

CHAPTER 36

CONTRACEPTION

*Contraception can be divided
into permanent and temporary.*

What is permanent contraception?

The only absolutely guaranteed, permanent contraception is castration. That means removal of the testicles or of the ovaries. Then fertilization is impossible.

Sterilization is usually considered permanent contraception. Sterilization, commonly, is the cutting or ligating of the vas deferens (sperm tubes) in the man and of the fallopian tubes in the woman. This is not absolute and forever, as a small percentage of pregnancies occurs because of recanalization.

About 100,000 women are sterilized each year in the U.S. In a 10-year study of 10,000 women, there was a "failure" (i.e., a pregnancy) in one of fifty. One-third of these pregnancies were in the tube.

J. Trussell, Sterilization Less Effective,
Am. J. Ob/Gyn, May '96

A 1.8% pregnancy rate was observed with one-third in the Fallopian tube in another study.

What types of contraception are temporary?

All of the other known types. These can be divided into mechanical, which includes condoms, diaphragms, Quinacrine, and intra-uterine devices (IUD), and chemical contraceptives, which include those taken internally and those applied externally.

Are drugs like RU 486, methotrexate and prostaglandin contraceptives?

No, they are not. They do not prevent fertilization. They do cause very early abortions. See chapter on early abortions for details.

How effective are contraceptives in preventing pregnancy?

There are two measurements — method effectiveness and user effectiveness. Method effectiveness measures the number of times pregnancy occurs when the method is used exactly the way it is supposed to be used. An example of this would be to take a contraceptive pill, without fail, every single day for the 20 days required in a particular month. If, in spite of this, she gets pregnant, that would be a method failure.

Let's take a woman, however, who forgets to take one or perhaps two pills during the month and then gets pregnant. This would be an example of user effectiveness. Dr. Robert Hatcher of Emory University has created tables showing the approximate number of pregnancies during their first year of use. He gives two rates: one for the method when "used correctly and consistently," and the other as the "average U.S. experience among 100 women who wanted no more children." One group used the method exactly correctly every single time in the year. The other group was the more realistic actual "average U.S. experience." There was a significant difference.

C. Kippley, *The Art of Natural Family Planning*,
Couple to Couple League, 1985, p. 18

But how often do contraceptives fail?

Planned Parenthood's Alan Guttmacher Institute reported on 10,000 women getting abortions. Of these, 57.5% said they were using a contraceptive the month they became pregnant. In a similar study in 1987, the figure was 51.3%. The highest percent was in teenagers.

S. Henshaw, *Fam. Plan. Perspect.*
Vol. 28, No. 4, July/Aug. 1996

Similar findings were reported by the British Pregnancy Advisory Service. Thirty-eight percent of women with unwanted pregnancies had relied on condoms and 17% were on contraceptive pills.

BPAS, July 1999

Why higher in teenage use?

Kippley's results (above) are from experienced married couples in the privacy of their own bedrooms. It is generally recognized that use by unmarried teenagers is use by amateurs in less than private circumstances and carries a surprise pregnancy rate across the board of twice that of married couples. So the Planned Parenthood results are no surprise.

According to this, condoms have a high failure rate for pregnancy. How effective are condoms in preventing AIDS?

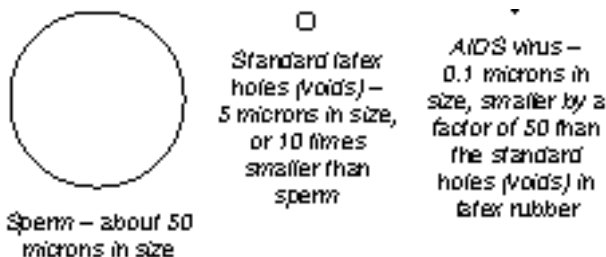
Actually, they are not very effective at all. Undoubtedly because a condom retains the bulk of the discharge of semen, the rate is cut down. To become infected with any disease, two things are relevant in terms of the offending, invasive agent. One is the presence of some of those viruses, or germs, themselves. The other is the quantity of that agent entering the body. If there are only a few bugs, the average human will kill them off. If there's a very heavy dose, the

chance for an infection succeeding is greater. Therefore, by cutting down on the volume of semen, a condom certainly reduces the chance for AIDS. But AIDS viruses do get through the condom.

Why is this?

Sperm have a diameter of 50 microns. Naturally occurring holes in the wall of a latex condom have a diameter of 1.0 microns. The HIV retrovirus which causes AIDS has a diameter of 0.1 microns. In effect, this would be comparing perhaps an ant crawling on a basketball. AIDS viruses swim freely through the holes in the condom. That is a fact that should be widely publicized.

C.M. Roland, Editor, *Rubber Chemistry & Technology*,
Washington Times, 4/22/92



Furthermore, a woman can only become pregnant for 2 to 4 days out of a 30-day month. She can catch AIDS 30 days out of a 30-day month. In addition, pregnancy only goes one way — AIDS can go both ways. He can infect her, but she can infect him.

How does “the pill” work?

The combination pill has three functions. One is to thicken the mucus plug at the opening of the cervix. This can act as a barrier mechanism to prevent sperm entrance.

The main function of the pill is to prevent ovulation.

If there is no egg, there can be no fertilization.

A third function is to harden the lining of the womb. If fertilization does occur, this can and, at times, does prevent implantation at one week of life resulting in a micro-abortion at that time. See chapter on early abortions for more details.

How about chlamydia? Do contraceptives prevent catching it?

No, almost not at all. Non-barrier methods which allow skin contact have no preventive action at all. In fact, women on the pill are more susceptible to chlamydia than would be the case if she were not taking it.

The use of condoms, even if used properly every time, does not prevent chlamydia, as there is still skin contact around the genital organs, and the infection can spread through sweat and skin contact.

Chlamydia is perhaps the main cause for tubal pregnancies and for blockage of the tube resulting in sterility.

And Human Papillomaviruses?

The Federal Center for Disease Control, Division of Sexually Transmitted Disease, in Feb., 2001 stated, "Recent research shows that condoms cannot protect against infection with HPV. Among female college students over a three-year period, 43% became infected. One-fifth of American women and one-tenth of men are infected. It causes 92-98% of all cases of cancer of the cervix.

Would a Constitutional Amendment in the U.S., or a law in Canada or other nation forbidding abortion, also forbid the use of the contraceptive pill, the morning-after pill, or the IUD?

No! Such a law or amendment would only forbid induced abortion. It could not "reach" these drugs and devices. This is because of the legal effect of dual action.

If a drug or device has an illegal action, but also a

legal action, it cannot be forbidden or removed from the market. A good example is a butcher knife. This has a legal function in your kitchen. It can also be used as a murder weapon. Because it has both a legal and illegal function, its use cannot be forbidden.

The “pill,” “morning-after pill,” and IUD would still have a legal action (contraception, temporary sterilization), even though the other action (abortifacient) would now be illegal. Because of the legal action, the anti-abortion law could not forbid the use of these medications.

The U.S. Food and Drug Administration over two decades ago instructed all physicians who insert IUDs to warn women that its use may cause pelvic inflammatory disease and to make their patients “thoroughly aware of this increased risk and its possible interference with future fertility.”

U.S. Food & Drug Administration Drug Bulletin, May-June 1978

What about emergency contraception?

This is more accurately termed emergency abortion. This is also called the morning-after pill. See chapter on very early abortions for more details.

What about Natural Family Planning?

This is not to be confused with the old (and not always effective) calendar rhythm. Utilizing an intimate knowledge of the woman’s bodily functions, such as mucous production, body temperature, and other signs and symptoms, this method helps a couple know when her fertile and nonfertile times of the month are. Without using any pills or other artificial means, couples can plan their families by having intercourse when she is (or is not) fertile. The abstinence time can be as brief as one week.

What is Quinacrine?

This is a toxic chemical which is inserted from

below into the womb and into the tubes. This causes acute inflammation and scarring which usually blocks the tubes and sterilizes her. The U.S. FDA has condemned it, but it has been, and is being, used in Third World countries.

What about Norplant and Depo Provera?

Both of these use a form of continuing dose of progesterone. Part of the time they prevent ovulation. Part of the time they allow ovulation and fertilization, but prevent implantation. Therefore, they function both as a contraceptive, at times, and as an abortifacient at times.

Is Norplant safe?

In spite of intense advertising and universal acclaim in the public media, the use of Norplant has dropped precipitously since its introduction. The sales were 800 units a day in April '94. Two years later they were 60 a day.

AMA News, 3/1/96

Its use further declined to almost never. In the meantime, there have been 195,000 lawsuits against it. After years of litigation, its maker agreed to pay cash settlements to 36,000 women.

Are the pills safe?

The early contraceptive pills had a high estrogen content. As many as 500 women a year died from blood clots related to these pills. The estrogen was reduced and so was the number of blood clots. In the past decade there have been newer studies confirming that these low dose second and "third generation" pills still cause clots.

- 3 to 6 times that in non-users

N. Eng. J. Med. Vol. 344, No. 20, 5-17-01

- Death of bride in church — New Zealand
The Dominion 12-7-00
- Australia, 47 yr. old.
R. Sheers, Glan Clwyd Hosp. 11-1-94
- 1.9 times increase, for 10 years, studied 46,000 women
Br. Med. J., Jan 5,99
- Demark, an increase.
Br. Med. J., 9-25-99, pp. 820-21
- Meta-analysis.
“definite increased risk”
Br. Med. J., 7-21-01, p. 121

**Remember,
if “Birth Control” is taught to your children
in your school, these courses often will
promote not just contraception,
but also abortion.**

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