Can We Be Pro-life and Pro-contraception?

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Abstract. The common belief regarding contraception is that it leads to reductions in abortion, and many in the pro-life movement hold this belief, some going so far as to support access to contraception as a means to reducing abortion. A review of the abortion industry's own studies and statistics reveal, however, that the opposite is true—widespread access to contraceptives actually leads to increases in the abortion rate. To oppose abortion, the pro-life movement should speak with a unified voice in opposition to contraception as well. *National Catholic Bioethics Quarterly* 15.2 (Summer 2015): 231–239.

Many who oppose legalized abortion on demand are ambivalent about the use of contraceptives; others would go so far as to accept or support policies that use contraceptives as a means of reducing the number of abortions.[1] Still others are happy to remain indifferent on the subject so long as they are able. Some, including Catholics, no doubt, use contraceptives themselves. Even among those pro-life organizations, Catholic or not, that reject the use of contraceptives as a moral act or a means of reducing the abortion rate, only the minority focuses on the goal of reducing the rate contraceptive use. Those who fall into the categories ranging from ambivalence to support, despite these feelings, must have nevertheless noted that the entities that stand

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[1] Many seemingly pro-life candidates, for example, supported over-the-counter access to contraceptives during the 2014 federal election cycle in order to distance themselves from war-on-women rhetoric. Sandhya Somashekhar, "GOP Hopefuls Favor Over-the-Counter Birth Control," *Washington Post*, September 2, 2014, http://www.washingtonpost.com/.

to profit most from abortion are the most ardent advocates for artificial contraceptives as the means of preventing abortion. Why would such entities so ardently promote something that has the effect of preventing the need for what everyone acknowledges is their most profitable service?

This also leads to the question of whether the pro-life movement has found common ground with advocates for legal abortion, which ought to lead to some discomfort. The logic seems to be, "Just follow Planned Parenthood's advice, and you'll never need … Planned Parenthood." There's a conflict of interest here. Many seem convinced that these abortion advocates, however wrong they are on the legality of abortion, are right on the question of how to prevent it. The whole purpose of contraceptives is to prevent pregnancy, and if contraceptives prevent pregnancy, it follows that they prevent abortion. So it seems reasonable, absent any moral objection to contraceptives *qua* contraceptives, to include them among a comprehensive program for the reduction of "unintended pregnancy" and the abortions that result from these pregnancies.

Even for those who are not entirely convinced by the pro-abortion, pro-contraceptive rhetoric, inertia has become a close ally to an attitude of support, indifference, or silence. Most pro-life advocates, it seems, see this as a peripheral issue that does not fall under the urgent category of saving babies. Politicians, for their part, seem as though they can do nothing other than voice support for contraceptives, even to the point of touting irresponsible policies to avoid criticism for not being supportive enough.[2] There are few surer ways for a politician to earn the scorn of both left- and right-leaning media and to be labeled as anti-science than to challenge the current orthodoxy on contraceptives. Politics is the art of the possible.

Within the question of national politics is the internal politics of abortion opponents. After three quarters of a century of disagreement on the question of contraception, and four and a quarter additional centuries of disagreement on other matters, Catholics and Protestants have found something about which they agree—the sanctity of unborn human life—and that has led to fellowship on many other things about which they agree. Understandably, they hope that the cooperation and fellowship can continue, and know, as do their adversaries, that a discussion about contraception risks unleashing disharmony into the ranks, jeopardizing otherwise good pro-life work.

Despite this, for some—and I believe many—the existence of this uncontested no-man's land is unsettling. There are questions we can ask, and perhaps ground to gain. Is any potential movement on the contraceptive issue truly territory that is essential to the overall mission? Would it be a distraction or a waste of resources? Shouldn't we focus on the babies that already exist, rather than what occurs before they exist? Many who are convinced of the need to oppose contraception are paralyzed by the risks that may attend the endeavor.

But for a moment, let us set these practical and political considerations aside and examine the situation at a more fundamental level. Is contraception a good idea,

[2] Elise Viebeck, "GOP's Birth Control Gamble," *The Hill*, August 18, 2014, http://thehill.com/.

as a matter of policy and as a matter of individual choice? Does it make sense if one also considers himself pro-life?

More to the Story

Consider again the close association between advocacy for abortion and advocacy for contraceptives as the antidote to abortion. Could there be some self-interest involved on the part of the abortionists? The abortion industry's own statistics reveal a story that is quite different from the common narrative. The Alan Guttmacher Institute, the research arm of the abortion industry, tells us in an article by Cicely Marston and John Cleland that in this country and others, "contraceptive prevalence and the incidence of induced abortion . . . rise in parallel, contrary to what one would expect."[3]

When we examine the empirical evidence closely, we find that if we as a culture did not rely as pervasively on contraception as we do, we would not be experiencing anywhere near the abortion rate we do now. The reason for this is the inherent failure rates found in every method of contraceptives, which are of two sorts—those rooted in the technologies themselves and those rooted in the nature of fallen humanity. Long and well-documented experience proves that these error margins are so consistent as to be in every practical manner of speaking unalterable. So reliable is this phenomenon that anyone who wanted to expand a population's resort to abortion would only have to work toward higher usage rates for contraceptives. There is much to suggest to us that these failure rates are manipulated in order to create a greater demand for abortion.[4]

This certainly sounds counterintuitive to some. Even many of those who disagree with the morality of contraception expect that it works when used properly, and that, if anything, these technologies lower the abortion rate, which would simply be staggering without them. But the statistics lead us to the opposite conclusion.

Contraception Drives the Demand for Abortion

In the first place, many chemicals and devices sold as contraceptives actually cause early abortions, including Ella (ulipristal acetate), Plan B (levonorgestrel), regular oral contraceptives in some instances (this is inconclusive, but likely), and intrauterine devices (IUD), as they make the uterine lining inhospitable to the implantation of an embryo.[5]

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[3] Cicely Marston and John Cleland, "Relationships between Contraception and Abortion: A Review of the Evidence," *International Family Planning Perspectives* 29.2 (March 2003): 6–13, available at https://www.guttmacher.org/pubs/journals/2900603.html.

[4] Some have suggested that this manipulation was behind the poor-quality condoms that Planned Parenthood distributed in the 2000s, which were the two lowest-rated condoms of twenty-three different types tested by *Consumer Reports*, each receiving "poor" ratings for strength. Henry J. Kaiser Foundation, "Consumer Reports Magazine Rates Durex Condoms Best, Planned Parenthood Condoms Worst in Performance Review," *The Body*, January 5, 2005, http://www.thebody.com/.

[5] See, for example, American Association of Pro-Life Obstetricians and Gynecologists, "Oral Contraceptive Controversy," accessed June 3, 2015, http://www.aaplog.org

Aside from these very early abortions, contraceptives do prevent pregnancies and abortions in particular instances. A woman taking an oral contraceptive while sexually active may frequently succeed in preventing the birth of a live baby. We can be certain that this happens often. But there is more to the story, and we might be able to get somewhere by summing it up as follows: While contraception as a discrete act might prevent some particular abortions, contraception as a whole does not prevent abortion as a nationwide occurrence. In fact, the relevant evidence points to the conclusion that contraception is a cause of the increase in abortion in our country.

To grasp how contraception drives the abortion rate, we must consider not just what happens in an individual instance of contraceptive use, but what happens through use over time, and what happens as an entire culture makes the decision to rely on them.

Within this broader cultural view falls the consideration of how contraception affects the choices that people, especially women, make about sex. Studies have found that the perceived infertility women receive from their contraceptive methods reduces the risk they perceive in engaging in sex.[6] This changes her risk analysis and enables her to justify the decision to have sex when she is not sure she would want to have a baby, a relationship, or even a conversation with the man involved. Because of her human nature, she often perceives her own risk of pregnancy to be lower than others ("it would never happen to *me*"), and critically, lower than it actually is. In fact, according to the common pedagogy regarding contraceptives, she is doing the responsible thing—she is protecting herself: she is in (birth) control. Legal scholars and economists call this phenomenon "risk compensation."

This phenomenon of risk compensation increases the incidence of sex outside of stable, committed relationships. This is not only the case for particular instances of sex; in many cases, it enables entire sexual relationships that would not occur without the introduction of contraceptives. (That, in itself, from a moral, anthropological, and sociological standpoint, is highly problematic.) Because the lower risk perceived with contraceptives enables sexual encounters and relationships that would not occur otherwise, it invites pregnancies that occur in situations where women do not feel ready to become pregnant. This, we know, makes them likely candidates for abortion—40 percent of unintended pregnancies end in abortion.[7]

/position-and-papers/oral-contraceptive-controversy/. This webpage includes links to two papers by pro-life obstetricians and gynecologists, each coming to an opposite conclusion about the morality of its use. See also Karen Swallow Prior, "The Pill: Contraceptive or Abortifacient?," *The Atlantic*, December 31, 2012, http://www.theatlantic.com/, compiling information to suggest that an abortifacient effect to oral contraceptives is likely. This is also implicit in ACOG's opposition to "personhood" amendments, which ACOG claims would ban conventional oral contraceptives. See ACOG, Statement on "Personhood" Measures, news release, February 10, 2012, http://www.acog.org/.

[6] See, for example, Women Speak for Themselves, "How the Message of 'Contraception and Abortion Are Key to Women's Equality' Fails Women and Society," August 2014, http://womenspeakforthemselves.com/wordpress/wp-content/uploads/2014/08/Risk-Compensation-fact-sheet-FINAL.pdf.

[7] Lawrence B. Finer and Mia R. Zolna, "Shifts in Unintended Pregnancies in the United States, 2001–2008," *American Journal of Public Health* 104.S1 (2014): S43–S48, available

The research has found this risk compensation phenomenon to be true, at least in the United States, and has led to widespread consequences. The most important for this discussion is the higher abortion rates that occur alongside higher rates of contraceptive use. The abortion industry is aware of this phenomenon. In their paper, Marston and Cleland of the Guttmacher Institute examined it, asking why, "within particular populations [the United States included] contraceptive prevalence and the incidence of induced abortion can and, indeed, often do rise in parallel, contrary to what one would expect."[8]

Ultimately, they concluded, this occurs because less than eighty percent of the population is using "highly effective" forms of contraception. This is a faulty conclusion, but more on this later. On the way to their conclusion, Marston and Cleland made a few interesting points that are useful to an understanding of the relationship between abortion and contraception:

> In societies that have not yet entered the fertility transition [the spread in the use of contraceptives to near universal use], both actual fertility and desired family sizes are high (or, to put it another way, childbearing is not yet considered to be "within the calculus of conscious choice"). *In such societies, couples are at little (or no) risk of unwanted pregnancies.* The advent of modern contraception is associated with a destabilization of high (or "fatalistic") fertility preferences. Thus, as contraceptive prevalence rises and fertility starts to fall, an increasing proportion of couples want no more children (or want an appreciable delay before the next child), and exposure to the risk of unintended pregnancy also increases as a result. In the early and middle phases of fertility transition, adoption and sustained use of effective methods of contraception by couples who wish to postpone or limit childbearing is still far from universal. Hence, the growing need for contraception may outstrip use itself; thus, the incidence of unintended and unwanted pregnancies rises, fueling increases in unwanted live births and induced abortion. In this scenario, contraceptive use and induced abortion may rise simultaneously.
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> As fertility decreases toward replacement level (two births per woman), or even lower, the length of potential exposure to unwanted pregnancies increases further. For instance, in a society in which the average woman is sexually active from ages 20 to 45 and wants two children, approximately 20 of those 25 years will be spent trying to avoid pregnancy. Once use of highly effective contraceptive methods rises to 80%, the potential demand for abortion, and its incidence, will fall.[9]

In layman's terms, their theory is as follows: The advent of the modern contraceptive mentality in the 1960s created a culture where couples throughout America began to prefer a family with only two children, regardless of whether they were actually using effective contraception or not. If, after having the two desired children, these couples found themselves pregnant, they would abort the third or fourth because they

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at http://www.guttmacher.org/pubs/journals/ajph.2013.301416.pdf. The study notes that this number is down from 47 percent in 2001.

[8] Marston and Cleland, "Relationships between Contraception and Abortion."

[9] Ibid., emphasis added.

had previously decided that two was their preference. It is the couple's preference for two children as opposed to three or four, or four as opposed to six, that drives more than a million women to get abortions each year. All of this will change once 80 percent or more of these couples realize that they could use a better method (or *a* method) rather than abort their children to achieve their desired number.

Anyone familiar with contemporary American life knows this to be quite a fanciful retelling of it. Marston and Cleland's scenario describes American couples resigning themselves to abortion as a form of birth control in the time between their adoption of a preference for two children and their discovery of "modern" contraception, which had previously been unknown to them. In the first place, Americans, whether they are pro-life or pro-choice, reject abortion as a form of birth control, and further, few Americans missed the news about the contraceptive pill once it arrived on the scene.[10] But the study has merit apart from the faulty conclusions it reaches, if we are willing to examine the matter a bit more closely. We could begin with two things Marston and Cleland note that are true: more contraception is associated with higher abortion rates, and a "destabilization" occurs when contraception enters into a population.

When one examines the usage patterns for contraceptives, for the most part, the type of destabilization that leads to abortion is not in people's expectations about the size of their family. At most, the sentiment that one is "done with childbearing" is a contributing (but not necessarily deciding) factor in 38 percent of abortions, with only 19 percent of women citing this as their most important reason for having an abortion.[11]

If the problem is not principally a shift in desired family size, what is at the heart of the abortion phenomenon? Some speculate that non-use of contraception is the problem, reasoning that, if only contraceptive use was wider, people would not find themselves with unwanted pregnancies. This is not the case, either. Very few women procuring abortions are non-users of contraception. In fact, according to a Guttmacher Institute study by Rachel Jones, Jacqueline Darroch, and Stanley Henshaw, only 8 percent of women choosing abortion had never used contraception.[12]

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[10] In other contexts, for example, the Guttmacher Institute is quick to point out that up to 99 percent of sexually active women have used contraceptives. Guttmacher Institute, "Contraceptive Use in the United States," fact sheet, June 2014, accessed April 7, 2015, http://www.guttmacher.org/pubs/fb_contr_use.html. The document currently posted at this URL is more recent.

[11] Lawrence B. Finer et al., "Reasons US Women Have Abortions: Quantitative and Qualitative Perspectives," *Perspectives on Sexual and Reproductive Health* 37.3 (September 2005): 110–118.

[12] Of the women who had abortions, 54 percent were using contraception in the month they conceived, 70 percent used contraception within three months of conception, and 79 percent used it within six months of conception. Among women who had abortions in the year 2000, 92 percent were contraceptive users at one time. Rachel K. Jones, Jacqueline E. Darroch, and Stanley K. Henshaw, "Contraceptive Use among US Women Having Abortions in 2000–2001," *Perspectives on Sexual and Reproductive Health* 34.6 (November–December 2002): 294–303, available at http://www.guttmacher.org/pubs/journals/3429402.pdf.

Instead, we know from these and other statistics that method failure, mistakes, and inconsistency in using contraceptives account for the bulk of abortions in this country. Consider the failure rates of the two most popular methods of contraception: oral contraceptives and condoms. Of the 6,280,000 women who used condoms as their chosen method in 2010, these rates suggest that 1,130,400 became pregnant. Of the 10,540,000 who used conventional oral contraceptives, 948,600 became pregnant. Together, the failure of these two methods accounted for 2,079,000 pregnancies in that year alone.

We know that typically 40 percent of unplanned pregnancies end in abortion, which leads us to estimate that 831,600 (69 percent) of the abortions in 2010 were the result of the failure of the two most popular forms of contraceptives, out of the estimated total of 1,210,000 abortions.[13]

Jones et al. further analyzed the statistics. Users of conventional oral contraceptives in the month they conceived made up 13.6 percent of all abortions (164,560). Within this subset, 28 percent (46,077) had abortions after becoming pregnant for reasons that were entirely out of their control.[14] Of these women, 76 percent (125,066) simply took the pills inconsistently, which is common when taking any medicine. Those who used condoms in the month they conceived comprise 27 percent (326,700) of abortions. Among these, 13.5 percent reported using it perfectly; 41.6 percent reported that it broke or slipped; and 49.3 percent reported inconsistent use. For 55.1 percent (166,617) of abortions that occur after using a condom, then, the fault cannot be attributed to the user.[15]

Further back in time from the month of conception, the story becomes almost entirely one of inconsistent use: recall that nearly eighty percent of all those having abortions have used contraception in the six months preceding their pregnancy, and ninety-two percent at one time. Nearly all of these failure rates, we should remember, refer to failure within the first year of use. Seen over time, the picture is much more alarming: twenty-five and forty-five women of a hundred will become pregnant after

[13] Finer and Zolna, "Shifts in Unintended Pregnancies," S43. For our comparisons, the most recent statistics available from Guttmacher were compared. Sometimes the years were different: In this case, the latest contraception statistics were from 2010, and the latest abortion statistics were from 2008. (Guttmacher Institute, "Contraceptive Use in the United States;" and Guttmacher Institute, "Induced Abortion in the United States," fact sheet, July 2013, accessed April 7, 2015, http://www.guttmacher.org/pubs/fb_induced_abortion.html. The document currently posted at this URL is more recent.) The latest numbers for contraceptive use among abortion seekers are from 2000–2001 (Jones et al., "Contraceptive Use among US Women").

[14] This is significant considering the perceived effectiveness of the method. Among these pill users, the majority reported inconsistent use (76 percent). Many became pregnant despite reporting perfect use (13 percent), and a significant number (15 percent) reported "other," which included use with other drugs or antibiotics, vomiting or diarrhea, change of pill or dose, or not finishing the first pack (Jones et al., "Contraceptive Use among US Women").

[15] Ibid. The study lists 46 percent of those having abortions as "nonusers" of contraceptives, which is deceiving, as those who used contraceptives but stopped a month or more before conception are counted as "nonusers."

using the pill and condoms for three years, respectively; the numbers are sixty-one and eighty-six out of one hundred after ten years of use.[16]

Here a clearer picture begins to take shape of the "destabilization" that occurs when a population begins using contraception. The story is one of messy interpersonal relationships among imperfect people. The scenarios are as unique as the individuals who use contraceptives. Dr. Janet Smith of Sacred Heart Major Seminary put it memorably (I am paraphrasing): a woman might discontinue use of oral contraceptives after a relationship ends, only to reunite briefly without having the chance to go back on them. She might skip a dose by mistake or forget her pills when she goes on vacation. Perhaps she begins to suspect that one of the two of them is infertile. Or perhaps the couple uses condoms, but they have run out. They decide to "risk it" just this one time.[17] The story of abortion, almost in its entirety, is not a story of non-use, but of inconsistent use of contraception or method failure. It is a story of a project endeavored and then abandoned, mismanaged, or paused as life's irregularities make it desired, then not desired, then desired again, but too late. Or in many cases it is simply a story of the method failing to live up to its promises.

On some level there has been acknowledgement of this phenomenon in education campaigns designed to increase proper usage of contraceptives. But for over forty years this has been an answer that has failed to produce any meaningful results, and for many years has been accompanied by increased abortions. The message and the use of these methods are both easy enough to understand. Perhaps it is time for us to acknowledge that we as a society have reached the limits of what these education campaigns can produce in terms of achieving "perfect" use of contraception. The Guttmacher Institute itself, in the Marston and Cleland study, admits that "such a state of perfect protection is never actually achieved," and "a residual demand for abortion always exists." The current rate of abortion, which has hovered at or above a million abortions for forty years now, appears to be the residual demand to which they refer.

At this point we should again take a step back. The best we can do with perfect use of contraception, according to its makers and advocates, is 231,000 pregnancies among the users of the pill and condoms alone, with nearly one hundred thousand abortions every year for these two methods. When our culture says "yes" to contraceptives, it seems we do not do so with full knowledge that we are consenting to this reality. It is hard to believe that those pro-lifers who are ambivalent or support the use of contraceptives are truly on board with these lives destroyed as collateral damage—the price our society pays for this particular approach to human sexuality.

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[16] Gregor Aisch and Bill Marsh, "How Likely Is It That Birth Control Could Let You Down?," *New York Times*, September 13, 2014, http://www.nytimes.com/.

[17] Janet Smith, "Contraception: Why Not?," *Catholic Education Resource Center*, August 2015, http://www.catholiceducation.org/en/controversy/common-misconceptions/contraception-why-not.html. The Jones study mentioned above found that the perception that the woman was at low risk of becoming pregnant, concerns about their chosen methods (including fear of side effects), and unexpected sex were the most often-cited reasons for discontinued use of contraceptives.

We now have a clearer picture of the context in which abortions occur, in which women get pregnant and ask, "How did this happen?" As the Guttmacher Institute admits, such a culture does not exist in a society that does not have things like "birth control." This is what the Institute was puzzling over when it noted the simultaneous rise of abortion rates and contraceptive use in America.

The Pro-life Movement Should Oppose Contraception

It seems fair to conclude, upon the evidence, that it is impossible to use contraception as a means to acquire any acceptable amount of control over when sex will result in pregnancy. Standing in the midst of all of this evidence, it seems wise, even a moral obligation, to recast how the pro-life movement approaches the question of contraceptives, and to embrace opposition to contraceptives as a necessary element in the effort to reduce the number of abortions. Otherwise, we risk silence in the face of an approach to sexuality that inherently includes between one hundred thousand and one million abortions every year. Shrewd, sustained, and focused opposition to contraception is likely the key to driving the abortion rate below one million a year, to numbers we perhaps have not considered within the realm of possibility.

We should acknowledge, however, that the pro-life movement is at once both the best and the worst place to begin a more searching conversation about the perils of contraception and to move from a place of uneasy coexistence with contraception to a place of rejection in favor of a more life-affirming approach. It is the best place because of the movement's commitment to saving human beings from destruction and to sacrificing as necessary to do so. It is the worst because for those who are sincerely pro-life but use or support contraception, we must acknowledge a personal incentive to be dismissive of claims that certain methods cause abortion and that the whole framework leads *necessarily* to abortion—that support for contraception is, in some small and large ways, support for the perpetuation of the abortion culture.

It would be naïve to think, then, even among the pro-life movement, that a call to reexamine our social conscience regarding contraceptives would receive an easy embrace. It is a sensitive matter because it speaks to our intimate relationships with our spouses, with our faith communities, with the pro-life movement, and with God.

At the same time, as a movement, the pro-life vocation is defined by a call to speak about uncomfortable subjects. The movement is accustomed to adapting its tactics significantly according to what is likely to be most successful in an ever-shifting landscape. It has made significant gains in our country's relationship with abortion, but there is more and serious work to be done. A sustained effort to change the narrative about contraceptives is, according to the body of evidence before us, the key to the most significant gains our movement has seen in decades. The want of such a disruptive approach to the contraceptive mentality is what stands between us and precipitous drops in the annual abortion rate, I am convinced. When the facts speak so clearly, it seems we must follow them or risk finding ourselves on the wrong side of the truth, to the detriment of those who depend on us.