Abstract. Teenagers enjoy better physical and mental health when they avoid early sexual debut and reserve the sexual act for marriage. Teens who initiate sexual relations outside of marriage risk contracting sexually transmitted diseases, and those who also use hormonal contraception to avoid pregnancy often suffer unwanted physical and emotional side effects. Teens who have multiple partners may have later attachment or bonding difficulties. The consequences of an unintended pregnancy after a casual sexual relationship are often abortion or single motherhood and an increased likelihood of poverty. Teenagers who save sexual relations for marriage experience freedom from these negative consequences and are more likely, in marriage, to experience the beauty of self-giving love. National Catholic Bioethics Quarterly 18.3 (Autumn 2017): 451–463.

In 1968, the sexual revolution had just begun. Most marriages were strong, abortion was illegal and rare, and contraception was becoming more and more widespread. Since 1930, Protestant denominations had begun to accept the use of contraception within marriage, and most people expected the Catholic Church to follow suit. So it was a surprise when Pope St. Paul VI came out against contraception in his encyclical *Humanae vitae.* In this document he predicted that contraception would “open wide the way for marital infidelity and a general lowering of moral standards” and would reduce women to being mere instruments for the satisfaction of men’s desires (n. 17).

Mary Beth Phillips was the Respect Life and social concerns coordinator for the Diocese of Raleigh, North Carolina.

The views expressed in the *NCBQ* do not necessarily represent those of the editor, the editorial board, the ethicists, or the staff of The National Catholic Bioethics Center.

He also predicted, among other consequences, an increase in sexual activity among teenagers: “Not much experience is needed to be fully aware of human weakness and to understand that human beings—and especially the young, who are so exposed to temptation—need incentives to keep the moral law, and it is an evil thing to make it easy for them to break that law” (n. 14).

The Ethical and Religious Directives for Catholic Health Care Services affirm the teaching that sexual activity should be reserved for “the marriage act by which husband and wife express their love and cooperate with God in the creation of a new human being.” In speaking against “medical practices that undermine . . . the bonds on which the strength of marriage and the family depends,” the ERDs quote Humanae vitae twice on the immorality of contraception: “The Church cannot approve contraceptive interventions that ‘either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible.’ Such interventions violate ‘the inseparable connection, willed by God . . . between the two meanings of the conjugal act: the unitive and procreative meaning.”

In 1995, in the encyclical Evangelium vitae, Pope St. John Paul II first described the “culture of death,” brought about in part by what he called “the contraceptive mentality”:

Sexuality too is depersonalized and exploited: from being the sign, place and language of love, that is, of the gift of self and acceptance of another, in all the other’s richness as a person, it increasingly becomes the occasion and instrument for self-assertion and the selfish satisfaction of personal desires and instincts. Thus the original import of human sexuality is distorted and falsified, and the two meanings, unitive and procreative, inherent in the very nature of the conjugal act, are artificially separated: . . . Procreation then becomes the “enemy” to be avoided in sexual activity.

Increased Risk of Sexually Transmitted Diseases

Today, our culture has mostly lost sight of the crucial connection between the conjugal act and its fertility, and all the predictions of Paul VI have come to pass, along with other consequences that he did not foresee. He could not have predicted, for example, that the number of sexually transmitted infections and diseases (STIs and STDs) would increase from just a few at the time Humanae vitae was written to more than twenty-five in 2012.

According to the US Office on Women’s Health, more than nine million women in the United States are diagnosed with an STI each year. Women often develop more serious health problems from STIs than men, including infertility. The effects

---

3. Ibid., quoting Humanae vitae, nn. 12 and 14.
on children are also dire: 40 percent of babies of pregnant women with untreated syphilis will be stillborn or will die from the infection.6

Young people between the ages of fifteen and twenty-four years account for about half of the twenty million STIs contracted in the United States each year.7 Teenage girls are most susceptible to STIs because of their biological makeup.8

Teens who initiate sex early are likely to have multiple partners. Christopher Doyle reports findings from a US Health and Human Services study that “a teenage male is 74% likely to have 6 or more sexual partners by age 20 if he has first intercourse by age 14,” and “a teenage female has a 58% chance of having 6 or more sexual partners by age 20 if she has first intercourse by age 14.”9 Studies (and common sense) also show that each additional partner increases the chances of contracting an STD.10

Condoms are the only method of contraception that protects against some sexually transmitted infections.11 A high proportion of teens who use condoms use them incorrectly, however, and even with perfect use, they are not 100 percent effective against STDs.12 According to 2018 data, the failure rate for condoms with typical use is 13 percent, the highest failure rate for any contraceptive method except spermicides.13

Condoms are not effective against all STIs. Since 2009, condom manufacturers have been required to notify users that “condoms are less effective against STIs


7. Satterwhite et al., “Sexually Transmitted Infections”; and Wills, “Contraceptives and Women’s Well-Being.”


10. HHS, Trends in the Well-Being of America’s Children and Youth, 276.


such as human papillomavirus (HPV) and herpes that can also be spread by contact with infected skin that is not covered by the condom.”

### Other Health Risks of Contraceptives

Other serious health risks are associated with hormonal contraceptives. Blood clots can cause heart attacks, strokes, and other serious medical problems. According to the National Blood Clot Alliance, “Although they do not cause blood clots, most birth control pills do increase a woman’s chance of developing a blood clot by about three to four times.” One in one thousand women who are taking a hormonal contraceptive will develop a blood clot. Gerard Migeon, of Natural Womanhood, points out that “certain types of hormonal contraceptives have higher risks than others, such as the patch, vaginal ring, . . . combination hormonal birth control pills that contain the progestin called desogestrel, and those that contain the progestin called drospirenone.”

The use of hormonal contraceptives is also associated with increased risks of breast and cervical cancers. Hormonal contraceptives unnaturally alter a woman’s menstrual cycle. Whether they contain progestin only or a combination of estrogen and progestin, they prevent pregnancy by preventing the release of an egg from the ovary (ovulation), by thickening the cervical mucus to prevent sperm from reaching the egg (fertilization), and by thinning the uterine lining, making it more difficult for a fertilized embryo to attach itself to the uterus (implantation). According to one expert, “The more successful they are at disrupting ovulation, the more risks they pose to a woman’s overall health.” In fact, the World Health Organization named

---


combined oral contraceptives (those that contain both an estrogen and a progestin) a group 1 carcinogen (“carcinogenic to humans”) in 2005.\textsuperscript{21}

Hormonal contraception is also associated with mental and emotional health risks. A recent study published in the \textit{American Journal of Psychiatry} examined the link between the use of hormonal contraceptives and suicide attempts and suicides. It concluded that “use of hormonal contraception was positively associated with subsequent suicide attempt and suicide. Adolescent women experienced the highest relative risk.”\textsuperscript{22}

In a 2004 study that reviewed three large cohort trials and seven additional studies, researchers reported that “hormonal contraceptive users, in contrast with non users, were found to have higher rates of depression, anxiety, fatigue, neurotic symptoms, sexual disturbances, compulsion, anger, and negative menstrual effects,” and concluded that “it is reasonable to hypothesize, given the present data, that contraceptive activity itself is inherently damaging to women.”\textsuperscript{23}

Advocates of contraceptives say that the physical and mental health risks are offset by the opportunity to prevent pregnancy. However, effectiveness of hormonal birth control is far from perfect, and imperfect use, particularly among teens, increases the chance of pregnancy.

The progestin-only minipill is effective only when taken during the same three-hour window each day without ever missing a day. This is so important that the American College of Obstetricians and Gynecologists advises that if a pill is missed by more than three hours, a woman should “use a backup method of contraception (such as condoms) for the next two days.”\textsuperscript{24} According to the Guttmacher Institute, “The 18 percent of women at risk [of unintended pregnancy] who use contraceptives inconsistently or incorrectly account for 41 percent of all unintended pregnancies.”\textsuperscript{25} In fact, “51 percent of [women seeking abortions] in 2014 were using a contraceptive method in the month they became pregnant, most commonly condoms (24 percent) or a hormonal method (13 percent).”\textsuperscript{26} The authors of a 2017 study found that, of

\begin{itemize}
\item \textsuperscript{26} Guttmacher Institute, “Induced Abortion in the United States,” fact sheet, January 2018, https://www.guttmacher.org/.
\end{itemize}
teenagers who use contraceptives, 11.4 percent will become pregnant in the first twelve months of contraceptive use.²⁷

**Bitter Fruits of the Sexual Revolution**

In the 1960s and 1970s, many people believed that “hormonal birth control would give women greater control over their lives, allowing them to pursue educational and career goals free from dependence on men and from the supposed burden of bearing and raising unplanned children.”²⁸ But those promises came at a cost: “Once contraception and abortion became widespread, the same pregnancy came to be seen as the woman’s responsibility—and as her problem. The man’s obligation can end with an offer to pay for abortion; if the woman refuses, she often soon finds herself to be a single mother. Today over 40% of births are out-of-wedlock.”²⁹

John Paul II sums up the link between contraception and abortion in *Evangelium vitae*:

> It is frequently asserted that contraception, if made safe and available to all, is the most effective remedy against abortion. The Catholic Church is then accused of actually promoting abortion, because she obstinately continues to teach the moral unlawfulness of contraception. When looked at carefully, this objection is clearly unfounded. . . . The negative values inherent in the “contraceptive mentality”—which is very different from responsible parenthood, lived in respect for the full truth of the conjugal act—are such that they in fact strengthen this temptation when an unwanted life is conceived. Indeed, the pro-abortion culture is especially strong precisely where the Church’s teaching on contraception is rejected.³⁰

Janet Smith, professor of moral theology at Sacred Heart Major Seminary in Detroit, concurs: “Most abortions are the result of unwanted pregnancies, most unwanted pregnancies are the result of sexual relationships outside of marriage, and most sexual relationships outside of marriage are facilitated by the availability of contraception. To turn this ‘progression’ around: contraception leads to more extra-marital sexual intercourse, more extra-marital sexual intercourse leads to more unwanted pregnancies; more unwanted pregnancies lead to more abortions.”³¹

Powerful links between contraception, abortion, and poverty were described in a 1996 study by George Akerlof, a progressive, Nobel Prize–winning economist, and his colleagues.³² Rev. Walter Schu summarizes their findings:

---


²⁸. Wills, “Contraception and Women’s Well-Being.”


The sexual revolution left traditional and moderate women (who did not accept premarital sex and contraception) unable to compete with women who had no serious objection to premarital sex. If a woman did get pregnant, she could no longer elicit a promise of marriage. Boyfriends simply could say that pregnancy was their girlfriends’ choice. Men were less likely to agree to a “shotgun wedding” in the event of a pregnancy than they had been before the arrival of the pill and abortion. ... Thus, many traditional women ended up having sex and having children out of wedlock, while many of the permissive women ended up having sex and contracepting or aborting so as to avoid childbearing. This explains in large part why the contraceptive revolution was associated with an increase in both abortion and illegitimacy.33

The fact that men would learn that they do not need to take responsibility for their sexual partners—or the children they accidentally engender—had been foreseen by Paul VI in 1968: “Another effect that gives cause for alarm is that a man who grows accustomed to the use of contraceptive methods may forget the reverence due to a woman, and, disregarding her physical and emotional equilibrium, reduce her to being a mere instrument for the satisfaction of his own desires, no longer considering her as his partner whom he should surround with care and affection.”34 The American Psychological Association has found that this attitude results in harmful outcomes for men as well as women. A 2007 report on the sexualization of girls found that “objectifying girls/women and sex itself is integral to masculinity beliefs, but these beliefs may jeopardize men’s ability to form and maintain intimate relationships with women. ... When one person objectifies another, it is difficult, perhaps even impossible, to treat that person with empathy, an important predictor of satisfaction and stability in intimate relationships.” In addition, “the sexualization and objectification of women induce negative feelings in girls about their bodies in adolescence.”35

Catholic author Jenifer Fulwiler explains the emotional consequences of the sexual revolution this way:

A woman’s physical appearance has always been an important factor in the way she’s perceived by others and the way she perceives herself. But before the widespread acceptance of contraception, there was more of an emphasis on being beautiful than being sexy. A woman with a few extra pounds, with wrinkles and stretch marks and callused hands and other physical indicators of a well-lived life, can still be beautiful; but, according to our modern definition of the word, she cannot be sexy. Whereas beauty takes the entire person into consideration, sexiness is about making yourself an object of lust.36

Where does that leave a sexually active teen? Potentially with attachment or bonding difficulties.

34. Paul VI, Humanae vitae, n. 17.
During sexual relations, both women and men produce a hormone called oxytocin, which promotes the bond between sexual partners. Mary Beth Bonacci, the founder of Real Love, an organization dedicated to promoting Church teaching on God’s gift of human sexuality, calls this bond “eternal and virtually impossible to break.”

When a couple has decided in advance that the sexual liaison is casual, these bonding emotions can be confusing to them. Studies have shown that in those who have had multiple partners, the ability to bond may be weakened.

The emotional consequences of early sexual experience may include depression and subsequent substance abuse. A 2017 study in the *Journal of Affective Disorders* found “a positive association between sexual initiation before 17 years and MDE [major depressive episode] in females.” A 2013 study in the *Archives of Sexual Behavior* that examined the lingering psychological effects of multiple sex partners on mental health found “a strong association between the number of sex partners and later substance disorder, especially for women.”

**Abortion, Poverty, and Regret**

Because of the cultural shift away from male responsibility for unintended pregnancies, the child of a young woman who finds herself pregnant but rejects abortion is likely to be among the 40 percent who are born out of wedlock, according to a 2018 report by the Institute for Family Studies. And among children living with their mother only, “40% lived in poverty. In contrast, only 12% of children in two-parent families were counted as poor.”

“The proliferation of single-parent households,” notes another scholar, “accounts for virtually all of the increase in child poverty since the early 1970s.”

One reason for child poverty might be that educational attainment can be difficult for teen mothers. A 2010 Child Trends study found that just 51 percent of young women “who had been teen mothers received a high school diploma by the age of 22, compared with 89 percent of young women who had not given birth.

---

during their teen years.” In fact, “43 percent of young women who were under the age of 18 when they first gave birth had earned neither a diploma nor a GED by the age of 22, compared with 27 percent of young women who were between the ages of 18 and 19 when they first became mothers and only 6 percent of young women who did not have a child in their teen years.”

The National Conference of State Legislatures sums up this crisis in our culture:

Teen pregnancy is strongly linked to poverty, with low income level associated with higher teen birth rates. In addition, 63 percent of teen mothers receive public assistance within the first year of a child’s birth. Fifty-two percent of mothers on welfare had their first child in their teens. Low educational attainment among teen mothers affects their economic opportunities and earnings in later years. … In 2016, college graduates earned fifty-six percent more, on average, than workers with a high school diploma. The economic consequences of dropping out of school often contribute to the perpetual cycle of economic hardship and poverty that can span generations.

Facing those odds, it is not surprising that many young women choose abortion. In the United States alone, more than sixty million abortions have occurred since Roe v. Wade made abortion legal in 1973. In 2013, 29 percent of teenage pregnancies ended in abortion. But mental and physical health risks to the mother are not eliminated by the elimination of the child.

Women are likely to experience regret after an abortion. Evidence of this can be found by reading the thousands of testimonies on the website of the Silent No More Awareness Campaign, which “seeks to expose and heal the secrecy and silence surrounding the emotional and physical pain of abortion.” More than eighteen thousand people from seventy-seven countries have registered on their website.

Poor mental health outcomes for women after abortion extend beyond regret and include an increased risk for suicide. A meta-analysis published in 2011, which combined the results of twenty-two studies and data on 877,181 women from six

---

countries, found that women who had abortions were 81 percent more likely to have mental health problems later than women who had not had an abortion. Specifically, they were 34 percent more likely to develop an anxiety disorder, experience depression (37 percent), abuse alcohol (110 percent), use marijuana (230 percent), or commit suicide (155 percent).

Abortion causes the death of a child, but the procedure also causes the death of the mother more often than reports have shown. According to the Elliot Institute, “The leading causes of abortion-related maternal deaths within a week of the surgery are hemorrhage, infection, embolism, anesthesia, and undiagnosed ectopic pregnancies. Legal abortion is reported as the fifth leading cause of maternal death in the United States, though in fact it is recognized that most abortion-related deaths are not officially reported as such.” A 2004 analysis of large medical databases linked to death certificates showed that when mortality rates associated with abortion and childbirth were examined using a single uniform standard, pregnancy-associated deaths were actually two to four times higher for aborting women than for delivering women.

Abortion is also associated with increased risks for preterm birth and placenta previa in subsequent pregnancies, pelvic inflammatory disease and other infections, and endometritis, which teens are 2.5 times more likely than mature women to develop after an abortion.

The Conjugal Act in Marriage

Young people who save sexual relations for marriage avoid all the negative consequences of early sexual relations. After marriage, the sexual act is elevated to the self-giving act that God intended it to be. Couples give themselves to each other freely, with no emotional baggage from previous relationships; they give themselves


faithfully, forsaking all others until death; and they give themselves totally, open to both the unitive and the procreative meanings of the conjugal act. Their sexual union has the ability to become fruitful, if children are born.\textsuperscript{54}

Between 1979 and 1984, John Paul II spoke on the theological meaning of the marital union in a series of 129 lectures, which are known now as his Theology of the Body.\textsuperscript{55} The teachings are rich, deep, and lengthy and can be challenging to understand. In his book \textit{Good News about Sex and Marriage}, Christopher West sums up the essence of the teaching as it applies to the marital union:

This is what our being made in the image and likeness of God reveals: we’re called to love as God loves, in a life-giving \textit{communion of persons} [mimicking the life-giving communion of the Holy Trinity]. And we do this specifically as male and female. The man is disposed in his very being toward making the gift of himself to the woman. And the woman is disposed in her very being toward receiving the gift of the man into herself and giving herself back to him. And the love between them is so real, so profound, that, God willing, it may become another human person.\textsuperscript{56}

West goes on to explain that the Pope teaches that the marital act not only reveals the life-giving love of the Holy Trinity; it also constitutes the living sign of the self-giving love of Christ for his Church (Eph. 5:32): “Spouses not only image the love of God within the Trinity; they also image the love between God and all humanity, made visible in the love of Christ and the Church. By virtue of their baptisms, the marriage of Christians is a sacrament. That means it’s a living sign that truly communicates and participates in the union of Christ and the Church. The marriage vows lived out in the spouses’ ‘one flesh’ union constitutes this living sign.”\textsuperscript{57}

Not only is the marriage act the sign of these eternal truths; it is a “foretaste of heaven.”\textsuperscript{58} As a reviewer of his book \textit{Heaven’s Song} points out, “West asserts that society is obsessed with sex, not because they are on the wrong track but precisely because they \textit{are} onto something; the marital embrace can be a taste of unearthly bliss. But they are going about it all wrong, and they need the timeless wisdom of the Catholic Church, which now, more powerfully than ever, through the Theology of the Body can set a twisted society straight.”\textsuperscript{59}

Rev. Walter Schu, LC, describes the Church’s timeless wisdom like this:

The vast panorama of a total vision of the human person opened by John Paul II makes it possible to understand in all their depth and beauty the Church’s

\textsuperscript{54} Paul VI, \textit{Humanae vitae}, n. 9.
\textsuperscript{56} Christopher West, \textit{Good News about Sex and Marriage} (Ann Arbor, MI: Servant Publications, 2000), 19, original emphasis.
\textsuperscript{57} Ibid., 200.
\textsuperscript{59} Leticia Velasquez, review of \textit{Heaven’s Song: Sexual Love as It Was Meant to Be} by Christopher West, \textit{Catholic Exchange}, August 29, 2008, https://catholicexchange.com/.
teachings on marital love and procreation. Every act of conjugal union is an expression of the spouses’ complete self-giving to one another and acceptance of each other in their fullness as persons. This self-giving love is fruitful, both in the union of the couple in “one flesh” and in its openness to new life. It images the fruitful love of the Trinity.60 Catholic teaching on the importance of the procreative act, reaffirmed through the years, does not require married couples to have a baby every time they have sexual relations. Instead, the Church promotes natural family planning, or fertility-awareness-based methods (FABMs), which have grown in effectiveness at helping couples space their children.

The Fertility Awareness Collaborative to Teach the Science (FACTS) explains that FABMs “track different natural biomarkers of a woman’s cycle or other indicators that signify when she is fertile. Key signs of fertility include cervical mucus or fluid (its presence and characteristics), basal body temperature and urinary hormone metabolites. These signs indicate when a woman is fertile, when she is about to ovulate, when she has ovulated and she is past the time of fertility.”61 A 2013 meta-study assessed the strength of evidence in twenty-nine peer-reviewed clinical studies that evaluated the effectiveness of FABMs in the avoidance of pregnancy. The studies with the best evidence showed that “contemporary FABM can be as effective as hormonal contraceptives without the inherent health risks.”62 In fact, correct-use effectiveness rates range from 95.2 to 99.6 percent.63 The pregnancy rate for the most effective method, the symptothermal method, was just 0.6 per one hundred women and per thirteen cycles when there was no unprotected intercourse during the fertile period.64

Couples who use FABMs to space children practice abstinence during the fertile times in the wife’s cycle.65 They report that the practice requires increased communication and self-discipline, which make their marriage bond stronger. Sometimes couples begin using an FABM after using contraception for many years. Without exception, they describe welcome transformations in their marriages.66

60. Walter J. Schu, “Contraception and Abortion.”
In 1968, the wise and prophetic Paul VI already understood the virtue brought about by periodic abstinence:

The right and lawful ordering of birth demands, first of all, that spouses fully recognize and value the true blessings of family life and that they acquire complete mastery over themselves and their emotions. ... And if this self-discipline does demand that they persevere in their purpose and efforts, it has at the same time the salutary effect of enabling husband and wife to develop their personalities and to be enriched with spiritual blessings. For it brings to family life abundant fruits of tranquility and peace.67

Although the term “sexual freedom” is used to describe our current cultural norms, many young people who engage in early sexual activity are actually enslaved by the outcomes. It is those who wait to give themselves to each other in marriage—totally, freely, faithfully, and fruitfully—who can achieve true freedom.
