fell on deaf ears. The company has now spent over \$68 million to settle hundreds of lawsuits.

Merck, manufacturer of the widely-promoted NuvaRing®, now faces 730 lawsuits in the U.S. for blood clot related injuries and deaths associated with its use. About 40 deaths linked to NuvaRing® use have been identified in the FDA adverse event database. Among these are young women like Rob B.’s wife Jackie, a mother of two, Frank M.’s wife Rosana, a “young, healthy and fit ... runner and a vibrant mother of two,” and Heath H.’s wife Christina, also a young mother.

Advocates continue to insist that these potent hormones have only a “contraceptive” mode of action. Yet nearly all of their drug labels list these four modes of action: (1) they may disrupt ovulation, preventing or postponing the release of an ovum; (2) they may thicken cervical mucus to inhibit the movement of sperm, potentially preventing fertilization; (3) they may slow transport of the newly conceived human embryo through the fallopian tube into the womb (causing the embryo’s death, and possibly the mother’s as well if an ectopic pregnancy is not detected in time); and (4) they may alter the lining of the womb, inhibiting implantation of the embryo who will then starve to death. Modes 3 and 4 cause early abortions, as can Ella, the latest emergency “contraceptive.” Ella’s composition is similar to that of the abortion drug RU-486.

When advocates say that hormonal contraception is “safe,” they are speaking in relative terms only, because there are health risks associated with pregnancy. But this viewpoint assumes that women have only two choices in life—to contracept or become pregnant—and ignores choices that are healthier, safer, and more effective than contraceptive use: the choice of abstinence for single people and Natural Family Planning for married couples. The majority of teens have never had sexual relations. Chastity before and during marriage promotes self-respect, as well as self-control

and other virtues needed for a fulfilling life-long marriage.

The beauty and goodness of sex between husband and wife is a gift from God and has two purposes: to express and strengthen the loving union between husband and wife and to allow them to cooperate with God in the creation of children. Nothing should separate the connection between the two purposes. If spouses believe that they have a serious reason to avoid pregnancy, they are free to observe the wife’s natural signs of fertility and avoid sexual intercourse during the fertile time of her menstrual cycle, as explained in the modern science-based methods of Natural Family Planning.

God’s design for marriage protects women and men from great heartache, encourages a stable and loving environment for children, and makes great sense from a public health perspective. A companion pamphlet in this year’s Respect Life Program, “Life Matters: Love and Marriage,” presents the benefits of living in accord with God’s plan for love and marriage in more depth.

To learn more about the Church’s teaching on contraception and for related citations visit:
www.usccb.org/prolife/issues/contraception.



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LIFE MATTERS: CONTRACEPTION



RESPECT LIFE

For decades Americans have been told—by the media, Planned Parenthood, sex educators, and activists who promote abortion and “reproductive rights”—that contraceptives are *the* safe and effective way to prevent unplanned pregnancy. We’re told that contraception ensures a woman’s “freedom” from pregnancy and child-rearing so she can pursue her own goals in life.

Given the prevalence and power of these messages, it is not surprising that a majority of sexually active women in the U.S. have tried using some form of contraception at some point in their life. But many begin to doubt the rosy claims when they unexpectedly become pregnant, or are infected with a sexually transmitted disease (STD), or experience serious side effects from hormonal contraceptives themselves.

The experience of those using contraceptives differs greatly from the advertising claims of the multi-billion-dollar contraceptive industry. Here are a few of the hard facts:

- 1 in 3 teen girls will become pregnant within two years of initiating sexual activity, even while using contraceptives
- almost half (48.4 percent) of low-income cohabiting teens using the pill, and 72 percent of those using condoms as their primary method of birth control, will become pregnant within 12 months
- 65 percent of women who reported unplanned pregnancies in a major French survey were using contraception
- experts in contraception now concede that pills are “an outdated method” and perfect use is impossible “for most humans”
- 54 percent of U.S. women seeking abortions were using contraception in the month they became pregnant



- an analysis of 23 studies on emergency contraception (EC) found no evidence whatsoever that increasing access to EC reduces rates of unplanned pregnancy or abortion
- a 63 percent increase in the use of contraception between 1997 and 2007 was accompanied by a 108 percent increase in the abortion rate in Spain.

Numerous studies show that increasing the availability of contraception in a large population does not reduce rates of unplanned pregnancies and abortions, and may increase them. Top executives of the International Planned Parenthood Federation and the Planned Parenthood Federation of America, the largest U.S. abortion provider, have discussed and reported on this for decades. Yet manufacturers and suppliers continue to earn billions, foster false hopes, and subject girls and women to health risks and unexpected “crisis” pregnancies.

How is it possible that increased use of contraceptives could lead to more unplanned pregnancies and abortions? People tend to take more risks when they are led to believe they can avoid the negative consequences of risky behavior through technology. Widespread contraceptive availability has actually led to more people becoming sexually active, at earlier ages, and

with more sexual partners—hence more pregnancies. And while an unplanned pregnancy may at first seem like a major problem, most mothers find that in a matter of months the pregnancy ends with the birth of a unique and priceless little person, who can bring joy and laughter to his biological or adoptive family.

Contraceptives may not reduce pregnancy rates, but they certainly do increase the spread of sexually transmitted diseases. Casual sex, encouraged by widely available contraception, has resulted in about 60 million Americans being infected with one or more sexually transmitted diseases, many of them incurable and emotionally-devastating. The estimated cost of treating these illnesses is now \$19 billion a year in the U.S. alone; but that figure is trifling compared to the emotional pain people experience when they learn they have an incurable STD—the anger, betrayal, anxiety, depression, humiliation, and fear of its effect on future relationships.

Of course, Planned Parenthood and secular sex educators recommend using condoms for protection against STDs. Yet condoms offer almost no protection against the epidemic of *incurable* viral STDs such as genital herpes and human papilloma virus (HPV), strains of which cause genital warts and virtually all cases of cervical cancer. And numerous studies have found that typical condom use offers inadequate or little protection against even bacterial STDs, such as Chlamydia, gonorrhea, and syphilis.

Hormonal contraceptives themselves have inherent health risks. Synthetic hormones powerful enough to disrupt a woman’s reproductive system may affect every major system of her body. Depending on the type and strength of the hormonal contraceptive, over five percent of women experience some of the following symptoms: headaches, weight gain, acne, mood swings, depression, anxiety,

breast pain, dizziness, severe pain during menses, a range of bleeding problems, and a lack of desire for sex. In the case of Depo-Provera there can also be a 5-6 percent loss of bone mineral density after five years’ use, which is only partially reversed in the years after discontinuation.

Among the less common side effects of hormonal contraceptives are the following: blood clots in the veins, lungs, heart, and brain, potentially causing heart attack and strokes; breast cancer; potentially life-threatening ectopic pregnancy (in which the embryo most often implants in the narrow tube between the ovary and womb); liver tumors; and ovarian cysts.

The link between hormonal contraceptives and breast cancer has been known for over thirty years. The World Health Organization has classified synthetic estrogen and progestin in contraceptives as carcinogenic to humans. According to a major meta-analysis, women who use oral contraceptives before age 20 have a 1.95 elevated risk of developing breast cancer.

Until 2002, the most common treatment for symptoms of menopause was hormone replacement therapy (HRT), using hormones similar to those in combined oral contraceptives, *but in lower doses*. As use of HRT increased (61 million prescriptions at its height), breast cancer rates rose over 40 percent from the early 1980s through 2001. In 2002, however, the Women’s Health Initiative trials in the use of HRT were abruptly halted due to findings of increased risks of breast cancer, heart disease, blood clots, and stroke. When the findings were published, many American women stopped using such HRT (down to 21 million prescriptions). The National Cancer Institute reports that breast cancer rates in women over age 50 then dropped 8.6 percent between 2001 and 2004.