Secretariat for Pro-Life Activities 1981 FERTILITY ACCEPTANCE AND NATURAL FAMILY PLANNING By: Mary Catherine Martin, Ph.D.

An abiding reverence for all human life and the life-giving potential we possess is the foundation for developing that loving dynamic in ourselves that moves us toward loving relationships with others.

Knowledge is the first covert step toward behavior. And fertility awareness is the first step toward responsible decision-making related to human sexuality and acceptance of our life-giving energies.

Today the technology of contraception is primarily geared to the effective suppression of fertility With improved contraceptive technology, however, has come an increased ambivalence and self-alienation in regard to family planning, and pregnancy is often viewed as a "contraceptive failure". A disturbing paradox can also be observed: Contraceptive methods that suppress fertility are touted as a way to prevent abortion; yet abortion and sterilization become the technical solutions in contraceptive technology when these methods fail.

The problem and challenge in today's contraceptive milieux is how to impart to others a sense of responsible, loving, sexual behavior related to the fertility power of the body, in a society that simply provides information about and access to contraceptive methods designed to suppress that power. What has resulted in our society is that the power of fertility is no longer considered by many as a power, but rather has become isolated from the expression of human love and sexuality.

Love and Acceptance of Life

Respect for life is internal for most of us and begins with respect for our own lives. Awareness of ourselves as life-giving and life-supporting persons enriches us with an awareness of others and all life-giving potential in the world of human experience. The gift of self to another in love is the essential action required for a loving life.

The field of natural family planning has provided us with information and knowledge related to the personal experience of fertility awareness. The simple, yet profound message of fertility awareness is that fertility is a natural and integrated part of being human. Acceptance of one's fertility is fostered by both self-knowledge and experience as couples discover in themselves dimensions of their life-giving potential.

The energies of love create a force of enormous consequence. The spiritual energies of love are always creative, unitive and, if authentic, generate more loving. The spiritual dimension of human sexual love is realized in a special way in the sacrament of marriage. Within this context, both man and woman can explore and develop the fullness of the creative and unitive energies of love. The procreative result of sexual intimacy is

childbearing. The unitive aspects of love are reflected in a concern for the other and a loss of one's self in the other. The giving of self in sexual intimacy is always other-directed.

Some have suggested that the development of intimacy and the spiritualization of human sexual energies will lead one to the cosmic, divine source of love. The person who is loving is propelled along the dynamic pathway of love and life because of the tremendous outpouring of energies from love itself. Dynamic implies energy, movement and a state of constant active change. It is impossible to be loving and other-directed while at the same time suppressing the power of love and sexuality.

Developing Loving, Life-Respecting Behavior

As couples learn that there is a fertile phase of their combined sexual energies and become aware of the easily identifiable signs of fertility, the motivator of self-knowledge becomes active in their lives. Confident of their ability to identify the signs and parameters of their fertility they come to trust their ability to use natural fertility management either to achieve or to avoid pregnancy.

Periodic abstinence, when used as a method for avoiding pregnancy, offers the couple the opportunity and the need to develop intimate, affectionate ways of expressing love for each other during the fertile phase. By developing mature, loving actions expressive of their mutual love, the partners develop more loving and integrated personalities. The development of such a loving personality, with an awareness of the power of fertility and the ability to express love in increasingly affectionate and intimate ways, is a strong motivating force in natural family planning.

Couples who knowingly engage in sexual intercourse during the fertile phase do so fully aware of and respectful of the power of their life-giving potential. The child that may come from their union is seen as a God given gift of their fertility power.

Fertility is the natural starting point for the combined sexual energies of men and women in their quest for parenthood. Responsible parenthood in our technological society is commonly associated with the suppression or limitation of the power of fertility. The great promise and myth of contraception is that by limiting and suppressing fertility, men and women easily enrich the unitive and intimate dimensions of their sexual loving relationships. The last several decades of widespread contraceptive use would suggest serious inquiry into this promise.

The dilemma of contraception is quite simply that the procreative power of the couple is no longer active because it has been either permanently or temporarily suppressed. Rollo May has suggested that the great

sexual dialogue between man and woman in their mysterious, yet obvious role in the generation of new life is profoundly limited by this restriction of life-giving potential.

The technology of contraception is frequently judged in terms of method effectiveness. The language of contraceptive technology usually refers to a pregnancy as a contraceptive failure. From this perspective, it is not difficult to understand how many people have come to accept the current attitude that views the life-giving potential of men and women as an enemy, an undesirable side-effect, an evil to be avoided at all costs. This attitude fosters a subconscious rejection of fertility as a life-giving power and source of great enrichment to a human love relationship. Instead, it leads one to view fertility as an enemy of love and therefore undesirable.

Suppression of one's natural reproductive energies can lead to an alienation of self and a depersonalization of sexual behavior. People learn to view their fundamental sexual reproductive power as alien to themselves. Such depersonalization does not limit the physical union of man and woman; it limits the development of intimacy and the unitive and spiritual dimensions of love.

Contraception and Abortion

Because contraceptive efficiency is based on optimal suppression of fertility, abortion is a logical, technological solution to contraceptive failure. This leads to social acceptance of permanent suppression of fertility through sterilization or the destruction of the unborn child when contraception fails.

The evolution of such a policy in the scientific world clearly reflects the basic laws of science-namely, simplicity or ease of use, predictability or reliability, and mass production and ready availability of highly reliable products.

Many doctors, nurses, midwives and others in the family Planning field sincerely believe that contraception will prevent abortion. They suggest, therefore, that to prevent abortion the best contraceptive be used. This appears to be a pro-life position. It seems logical, at least on the surface, that contraception would prevent abortion. However, health care professionals, as well as couples using contraception, should think seriously about the underlying principles guiding their thinking and practice.

Many years ago it was predicted that ambivalence about sexual behavior would occur as contraception became an increasing reality in human practice. Such ambivalence is seen today in the behavior of couples who claim to want to avoid pregnancy- for example, women forget to take pills or fail, to return to the clinic for new and better-fitting diaphragms; men forget to use condoms. The "drop out" rates of contraceptive users are high, and many couples frequently engage in intercourse without contraceptives, despite their stated wish to avoid pregnancy. Professionals in the family planning field are aware of the ambivalence, but they are generally not

aware that the ambivalence may be related to the suppression of fertility energies inherent in the practice of contraception.

The result of ambivalence in sexual behavior in current language is a contraceptive failure, that is, a pregnancy. The technology is challenged. Abortion is the technological "fixing" of a contraceptive failure.

The paradox is this: *Contraception in an effort to prevent abortion through the use of fertility suppression methods is the first technological step toward abortion and sterilization*. The ultimate suppression of fertility is not abortion, but rather sterilization which has become increasingly practiced in an effort to eliminate the reproductive generative power.

The relationship between fertility suppression and eventual acceptance of abortion is not consciously realized by most family planning professionals. Nor do all couples who use contraceptives choose abortion in the event of an unplanned pregnancy. But it is important to realize the very real relationship between the use and failure of contraception and its relationship to abortion as a technological back-up when an unplanned pregnancy occurs.

The Educational Dilemma

In an environment accepting of contraceptive practices which remove the fundamental power of fertility from the person, it is conflicting to talk the positive aspects of human sexuality and the power of life-giving potentials. It challenges conventional wisdom. Initiating programs of consciousness-raising in fertility acceptance as a model of living and helping people learn to become responsible for that fertility power is of today's extraordinary educational challenges.

Self-responsibility implies controversy and authority over one's own action. By suppressing fertility, persons aw control of their fertility power to either a drug or mechanism. In this situation, a person is not concerned with living responsibly with a power but rather with improving physical sexual performance as a primary concern.

In all cultures, technology is an increasingly accepted phenomenon while in the western world; it has become a "way of life". In technologically-oriented societies, fertility suppression methods of contraceptive have been widely practiced and accepted by the majority of sexually active adults for at least 20 years. A result, there are few parents, teacher, health care and counseling professional clergy, or for that matter inform adults, who are aware that fertility normal, integral life-giving human power. Instead, they believe that it in the best interests of sexually act persons to suppress their fertility through contraception.

Sex education is the primary responsibility of parents, not the don of public health care professionals. However, it is not sufficient to state that, and then walk away from the problem. Many parents are victims a cloud of ignorance about fertility are frequently bombarded by the media with information about the "generation gap" and subtle suggestions that they have "old fashioned" ideas about human sexuality In addition, many parents are confronted with an increasing variety of sexual practices at variance with their own values, and yet seemingly accepted by society They often presume their values will be rejected by their children, and even wonder if their own basic beliefs in this area arc valid.

Contraceptives offered in conjunction with secular sex education programs are generally fertility suppression methods-the "pill", condoms, foams and jellies, diaphragms, or permanent barrier methods such as sterilization. If contraception fails abortion is offered as the technological back-up. Hidden in this offering to adolescents is an educational philosophy that clearly portrays a lack of trust in the adolescent's ability to become a responsible person capable of living with the power of fertility

Each year countless numbers of young men and women enter into the marvelous reproductive phase of their lives. These young people often express confusion about their dynamic and changing physical and emotional states. Exposed to peer pressure and our contraceptive milieux, they wonder "if" they should explore their sexuality and "if" they should suppress their fertility. At the same time, they are expected to explore the dimensions of their psychosexual and psychosocial needs. Clearly they want and need knowledge and understanding of their respective maleness and femaleness as persons growing into the maturity of sexual, loving and life-giving individuals.

The educational challenge is enormous. We must help our young people develop attitudes of responsible sexual behavior and responsible loving. The whole issue of chastity as a model for developing appropriate attitude formation in youth must be rekindled. At the same time, those who believe that education in responsible sexuality and parenthood should be reserved for married and pre-married couples must look at the reality of today's youth and the reality of unwed, adolescent mothers and fathers.

The idealism and curiosity of adolescence is a wonderfully receptive arena for education and learning. Realistic approaches and solutions to some of the following dilemmas must be formulated to insure the proper maturation of young people:

- Who will be the mentors of adolescent men and women in terms of human sexuality?
- How can parents, caught in the dilemma posed by contraception and fertility suppression, explain to their children the wonderful dimensions of life-giving power?

- How can health care professionals promote concepts of *wellness* in reproductive health care when the existing health care model is based on a disease orientation and the suppression of fertility in otherwise normally healthy men and women?
- How can responsible human sexual behavior closely linked with integration of human sexuality and fertility power be developed when the primary mechanism of controlling fertility is one of promoting dependence on drugs, barrier and surgical contraceptive techniques?
- How is it possible for persons who are taught to view an unplanned pregnancy as a contraceptive failure to reject the technological solution of abortion as a realistic pro-choice option?
- How is it possible for young men and women who do not know about fertility as a life-giving potential and power to view that power as anything but alien to themselves in exploring sexual relationships?
- How is it possible for young men and women to view sexual continence or chastity as a positive norm in a social environment that accepts as a norm fertility suppression as good and necessary to enhance sexual performance without the event of an unplanned pregnancy?

The Dilemma for Adults

Education deals with a focus toward the future. Education of young men and women in human sexuality is a challenge demanding some new and more comprehensive approaches in our society. If the mentors of the young are adults, it is appropriate to examine some of the problems contraception poses for adults.

Today many adult couples express serious concerns about the difficulties they experience in living with a positive view of their sexuality and the need to use fertility suppression or contraceptive techniques of family planning.

The average fertility life-span for men and women is about 35 years. No contraceptive can survive that time frame. Most contraceptive techniques will not be used by a couple for that length of time. Chemical contraception becomes increasingly more dangerous for women as they get older and the "pill" is contraindicated for health reasons. The contraceptive attitude based on effective technology is subtly present in most of society. Therefore, many are reluctant to discontinue the pill for what they consider less effective

methods of family planning. As a result, many couples live daily with acute anxiety about developing some possible side-effect from contraception. Others give over the management of their fertility to fate. Some couples believe there is no reasonable alternative, and resort to sterilization.

An experienced psychiatrist, when confronted with these concerns, said that we have it all backwards. The majority of couples ought to be able to live with fertility awareness and a small amount of periodic abstinence. Instead, he said, it's the other way around; only a few live with a natural fertility cycle and management and most use contraception. What contraceptive can meet the challenge?

Often couples who choose sterilization later express deep sorrow about their having made this choice. Many express the feeling that something is missing from their sexual, conjugal relationship. At the same time, we are witnessing large-scale efforts to develop surgical techniques for sterilization that insure its reversibility.

Few couples have had access to information about fertility awareness and the relative ease in becoming autonomous in the management of their fertility. Thus, the educational challenge related to human sexuality is complex and not limited to the young. The serious psychophysical and spiritual problems related to fertility suppression for adults also reflect the need for education.

Living in Concert with a Natural Power

Fertility acceptance is based on knowledge of and experience with fertility awareness. Responsible sexual behavior becomes a reality as couples become aware of the signs of fertility and begin to trust their ability to recognize days of their combined fertility.

Fertility acceptance means living in concert with the natural power of fertility. It offers a challenge to those in the health care professions to be concerned with wellness as a model for fertility management. In the health care field, models of health care are based on a concept of wellness. Self-actualization and autonomy are models of behavior that enable persons to live positively and creatively with the powers of the body

What this means is that this health care philosophy must be translated in the field of fertility management to help couples recognize the cyclic fertility of their combined sexual energies. Couples must then learn to integrate their psychosexual needs with their natural power of fertility. To suggest that a wellness model in reproductive health care be based on suppression of natural powers is contrary to all goals of wellness. Fertility acceptance offers a universal solution to the problems of today's fertility management practices.

When people are taught to recognize natural powers and then called upon to live with those powers, responsible behavior can develop. On the other hand, it becomes difficult to impart a sense of responsibility in this area when individuals award the power of fertility to a drug or other fertility suppressant technique. The

responsibility for managing fertility must remain with individuals and couples. In this way a policy of fertility acceptance, based on knowledge and fertility management, can occur.

The most positive dynamic of a fertility acceptance approach to family planning is the successful integration of loving periodic abstinence in conjugal life. Periodic abstinence, coupled with increasingly affectionate, intimate, loving actions improves the quality of loving and enables the couple to become more loving persons. This development spills over and increases loving, affectionate expressions in the couple's family and social community

The need to help people learn to live positively with their life-giving power of fertility calls for a concerted educational effort in all sectors of society Those concerned with family life education -parents, teachers, health care professionals, and clergy-should focus on efforts to contribute to this multi-dimensional educational challenge. There is no single area of concern that so frequently affects couples' and individuals' lives than that of how to live and love in the full expression of one's personhood including the physical, psychological and spiritual dimensions of each person.

PROGRAM RESOURCES

Publications

Loved for a *Long, Long Time*. Indianapolis, IN: Indiana Right to Life Education Fund, 1979, 75 cents. A 32-page comic book that gets the pro-life message across to young people in a format and style congenial to teens.

Mall, David and Watts, Walter /eds./. The Psychological Aspects of Abortion. Washington, D.C.: University Publications of America, 1979, 156 pp., \$5 /paper); \$15 (cloth). Proceedings of the 1978 symposium on the psychological aspects of abortion sponsored by the Stritch School of Medicine of Loyola University, Chicago.

Malone, Lenore. Offering Alternatives to Abortion. Washington, D.C.: NCCB Committee fox Pro-Life Activities, Respect Life Series, 95 cents. Practical suggestions for local programs offering alternatives to abortion.

Proceedings: Institute on *Services to* Unmarried Parents, 1979. Washington, D.C.: National Conference of Catholic Charities, \$3.50. Reports on services offered by members of Catholic Charities- e.g., services for unmarried parents, adoption, foster care.

Service Manual for Lifeline Volunteers. Pittsburgh, PA: Lifeline of Southwest Pennsylvania, 40 pp., \$4 donation. Instructional material for training emergency pregnancy service volunteers.

Vandegaer, Sister Paula. *Teenagers and Sexuality*. Washington, D.C.: NCCB Committee for Pro-Life Activities, Respect Life Series, 95 cents. Deals with the concern today about the proliferation of abortion, contraceptive use and irresponsible sexual activity among teenagers.

Periodicals

Heartbeat. Quarterly magazine of Alternatives to Abortion International, Los Angeles, CA. Annual subscription: \$7.

Life Guardian. Bimonthly newsletter of Birthright International, Canada. Annual subscription: \$4.

Audio-Visuals

Another Choice-Adoption. 26 min., 16 mm, color. Archdiocese of Hartford. Purchase, \$160; rental, \$20 /prepaid). Story of a young unmarried woman during the last three months of pregnancy in a home for unwed mothers.

Birthright. 20 min., 16 mm, color. Peter Gerretsen Productions. Purchase, \$300; rental, \$50. Docu-dramatic story of four women-each pregnant, each with special problems-and the assistance Birthright is able to offer.

Celebration in Fresh Powder 28 min., 16 mm, color. Paulist Productions. Purchase, \$350; rental \$25 a week. Confronts the confusion and pressures a high school girl goes through when she becomes pregnant.

Pregnant? Need Help? 20 min., 16 mm, color. Cogan Productions. Purchase, \$225; rental, \$35. Documentary using case histories to tell of services for women with problem pregnancies offered by such groups as Birthright, Lifeline, etc.

Two Is A Crowd. 30 min., 16 mm, color. Peter Gerretsen Productions, Purchase, \$395; rental, \$50 a week. Depicts the true-to-life crisis of a young unmarried career woman who becomes pregnant.

Resource Agencies

Alternatives to Abortion International Hillcrest Hotel, Suite 511 Toledo, Ohio 43699 (419)248-4471

Birthright, Inc. (U.S.A.) 62 Hunter St. Woodbury, New Jersey 08096 (609)848-1818

The Catholic Health Association 4455 Woodson Rd. St. Louis, Missouri 63134 (314)427-2500

National Conference of Catholic Charities 1346 Connecticut Ave., N. W Washington, D. C. 20036 (202)785-2757

Archdiocese of St. Paul Minneapolis Post-Abortion Counseling Program 226 Summit Ave. St. Paul, Minnesota 55102 Secretariat for Pro-Life Activities 1981 (612)291-4424

Diocese of Buffalo Puzzle Project Youth Department 100 S. Elmwood Ave. Buffalo, New York (716)854-5434

NATURAL FAMILY PLANNING: NEW DIRECTIONS

Natural Family Planning (NFP) is a practical and effective means for married couples to live the Church's teaching on responsible parenthood and marital intimacy. It is based on an awareness of and acceptance of one's God-given power of fertility and allows couples to live in concert with their natural powers.

As a coordinated effort on the part of the NCCB Committee for Pro-Life Activities and the Human Life and Natural Family Planning Foundation, a team of consultants has been enlisted to assist in the implementation of a new pastoral plan designed to help dioceses and other organizations bring to the NFP movement the special strengths and services afforded by a cooperative effort by diocesan agencies. The consultants will help dioceses develop and expand NFP services by showing how they can draw strength from existing personnel and programs, and by demonstrating how these can meet the growing need for quality NFP programs.

Some Background

During the early 1960s, private physicians were teaching couples about "rhythm" on a one-to-one basis, and a number of dioceses had developed training programs. The method was effective for many. But while its overall rate of effectiveness was good, it sometimes demanded long periods of abstinence when the woman's cycle was irregular.

During the 1970s, enormous strides were made in the field. Initially only those involved in the research knew of the high effectiveness potential of temperature and cervical mucus observation methods of NFP Today these methods are assessed as potentially 98 percent effective. By 1980, there were more than 600 programs making some effort to teach natural methods of family planning. Many of these programs were under Church

auspices; others were government sponsored In addition, several excellent national and international NFP organizations are operating with much success throughout the country and the world.

Why a New Diocesan Effort

Despite advances in perfecting NFP methods, most Americans still receive less than the best in services. In addition, many people, including clergy and diocesan leadership persons, as well as those in religious life, are unaware of the advances in NFP. The new diocesan plan will assist dioceses to:

1. Provide access to NFP services in diocesan agencies, including hospitals, maternal-child service agencies, family life agencies, social service agencies, as well as independent NFP service programs, so that every couple who wishes such services will find them readily accessible.

2. Provide fertility awareness education as an integral part of programs in human sexuality in colleges and universities located in the diocese.

3. Provide fertility awareness and NFP orientation to all couples in Pre-Cana programs.

4. Provide priests and religious, as well as administrators of diocesan agencies that provide NFP services, with up to-date information on methods and services.

5. Provide workshops for agencies concerned with NFP through continuing education programs, graduate and undergraduate courses in professional schools of nursing, medicine, and counseling in colleges and universities located in the diocese.

6. Provide a structure to facilitate the development of leadership, promote cooperative efforts among various NFP groups, and provide a forum for discussion of issues and values related to the fields of family life education, human sexuality and natural family planning.

7. Increase understanding, acceptance and support in the diocese and local community of the appropriate role of NFP education and services in contributing to family life development, and offer NFP as an approach to help solve some of the problems associated with fertility and its regulation.

For assistance in implementing the diocesan pastoral plan dioceses should contact either of the sponsoring agencies:

NCCB Committee for Pro-Life Activities 1312 Massachusetts Avenue, N.W. Washington, D. C. 20005 (202)659-6673

The Human Life and Natural Family Planning Foundation 205 S. Patrick Street Alexandria, Virginia 22314 (703)836-3377