Rejecting *Humanae Vitae*: The Social Costs of Denying the Obvious

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Abstract

Since contraceptives have been used to remove fertility from the conjugal act, the social consequences predicted in the encyclical *Humanae vitae*, such as the rise in cohabitation, decline of marriage, rise of divorce, and single parenthood, have exceeded expectations. The degradation of the sexual act from total mutual self-giving to momentary union has led to doubting the significance of the biological truth of the body and opened the door to gender fluidity. Promiscuity became normative, and the need for consent became eroded until women revolted with the #MeToo movement. Promiscuity, cohabitation, and divorce have resulted in 40 percent of children born to unmarried parents whose tenuous unions often leave the children in melded and dysfunctional families. Relation-free “hookups” have become the norm among young adults, leaving a flood of emotionally damaged women, an epidemic of sexually transmitted infections, and unplanned pregnancies, to which the healthcare industry has responded by doubling down on the means which caused the problem in the first place with near-coercive promotion of long-acting, reversible contraceptives (LARCs). LARCs must be inserted and removed professionally and make reproductive choice moot. Respecting the truth of the body is the precise counter measure. A woman’s cyclic fertility is easily observed with reliable bio-markers—natural family planning—which requires the whole person. Fertility awareness-based methods of family planning have no side effects, are easy to learn, and can be used to achieve as well as delay conception. The self-discovery inherent in learning fertility literacy has empowered adolescent girls and boys to understand and value their sexuality and fertility and avoid choosing harmful behaviors. Why does society continue to treat fertility as if it were a disease?

Summary: Removing the idea of pregnancy from the sexual act as the result of readily available contraception has effectively limited choices about sexual behavior to the satisfaction of momentary desires. As *Humanae vitae* predicted, fewer marriages were contracted, divorce increased and now 40% of children are born out of wedlock despite extensive public education campaigns to promote contraception. Side effects of the hormonal pill have reduced their use so health care professionals have doubled down, providing long acting contraceptives which do not require the user to exercise choice before each act of intercourse, or of taking a pill. There is a much better way to regulate births—to learn to read the book of nature. Fertility is not a disease to be removed from the body. All that is needed is to understand the natural signs of fertility—natural family planning, now called FABM—Fertility Awareness-Based Methods. These have no side effects, enhance couple communication and offer effective choice for child spacing and demonstrably support premarital chastity for teens.

Keywords

Contraception, Depression, Experiential Learning, Fertility awareness-based methods, Fertility biomarkers, *Humanae vitae*, Natural family planning, Relationships, Sexuality education

When Pope Paul VI released his encyclical *Humanae vitae* on July 25, 1968, the immediate public reaction resembled taking candy from a baby. Even though noncoital hormonal contraception (i.e., the pill, as opposed to using local barriers) had been used widely for less than a decade, drug companies and media had hyped the supposed benefits of the pill to such an extent that couples, medical professionals,

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and clergy became convinced that removing fertility from a woman's body would liberate her sexually. Women would become the inverse of men, never fertile, while men were always fertile (Klaus 1976). Men were quick to realize their advantage. Now they did not have to worry about getting a woman pregnant. Much public discussion followed, some beneficial. The topic of healthy sexuality was no longer a taboo, the benefits of child spacing received wider attention. Women could marry or cohabit while delaying childbearing until they completed their education and their careers were safely launched. This would lead to the end of poverty. Everyone would be happy. There would not be any downsides.

Downsides

The downsides did come. When a pendulum is pushed in one direction, its return is even more forceful. The untoward social effects emerged quickly: casual sex with multiple partners led to epidemic levels of sexually transmitted infections. As the need for commitment became moot, marriage rates declined and divorce increased. More and more children lived in melded and often dysfunctional families, usually with their mothers, while men moved in and out of the home. In 1950, 95 percent of children were born in wedlock in the United States. By 2010, that number had decreased to 60 percent (National Center for Health Statistics and the Centers for Disease Control 2010).

Despite the career-enhancing advantages proffered by contraceptive use, more than 30 percent of women stopped using them before the end of the first year due to side effects or the fear of side effects; over 50 percent stopped before the second year of use (Castle and Askew 2015). Teens are especially vulnerable, particularly low-income minorities. Girls from dysfunctional homes with no long-term goals continued to drop out of school and become teen mothers. The act of procreation fulfills a deep yearning in a woman, as does the relationship with a man, however tenuous, in individual situations. Recognizing the ambivalence which undermined compliance with user-controlled contraceptives, healthcare professionals have attacked fertility as if it were a disease, mounting a steady, near-coercive campaign to promote long-acting, reversible contraceptives (LARCs)—copper or levonorgestrel intrauterine device (IUDs), Depo-Provera injections, or subdermal progestin implants. These are promoted aggressively especially right after a low-income woman gives birth (Yee and Simon 2011). Now called the Choice Project (<http://www.choiceproject.wustl.edu/>), it is implemented routinely to any Title X-eligible teen but especially postpartum and postabortion. So far, the poverty rate has not declined, but untoward physical, emotional, and spiritual effects can no longer be denied. References to thrombotic and embolic episodes lead the long list of side effects of hormonal contraceptives mandated by the Food and Drug Administration (FDA) for inclusion in drug information in the *Physicians' Desk Reference* and package inclusions, while more subtle emotional and spiritual effects are not readily analyzed statistically, hence omitted (Klaus and Cortes 2015). Nevertheless the Danish, population-wide study, which found that 25 percent of young adults who were taking hormonal contraceptives were also prescribed antidepressants, should cause reconsideration by those who are promoting LARCs wholesale (Skovlund, Morch, and Kessing 2016).

Abortion is widespread. Most undesired conceptions occur because contraceptives were not used, used improperly or inconsistently, or failed. In the United States, 54 percent of women who chose to abort were using a male or female contraceptive in the conception month (Jones, Darroch, and Henshaw 2002). Most abortions are for social indications. The violation of justice for the unborn needs no elaboration, but those who want to insure the separation of sex from procreation need abortion available for contraceptive failure. For years, they have attempted to make abortion a human right at the United Nations while energetically denying any negative physical or emotional effect on the woman, scientific data notwithstanding (American Association of ProLife Obstetricians and Gynecologists 2018).

Initially, men were thought to have more of the advantages (Regnerus 2017). Hookups required no emotional commitment, but by the same token, there was no relationship. The lines between consent, coercion, and rape began to blur especially in college populations (Gregorianis 2018). Even before *Blurred Lines*, Miriam Grossman (2017), a psychiatrist in a college student health service, called attention to the emotional damage which hookups caused for girls whose psyche invested sexual intercourse with emotions even when it was not "supposed to."¹ Orgasm releases oxytocin, the bonding hormone. Women have a much higher level than men. Finally, the women found their voice in the #MeToo movement, and strong protests against sexual abuse went public. What constitutes sexual abuse? The definitions range from sexist language to unwanted touching to coercion to rape.

But entering into a sexual liaison entails a risk for the man. In response, many have withdrawn into the

fantasy world of pornography, which quickly becomes addictive and is usually accompanied by masturbation. This isolates men further. Married men addicted to pornography find that sex with their spouse can no longer reach the emotional release which pornography affords, and marriages suffer. Sadly, women have begun to watch pornography also, but the vast majority of users are men. Depression frequently accompanies addiction to pornography (Fagan 2009).

As adolescents are tethered to their cell phones, many do not know how to communicate without an electronic intermediary. Cell phone conversations do not lend themselves to real, physical relationships that are necessary to discover who one is, what resources one has been gifted with, and what one can bring to a relationship. Without this, and the intimacy which is part of friendship as well as love, people are isolated and become depressed.

Gender?

As sterilized sex had no purpose beyond the moment of union, one's gender became negotiable if not unimportant. The pronouns chosen by gender-fluid individuals to refer to themselves are revealing. Some prefer the term which pertains to the opposite of their biological sex, while others opt for "none" or a plural pronoun, leaving the observer to wonder about a schizoid personality. No physical cause for transgenderism has been identified, leaving speculation about psychological causes such as sexual abuse or family dysfunction, while others wonder about the effects of endocrine disruptors in the environment and water supply. In any event, hormonal or surgical gender reassignment prior to adulthood is clearly wrong, as 85 percent to 97 percent of children and teens who present with gender dysphoria revert to their biological sex by the end of puberty (Hruz, Mayer, and McHugh 2017).

Fertility Control without Health Risk

Even the strongest advocates of contraception recognize that the current state of affairs is unhealthy. But they merely propose doubling down on the current approaches while denying or denigrating alternative, healthy approaches.

Experience with natural family planning (NFP) for adults and with the effects of fertility literacy on adolescents has shown that learning and respecting the language of one's body has physical, emotional, and spiritual benefits. When couples learn to understand and honor the signs and rhythms of

their fertility, their relationship adds a dimension of trust which extends beyond the physical. A husband cannot respect his wife's body without respecting her person and her preferences, as both components are within the same skin envelope! (Klaus 2015). All currently practiced methods of NFP are highly effective for avoiding conception when used correctly and consistently. They also assist couples to achieve pregnancy or help identify remediable conditions if difficulties to conception are encountered (Manhart et al. 2013).

But knowing that something good exists may not be enough to persuade people to give up their ways of dealing with their perceived needs. Natural methods of family planning are attractive not only to those whose religion or personal belief opposes removing fertility from the conjugal act but to those who oppose polluting their internal environment with hormones and to others who just do not like the side effects. But very few people know that effective NFP methods exist. Pharmaceutical firms have saturated the medical profession with their products, so that the literature omits mention of NFP or denigrates its effectiveness. The fact sheet published by the Centers for Disease Control and Prevention shows 24 percent of unplanned pregnancy for fertility awareness-based methods (FABMs) while picturing a calendar!. No wonder doctors do not offer FABMs! Marguerite Duane, MD, has spearheaded an effort to get correct information about FABMs to healthcare professionals and to the general public with her Fertility Awareness Collaborative to Teach the Science (<http://www.factsaboutfertility.org>).

The Body Has Its Own Truth

Puberty, when the physical and emotional effects of sex hormones become evident, is a natural starting point for learning the truth of one's body and hopefully leading to culture change. When Dr. John Billings asked me to look at teens in 1978, his request was insightful. Puberty is a natural time for questions about sex, and 40 percent of teens experiment with predictable unhealthy results. In response, most programs of adolescent sexuality teaching targeted the immediate outcome to be avoided—sexually transmitted infections and pregnancy—giving little or no attention to helping teens make their own decisions and grow into adulthood. Current teen sexuality education programs fall into two categories: comprehensive sexuality education programs and abstinence education. Comprehensive sex education programs teach "safe sex" and are now called risk-reduction programs, while

abstinence education is called risk avoidance. Both approaches are controversial as neither have sustained postprogram behavioral outcomes; hence, the push for LARCs in the comprehensive programs referred to above.

Experiential Learning of Fertility Is Effective and Acceptable

Rather than try to convert adults to FABMs, our program, Teen STAR (Sexuality Teaching of Adult Responsibility), opted to approach teens at the time when interest in sexuality was physiological and they were open to learning about fertility and about themselves.

Blessed with a teacher who knew how to approach teens, our program began with obtaining school, parental, and participants' permission and met girls where they were. When asked whether they wanted to talk woman talk, the first question was "what's that stuff that comes out?" (cervical mucus at the vulva, the same biomarker used in the Billings ovulation method and by all noncalendar NFP methods.) The girls progressed from observing the sign, to its source, its cause (the ovarian hormones) and the effect of hormones on their moods, and so on. Once they had recognized the phases of their cycle and learned the length of their luteal phase, finding that their periods arrived just as expected meant that their body was now comprehensible and they were in charge. At that point, the girls began to move away from peer pressure and made their own decisions about behavior. When a boys' curriculum was added at a mother's request, we found similar behavioral outcomes: nearly, all virgins remained sexually uninvolved, about half of sexually experienced students stopped activity.

Experiential learning of fertility biomarkers leads to self-discovery and internalization. Students explore relationships, commitment, life styles, marriage, parenthood, and all methods of family planning. If they are not aware of alternatives, they cannot make a free, informed choice. Rather than impose behavioral norms, the students discover them by speaking about the consequences of any choice available. The natural law is real. Once the truth of the body is internalized, it continues to affect behavioral choices. The behavioral outcomes described above hold true in two- and three-year, postprogram follow-up (authors' unpublished data).

So many well-intentioned programs begin by moralizing and theologizing, fearful that students might make a wrong decision. By merely theorizing about fertility biomarkers but not encouraging teens

to discover them, the program remains a head trip. There is nothing to internalize. Gatekeepers and some parents fear that giving full information will encourage promiscuous behavior. Our outcomes show the opposite. Withholding information is far more likely to cause teens to seek it elsewhere, and the media provide it readily.

The Prime Model for Experiential Learning

The Incarnation redeemed the whole man, not just his brain. Our Lord approached people by meeting them where they were, not where He might have wanted them to be. He asked questions, taught in parables, and let people draw their own conclusions—and the people responded. Not all, we know the history, but he never imposed. He let people find him. Using the truth of the body to teach about the person is just natural law. (Clearly, supernatural knowledge about the Trinity is in a different category.)

To avoid the consequences of separating sex from procreation that were predicted in *Humanae vitae*, let us begin with those most open to learning. Let us teach youths to understand and value their sexuality and fertility. They will avoid destructive choices and help build a culture of life.

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Biographical Note

Hanna Klaus, MD, is a Medical Mission Sister and the first Religious to become a Fellow of the American College of Obstetricians and Gynecologists. She began to work with the Dr. Billings in 1973 and helped bring the ovulation method to the midwestern United States. She is a cofounder and the executive director of the Teen STAR program (Sexuality Teaching in the context of Adult Responsibility) in the United States, which currently operates in thirty-two countries. She has published more than seventy scientific and fifty popular articles and has addressed many professional and lay audiences on natural family planning and teen sexuality issues.