

# A Bitter Pill To Swallow

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This spring marks the 55<sup>th</sup> birthday of the birth control pill, championed by many, then and now, as the “best-thing-since-sliced-bread” solution to unplanned pregnancy, child abuse, overpopulation, and marital stress. After more than half a century of living with “the Pill,” however, many facts have emerged that paint a far less pretty picture.

When the FDA approved the sale of Enovid as a birth control pill in May of 1960, it was the first drug in history to be given to a healthy person for long-term use not for a *medical*, but for a *social* purpose. In so doing, one of the main disincentives to sex outside of marriage disappeared overnight. The reduction in unplanned pregnancies that the Pill promised was offset by the far greater numbers of people lured into sexual relationships by the false sense of security that the Pill provided. More people having sex has inevitably led to higher rates of unplanned pregnancy, abortion, and STDs, especially among young people, because, to be highly effective, contraceptives have to be used correctly and consistently. The Pill continues to be the most commonly used contraceptive in the United States, and while its perfect use-effectiveness is 98-99 percent, its typical use-effectiveness is only 91-93 percent, according to the Guttmacher Institute, the former research arm of Planned Parenthood. What this means is that, in practice, increased access to contraceptives such as the Pill actually leads to increased rates of pregnancy, STDs, and abortion, especially among young people. Recent studies in England have reaffirmed that increased access to contraception for teens leads to higher pregnancy and abortion rates, as well as a dramatic increase in STD rates among 16-19 year-old girls. Even more strikingly, the Guttmacher Institute’s own research found that the states that ranked highest in access to contraception also ranked highest in per capita abortion rates.

In 1988, the journal *Research in Population Economics* published a fascinating article by Robert Michael titled *Why did the U.S. divorce rate double within a decade?* An economist from the University of Chicago, Michael noticed in the course of his research that the divorce rate in the U.S. *doubled* in the span of one decade, from 1965 to 1976. After analyzing multiple factors that might have contributed to such a rise, including changes in state laws that made divorce more accessible, he concluded that the most significant factor by far—accounting for more than 50 percent of this rise—was the diffusion of contraception.

The Pill received FDA approval in 1960, and by 1965 more than 6.5 million American women were taking oral contraceptives. Michael ascertained three reasons why the diffusion of contraception affected the divorce rate so dramatically. First, it is known that the presence of young children in the home exerts a protective effect on the marriage bond, and couples who used contraception had fewer children (and those later in marriage). In fact, the total marital fertility rate in the U.S. fell from 3.42 children per married woman in 1961 to 1.63 children in 1974. Second, women with fewer children entered the workplace in greater numbers, and their increased financial independence made it easier for spouses to go their separate ways when their relationship became strained. Third, contraception facilitated much more adultery than before. [1]

Regarding this last reason, the late Dr. John Billings of Australia—who along with his physician-wife Evelyn, pioneered one of the first methods of natural fertility regulation—once recounted that he saw firsthand as a young physician how contraception harmed marriages:

| *When we say, ‘I do not want your fertility any more,’ or ‘I will not give you my fertility*

*anymore, 'we're damaging the marriage. The withdrawal of this gift tends to destroy marriages. I was shocked to notice, from the earliest days of my work, to see how marital infidelity in one—or both—of the spouses often followed the introduction of contraception or sterilization.*

Interestingly enough, the early feminists also foresaw that widespread use of contraception would facilitate adultery and leave women even more vulnerable to being victimized and ultimately abandoned by their husbands. These 19<sup>th</sup>-century pioneers had an intuitive sense that contraception degraded the dignity of women, describing it as “unnatural,” “injurious,” and “offensive,” and they feared that its use in marriage would relegate women even further to being regarded as sex objects by their husbands. Mahatma Gandhi once echoed the same sentiment: “Man has sufficiently degraded women for his lust, and contraception, no matter how well meaning the advocates may be, will still further degrade her.”

What we know today about the serious health risks that accompany the most effective contraceptives provides further proof that Gandhi's prediction was prescient. When a woman's natural fertility is suppressed through hormonal contraceptives, her health is neither preserved nor enhanced, but actually endangered. Consider the following facts: In July, 2005, the World Health Organization's International Agency for Research on Cancer announced that, after a thorough review of the published scientific evidence, combined estrogen-progestogen oral contraceptives and combined estrogen-progestogen menopausal therapy cause cancer in humans. [2] The classification of hormone replacement therapy as a Group 1 carcinogen made headline news around the world, and resulted in 15 million American women deciding to discontinue their use of synthetic hormones during menopause. Within several years, invasive breast cancer in women over 50 for estrogen-receptive positive tumors dropped 11 percent in our country, which is good news given that breast cancer is the most common cause of cancer death among American women between the ages of 20 and 59.

Unfortunately for the more than 10 million American women who take oral contraceptives, hardly anyone reported that the World Health Organization also classified the combination Pill as a carcinogen. In fact, the Pill continues to be the most popular method of contraception in this country, particularly for women under the age of 30. A little over a year after the World Health Organization announced its findings, the prestigious medical journal *Mayo Clinic Proceedings* published an article called “Oral Contraceptive Use as a Risk Factor for Premenopausal Breast Cancer: A Meta-analysis.” This analysis assessed the results of 34 studies conducted since 1980 to examine the possible association between oral contraceptive use and breast cancer risk in women younger than 50, and came to following conclusion: “Consistent with the recent International Agency for Research on Cancer classification of OCs as group 1 carcinogens, this meta-analysis suggests that OCs are associated with an increase in premenopausal breast cancer risk, especially among women who use OCs before FFTP [first full-term pregnancy].”

Even more recently, a 2009 study funded by the National Institutes of Health found that “a year or more of oral contraceptive use was associated with a 4.2-fold increased risk of triple-negative breast cancer for women 40 and under. Longer duration of use and early age of first use further increased risk.” In addition to increasing the risk of breast cancer, the Pill has been implicated in several other serious health risks, including cervical cancer, blood clots, heart attack, stroke, and increased risk of acquiring HIV and other STDs.

As if this were not enough, the Pill also doubles the rate of aging of the cervix and can make it more difficult to eventually conceive a child. Dr. Erik Odeblad, chairman of the Department of Medical Biophysics at the University of Umea in Sweden, devoted his professional career to studying the changes that a woman's cervix undergoes during her fertility cycle and throughout her reproductive life. The cervix functions as a biological valve that opens and closes at critical points in a woman's monthly cycle. The cervix also

contains pockets of cells called “crypts” that produce the mucus that is critical for sperm survival and transport—and therefore, for conception. Odelblad was particularly interested in studying the effects of the Pill on the cervix, and his [research](#) led to the following discovery:

*While pregnancy counteracts the normal aging process and actually has a rejuvenating effect on the cervix so that the cervix of a 33-year-old woman becomes like that of a 20-year-old, the Pill, especially after long-term use has a reverse effect—the cervix of a 33-year-old woman on the Pill becomes like that of a 45-year-old and the cervical canal becomes much narrower ... While the present-day Pill contains progesterogens in much lower dosage than previously, the fact is that they are much more powerful and they persist longer in the body... Restoration of the S and G crypts to normal on stopping the Pill takes considerable time. In fact the S crypts may be permanently damaged.*

Natural methods of fertility regulation (commonly referred to as NFP, for “natural family planning”) not only do not pose any health risks, but actually can be used to monitor and maintain a woman’s reproductive health. When a woman is taught to identify and interpret the biomarkers that indicate the healthy functioning of her reproductive system, she is also empowered to detect early on any abnormalities. By learning to observe and interpret on a daily basis the signs of fertility that naturally occur in her body, a woman can identify the days on which conception is most likely should she desire to conceive a child, and can refrain from sexual relations on the days when conception is possible should she desire to avoid a pregnancy. According to a 2007 report published online in Europe’s leading reproductive medicine journal *Human Reproduction*, researchers have confirmed that, if used correctly, the sympto-thermal method (STM) of natural family planning is as effective as the Pill for avoiding unplanned pregnancies. In the largest prospective study of STM, the researchers found that if the couples abstained from sex during the fertile period, the rate of unplanned pregnancies per year was 0.4 percent. The lead author of the report, Petra Frank-Herrmann, assistant professor in the Department of Gynecological Endocrinology at the University of Heidelberg, Germany, concluded:

*The pregnancy rate for women who used the STM method correctly in our study was 0.4%, which can be interpreted as one pregnancy occurring per 250 women per year. Therefore, we maintain that the effectiveness of STM is comparable to the effectiveness of modern contraceptive methods such as oral contraceptives, and is an effective and acceptable method of family planning. [3]*

American women have swallowed a bitter Pill—hook, line, and sinker—for more than half a century. Isn’t it time we take a serious look at NFP? [\[4\]](#)

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**[1] ‘Why Did the U.S. Divorce Rate Double within a Decade?’ Research in Population Economics. 6:367-399, 1988.**

**[2] WHO, International Agency for Research on Cancer, Press Release No. 167, July 29, 2005.**

**[3] European Society for Human Reproduction and Embryology, February 21, 2007,**

cited in an article “Natural Family Planning Method As Effective As Contraceptive Pill, New Research Finds,” available at

<http://www.sciencedaily.com/releases/2007/02/070221065200.htm>.

[4] For a directory of national NFP providers, go [here](#). To learn NFP in the comfort of your own home, see the directory of distance learning courses [here](#).