

Birth Control

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Modern concepts of "birth control" have gained considerable social acceptance because of the movement started by Margaret Sanger early in the 20th century. Its goals advocated that "procreation of the diseased, the feeble-minded, and the poor be stopped." Today, that movement exists as "family planning," formally represented by the international organization of Planned Parenthood whose agenda is anti-Christian, anti-family, and pro-abortion!

By contrast, God's direction for His people in Scripture is clear. He is intimately involved with the formation of unborn children (Psalm 139:13-16). "Children are a gift of the Lord" and a "reward"; "a full quiver" of them is a "blessing" (Psalm 127:3-5). God plans the lives of people even before they are born (Jeremiah 1:5). Even salvation is "for you and your children" (Acts 2:39).

Thus, God expects and will bless families with children. The modern couple who is physically able to have children has no Biblical justification to choose to be childless. Moreover, to "be fruitful and multiply" (Genesis 1:28), is not only directed at Christians, but also to non-Christians since it was given before the Fall of mankind (Genesis 3) and after the Great Flood (Genesis 9:1).

With this background, stewardship of procreation (birth control) is neither endorsed nor prohibited by Scripture. Man's responsibility is not just to let "nature take its course," but consciously to order his life toward the fulfillment of the divine plan. Thus, the number of children that a couple has and the timing of their birth is permissible, as long as other Biblical principles are not violated. As seen above, the Biblical emphasis is on large families. Given the fact that 2.2 children per couple are necessary to maintain the current world

population (ZPG or Zero Population Growth), more than 2 children per family seems a reasonable goal, especially since 20 percent of married couples are physically unable to have children.

Some circumstances seem to allow for timing of birth. A child too early in one's marriage may not be wise (Deuteronomy 24:5). Successive pregnancies may be too hard on some women with physical problems. Family income may be believed insufficient to provide for many children. (However, most estimates of needed resources for raising children are greatly exaggerated.) Completion of higher education requirements seems a sufficient reason for a short postponement of children. Inherited genetic disease may be a reason not to have children, but medical and spiritual counseling is necessary because this area is quite complicated. However, this control cannot be argued to extend to unmarried women and men. Fornication and adultery are severely condemned by God (Exodus 20:14; I Corinthians 6:15-20). The use of birth control to prevent one consequence of these sins is not ethically acceptable (Romans 3:8).

Birth Control Methods

Birth control methods generally fall into two types: those that prevent fertilization of the egg (conception) and those that prevent implantation of the fertilized egg into the uterus (abortifacient). Since God says that individual human life begins at conception (Genesis 4:1; Psalm 51:5; Matthew 1:20), abortifacients are not an ethical choice. These methods include surgical abortion by various means and at various stages of fetal development, the intrauterine contraceptive device (IUD), the "mini pill" (containing a progestin only), subcutaneous injection of estrogens and progestins, the

"morning after" pill (a high dose of estrogen or progestin), and the new French abortifacient, RU-486.

Coitus interruptus is the oldest form of contraception. Onan's punishment for this act was for his failure to fulfill his levirate obligation, not the act itself (Genesis 38:8-9). Thus, coitus interruptus is morally acceptable, but practically is not reliable as it requires considerable discipline for the man.

The rhythm method is the only form of birth control acceptable to Roman Catholic teaching, but also common to Protestants. It is specifically endorsed by the Apostle Paul for specific occasions and by mutual consent (I Corinthians 7:5). With some modern adaptations such as temperature monitoring and testing of vaginal mucous, the prevention of pregnancy by this method has been greatly enhanced. However, its reliability and difficulties in practical application limit its efficacy.

Other morally acceptable forms of birth control include the use of condoms, diaphragms, cervical caps, and spermicides (foams and jellies), usually used together in various combinations. There are only minor problems such as proper fitting and irritation associated with these methods, but again their ability to prevent pregnancy is limited by the efficacy of the methods themselves and their practical implementation before and during sexual passion.

Breast feeding has a feedback mechanism that can prevent ovulation. As a single form of birth control, it may be the least reliable. However, it will decrease the incidence of pregnancies in sexually active women who nurse their babies.

The most effective and most controversial form of birth control among Christians today is the birth control pill (oral contraceptive). Generally, they contain both an estrogen and a progestin. Their primary method of action is to prevent ovulation. Secondary actions include the prevention of sperm moving to an egg (if ovulation does occur) and alteration of the lining of the uterus to prevent implantation (if ovulation and fertilization occurs). While much has been made of potential side effects of the "pill," women who do not

smoke and are under 35 years of age appear at little risk of serious side effects. The pill even has positive effects to prevent ovarian cancer, benign breast disease, ectopic pregnancy, and other problems common to women. The controversy rages over the question, "Are oral contraceptives abortifacients?" On the negative side, if ovulation does occur in women using oral contraceptives, it is rare (probably in the range of 1 in 250 cycles). Further, the likelihood that sperm can survive the hostile uterine and tubal environment created by the hormonal effects to reach the egg is remote.

On the positive side, millions of women on the pill make for a large number of potential abortions (non-implantation), despite the rarity. For example, one can postulate that 1 in 1000 cycles will result in conception. But 10 million women will have 130 million cycles (28 days) each year, resulting in 130,000 abortions at this supposed rate. A consistent pro-life position (that individual human life begins at conception), then, would appear to reject this position.

In the final analysis, the almost 100 percent efficacy of the birth control pill must be weighed against the potential (not proven) for abortion of a fertilized egg. If pregnancy must be absolutely prevented and sterilization is not an option, then another method should probably be chosen. If, however, pregnancy needs only to be statistically delayed (the vast majority of cases), then other methods ought to be chosen.

The last two forms of birth control involve surgery: tubal ligation and vasectomy. While many of these procedures can be reversed with the microsurgical techniques available today, a decision for one or the other should only be made with the serious intention to renounce future pregnancies. Whether tubal ligation or vasectomy is chosen involves many factors that can only be made within the context of individual marriages.

Bibliography

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