

According to the National Survey of Family Growth, between the years 2017-2019, there were 72.7 million women of reproductive age (15–49) using contraception in the United States. The same source reported that oral contraceptive pills were used by over 15 million women. Over 30 million women used other birth control methods, and almost 26 million of these were either sterilized or living with a sterilized man. Long-acting reversible contraception (including the intrauterine device and the Implant) was used by more than 11 million women. Other widely used methods of birth control included condoms (nearly 9 million women), contraceptive injections (2 million), and withdrawal (4 million).¹

“The Pill”

The Pill consists of one or more types of artificial hormones called *estrogens* and *progestins*. It works by inhibiting ovulation and sperm transport and by changing the lining of the inside of a woman’s uterus (called the endometrium) so that implantation of a newly conceived embryo is unlikely.

Ethical Concerns: When the Pill works by preventing implantation of a recently conceived embryo, it produces an early abortion.²

Medical side effects: In 2005, the World Health Organization officially classified oral contraceptives as Group I carcinogens (Group I being the most dangerous from Groups I-IV).³ A year later, a comprehensive meta-analysis published in the *Mayo Clinic Proceedings*, noted that 21 out of 23 studies found an increased risk of developing premenopausal breast cancer in women who had taken the Pill prior to the birth of their first child. Overall this group of women experienced a 44% increased risk in developing breast cancer prior to age 50.⁴ Other side effects that women have experienced include high blood pressure, blood clots, strokes, heart attacks, depression, suicide, weight gain, sexual dysfunction, and migraines.⁵ Although the Pill decreases the risk of ovarian and uterine cancer, it increases the risk of breast, liver and cervical cancer.⁶ At least three studies have noted that the AIDS virus is transmitted more easily to women who are taking the Pill if their partner(s) have the AIDS virus.^{7,8,9}



“The Shot”

Commonly known as “the Shot,” Depo-Provera, a long acting progestin hormone, is injected into a woman’s muscle every three months. It works by decreasing ovulation, by inhibiting sperm transport and by changing the lining of a woman’s uterus.¹⁰

Ethical concerns: By changing the lining of the uterus, Depo-Provera can cause an early abortion when conception does occur.

Medical side effects: The results of two major world studies have shown that women who take Depo-Provera for two years or more before age 25 have at least a 190% increased risk of developing breast cancer.¹¹ In addition, Depo-Provera may reduce a woman’s bone density,¹² and worsen her cholesterol level.¹³ One study found that women who had received injectable progestins (i.e., usually Depo-Provera or norethisterone enanthate) for at least five years suffered a 430% increased risk of developing cervical cancer.¹⁴ Several studies have shown that women who receive injectable progestins have a much higher rate of contracting the AIDS virus if their partner is infected, with one study showing a 240% increased risk.¹⁵

Other Hormonal Contraceptives

The same artificial hormones used in the Pill and Depo-Provera are packaged in a variety of other delivery systems: the Patch, the “Morning after Pill,” hormone impregnated IUDs and vaginal inserts, and others. More are in development. Most are so new that their side effects have not been well researched. They use similar hormones as in the Pill and can be expected to have generally the same cancer-producing risks.

Barrier Methods: The Condom and the Diaphragm

The condom and diaphragm are latex devices used to prevent sperm from reaching the ovum, thus preventing fertilization.

Medical side effects: The condom has a failure rate for avoiding pregnancy that is estimated to be between 10-30%.^{16, 17} There are several reasons: breakage or slippage during use, manufacturing defects, and defects caused by shipping and storage in a hot or very cold place. A comprehensive review of condom effectiveness in preventing sexually transmitted diseases, sponsored by the US National Institutes of Health, published in 2001, concluded that use of condoms reduces, but **does not eliminate** transmission of the AIDS virus to men and women and of gonorrhea to men. The review also concluded that condoms have no proven effectiveness in reducing the transmission of any other STD.¹⁸ At least one study has noted that women



who use barrier methods such as the diaphragm or condom, or the withdrawal method, had a 137% increased risk of developing preeclampsia.¹⁹ Preeclampsia, a complication occurring in some pregnant women, is a syndrome of high blood pressure, fluid retention, and kidney damage, which may eventually lead to prolonged seizures and/or coma. It is theorized that exposure to the male’s semen plays a protective role against preeclampsia.

Spermicides

A spermicide is an agent that is designed to kill the man’s sperm and is often sold as a gel or as an ingredient in the vaginal sponge.

Medical side effects: Toxic Shock Syndrome has been associated with the spermicide sponge.²⁰ One researcher has noted that couples who have used certain spermicides within a month of conception have experienced a doubling in the rate of birth defects, as well as a doubling of the rate of miscarriage.²¹

The IUD (Intrauterine Device)

This is a T-shaped device made of hard plastic. It may also contain copper or progestin hormones. A doctor inserts it into a woman’s uterus. It works by irritating the lining of the uterus and obstructing sperm transport.

Ethical concerns: When conception occurs with an IUD in place, the IUD can prevent implantation, thus causing an early abortion.²²

Medical side effects: These include uterine perforation, which may lead to a hysterectomy, and infections, such as a pelvic or tubo-ovarian abscess. Use of all IUDs has been associated with an increased incidence of PID (Pelvic Inflammatory Disease).²³ The use of IUDs have been associated with actinomycosis, an infection that can cause long term complications such as pelvic mass and infertility.²⁴ The IUD may occasionally result in pregnancy and if this were to occur, an ectopic pregnancy would be more likely to occur. An ectopic pregnancy is one in which the unborn child implants himself/herself in a location other than in the mother’s uterus, usually in the Fallopian tube. According to Rossing and Daling, two prominent researchers, women who had used an IUD for three or more years were more than twice as likely to have a tubal pregnancy as women who had never used an IUD, even years after the IUD had been removed.²⁵ Ectopic pregnancy remains the leading cause of maternal death in the United States. The IUD may also cause back aches, cramping, dyspareunia (painful intercourse), dysmenorrhea (painful menstrual cycles), and infertility.²³

“Permanent” Sterilization: Tubal Ligation and Vasectomy

Surgical sterilization attempts to achieve permanent sterility by cutting, burning or tying a woman’s Fallopian tubes (called “tubal ligation”) or a man’s vas deferens (called “vasectomy”). Essure was a permanent non-surgical type of sterilization. Inserts placed in the Fallopian tubes caused a tissue barrier to form that prevented sperm from reaching the egg.

Medical side effects:

Tubal ligation does not always prevent conception. When conception does occur, it is associated with a much higher incidence of ectopic pregnancy,²⁶ which, is, as was noted, the leading cause of death in pregnant women. In addition, women who





undergo the procedure may experience complications from the anesthesia or from surgery. Complications include bladder puncture, bleeding, and even cardiac arrest after inflation of the abdomen with carbon dioxide.²⁷ Some women who have undergone a tubal ligation experience a syndrome of intermittent vaginal bleeding associated with severe cramping pain in the lower abdomen.²⁸ Essure was discontinued in 2018 due to several adverse events including, perforation of the uterus, improper placement, pain, infection, and nickel allergy.²⁹

About 50% of men who undergo a vasectomy will develop anti-sperm antibodies. In essence, their bodies will come to recognize their own sperm as “the enemy.” This could lead to a higher incidence of autoimmune disease. Several studies have noted that men who undergo a vasectomy have a higher incidence of developing prostate cancer, especially 15-20 years after their vasectomy.³⁰
^{31,32,33,34} One recent study found an association between vasectomy and aggressive prostate cancer.³⁵ Vasectomy has also been associated with a rare type of dementia.³⁶

Wise Options

The best option before marriage is abstinence. The obvious benefits include greater self-respect, freedom from the risk of sexually transmitted disease, as well as monetary savings and no chance of an unintended pregnancy. Within marriage it should be noted that an openness towards having children yields specific medical benefits. Every additional child a woman bears reduces her risk of breast cancer and ovarian cancer by 5-10%. In addition, breast and ovarian cancer risks are reduced significantly in women who breast feed, with

highest reductions in those women who breast-fed for the longest time intervals.³⁷

NFP: Natural Family Planning

Natural Family Planning is a totally natural method by which couples can manage their fertility. In NFP a woman determines when she is either fertile or infertile by observing the consistency of her cervical mucus or other biomarkers such as her temperature. The largest trial to date (about 20,000 Indian women)—sponsored by the WHO (World Health Organization)—found an unintended pregnancy rate of less than 0.2%.³⁸

One obvious benefit of NFP is that there is no increased risk of cancer or other diseases as opposed to hormonal contraceptives. Couples who use NFP have a divorce rate that is less than 5%³⁹—far lower than the national rate of about 50%.

For more information on Natural Family Planning, contact:

Billings Ovulation Method Association

www.Boma-usa.org (651) 699-8139

Couple to Couple League

www.ccli.org (800) 745-8252

Family of the Americas Foundation

www.familyplanning.net (301) 627-3346

FertilityCare Centers of America

www.fertilitycare.org (402) 505-8917

Marquette Model

www.marquette.edu/natural-familyplanning-model.php

Natural Family Planning International

www.NFPandmore.org

One More Soul

www.OneMoreSoul.com (800) 307-7685

SymptoPro

www.symptopro.org (971) 280-9676

US Conference of Catholic Bishops

www.usccb.org (202) 541-3040

For a directory of NFP-Only physicians and NFP teachers, please visit www.onemoresoul.com.



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by Chris Kahlenborn, MD

