HUMAN SEXUALITY: WHERE FAITH AND SCIENCE MEET

By Theresa Notare, M.A.

Science and faith are often perceived as two different worlds in two different orbits. Science is concerned with the "how," that is, what is observable and measurable, while faith seeks the ultimate "why" of, life. Science's methods of investigation depend upon its starting point, e.g., the mind (psychology), relationships (sociology), or the body (biology). Faith, on the other hand, arrives at truth through what is called "divine revelation." Its starting point is the "other," or God. Some suggest that science and faith are antagonistic, if not irreconcilable to each other. But such an assertion should be scrutinized.

Some people believe that science undermines faith in God. Indeed, this age-old perception has only recently given way to an appreciation of how scientific discovery can reveal the beauty of creation and especially the wonder of the human person. The far reaches of space as viewed through the Hubble telescope remind us of God's grandeur. And the hidden interaction of sperm and ovum which results in a unique human being fills us with awe. Science can reveal God's magnificence.

In the words of the Second Vatican Council, science can lay open new roads to truth and "elevate the human family to a more sublime understanding of truth, goodness and beauty, and to the formation of judgments which embody universal values (*Gaudium et Spes*, #57). The Church acknowledges that science can influence the world for the better (*GS*, #5). As *Gaudium et Spes* tells us, "earthly matters and the concerns of faith derive from the same God" (#36). Furthermore a reciprocal relationship exists: Faith can provide science with a context in which to place its discoveries, suggesting what is best for humanity and all of creation.

One area where science and faith currently meet is that of human sexuality. It is no secret that some people question the Church's admonition against sexual intercourse outside of marriage, while others reject the teaching outright. In some circles it is acceptable even politically correct—to mock the Church's beliefs. Yet the scientific study of human sexual behavior confirms the validity and the wisdom of Church teaching, and at the same time challenges us to respond to an emerging crisis.

SCIENTIFIC DATA ON TRENDS IN SEXUAL ACTIVITY

Since the sexual revolution of the 1960s, there has been a steady rise in sexual activity outside of marriage. In its 1988 and 1989 General Social Survey, the National Opinion Research Center of the University of Chicago found that by age 18, 97 percent of Americans, male and female, have had sexual intercourse. Respondents reported an average of 1.2 sexual partners during the year preceding the survey and nearly 7.2 partners since reaching the age of 18 (men claimed considerably more partners than women). Contraceptive

Technology, a standard reference work for family planning clinicians, cites other studies which confirm the University of Chicago's conclusions,² and specifies that 76 percent of unmarried women aged 14-44 years have had sexual intercourse; and 43 percent of unmarried women aged 15-19 years and 76 percent of young men aged 15-19 years have had intercourse before marriage.³ Along with a rise in earlier first intercourse and the trend of multiple partners before marriage, research also shows a well-documented rise in sexually transmitted diseases (STDs).

SEXUALLY TRANSMITTED DISEASES

Studies of STDs indicate a dramatic rise firm the 1970s to the 1980s, even to epidemic levels.⁴ In 1989, the estimated total number of people newly infected with symptomatic STDs was approximately 13 million.⁵ The U.S. Department of Health and Human Services reports that 86 percent of all sexually transmitted diseases occur among persons aged 1529 (Morbidity and Mortality Weekly Report 40, 1/3/92). The most common STDs cited are: types 1 and 2 of herpes simplex virus (recurrent HSV is found in an estimated 30 million people); human papilloma virus or "genital warts," affecting more than 3 million; 1.5 million new cases annually of gonorrhea; and pelvic inflammatory disease (PID), affecting one in seven women of reproductive age. The consequences of STDs are varied, ranging from discomfort to lifelong health problems and even to death. Among STDs, the most insidious is human immunodeficiency virus (HIV) which now infects an estimated 1.5 million Americans. Although the incubation period is relatively long (an estimated 5-10 years), a HIV-infected person is virtually certain to eventually contract and die from an AIDS-related illness. There is no known cure. HIV affects heterosexuals as well as homosexuals; it is present among children and adolescents. Many children have been infected by their mothers; adolescents are becoming infected through sexual contacts and needle sharing.

The Center for Disease Control reports 29,850 deaths from HIV infection for 1991. Of these deaths, 74 percent involved individuals between the ages of 25-44 years. The editors of the journal which reported these statistics noted that although "deaths from all causes in this age group [25-45) comprised only 7 % of total U.S. deaths in 1991, they make a disproportionately high impact on society because of the loss of productive years of life and the loss of parents from families with young children." Clearly, the world faces a crisis which the teachings of the Church can help reverse.

HUMAN SEXUALITY: THE COMMUNAL DIMENSION

Such grim data demonstrates that human sexual activity has a communal dimension. As people say today, "If you sleep with one person, who has slept with one person, who has slept . . . you sleep with them all." Sexual activity is not as private as we might like to believe. Researchers have not yet begun to study, on a psychological and sociological level, the full ramifications of society's acceptance of sex outside of marriage. Although science generally does not make value judgments, some scientists today strongly argue for sexual abstinence until marriage purely for health reasons. From a behavioral point of view, that approach can work to a certain degree. However, simply scaring people is not the best method to effect lasting behavior change.

Contemporary society needs a bifocal view of reality--reality viewed through the lens of faith and the lens of science together. For, in many ways, both science and faith seek what is good for the human person.

HUMAN SEXUALITY: CHURCH TEACHINGS

The Church's vision of human sexuality is scripturally based, sacramentally real, morally honest, and spiritually rich. In other words, the Church promotes a holistic view of the human person-body, mind, and soul. Sadly, many people, including Catholics, do not know what the Church teaches in this area. They don't know how the Church's teachings can evoke true freedom and promote the complete health of the person.

The Church also is keenly aware of the communal dimension of sexuality. This understanding begins, of course, by respecting the private dimension-the truly profound "gift of self" between spouses. In the words of Pope John Paul II, an "original unity" willed by God for men and women in marriage is expressed by their conjugal relations. This unity is sacramental; that is, God is made present to the world in this vowed love because it is a true communion of persons. The sexual relations of husband and wife simultaneously express the spiritual and co-creative life-giving reality of God our Father.

Sexual union is an awesome treasure given to married couples. There is no other human act through which two human beings reach out to one another to say "I love you enough to want to be one with you," and at the same time touch God's hand and create another human being with Him. Because sexual intercourse possesses these profound human and divine dimensions, the Church treats it with reverence, never trivializing or separating it from its real meaning. Such a vision of human sexuality promotes freedom, growth in holiness, and peace. This vision of human sexuality is a witness to God's plan for humanity. It provides compelling reasons for reserving sexual intercourse for marriage, reasons complemented by current medical statistics.

The Church's vision of human sexuality and its teachings on conjugal love and responsible parenthood are not confined to individual spouses. Like the scientific studies that remind us of the communal dimension of sexuality, these teachings speak of the "collective gift" that God has given to humanity and to the world. Most people, of course, do not think of their fertility as something related to other people. Too often, when people do

think of their fertility, they perceive it as a problem to be solved, a liability in the realm of the very "private" and "personal." Yet faith teaches us that we were created as a people, separate from God and each other, yet united. We are created to be "co-creators" with God, not only figuratively but literally through our gift of fertility. So, in addition to the private gift of self that spouses make to each other in conjugal relations, there is also the public life-giving dimension of their relationship, manifested in the gift of another person, a child.

STEWARDSHIP

God has given life to us and to our world, and he has commanded us to "be fruitful and multiply." But this command does not stand on its own; it is also a call to be stewards of all creation. Concern for regulating births can be an important aspect of this stewardship. But stewardship does not mean "control at all costs." It means responsibility to one's spouse, children, and society, in a manner that respects the gift of fertility. This responsibility and respect form part of the reason why the Church cannot condone the use of artificial means to regulate births.

The Church teaches that sexual intercourse is oriented to the fixture of our world. Fertility is a collective gift over which we have dominion but not absolute control. We need to understand and appreciate that God nourishes and renews the earth through his creative spirit. In this vision, fertility is not a problem for couples and the wider human family, but a gift and a mystery to be cherished, protected, and respected.

PLANNING A FAMILY IN STEP WITH FAITH AND SCIENCE

The question of responsible parenthood reveals another nexus between Catholicism and science. When families desire to or must limit births, the Church teaches that natural family planning (NFP) is the only authentic way to accomplish this goal. The Holy Father, John Paul II, has contributed to our understanding of the inherent good of these methods. In his many writings he has noted that NFP calls couples to love generously and enables them to make an honest and permanent gift of themselves to each other. NFP can encourage these virtues because it does nothing to impede the gift of fertility. It respects God's gift of love (spousal union) and life (procreation).

Many, including Catholics, do not know that NFP is the umbrella term for several natural, modern, and scientific methods of family planning. These include the sympto-thermal method (STM), ovulation method (OM), and the basal body temperature method (BBT). Each method is scientifically based and makes use of the observable signs of a woman's cycle of fertility. These natural methods can be used at any time during the reproductive life of a married couple because they do not depend on regular menstrual cycles. Through the

modern NFP methods, a woman can observe her fertility signs or chart the rise and fall of her basal body temperature which coincides with hormonal changes. In some methods of STM, cervical changes are monitored as well as secondary signs of fertility. All of this information is readily available to those who wish to learn.⁷

Nonetheless, many people still think of "rhythm" when they hear the term NFP. The rhythm method, however, refers to a calendar method of determining fertility, a method seldom used in the United States today and not used by practitioners of NFP. NFP is not rhythm and to equate the two is scientifically inaccurate. In its day, rhythm yielded poor effectiveness rates. Today, many studies attest to the effectiveness of the natural methods of family planning. For example, the World Health Organization and the U.S. Department of Health and Human Services both confirm a method effectiveness rate of 97-98 percent and an estimated user effectiveness of 85-95 percent. Research has helped the NFP community understand that in order for couples to achieve the 97-98 percent effectiveness rate, they must be taught by certified NFP instructors, be motivated to use the method, and be clear about their family planning intention. 8

The wide range of user effectiveness is a result of many factors, the most important being the couple's "family planning intention." When couples are spacing births, they are more likely to disregard method rules and achieve the lower rates. In contrast, when couples have reached their family size, they usually follow method rules more closely and achieve the higher rate.

CONCLUSION

Today we are confronted not only by the wonder and beauty of human sexuality, but also by the terrifying consequences of abusing that gift. How can the Church respond to this challenge?

We must grow in our ability to draw from science the knowledge that helps us make deeper connections between our faith and our lives. And we must be consistent through our catechetical and pastoral programs on human sexuality, natural family planning, marriage, and family life. As the Holy Father reminded us in his remarks to a seminar on bioethics and pastoral care of families: "The faithful unity of theological and pastoral criteria, from the point of view of the indispensable teaching of the church's magisterium and with support from the human and biological sciences, form a valid basis for pastoral service."

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NOTES

¹ "Adult Sexual Behavior in 1989: Number of Partners, Frequency of Intercourse and Risk of AIDS," *Family Planning Perspectives* 23 (May/June 1991): 102-107.

National Research Council. "AIDS: Sexual Behavior and Intravenous Drug Use." Washington, D.C.: National Academy of Sciences, 1989, cited in *Contraceptive Technology*, 1990-1992, 15th Revised Edition. RA. Hatcher, et al. eds. (New York: Irvington Publishers, Inc., 1988), p. 8. See also Center for Disease Control. "Premarital Sexual Experience Among Adolescent Women United States 1970-1988." *Morbidity and Mortality Weekly Report* 39 (1991): 929-32.

³ J. Trussell. "Adolescent Pregnancy." Family Planning Perspectives 20 (1988): 6.

⁴ M. F. Goldsmith. " 'Silent Epidemic' of Social Disease Makes STD Experts Raise Their Voices." *Journal of the American Medical Association* 26 (1989): 3509-3510.

⁵ W. Cates, Jr. "Epidemiology and Control of Sexually Transmitted Diseases: Strategic Evolution." *Infectious Disease Clinic North America* 1 (1987): 1-23, cited in Contraceptive Technology, p. 97.

⁶ Morbidity and Mortality Weekly Report 42, July 2, 1993.

⁷ See "Program Resources" section in this packet

References for the effectiveness studies quoted are: Natural Family Planning. Department of Health, Education, and Welfare. Public Health Service, Health Services Administration, Bureau of Community Health Services. DHEW Publication Vol. (HSA) 795621. GPO: 1979 0-295-880; and The World Health Organization. Results of a study on NFP effectiveness in India, Ireland, New Zealand, Philippines, and El Salvador, 1980.