Considering Conversion: The Aftermath of Oral Contraceptives

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JoAnn Alicia Foley Markette, EdD¹

Abstract

In *Humanae vitae*, Pope Paul VI predicted conjugal infidelity and a loss of respect for women as grave societal consequences through severing the once-connected unitive and procreative goods of conjugal love by using artificial birth control. Almost sixty years after the Food and Drug Administration approved the artificial birth control pill for contraceptive use, these predictions have grown roots. Unfortunately, turning our backs on God's plan for sexuality has disrupted our planet beyond the moral realm and affects the health of women, the health of society, and the health of wildlife in profound and tangible ways. Conversion refers to a change of heart, mind, and behavior concerning the stewardship of the body and creation. As opposed to artificial birth control, no known environmental or personal health risks exist in relation to natural family planning methods. Evangelization with subsequent conversion offers hope in overcoming these concerns surrounding artificial birth control pills, concerns which contribute to maladies in the female body, in society, and in nature. Too many wrestle against Catholic Church teaching prohibiting artificial birth control for birth regulation. However, because humans always have the power of choice in moral acts, our culture is not held captive by the current negative consequences that Pope Paul IV's predicted in *Humanae vitae*. As mindful stewards of our bodies and of the created world, we have the option of conversion toward truth, which continually beckons and invites.

Keywords

Contraception, Ecological conversion, Environment, Histocompatibility complex, Natural family planning, New Evangelization, Stewardship, Women's health

By its very definition, conversion implies change—a change of heart, a change of thinking, and a change of behaving. Now almost sixty years after the Food and Drug Administration (FDA) approved the artificial birth control pill for contraceptive use, could a link exist between the severing of the once-connected unitive and procreative goods of conjugal love and these multifarious harms to society? Is conversion needed? In *Humanae vitae*, Catholic Church, and Paul (1968) predicted conjugal infidelity and a loss of respect for women as grave societal consequences of artificial birth control usage. Certainly, these predictions have grown roots in the past decades.

Compared to the 1960s, no one can deny the rise of broken marriages resulting in single-parent and

fatherless families as well as the dramatic increase in cohabitation. Marcén (2015) suggests that there is a “partial causal relationship” (p. 157) between the pill and an increase in divorce rates between 1951 and 1985, and the study's “results suggest that women's control of the pill plays an important role in divorce decisions” (p. 160). Marcén notes that women's control over their fertility allows for more

¹ University of Mary, Tempe, AZ, USA

Corresponding Author:

JoAnn Alicia Foley Markette, EdD, University of Mary, 215
E. 7th St., Tempe, AZ 85281, USA.
Email: jamarkette@umary.edu

certainty within the workforce, which thereby makes economic autonomy a viable choice in times of marital distress. Moreover, marital affairs—which contribute to divorce—offer less risk compared to times preceding the debut of oral contraceptives (OCs) since women have greater confidence in an unplanned sexual encounter without fear of pregnancy.

Christensen (2011) contends that the pill has contributed to “transform culture and society” (p. 50) from one wherein a stigma exists against cohabitation to one of social norm. Christensen proffers “by lowering the risk of unwanted pregnancy in a noninvasive way, the pill directly and indirectly encouraged cohabitation” (p. 33). Waite ([1999] 2000) describes cohabitation as typically an unstable scenario: more prone to domestic violence, more prone to extrarelationship affairs, higher reports of depression, and higher probability for later divorce. Additionally, Waite notes that extended family members and friends respond much more cautiously regarding total acceptance of the nonrelative partner into the family—especially in regard to children of the nonfamily cohabitor—because the cohabitating relationship has a higher possibility of dissolving than a married couple; the impermanence of commitment between the couple increases the perception of emotional risk of the extended family, who often choose not to invest themselves fully due to that circumstance. When these types of households become the norm, our social fabric weakens due to the ripple effect of instability. Societal conversion regarding artificial birth control has the power to reclaim and reverse nefarious societal mores like these in addition to restore the current hazardous ecological effects—which remain unknown to the vast majority of society—that the pill secondarily causes.

Opportunity for New Evangelization

In 1983, Pope Saint John Paul II inaugurated the term “New Evangelization” in reference to those Catholics already in the pews but in need of a reengagement with their faith when he addressed bishops of Latin America. In June 2010, Pope Benedict XVI announced the establishment of the Pontifical Council for Promoting the New Evangelization particularly to “those regions where the roots of Christianity are deep but who have experienced a serious crisis of faith due to secularization.” The secular world promotes the relativistic view that arbitration between good and evil rests solely on self, the supreme master of one’s own universe. Ignoring

the Catholic Church’s teaching on marriage and employing artificial birth control falls into that ego-centric mind-set. However, a critical characteristic of conversion requires a reexamining of identity in light of Judeo-Christian anthropology: each person exists not as the Creator but instead as creatures made in God’s image and likeness (Gn 1:27). In this likeness, humans participate in ruling over their own lives as well as creation as responsible stewards but answer to Someone other than themselves regarding those decisions. Unfortunately, the majority continuously falls prey to pride and the tempting struggle between choosing our creaturely ways over the Creator’s.

“Ecological conversion” refers to a change of heart, mind, and behavior concerning environmental stewardship. Pope Saint John Paul II (1990) stated, in his Address at the World Day of Peace in 1990, “When man turns his back on the Creator’s plan, he provokes a disorder which has inevitable repercussions on the rest of the created order” (no. 5). More than 100 million women worldwide use OCs, and of these, 25.9 percent, or 9.7 million, represent American women (Pletzer and Kerschbaum 2014). John Paul II’s prophetic claim that abandoning the Creator’s plan provokes disorder in the rest of the created world rings true when one examines the repercussions of introducing synthetic hormones to women’s reproductive system in the name of sexual freedom and reproductive control. Unfortunately, introducing birth control pills has disrupted our planet beyond the moral realm and affects the biological health of women, the health of society, and the health of wildlife in profound and tangible ways. Only 13 percent of regular Catholic church attendees hold the opinion that artificial contraception is morally wrong when the opposite is, in fact, Church teaching, while 45 percent and 42 percent of that same demographic report that it is morally acceptable and not a moral issue at all, respectively (Pew Research 2016). Clearly, this points to the need for this New Evangelization and ensuing conversion of heart, mind, and action.

Health of Women

In order to understand the pill’s manifold dangers to women’s health, one must review biology. Women typically ovulate on a twenty-eight-day cycle wherein an egg is released from an ovary, flows down the fallopian tube, and if fertilized, implants in the uterus. If the egg isn’t fertilized, a woman’s body naturally flushes the egg along with the uterine lining from her body. Generally speaking, couples

have the ability, through natural family planning (NFP) methods, to discern when sexual intercourse most likely will or will not result in new life because a woman's time of fertility can be detected by specific physical markers. This describes God's plan and design for procreation. When a woman takes the pill, however, she ingests synthetic hormones—estrogen and progestin—for three of the four weeks of the cycle, essentially to fool her body's physiology into mimicking pregnancy. The body responds by forestalling ovulation. Therefore, pregnancy opportunities cease without the necessary egg. During the last week of the cycle, the woman takes placebo pills—which are not “active” hormone pills—and this drop in estrogen results in the sloughing off of the thick uterine walls, menstruation. Women can now control their menses on a monthly, quarterly, or annual basis due to the availability of birth control pills—called extended or continuous combined hormonal contraceptive pills—that limit menstruation to only a few times per year (Association of Reproductive Health Professionals 2014).

Manipulating their bodies through oral contraception, women knowingly or unknowingly put themselves in physical jeopardy. Since 2002, the National Institute of Environmental labeled steroidal estrogen a “known carcinogen” (US Department of Health and Human Services 2016). Additionally, studies have found links to various other health concerns. Roach et al. (2015) found a 1.6 times increase in stroke risk of women using combined OCs compared to nonusers in their meta-analysis of twenty-eight publications. Startingly, Skovlund et al. (2016) found that “use of all types of hormonal contraceptives was positively associated with a subsequent use of antidepressants and a diagnosis of depression” (p. 1159) in their study of a population of more than one million Dutch women between the ages of fifteen and thirty-four. According to Chai, Peterlin, and Calhoun (2014), women suffer from migraines at the rate of two to three times more than men, and in their meta-analysis review, these researchers conclude, “Although the cause underlying these differences [between men and women] is likely multifactorial, considerable evidence supports an important role for sex hormones, and high blood pressure” (p. 322). Joyner, Wallin, and Charkoudian (2016) confirmed in their study that “oral contraceptive use is associated with mild increases in blood pressure” (p. 353). Moreover, Yurgelun-Todd (2007) suggests that as the brain's prefrontal cortex matures, cognitive abilities and behavioral control improve, so DeBondt et al.'s (2013) finding that hormonal birth control pills structurally change the

prefrontal cortex of the brain should cause apprehension on top of those previously mentioned risks.

Another matter that gains little attention revolves around the fact that the birth control pill may actually mask signs of perimenopause. Many women experience signs of menopause—defined as having started when a woman does not have a period for a full year—up to several years before the final transition. However, during these years of perimenopause for women using OCs, the synthetic estrogen, progestin, and placebo pills create the artificial conditions for a menstrual cycle, and until the woman ceases utilizing these OCs, she lacks an accurate assessment about her own fertility. The median age for late perimenopause is 47.5 years old while the median age for menopause itself in white women from industrialized countries is 52.5 (E. B. Gold et al. 2013), but “the change” can happen much earlier than that. Because women taking oral contraception may not have the signs of perimenopause due to the pill's effect of lessening those symptoms, women could be ingesting these potentially harmful, synthetic hormones for years beyond their childbearing capability. While women do not necessarily appreciate menstrual irregularity, the physiological design of the female body provides her with natural signs like this to increase her awareness about her own reproductive state, including awareness that she may be entering into the last phases of her childbearing years. The birth control pill conceals those signs due to the artificial regularity that the pill simulates.

Oral contraception provides one solution to avoiding the unwelcome natural consequence that sometime accompanies sexual intercourse: pregnancy. However, OCs may actually hinder a desired pregnancy as well. Some women—after carefully constructing their careers and goals and putting off raising a family until the “perfect time”—may be in for a painful shock to learn that they are no longer fertile after discontinuing the pill if they are among the few who experience early menopause. Consider Anita's story found on the New Zealand Early Menopause Support Group website:

I am . . . a goal setter. My life had been unfolding just as I'd planned. Get School Cert . . . get into Teachers College, graduate, get a Teaching job, buy a house, travel overseas, get engaged . . . in my Book of “dreams” I had proudly ticked off each achievement I had set myself. And next on the list was to have children. Words cannot describe how it felt to have this “right” taken

from me. Once I came off the pill my periods had been very irregular, and then just stopped. Blood tests revealed I had gone through menopause at just 29 . . . I felt cheated. Like I wasn't in the driver's seat of my life anymore. (Stokes n.d.)

Part of women's adherence to OCs in light of these risks rests in how society succumbs to psychological grooming regarding sexual behavior. Since the pill opens the door to sexual intercourse without the former apprehension associated with unintended pregnancy, the desire for intimacy trumps considering these other potential consequences. For example, Joshi, Peter, and Valkenburg (2014) compared American, teen girl magazines to similar Dutch magazines to further literature on the hookup culture. Examining 2,496 stories from 2006 to 2008, they found that approximately one in four to five stories related to sex, and "almost all of the stories in the U.S. and Dutch magazines [that mentioned birth control pills] address birth control pills positively" (p. 299).

Manipulating Parenthood

Another pervasive societal impact involves how the contraception mentality warps one's value toward the good of life. This attitude of children as possessions infiltrates culture's conscience to the extent that the idea of a child as a gift to receive ceases and instead the child represents an avoidable commodity, one to accept or reject at will regardless of the inciting act. The prevailing rationale follows: use contraception to avoid pregnancy and parenthood; do not use contraception and expect conception. Regulating intercourse around the woman's fertility cycle no longer is necessary when a couple seeks to avoid pregnancy under this premise. Children no longer hold unique dignity; their inherent value falls to that of any synthetic invention. May (2013) makes the distinction between "begetting" and "making." Humans *make* products—like cell phones or chairs—items outside of themselves from materials distinct from themselves: "such action is *transitive* insofar as it passes from the acting subject(s) to an object . . . fashioned by . . . them" (p. 86). On the other hand, humans *beget* other humans; the action is one of doing: "immanent (i.e., within the subject) . . . it perfects the agent" (p. 86). Since the pill essentially severs the unitive and procreative aspects of sexual intercourse, OC users lose sight of the act of "procreation" and instead falsely perceive sexual intercourse as only "reproduction" (p. 86). On the other end of the spectrum, when a woman changes

her mind and wants to bear children but has infertility problems, controlling *for* children through in vitro fertilization (IVF) seems just as reasonable as controlling *against* children through use of the pill. The focus in each case—use of the artificial birth control pill and use of IVF—stems ultimately from the couple manipulating fertility to bend to *their* wills rather than honoring a woman's gift of fertility and working within its natural framework.

Health of Society

Most will agree that the family constitutes one important element of society, and the ability for women and men to select suitable mates yields stronger marriages and therefore stronger families. Consequently, healthy families yield healthy societies. In 2008, Robert et al. investigated what affect the pill had on women choosing men according to their major histocompatibility complex (MHC) genes, a gene having to do with body odor, essentially pheromones. Many may balk at the idea that body odor relates to choosing a mate; however, MHC genes are also related to immune systems (Matzaraki et al. 2017). Past studies have indicated that mates with differing MHC genes have the following advantages: children with stronger immune systems due to the increased variation, more satisfied couples, and more faithful mates. However, this 2008 study found that women on the pill tended to choose men with matching MHC genes. Taking OCs cons the body into thinking it is pregnant, a state of life that has traditionally indicated that mate-choosing has already occurred. Therefore, unintentionally, women taking OCs hinder their own ability to seek mates with differing MHC genes and the benefits associated with that difference. Cobey, Roberts, and Buunk's (2013) study, published in *Personality and Individual Differences*, noted that "jealousy levels were significantly higher among women who currently use HCs [hormonal contraceptives/oral contraception] than those who have regular cycles" (pp. 571–572). According to these two studies, women set themselves up for an unnecessary burden of unwisely choosing a mismatched mate and increased possessiveness that may naturally lead to strained relationships due to artificial hormones adversely affecting mate selection.

Beside these findings affecting couples, many women who use OCs lack full knowledge that breakthrough ovulation may occur even on the pill, which may lead to fertilization due to sexual intercourse they thought otherwise impotent. According to Larmore and Stanford (2000), the rate of this

breakthrough ovulation can vary between 1.7 percent and 65 percent within six cycles depending on the form and dose of the pill. Due to the hormonal effects of oral contraception on the woman's uterine lining, the endometrium cannot support receptivity of the embryo and therefore may not implant (Larimore and Stanford 2000); in this way, there may exist an abortifacient effect in postfertilization directly linked to OCs (Colliton 2016). Even R. B. Gold (2005) of *The Guttmacher Report* admits, "enforcing a definition that pregnancy begins with fertilization would implicate not just some hormonal methods, but all of them" (p. 12). According to the National Right to Life Educational Foundation (NRLEF, 2018), the documented cases of surgical abortions have been estimated to approximately sixty million since 1973's *Roe v. Wade* decision. In 2014, the Centers for Disease Control and Prevention reported that 32.2 percent of all early abortions—prior to eight weeks—succeeded through chemical abortions (Jatlaoui, et al. 2017). Therefore, the total number of abortions well exceeds NRLEF's sixty million over these forty-five years since that historical decision. Regardless of the method used—medical or chemical—our world stands bereft of the impact those human beings could have had on it.

Still another societal impact boils down to economics. "In 2010, 8.9 million women—47% of all women in need of publicly subsidized care—received publicly funded contraceptive services from clinics (6.7 million) or from private doctors serving Medicaid enrollees (2.2 million)" (Guttmacher Institute 2016), which accounted for public expenditures for family planning services totaling US\$2.37 billion in fiscal year 2010 (Guttmacher Institute 2016). If even a small percentage switch to NFP, public funds would experience a significant impact since women would be able to monitor their own fertility and therefore possibly decrease the need for some of this financial burden on all of society. Empowering women to control their fertility with NFP at least to the same degree of confidence afforded them by their current with OCs may encourage a potential cultural swing away from the pill thereby mitigating unplanned pregnancy as well as a multitude of negative financial and emotional stresses on society.

If more women embraced NFP as their preferred method of birth regulation, most likely two logical outcomes would result: an increased quality of health for women and a decreased burden on medical and insurance agencies to care for and finance treatment of women with the above issues.

Environmental Impact

No longer can women claim that this personal preference of birth control impacts only themselves. These synthetic hormones excrete from the body, and more and more research indicates harmful effects to the environment. While the sewage treatment processes remove the vast majority of excreted hormones, the small concentrations that remain have had devastating repercussions on some wildlife (King 2012; Wright-Walters and Volz 2007). Fleming, Achari, and Hassan (2016) assert "Endocrine-disrupting compounds may produce infertility, nervous system disorders, and improper functioning of the immune system in humans and wildlife. Estrogens are classified as the most potent and common endocrine-disrupting compounds and the major point source for estrogen is municipal wastewater." Getso and Ibrahim (2014) echo these concerns and identify pharmaceutical estrogens as among those endocrine-disrupting compounds causing health problems for both humans and wildlife alike. For example, the US Geological Survey have found 60–100 percent of both smallmouth and largemouth bass from nineteen national wildlife refuges with female egg cells in their testicles; they linked this intersex phenomenon with estrogenic exposure (Iwanowicz et al. 2014). Other disturbing instances of endocrine disruptors affecting wildlife include shrinkage in male alligator penises in Florida (Guillette et al. 1996), mating behavior in frogs (Hoffmann and Kloas 2012), and sex development in turtles (Manshacker et al. 2017). Even if the religious and moral issues of oral contraception use fail to resonate within our culture, perhaps an appeal to protect our environment and wildlife will. For those who stand on the relativistic platform that an action is licit "as long as it doesn't hurt anyone else" and confines itself to affecting the individual moral agent, this objective evidence of harm brought to other humans as well as other living creatures challenges the perspective that artificial birth control usage affects only that single woman taking it.

Conclusion

Evangelization with subsequent conversion offers hope in overcoming these concerns surrounding artificial birth control pills, concerns which contribute to maladies in the female body, in society, and in nature. Because humans always have the power of choice in moral acts, our culture is not held captive by the current negative consequences that Pope Paul IV predicted in *Humanae vitae*. Too many wrestle

against Catholic Church teaching prohibiting artificial birth control for birth regulation. According to the Guttmacher Institute (2012, para. 5), “87% of Catholics of child-bearing years employ a birth control method other than natural family planning.” Mainstream America either dismisses or lacks awareness of green alternatives to artificial choices of birth regulation. Choice exists.

As opposed to artificial birth control, no known environmental or personal health risks exist in relation to NFP methods. Furthermore, a study showed that the Creighton Model System had a 98.8 percent method effectiveness rate for avoiding pregnancy (Fehring, Lawrence, and Philpot 1994). Conversely, 76 percent of couples with normal fertility will successfully achieve pregnancy after the first cycle, and 98 percent of that same group will be successful by the sixth cycle (Hilgers et al. 1992). Unfortunately, even in light of sound evidence and Church doctrine, these statistics fail to impress a society—both secular and religious-minded—that capitulates to the shortsightedness of using the pill. The answer lies in embracing the reality of Genesis 1:27 and submitting to our creatureliness rather than trying to usurp the position of Creator. As mindful stewards of our bodies and of the created world, we have the option of conversion toward truth, which continually beckons and invites.

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Biographical Note

JoAnn Alicia Foley Markette, EdD, has twenty-five years of experience in education ranging from secondary

to higher education including graduate and doctoral students. She serves or has served the following universities as an assistant professor or adjunct faculty member: University of Mary, Grand Canyon University, St. Joseph's College, DeSales University and Immaculata University. She is an active researcher and regular speaker covering theology, education, literature, and liberal arts.