

## *Humanae Vitae* after Forty Years

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Forty years after *Humanae vitae* was issued the violent arguments its release initiated have subsided. For all intents it is as if the encyclical did not exist. True that more than 100,000 women use natural methods of family planning in the U.S. and a few million do throughout the globe, but only a minority does so out of a faith commitment. The majority use natural methods for ecologic or economic reasons. Ecologic as the steroidal contraceptives are objectionable to prospective or former users who object to actual or potential physical side effects, or for philosophical reasons. After all, fertility is not a disease, hence there is no justification for using a powerful drug which may have undesirable short or long term consequences just to isolate a normal function from the body.

What many couples don't understand in the use of any barrier during marital relations is that the act is reduced to only one dimension—the present moment—while intending to eliminate its possible nine months extension. Unfortunately this diminishes the couple by reducing them to the level of becoming sexual objects, each partner using the other for their own ends, the very opposite of the mutual self-giving and acceptance of one another inherent in a consciously open sexual act.

Are contraceptors aware of the philosophical underpinnings of contraception? Most likely not, at least at the level of conscious reflection. Two generations have been taught by the medical establishment and society at large that sex and procreation must be kept separate, and the procreative aspect only engaged when children are “planned.” “Every child a wanted child,” was Alan Guttmacher's cry, which Planned Parenthood Federation made its own. But, whether a child is planned is not the same as being wanted. For one thing, “the heart has reasons that the brain knows nothing of.” Not

only psychological but now sophisticated behavioral research supports this concept, the most recent being the contraceptive effectiveness statistics Kost et al.

Estimates of contraceptive failure from the 2002 National Survey of Family Growth, show that while the currently available drugs and devices can all serve their intended purpose reasonably well, their effectiveness depends on the user's conjugal stability. Married women are more successful than cohabiters who are more successful than single and poor women. Helene Deutsch's observation is again validated: "For the normal feminine woman every act of coitus contains within it the psychic germs of a child." In other words, when a couple has decided together to delay or avoid pregnancy the strength of the relationship over-rides the deeply held wish for pregnancy which is inherent in women who voluntarily engage in sexual relations.

The more precarious the relationship, the less likely the woman is to want to remove the one positive outcome of said relationship. Men may, or will, come and go in her life, but the baby is hers. Of course, after the moment of passion economic reality may set in. Over half of pregnancies (58%) which are aborted in the U.S. occurred in a month in which a contraceptive was used.

While the industry is marketing contraceptive continuous-use steroids which obviate menstruation altogether, a reaction is setting in. A sophisticated group convened by the NICHD (National Institute of Child Health and Human Development, one of the institutes of the National Institutes of Health) October 18, 2007, considered menstruation a sign of vitality. Femme Fertile a Canadian umbrella group of women interested in menstrual health, fertility awareness and body literacy encourage charting of fertility signs and celebration of womanly normalcy. The majority of women in India, Bangladesh, Kenya, Korea and the U.S. who accepted the Billings Ovulation Method (Labbok and Klaus) did so for rather mundane, economic reasons: no cost. Yet, our medical colleagues for the most part consider providing reversible or irreversible contraception a medical necessity. Who profits from that "necessity?" Dare one ask the question? In the short term, the answer is obvious. In more than one state Catholic agencies who provide health insurance for their employees must cover contraceptives unless the employee is directly engaged in religious work. Social and educational work is excluded. A legal challenge of this law by the NY State Catholic

Conference was rejected by Judge Lamont of the N.Y. Superior Court. The U.S. Supreme Court refused to accept the appeal. And yet, “truth crushed to earth shall rise again,” wrote William Cullen Bryant in “The Battlefield” a century and a half ago. He was writing about other truths, fallen warriors, and The Truth—Jesus Christ, who rose from the dead, but the application is to all truth, which in the end is derived from God. And so the late and much revered Pope John Paul II began to teach that the body is the sign of the person, and that it is an integral aspect of who we are, not an appendage to execute the desires of the mind. It has its own truth which must be respected. Women know this intuitively, or learn it by sad experience, but more and more women, especially young women, do not want to change their bodies in order to engage in sexual intimacy without wanting to add to their families for their own reasons.

While much research has validated the efficacy and effectiveness of the modern methods of Natural Family Planning, a simplified if mechanical way of recognizing the fertile and infertile times of the average woman’s cycle is gaining currency. The Institute for Reproductive Health of Georgetown University has just received \$38 million to scale up programs in 10 countries to disseminate their “Standard Days” method which identifies days 8-19 of an average cycle as possible fertile time and invites the couple to choose whether to try to procreate in the current cycle, or refrain from intercourse during the fertile time. Research to apply simplified approaches to women whose cycles are outside the norm, such as anovulation, lactation, etc. is in progress. Some providers voiced skepticism about people’s willingness or ability to abstain at the meeting to launch the IRH grant. A representative of WHO said that they include condoms and morning after pills in their cycle bead packages! While the elitism inherent in such a position is infuriating, at least any user will learn experientially that there is a time in the cycle when fertility is present, and when it is not. The logical conclusion is that it is foolish beyond words to take a powerful drug daily to do away with fertility when it is present, maximally, during one third of the month. Despite these continuing frustrations, the NFP community is making progress. Even with far too little clergy support, good sense is coming into its own.

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