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Ethics and Human Values in Family Planning

Vatican Statement

THERE ARE NO "value free" methods of family planning. Research scientists, medical personnel, government officials, and welfare agents should reflect seriously on the consequences of their activities, on the assumptions they hold, and on the goals they pursue in family planning.

The Catholic Church has a world-wide interest in family planning. Today, there are thousands of Catholic men and women, together with other people of other religious traditions, who are involved in promoting or using the natural methods of family planning which the Church promotes and encourages. Through the human experience of these members of many diverse societies, nations, and cultures, the Catholic Church brings her own unique contribution to a conference on ethics and human values in family planning. She enters a dialogue on the rights and responsibilities of individuals and societies as the largest single international religious community on earth.

The teaching of the Church against abortion, sterilization, and contraception was expressed clearly by Pope Paul VI in July 1968 in his encyclical letter *Humanae Vitae*. This teaching has

→ The above article is a statement prepared by the Vatican and submitted to the XXII Council for the International Organizations of Medical Sciences (CIOMS) Conference held in Bangkok, June 19-24, 1988. The complete title of the statement is "Submission of the Catholic Church to the XXII CIOMS Conference on Ethics and Human Values in Family Planning: An International Dialogue on Rights and Responsibilities of Individuals and Societies."

NB: The name of the Vatican⁸⁷ dicastery was not provided in this reprint.

been repeated by Pope John Paul II in 1981 in his apostolic exhortation on the family *Familiaris Consortio* and subsequently in other allocutions. This authoritative teaching will not change, even if it is often misunderstood or even misrepresented.

However, through a clear ethic on questions of the value of human life from the moment of conception until natural death, and on the natural transmission of human life, the Church has encouraged development and research in natural family planning (NFP). Not only in her teaching, but in her years of pastoral experience in this field, the Church is deeply concerned about ethics and human values in family planning.

The concern of the Church would not necessarily be communicated best in an "international dialogue on the rights and responsibilities of individuals and societies" were the Church to come to such a dialogue using her treasured theology and philosophy. While making no apologies for her proclamation of the Divine Law and her interpretation of its principles, the Church can best communicate in this conference by speaking in an ethical framework where most nations can find common agreement, that is, in terms of the rights and responsibilities of individuals and societies. Her social doctrine proposes, moreover, that the point where the rights of individuals and societies converge is in the family, as set out in the *Charter of the Rights of the Family*, published by the Holy See, October 23, 1983.

In order to contribute to this important dialogue, six challenges will be proposed in ways which may lead to common ethical accord. These challenges cover the following areas which are raising the crucial moral issues in family planning today:

- (1) the abortifacient effect of certain contraceptives;
- (2) adverse secondary effects of certain contraceptives;
- (3) long-term sterilizing effects of certain contraceptives;
- (4) the myth of a universal population crisis;
- (5) ethics and human values in natural family planning;
- (6) AIDS and contraception.

From the practical content of these challenges, ethics and human values in family planning will be seen to include the rights and the health of women and men, the rights and the well-being

of the family, the ethnic, cultural, and religious values of peoples, the economic welfare of many people in the Third World, and ultimately, the value of human life itself.

Six Challenges

1. The Abortifacient Effect of Certain Contraceptives

The right to freedom of conscience and the right to information requires that the primary or secondary abortifacient effect of a contraceptive substance or device be communicated to the persons who will use or prescribe or provide that substance or device.

This serious ethical question is raised once it can be shown probably that certain IUDs, pills, or "vaccines" used by women do, in fact, procure early-term abortions. Women have the right to know whether they are procuring early-term abortions by using these substances or devices. Likewise, their husbands have the right to know whether the new human life they have generated is being destroyed before or after implantation. Medical and paramedical personnel have the right to know whether they are direct agents in procuring early-term abortions.

To present an abortifacient as simply a sterilizing agent is to tell a lie, precisely at that point where many users and providers would refuse to be a party to an abortion. If they were to conceal the primary or secondary abortifacient effect of a contraceptive substance or device, researchers and promoters of contraception would be violating the consciences of women and men, including their freedom of religion and the right to hold to the traditions of a culture, nation, or a tribe. Considering the effects of repeated abortions on the reproductive system of a woman, there is also a moral question of her right to fertility in the future and of her physical and psychological well-being.

The question of conscience is not a direct affirmation of the "right-to-life," rather, it proposes any person's right to hold and to put into practice that right-to-life, if she or he should so choose. Freedom of conscience as one's right to live according to a chosen ethical code ought to be admitted even by researchers and promoters of abortifacients. Certainly, if abortifacients are correctly

and simply "labelled," many women and men for ethical and health reasons may not choose to use them. This would also indicate that abortifacients are not socially effective means of family planning.

Examples

- (a) RU 486 is an abortifacient also known as "Mifepristone," manufactured and under research by Roussel-Uclaf. Although approved by the ethics committee of the Academie Française, a major controversy has erupted over the use of RU 486 as an abortifacient operating after implantation and over RU 486's effects on a woman's body and on infants who survive its operation (teratogenicity).
- (b) The World Health Organization (WHO) antifertility vaccine has been identified as an abortifacient. "The active principle of this vaccine is a peptide immunogen that was specifically designed to elicit immunisation against the hormone human chorionic gonadotrophin (hCG) . . . which plays a crucial role in the establishment and maintenance of early pregnancy." (*Progress*, no. 1, p. 5, Bulletin of the World Health Organization Special Programme of Research Development and Research Training in Human Reproduction; henceforth, WHO/SPRDRTHR.) Researchers claim that this vaccine against the "disease" of pregnancy will be administered by injection, with effects lasting for one year. Clinical trials are in progress in Adelaide, Australia. But will this vaccine which prevents implantation or provokes spontaneous abortion be described as such?
- (c) The rubber vaginal ring, impregnated with levonorgestrel, releases a steroid into the bloodstream over a period of 90 days. Currently under clinical trialing by WHO/SPRDRTHR, it may seem by its location in the body to resemble barrier contraception. However, as with a levonorgestrel based pill, Triphasil, which has a stated abortifacient effect, is it not also an abortifacient rather than a "steroid"?

- (d) The IUD in its various forms has provoked litigation and much controversy. The precise operation of certain IUDs is obscured in *Progress*, no. 1, February 1987, p. 2. All that is claimed is that contraceptive processes are more likely to be the primary effect of an IUD than "prevention of implantation of the fertilized ovum due to biochemical and histological changes in the endometrium"—the abortifacient effect. WHO/SPRDRTHR is not facing the challenge that intrauterine devices of themselves prevent implantation and provoke spontaneous abortions at a high rate among uterine pregnancies which may occur while the device is still in place.

Unfortunately, the current research policy and programs of the WHO/SPRDRTHR give no assurance of any ethical sensitivity to this fundamental question of the right of persons to choose to maintain the right-to-life, or, by implication, of their right to information concerning primary or secondary abortifacient effects. For example, the first four task forces of WHO/SPRDRTHR are: (1) Task Force on Plants for Fertility Regulation, (2) Task Force on Long-Acting Systemic Agents for Fertility Regulation, (3) Task Force on Post-ovulatory Methods for Fertility Regulation, (4) Task Force for Vaccines for Fertility Regulation. Task Force 3 is devoted entirely to abortifacients under a polite synonym. As explained above, Task Force 4 is devoted to abortifacient "vaccines" and includes abortifacients, and Task Force 1 may include abortifacients.

The bias in WHO-sponsored research into effective contraception has descended further into abortifacient methods. The Catholic Church deeply regrets this insensitive slide into abortion-as-contraception, with all its grave moral implications.

The problem of the right to be informed whether a substance or device procures abortions may be illustrated from the truthful description of the mode of action of the pill Triphasil, which includes "the formation of an endometrium less receptive for implantation." However, this technical description does not inform a less-educated woman that this pill is an abortifacient. Similar technical wording, implicitly describing the abortifacient effect,

is included with the following substances, as marketed in Southern Africa: Ovral 28, Minovlar 21, 28 and ED, Micro-Novum, Nor-dette, Brevinor, Nur-Isterate, Depo-Provera.

Simple, explicit descriptions of the abortifacient effect ought to be included, in the same way that certain governments require warnings concerning the less morally sensitive effects of tobacco. Providers and promoters of abortifacients should honestly label their product. They have chosen to reject the right-to-life. The least they can do is to allow others the ability to exercise their freedom of conscience. They can only give all the women of the world that freedom of choice by stating simply and honestly what their product does.

2. Adverse Secondary Effects of Certain Contraceptives

The right of each person to good health and the principle of totality in bodily well-being places an obligation on researchers, promoters, and providers of contraceptives that they communicate any possible bad secondary effects of a contraceptive substance or device to the women or men who will use it.

The problem of "side-effects" in contraception raises a serious ethical issue. The obligation to respect the right to good health ought to require the elimination from contraceptive technology of any substance or device which threatens health. Researchers and providers are not promoting family planning which respects the rights and responsibilities of individuals or of society by causing physical or psychological harm to men and women.

The principle of common justice expressed in the right to bodily health includes the protection of a right to be informed in a health-care context of any potential threat to physical or psychological health. In particular, a woman's right to good health during her child-bearing years, and later in life, is at stake when side-effects of contraception are considered. Her children, in the womb and after birth, may also be subject to these side-effects. However, not only the female user and her child, but also her husband has the right to be informed of possible secondary effects of contraceptive substances and devices, so that he can exercise his marital duty to protect and nurture his wife.

Examples

The WHO/SPRDRTHR has already set up research with funding to discover adverse secondary effects in the various contraceptives they develop and promote. This is a praiseworthy initiative. However, an article in their bulletin *Progress*, no. 1, pp. 2-3, praises a range of intrauterine devices, glossing over the notorious problems which have surfaced with the use of IUDs in the United States of America, resulting in past and current litigation over deleterious side-effects of certain IUDs. This article draws upon apparently positive judgement in favor of certain IUDs by the WHO Scientific Group on the Mechanisms of Action, Safety, and Efficiency of Intrauterine Devices.

In an ethical context, problems with the use of the IUD must be faced honestly. The most "minor" problems are in the area of pelvic inflammatory disease (PID), in turn leading to further health complications. Most serious would be the report in the *Journal of Reproductive Medicine* (May 1983) that 49% of women using IUDs had salpingitis (inflammation of the Fallopian tubes), whereas only 1% among non-users suffered from this problem. Even *People*, the International Planned Parenthood (IPPF) magazine, vol. 13, no. 1, 1986, cited a study by Snowden (*British Medical Journal*, May 26, 1984) which "has shown that pelvic infection is present among IUD users but that no one IUD model is better or worse than the others." However, this information has not stopped IPPF from continuing to promote the worldwide use of IUDs. If the IUD is not a safe method of contraception, in personalist terms it must never be called an "effective" method of contraception.

Depo-Provera continues to arouse resentment in the Third World. This injectible contraceptive cannot be used on women in the United States but continues to be used in the Third World. Why? There can be no ethical disparity between the First World and the Third World in the use of Depo-Provera and other substances and IUDs. There is only one principle of bodily well-being and the right to be informed so as to maintain or protect health. The detailed information honestly provided on side-effects for various forms of the Pill (for example, the side-effect information

included with Triphasil in Southern Africa) ought to be provided for substances such as Depo-Provera.

There are not two ethical "laws," one protecting women and men in the First World, the other allowing the dumping of harmful substances and devices in the Third World. Every person has the right to know what a contraceptive substance or device does to his or her body. Therefore, the Church urges governments to protect the health of their people by requiring strict control of the use of harmful contraceptives. Governments should resist any pressure to allow or promote harmful contraceptives, noting that such pressure comes from a questionable ideology of population control, or from commercial interests, or from a degraded view of health care which would sacrifice the health of women and men in order to achieve convenient contraception.

3. Long-term Sterilizing Effects of Certain Contraceptives

The inalienable right of spouses to found a family and to decide on the spacing of births and the number of children to be born places an obligation on researchers, promoters, and providers of contraceptives that they communicate any possible permanent or long-term sterilizing effect of a contraceptive substance or device to the women or men who will use it.*

The Catholic Church is opposed to the direct sterilization of men and women, and also to attempts to impose sterilization on people. Such attempts may also be seen as in conflict with the ethical sensitivities of a religious culture, as in India.

Those who disagree with the Church on this question of sterilization would at least agree on a common ground of human rights, that (a) spouses have a right to their fertility and to make decisions concerning children, and (b) that all persons have a right to accurate health information. Therefore, it would be an offense against common justice to offer persons temporary contraceptive sterilization when there is a distinct possibility that these forms of

*Cf. Vatican Council II, *Gaudium et Spes*, 50, 87; *Charter of the Rights of the Family*, article 3.

contraception may render them permanently sterile. To control fertility is one matter; to take fertility away is another matter.

Wherever possible, any long-term or permanent sterilizing effects should be indicated clearly and simply when contraceptives are supplied.

Examples

Researchers face a difficult task in assessing the long-term effects of an agent introduced into the body of a woman or a man. However, if ethics and human values in family planning are to be respected, the long-term or permanent sterilizing effects of substances or devices should be a matter of research priority in the experimental or clinical trial phases of WHO/SPDRTHR presently in process.

For some years infertility caused by the Pill has been a matter of concern. An editorial in the *British Medical Journal* (October 14, 1972, pp. 59-60) stated:

A disquieting feature of treatment with oral contraceptives is receiving increasing attention among gynaecologists. This is that some women, on discontinuing the use of oral contraceptives, do not experience a normal return to menses but may remain amenorrhoeic for years.

Refinements in oral contraception do not necessarily resolve this problem. The ovaries may become atrophic through continued and prolonged suppression. Due to continuous exposure to synthetic steroids, the endometrium may atrophy and become incapable of responding to the influence of estrogen and progesterone.

Especially in the Third World, medical advice must be provided concerning the use of substances or devices which may induce sterility. Of particular concern today are Depo-Provera, which continues to be used in parts of Africa, and Net-en (Netoen), Nurethisterone Denanthate, an injection of a progestin which has aroused controversy in India also concerning possible side-effects. What has already been stated concerning side-effects and a single ethic for both the First World and the Third World also applies to the ethical issue of long-term or permanent sterilization.

If the public authorities choose to promote sterilization openly in a particular culture where such a practice is abhorrent, they must face social consequences. However, to promote or impose a sterilization program through the use of more potent contraceptives is a deception which violates common justice. The objective moral order, human dignity, and the freedom of spouses to form a family must always take precedence over irresponsible attempts to promote contraceptives which may destroy fertility.

4. *The Myth of a Universal Population Crisis*

Changing economic and social conditions raise an urgent moral question: whether a universal policy or radically reducing population is to the economic and social benefit of peoples.

Although there are countries with serious general or regional population crises, the world "population bomb" is gradually being revealed as a myth. But that myth remains as the basis for the ideology of what may be called contraceptive imperialism. The ideology may be reduced to the view that lower population leads to a better economy. International Planned Parenthood and similar bodies operating throughout the world seem so committed to this ideology as to wish to enforce it in ways which override ethical principles and values in many diverse cultures. Having failed to reduce population adequately in certain areas of the Third World, or to achieve "zero-population growth" in the First World, protagonists of this ideology now promote widespread sterilization and abortion-as-contraception.

The Church recognizes that there is population pressure in some countries, although this is often confused with underlying problems of economic injustice, under-development of resources and poor economic planning. Density of population does not necessarily cause starvation and poverty. Nor is a population of five billion necessarily a high world population considering massive achievements in food production and potential for further development of resources and technology. In the field of economics and demography, alternative voices need to be heard, for example: Prof. Pierre Chaunu and Fr. René Bel (France), Prof. Julian Simon, Dr. Robert L. Sassone, Prof. Jacqueline Kasun, Dr. Roger

Revelle, Dr. David Hopper, Mr. Carl Anderson (United States of America), Dr. Peter Bauer and Dr. Basil Yamey (United Kingdom), and Dr. Colin Clarke (Australia). These experts, in various ways, have exploded the overpopulation mythology which is the basis for contraceptive imperialism.

That "imperialism" is the imposition on peoples and cultures of any form of contraception, sterilization, or abortion which is deemed to be "effective," without regard for the religious, ethnic, or family traditions of a people or culture. A move away from such insensitive disregard for ethics and human values in family planning could be achieved by (a) rejecting the "doomsday" mythology of a population crisis in the world, (b) seeing population development in the context of economic development, (c) recognizing distinctive problems not only in regionalized overpopulation but in underpopulation, and (d) meeting these varying problems through the promotion of economic justice by development and decentralization.

In his recent encyclical letter on social justice Pope John Paul II addressed the demographic problem in these terms:

One cannot deny the existence, especially in the southern hemisphere, of a demographic problem which creates difficulties for development. One must immediately add that in the northern hemisphere the nature of this problem is reversed: here, the cause for concern is the drop in the birth rate with repercussions on the aging of the population, unable even to renew itself biologically. In itself, this is a phenomenon capable of hindering development. Just as it is incorrect to say that such difficulties stem solely from demographic growth, neither is it proved that all demographic growth is incompatible with orderly development.

On the other hand, it is very alarming to see governments in many countries launching systematic campaigns against birth, contrary not only to the cultural and religious identity of the countries themselves but also contrary to the nature of true development. It often happens that these campaigns are the result of pressure and financing coming from abroad, and in some cases they are made a condition for the granting of financial and economic aid and assistance. In any event, there is an absolute lack of respect for the freedom of choice of the parties involved, men and women often subjected to intolerable pressures, including economic ones, in order to force them to submit to this new form of oppression. It is the poorest populations which

suffer such mistreatment, and this sometimes leads to a tendency towards a form of racism, of the promotion of certain equally racist forms of eugenics.

This fact too, which deserves the most forceful condemnation, is a sign of an erroneous and perverse idea of true human development. (*Sollicitudo Rei Socialis*, 25. December 30, 1987)

Examples

- (a) Central Europe is now experiencing an underpopulation crisis, in the wake of contraceptive policies of the 1960s. Most countries in Europe have births below the necessary replacement level of 210 births for every 100 women. As the proportion of elderly people rises and there are less young people in the work-force, so there will be serious economic and social problems, for example, the care of the aged, the generation of finance for more pensions, the decline of some consumer industries. West Germany has the lowest birth rate in the world, 1.4 babies per woman. On the other hand, France, since September 1986, has begun to pursue pro-family policies as an incentive to raise the population.
- (b) Singapore and Bulgaria are two countries with different social and economic systems, but both have rejected the ideology that lower population must be sought to improve the economy. In efforts to recover from a damaging fall in population, the government of Bulgaria has moved away from a pro-abortion policy and now provides incentives for couples to have children. On March 1, 1987, a surprising reversal was announced concerning the Singapore government's well-known policy of population control. Singapore is now moving away from financial discrimination against families with more than a specified number of children. Both countries have changed their policies because they recognize that "zero-population growth" is an economic and social disaster.

Nevertheless, in countries subject to high population pressure and limited development, mass contraceptive organizations, well-funded and suited to certain commercial interests, continue to strive for technological control of the birth rate as the

key to development. The researchers who develop more "effective" contraceptives continue to act as if the mythology of overpopulation was a truth. In some countries, governments sponsor or enforce population control, invoking the ideology of lower population as development when the real local issues are injustice, corruption, and economic mismanagement.

The Church calls upon researchers and providers of contraception at least to begin questioning their demographic and economic assumptions. They should consider whether they may be contributing to economic and social problems rather than solving them. They should reflect on the now familiar pattern of resentment and rejection of population control and its insensitive use of abortifacients, sterilizing agents, or the further slide into programs of abortion and sterilization. The Church deplores these assaults on human life and the dignity of women and men which have not contributed to the just development of the world.

5. Ethics and Human Values in Natural Family Planning

The only truly "effective" form of family planning would be that which embodies (a) respect for the health of women and men, (b) respect for their ethnic cultural and religious values, together with (c) a flexible capacity to adapt either to problems of overpopulation or underpopulation. On these ethically sound principles and based on widespread evidence, only the natural methods of family planning are truly "effective," and research and funding should be directed to these methods.

Once family planning is placed in the context of ethics, human values, and the rights and responsibilities of individuals and societies, the only truly human form of family planning is that derived from the use of the natural methods of spacing births. This may be demonstrated in a series of steps which also underline the ethical and practical crisis of contraceptive substances and devices.

- (a) *Natural family planning is scientifically sound.* The three principle natural methods are: (1) Ovulation Method (Billings), (2) Sympto-Thermal Method, (3) Breastfeed-

ing. Advanced research on the mucus symptom of the Ovulation Method, used with the temperature symptom in the Sympto-Thermal Method, has been carried out by Prof. James Brown, University of Melbourne in Australia and by Prof. Erik Odeblad, Umea University in Sweden. Research on fertility regulation through breastfeeding has been carried out by Prof. Roger Short, Monash University in Melbourne and by Dr. Bob Jackson, United States of America. Studies are regularly made of the effectiveness of the first two methods as ways of postponing pregnancies. These methods can be as effective in that aspect of family planning as the Pill.

- (b) *Natural methods are free of any primary or secondary abortifacient effect.* Hence they are ethically acceptable in all cultural, ethnic, and religious contexts and raise none of the moral or health problems of existing and new abortifacients.
- (c) *Natural methods are free of bad side-effects.* Hence they respect the health of women and men, and raise none of the moral problems of the right to bodily health and to true information in a health care context.
- (d) *Natural methods can be used to postpone or to achieve pregnancy.* Because the two major methods can pinpoint ovulation in the woman's cycle, they may be adapted as a family planning method to postpone or space pregnancies or to achieve pregnancies, especially in cases of limited fertility. Therefore, the natural methods meet the needs of couples living in societies subject either to overpopulation or underpopulation in terms of government demographic policies in those differing contexts.
- (e) *Natural methods, by spacing births without side effects to mother or child, lessen infant mortality.* Together with effective hygiene, diet, and health care, the natural spacing of children allows for better embryo development and subsequent improvement in postnatal health. The natural methods, in this infant mortality context, have the advantage that they lack the various dangerous side-effects of

contraceptive substances and devices. In his Lenten Message for 1988, Pope John Paul II drew attention to the tragedy of infant mortality in the world today.

- (f) *Natural methods restore dignity to women.* Natural family planning centers around the woman. Both partners must accept her cycle of fertility. She is not reduced to a sterile object which may be used at will.
- (g) *Natural methods strengthen marriage, hence family life.* This "personalist" dimension of natural family planning is being recognized as perhaps the greatest personal and social benefit of the methods. Husband and wife share decisions relating to procreation as equals through dialogue and a loving sensitivity towards one another as "life givers."
- (h) *Natural methods may be taught to anyone and are easy to use.* Because the basic symptoms are within the body of each woman and easily observed, even illiterate or blind persons can be taught methods centered on the mucus symptoms. Women can teach the methods to other women. As the methods rapidly expand, new strategies are being developed for teaching in ways which communicate accurately in a Third World context.
- (i) *Natural methods place no economic burden on users.* The major expense in natural family planning is in personnel to promote and maintain use or in continuing research. Users need pay nothing more than the cost of a booklet or chart. On the other hand, there is no major industry derived from the natural methods.

What emerges after careful reflection on these and other advantages of natural methods is a sharp comparison between natural family planning and contraceptive substances and devices. The natural ways are a long-term solution to many personal and social problems; the contraceptive ways are a short-term or "band-aid" approach to those problems.

Examples

The widespread failure to see family planning in terms of human values is reflected in the discrimination currently suffered by

the natural methods of family planning.

- (a) The budget of WHO/SPRDRTHR is weighted heavily on the side of research into technologically effective substances and devices. The lowest allocations of funding are for research in natural family planning and infertility.

It is significant that the funding for WHO/SPRDRTHR comes mainly from four notable contraceptive nations in the West: the United Kingdom, Sweden, Norway, and Denmark. Contraception, sterilization, and abortion are all socially acceptable means of regulating fertility in these societies. The governments of these nations would appear to assume that other nations and societies must fall into line with their methods for the technological control of population.

- (b) The WHO Inter-Country Teachers Training Workshop in Natural Methods of Family Planning in a Non-religious Context (Warsaw, August 26-29, 1986), in fact, discriminated against natural methods. Among the conclusions in the controversial report of this workshop was an attempt to redefine natural family planning in a "value free" sense as "fertility awareness methods." This was to justify a combination of barrier-method contraception with the observation of natural symptoms—which is no longer a form of natural family planning. The Workshop even included the ridiculous assertion that only breastfeeding is a truly "natural" method.

By seeming to redefine "nonreligious" as nonethical, the Workshop's "conclusions" fail to take account of the personal and social reality that all decisions and methods relating to regulating fertility involve ethical and human values. Typical of this nonethical approach was the description of the sexual abstinence included in natural methods as not natural or unnatural, but "culture-bound." This narrow view may reflect the assumptions of the sexual revolution of the 1960s and 1970s, but it fails to take into account the experience of many couples in many different cultures who find that periodic abstinence from intercourse enhances their marital relationship, regardless of whether this abstinence is associated with spacing children.

- (c) The integrity of natural family planning and the right of women and men to teach and use it is being violated in various ways. For example, there are repeated instances of financial aid for family planning which, when given to natural methods, is given on condition that teachers are willing to refer clients to contraceptive methods, contrary to the conscience of the teachers and the nature of natural family planning.

At the Warsaw Workshop, the refusal to recognize periodic abstinence as part of any natural method included favor for barrier contraception or masturbatory sexual expression during the fertile phase of the cycle. In some places, "natural methods" are advertised and taught which include barrier contraception and which encourage masturbatory sexual expression.

The above examples of discrimination against natural methods could even include the unjust and untruthful use of the term "rhythm" to describe these methods, false suggestions that these methods are "religious," or that they are "difficult to use." As the major world sponsor of the use of natural methods, the Church seeks justice and equity for the women and men who teach and use these methods of spacing children and an end to explicit or implicit discrimination against them. As has been set out above, natural family planning is without ethical problems, an appropriate total health care context for mothers and babies, without side-effects, scientifically sound, accessible, simple to use, inexpensive, and a truly personalist way of maintaining the dignity of women, the bonds of spousal love, and healthy family life in all cultures.

The only hope for family planning which respects ethics and human values, which puts people and families first, is in natural family planning.

6. AIDS and Contraception

The AIDS crisis requires that only methods of fertility control which do not promote sexually-transmitted diseases should benefit from research and funding.

Although the gravity of the AIDS crisis may have been overestimated in some countries, there remains a tragic and rapid

spread of this disease in Africa. Heterosexual transmission seems to be the major cause of the spread of AIDS in Africa, hence an ethical challenge is raised to providers and researchers of contraceptives. No method of family planning should be encouraged which may transmit AIDS, at least in high-risk social situations. The death of men, women, and children is not a part of ethical or value-centered family planning.

Examples

- (a) The barrier methods do not provide assured protection from AIDS. Because of its failure rate in preventing pregnancy, and a higher failure rate in anal intercourse, the condom is no longer described as providing "safe sex" but merely "*safer sex*," that is, a lower probability of imparting death.
- (b) Sterilizing substances—pills, injections, or implants—in no way provide protection against AIDS. Yet these are the major methods under research by WHO/SPRDRTHR, showing a nonethical insensitivity and disregard for the AIDS crisis.
- (c) In themselves, as technology, the natural methods provide no protection from AIDS. However, they have been observed to encourage, maintain, or restore stable sexual relationships. Therefore, in the field of family planning, only the natural methods are promoting the *single-partner* principle, which governments are now proposing as the only sure way of avoiding AIDS and other sexually-transmitted diseases.

Conclusions

The six ethical challenges are proposed by the Church to promote dialogue and reform in family planning. The rights and responsibilities of individuals and societies have been compromised for too long. What is perceived as a technological crisis in contraception is really a crisis in ethics, caused by a ruthless and insensitive contraceptive imperialism.

Behind that imperialism is not only a blind trust in "effective" contraceptive technology, but also a failure to understand the role

of religion in other societies. From a materialistic, hedonistic, and self-centered point of view, religion is seen as a private compartment in life, an optional extra which persons may or may not choose. But that definition cannot be imposed on the societies of the Third World where "religion" is integrated into daily life and is inseparable from cherished human values, such as fertility, the bonds of the family, or the value of human life itself. A materialistic, hedonist, and self-centered concept of life can and does separate ethics from religion, but such a separation cannot be imposed on Third World societies and cultures without consequent disaster.

The Church calls for a rejection of contraceptive imperialism and its naive assumptions that (a) a technologically effective contraceptive must be socially or personally "effective" and (b) lower population leads to better economy. The Church calls for respect for traditional cultures where women do not want abortifacients, where men do not want their potential children to be aborted, where sterilization is seen as an affront to human dignity and integrity because it is perceived as destroying the sacred fruitfulness of women and men. The Church calls for the recognition of the natural methods of spacing children as the only way forward to a truly ethical and personalist family planning.

To this situation may be applied the words of Pope John Paul II in his recent encyclical letter on social justice.

At stake is the dignity of the human person, whose defense and promotion have been entrusted to us by the Creator, and to whom the men and women at every moment of history are strictly and responsibly in debt. As many people are already more or less clearly aware, the present situation does not seem to correspond to this dignity. Every individual is called upon to play his or her part in this peaceful campaign to be conducted by peaceful means, in order to secure development in peace in order to safeguard nature itself and the world about us. The Church too feels profoundly involved in this enterprise, and she hopes for its ultimate success. (*Sollicitudo Rei Socialis*, 47)