

Credidimus caritati
we have put our
faith in love

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Contributions of Cervical Mucus and Vestibular Factors to Peak Sensation

Erik Odeblad



In two previous papers in this *Bulletin of OMR&RCA* – Nov 08 and Jul 09 [ref. 4, 5] the finding of rope-like objects (RLOs) in vestibular smears was reported. The vestibulum is the space between the minor labia of the vulva [ref. 6] and is the main site of Peak sensation in the Billings Ovulation Method™ (BOM). The RLOs seem to derive from surface epithelial cells when they degenerate and exfoliate by apoptosis (normal, non-inflammatory, programmed cell death).

The number and size of the RLOs seem to increase in the preovulatory and ovulatory phases of the cycle (as will be reported in a forthcoming paper). These changes may increase the capacity to bind cervical mucus. The interactions between cervical and vestibular factors will be reported in this paper, based on studies with light microscopy.

Material and Methods

Smears from the vestibular area have been taken for microbiology and microscopy over many years [ref. 1]. Now about 100 duplicate slides are available for on-going studies.

The sampling has been performed in two ways, A and B:

- A. Most of the material in the vestibulum was removed gently with a glass or plastic tube and smeared on microscopy slides, usually 4-10 slides, and dried.
- B. The liquid material in the vestibulum was first absorbed on gauze and wasted. Then the vestibular surfaces were gently rolled with a cotton swab and the material smeared on 1-3 slides.

In the slides of sampling A there are large areas with vaginal cells and between them small areas with vestibular material which are identified by the small cell size and presence of ropes. Cells with an area smaller than $750 \mu\text{m}^2$ are, with more than 95% probability, vestibular cells [ref. 5].

In the present study we examined samples taken on days -4 to +1 (Peak = 0) using both method A and B. In total 12 samples were analyzed: 1911 cells in A and 6209 cells in B and their near surroundings were analyzed for mucus crystals and cells. Fig 3A shows what the “near surroundings” is, i.e. the area where cell-associated signs of mucus may be found. Mucus was also removed from the cervix and typed.

The method reliability was also tested. The typing of cervical mucus differed only 0.4% between A and B (more than 99% probability that the typing was correct). The RLO in series A was 0.4% larger than in method B (more than 95% probability that the RLO counting was correct).

In total 102 fields of vision (FoV) were analysed in series A and 257 in series B. In each FoV the number of cells was counted and their area measured and the number of ropes and their length measured. If mucus crystals were found they were types (L, S, Pt, Pn) and if non-epithelial cells were found together with elongated epithelial cells and non-crystallized mucus it was classified as G mucus.

Results and Discussion

As shown in fig 1 the cervical mucus showed the normal variations around the Peak day [ref. 2, 3]. In contrast, the mucus types observed in vestibular samples behaved differently. There was a strong excess of P (or P-like) mucus and only minor amounts of G, L and S mucus. The P-type amounted to more than 90% and the G, L and S to less than 10%.

These results may indicate that the vestibular surface preferably adheres P-like mucus from the cervix. But the difference between cervical and vestibular typing is so large that other mechanisms may explain the results.

The RLOs themselves may exhibit mucus-like properties. Observations which support this view are exemplified in Fig 4, which indicates a mucus-like stretchability of the RLOs. It was mentioned earlier that the RLOs seem to increase in number and size during the pre-Peak and Peak days - something that will be reported in more detail in a paper in preparation.

An example of observations supporting this is shown in fig 3. It illustrates a slide which was observed with 45 fields of vision (FoV). In some of the FoV there was an excess of RLO and in some FoV there was P-like mucus. The patterns of their distribution largely coincide.

In other slides there is no such coincidence at all. This may support the presence of other sources of P-like mucus. The periurethral glands may be a probable candidate. It is known that the periurethral glands tend to release their mucus

at the end and shortly after voiding the bladder and, because a woman usually empties the bladder before a gynaecological examination, the mucus from these glands may appear in the vestibular slides and contribute to the large percentage of P-like mucus which is reported here.

Summary

Microscopy of vestibular smears indicate that both cervical P-mucus and locally produced factors (rope-like structures and mucus-producing glands) may contribute to the Peak symptom in the Billings Ovulation Method™.

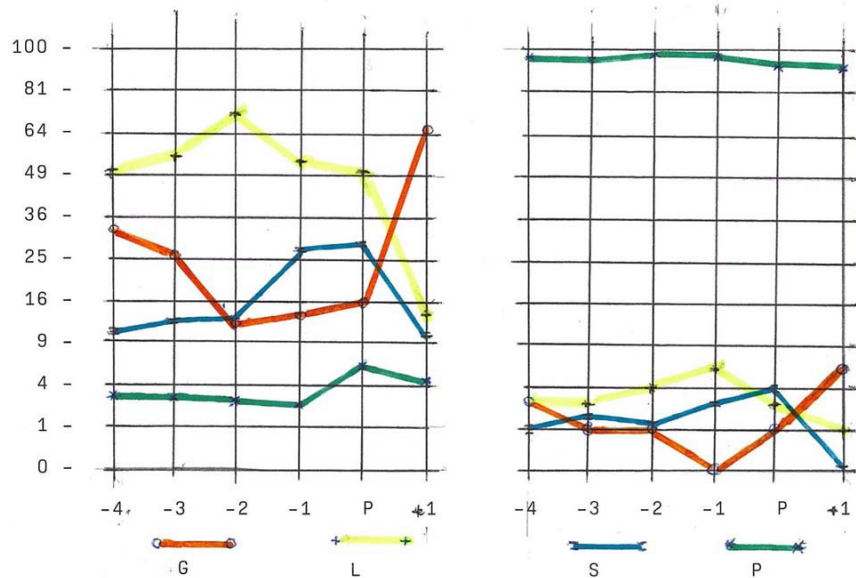


Fig 1

Percentage of mucus types during days -4 to +1 (Peak = 0). To the left, cervical mucus samples; to the right, vestibular samples. Note the well-known variations in the cervical mucus with high values for L and S and low percentage for G around midcycle. The P mucus (all subtypes together) is about 4% [ref 2, 3]. In the vestibular samples the P mucus dominates (around 90% or more), the G, L and S together are 10% or lower.

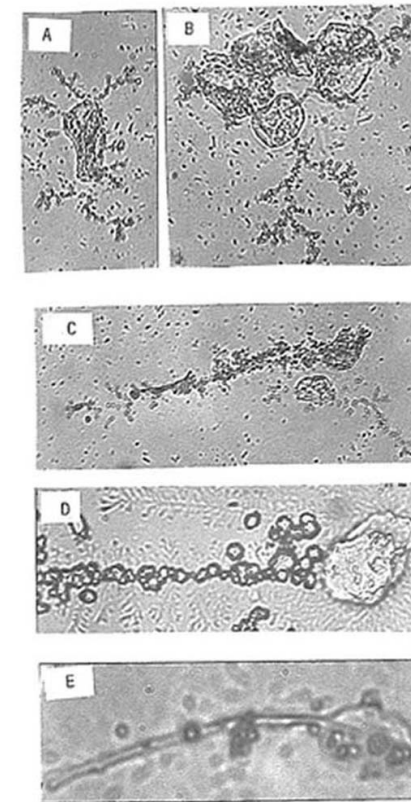


Fig 2

Examples of samples from the vestibulum:

- One vestibular cell with Pt mucus. Magn 280X
- Cell group (5 cells) with Pt mucus. Magn 280X
- RLO with Pt mucus. Magn 280X
- Two cells with S mucus. Magn 1000X
- One cell with an RLO and Pt or Pn mucus granules. Magn 1800X

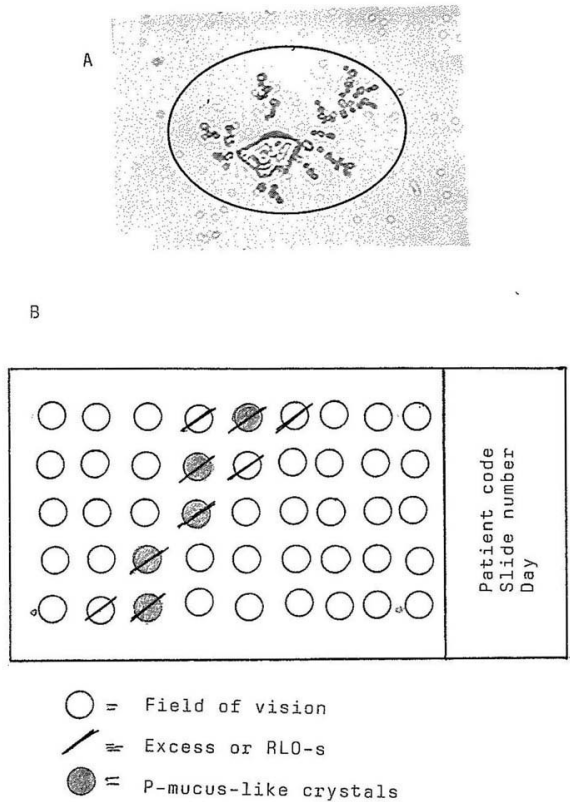


Fig 3

- A. A vestibular cell with Pt mucus. The "near cell area" is indicated by the elliptical line.
- B. Schematic drawing of a slide and 45 fields of vision (FoV). RLO-rich FoVs are marked by a short oblique line. P-mucus containing FOVs are marked with gray shading. Note the similar distribution of these two properties.

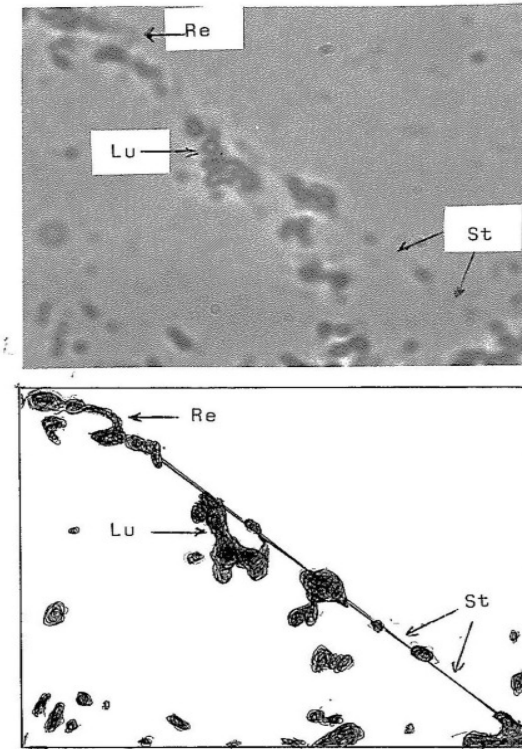


Fig 4

A representative microphoto of a rope-like object (RLO) in a vestibular smear. There are a stretched, stringy part (St) and a relaxed part (Re) and lumpy parts (Lu). The photo suggests that the material may have elastic properties similar to those of mucus. Magn 240X. The RLO shown in fig 3, ref 5, is in a relaxed state.

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Dignity of the Human Person

Elizabeth Nyanawut Mayen Kuol Deng



The following paper was presented to a Meeting of the African Family Life Federation in Karen - Nairobi, Kenya, 21-29 May 2009, by Elizabeth Nyanawut Mayen Kuol Deng, Family/Women Desk National Coordinator, Sudan Catholic Bishops' Conference (SCBC), Pastoral Department. See: <http://linkbiblio.free.fr/bibliotheque/1306.htm>. Reproduced with permission.

Introduction:

The dignity of the human person has occupied the public debate due to present situations world wide, where man of today is surrounded by so many challenges and difficult situations, because of both natural and man made disasters, such as wars which have been created by **social and political injustice, floods and earth quake, etc.** These have reduced the meaning of human dignity.

What is the meaning of Human Dignity?

a. Human: is etymologically or originally related to the Latin word for earth, humus, so human means what is earthly or an earthling. It means what is proper to the kind that 'we' are, or to the species of rational animals, referring in particular to their kindness

(humanity) and their fallibility (all too human). In other words it is a characteristic of people, contrasted with God or animals. There are other words which give the same meaning, such as human being, human race, mankind and humanity. The word humility has also something to do with human behavior, his/her relationships and activities that reflect one's dignity.

b. Dignity: comes from the Latin noun decus, meaning ornament, distinction, honour, glory. Is defined as "the state of being worthy". Generally speaking dignity means the standing of one entitled to respect, i.e. his/her status, and it refers to that which in being induces or ought to induce such respect: its excellence or incomparability of value. (en.wikipedia.org/wiki/Human-dignity).

There are other words which are used to express various difficult situations which the human person is exposed to; certain stages of human suffering or lack of recognition of his/her dignity such as: Humiliation, Humanitarian services, lack of Human Freedom, or Violation of Human Rights etc. Such situations force the human person to live without human dignity, or live beneath one's dignity or below one's social or moral standard.

Human dignity, therefore, refers to a state of righteousness, integrity or virtue in human beings.

Man as human being made in the image of God has significant and unique personality. Man has been dignified and elevated by God among all other creatures since creation and has reached the standard or level of having "**Human Dignity**" because of that particular grace given by the Creator.

Whether a human being is primarily body or spirit?

The human body structure made of flesh and bones became alive after the breath of life has been breathed into the body. The **BODY** and the **SPIRIT** of the living person are what compose a human being and cannot be separated as long as one is still alive. But primarily one feels as a spirit because it is the **divine spirit** within a person that guides the body and it is clear in the Creation of Man.

Creation:

Going back to the Creation when the human being was given the grace of being **dignified** by God among all other creatures, it is very important to emphasize and to remark upon the close relationship between the Grace of being created in "the image of God" and human dignity. We can see in Genesis, the way God has expressed his own feeling towards human beings.

Thus, in Gen 1:27-28: "So God created man in his own image; in the image of God he created him; male and female he created them. God blessed them and said to them, "Be fruitful and increase in number, fill the earth and subdue it. Rule over the fish of the sea and the birds of the air and over every living creature that moves on the ground." Thus, by this mandate and responsibility given to Man by God to dominate the earth, man reflects God's presence, actions and His unconditional love to man in this world.

Looking at all these facts we can see that Man was created in the image of God “in **true holiness and righteousness**”. In addition, the human person is actually the image of God and is first of all a theological statement before we look at the anthropological aspect of man. Therefore, Man as a social being with his personal relationship and communion with God is an essential and important part of the full meaning of **human dignity**. It is God’s intention to work through man in this world that gives man “**Human Dignity**”.

How do we as human being differ from animals?

Firstly, a human being differs from an animal, by being made in the image of God; animals are not made in the image of God. Man is a social being and is able to communicate with God and care for the other creatures around him. Man prays/meditates and he seeks forgiveness when he sins against his Creator. Man glorifies and praises God. Man has a freedom and is intelligent/wise. Man has been given the mandate to dominate all other creatures as the master of all. Man mirrors the Creator; thus the human person has a dignity that is supernatural, sacred and precious. The basic means of human dignity lies in man’s invitation to be in communion with God. Man lives in organized community/society, tribes, countries, regions; internationally, man is able to connect himself with others and has good communication across borders world wide.

Fall of man into sin and the loss of human dignity:

When Adam and Eve fell into sin, Adam said to God, “I heard you in the garden, and I was afraid because I was naked; so I hid” (Gen 3:10). After God had punished each one, the LORD God made garments of skins of animals for Adam and his wife and clothed them (Gen 3:21). And the LORD God said, “The man has now become like one of us, knowing good and evil” (Gen: 4:22). The man was then driven out of the Garden.

Redemption of Man and the restoration of human dignity:

However, the dignity of man was lost through sin. Thus, by sinning, man fell away from his manhood. But at the same time God created man and moved heaven and earth to redeem him when he fell. Thus, when man fell from his dignity God did not abandon humanity. He was in a great need of God’s restoration of what he has lost, a need for God’s redemption and salvation. As a result of that need, God sent his only Son to restore man’s former dignity so as to reconcile all men and women with God. And through the incarnation, death and the resurrection of Jesus Christ, the God-given dignity of every man and woman was restored and proclaimed. Thus the dignity of man is made manifest through the gospel of Christ. It is therefore within this aspect of a new outlook that the new covenant talks about equal rights and duties, where there is no more Jew or gentile, Greek, man or woman, but rather one dignity in Christ.

Human dignity is linked with freedom and social rights:

This has been confirmed in the Social Doctrine of the Church book (p.74. #137,) “The proper exercise of personal freedom requires specific conditions of an economic,

social, juridical, political and cultural order that are too often disregarded or violated. Removing injustice promotes human freedom and dignity. (Vatican City, 8 Jan 2008) Archbishop Silvano M. Tomasi. C.S., Holy Sea permanent observer to U.N in Geneva, speaking before the ordinary session of the UN Human Rights Council commemorating the 60th anniversary of the Universal Declaration of Human Rights of 1948, said “*Human dignity concerns democracy and sovereignty, but goes at the same time beyond them. It requires everyone concerned “to work for freedom, equality, and social justice for all human beings, while responding to the world’s cultural and religious mosaic. The very fact we share a common human dignity provides the indispensable base that sustains the inter-relatedness and indivisibility of human rights, social, civil and political, cultural and economic”.*

Therefore, human dignity is always expressed when man is able to exercise, enjoy and experiencing freedom, human rights, justice and peace within his territory or environment.

Human dignity requires humility and standards of moral behavior. Sometimes one could be the cause of reducing his/her own dignity through his/her conduct by the way he/she acts or relates to others. This is sometimes seen in family life and other social and health institutions.

Health Institutions and human dignity:

1. Embryonic stem cell research: on 31 December 2009, the Holy Father Pope Benedict XVI said that embryonic stem cell research, artificial insemination and the prospect of human cloning had “shattered human dignity”.

2. Artificial Family Planning (AFP):

When we use artificial method, we are harming our dignity and we are in the process of losing it because it interferes with humans, being made in the image of God. In addition, the users are bringing into this spiritual/divine image something which is not unique to the body, made by God in his own image. Here the couple becomes naked like the first woman and man became naked when they fell into sin. This is due to the fact that one or both partner/partners is/are being used like an instrument and both are behaving without being guided by their spiritual conscience. They persist in their nakedness as long as they continue using the pills, IUD etc.

3. Abortion and human dignity:

We all know as Christians/Catholics or non-Christians that children are gifts from God for the family; they are the fruit of a couple’s union and of their cooperation with God in procreation. But the person/couple using AFP technology is not willing to respect God’s will but instead is contradicting His will and refusing this gift. When a child is aborted or when an elderly person is “euthanized” we are telling God that His gift is not sufficient and we no longer desire it.

4. Family and Human Dignity:

The family is where human dignity is revealed. It is where respect for life and the rights of each member starts and are experienced. When couples are not living in

good harmony or the relationship is unstable they are rejecting the mandate given to them by God. That mandate cannot be fulfilled in an unstable family.

When a couple divorce they are destroying the divine dignity within the marriage covenant and breaking the law of God, set before married couples since Creation, when Man has been blessed from the very moment of the first marriage. Thus by allowing divorce to be a part of human behavior, social life, or a way of resolving marriage problems, a man [or a woman] goes back again to his/her original sin and again becomes naked in the eyes of God.

5. Marriage Sacrament and human dignity:

The restoration of the couples' dignity is possible only through living the marriage sacrament, where confession, forgiveness, reconciliation and holy communion need to be a part of their daily life and a means of solving their problems within married life and abiding by what God has told them from the beginning.

The law about marriage, put before man by the Creator and our Lord Jesus Christ in his teaching, has been clearly stated: ***“For this reason a man will leave his father and mother and be united to his wife, and the two will become one flesh. So they are no longer two, but one. Therefore what God has joined together, let man not separate” (Mk 10:7-9).***

Applying this teaching of God about marriage is what protects/keeps human dignity, especially when couples are committed and live their marriage sacrament in a healthy and stable family life environment.

6. Natural Family Planning is the source or the tool for:

restoring human dignity in married life, particularly for those using contraceptives, through -

- Fidelity
- Use of a natural method for achieving and spacing of births
- Reflecting the union and the love of God with humanity within marriage and family life particularly when a new baby is born and accepted in the family .

Therefore, the care of one's bodily health and bodily integrity is a must and needs to be respected.

Conclusion:

Living the marriage sacrament, family life values, respect for natural law, fertility, exercising human freedom, social justice, human rights and peace could be considered as garments that clothe man, who is afflicted by the sins of today within and outside the family sphere, such that restoration of human dignity could be achieved and lived in this world.

Finally, I would like to say that the Africa Family Life Federation has much to do and we the members of AFLF can change the world if we are all committed to serve the Lord in our continent and beyond it.

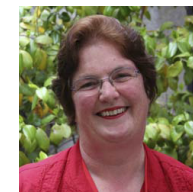
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Culture of Life in Oceania

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The following presentation was given by Joan Clements on behalf on WOOMB International Ltd to an International Study Seminar of the Pontifical Council for the Family, Rome, March 2010.

Oceania consists of Australia and New Zealand and the following small island nations: Fiji, Kiribati, Micronesia, Marshall Islands, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

Challenges and Opportunities in Oceania

Australia and New Zealand suffer from amoral secular governments and abortion statistics comparable to other developed nations and from internal division amongst pro-life organizations.

In Victoria, where I live, in 2009 a law was enacted, entitled *The Abortion Law Reform Bill* which not only permits abortion up to birth with the permission of the woman and her doctor but it also requires doctors who have a moral objection to abortion to refer to another whom he or she knows holds no

such objection. Catholic doctors must therefore, as a matter of conscience, disobey the law - in doing so they risk deregistration. Catholic nurses must assist at abortions or risk their careers.

There is a new law on assisted reproductive technology that has removed all restrictions on IVF and on embryo experimentation. The law also affects the definition of parenthood. The notion of "fatherhood" has been removed from the law altogether. A child has a mother who gives birth but she can nominate any other person who is agreeable to being considered a "parent". Children no longer have fathers in the State of Victoria. They have parents, and the mother may nominate as many people as she likes to be the child's "parents". Biological fatherhood has no meaning in the law.

The new law requires doctors providing fertility treatment not to discriminate against single people or people who are homosexual. A homosexual couple can demand that a doctor or hospital provide treatment to assist them to obtain a child via a surrogate. The Catholic maternity hospital in Melbourne has closed its fertility clinic.

Dignitatis Personae (DP) # 33 states: "Recently animal oocytes have been used for reprogramming the nuclei of human somatic cells – this is generally called hybrid cloning – in order to extract embryonic stem cells from the resulting embryos without having to use human oocytes.

"From the ethical standpoint, such procedures represent an offense against the dignity of human beings on account of the admixture of human and animal genetic elements capable of disrupting the specific identity of man. The possible use of stem cells, taken from these embryos, may also involve additional health risks, as yet unknown, due to the presence of animal genetic material in their cytoplasm. To consciously expose a human being to such risks is morally and ethically unacceptable."

In 2002, the Pontifical Council for Life published a discussion paper on Xenotransplantation which approved forming human-animal hybrids by transgenesis in order to develop animals that had some human genes and thus would have organs that could be transplanted into humans. It is unclear whether human-animal transgenesis in which an embryo is formed that has an admixture of human and animal genes is prohibited in *DP # 33*. The procedure involves substituting human genes into an animal ovum or embryo. It is a slightly different scenario from that described in *DP* in which an animal ovum is enucleated and then a human nucleus substituted. In

the case of human-animal transgenesis it may be only a limited number of human genes that are added to an animal egg or embryo. These confusions require resolution.

Paragraph 23 in *DP* deals with "contragestation" and we heard yesterday about pre-implantation abortion. In Australia the government has made the morning-after-pill (MAP) available over the counter in pharmacies without a medical prescription and even without any requirement for the pharmacist to determine whether the woman is already pregnant. In fact a man could request the MAP and be given it. He could then use it secretly to administer to his "girlfriend". There is no supervision of women who then take the MAP and must deal with the consequences on their own. It has become such that the family planning clinics regard it as almost essential that a modern woman has the MAP in her bathroom cabinet for use in the event of a mishap in which she has "unprotected sex" or the condom breaks.

The divisions within and between pro-life organizations are, if anything, even more scandalous, however, on a positive note, many dioceses within Australia have now established Life Offices to assist in promoting a Culture of Life.

The smaller island nations generally have more pro-life laws and traditional family attitudes but are very poor, with few educational opportunities. Australia rejoices in excellent opportunities for education and formation such as the John Paul II Institute for Studies of Marriage and Family and Bioethics of which I am a graduate and which is having a significant impact in Oceania with many bishops sending their people to Melbourne for formation – the first graduates of the Institute were the Prime Minister and his wife of the small island nation of Tuvalu.

Changing the Culture of Death

- *Education for Life*: in the family, in our faith community, in the wider community.
- Change the attitude of individuals in order to change community attitudes and society's laws.
- Obtaining interdenominational, inter-religious and wider agreements on "Life issues" will augment the impact of the Life arguments.

Education for Life

- "Human beings, made in the Image of God, will not destroy what they love" [Evelyn L Billings 2010].

- Teach young people to understand, appreciate and protect their fertility and they will not accept contraception.
- Teach engaged couples the beauty and dignity of their **fertility** and they will cherish it, viewing it as a **gift**.
- Enabling married couples to live their marriages as God intended and they will not abort the fruit of their love.

Billings Ovulation Method™ – Education for Life

Successful programs of WOOMB International which have wrought change on every continent represented at this seminar:

- Education of young people using TeenSTAR or *Loving for Life* Christian Sexuality Programs.
- Education of engaged couples by introducing them to the Billings Ovulation Method™ in pre-marriage education programs.
- Enable married couples to live their lives as God intended using the Billings Ovulation Method™ to regulate their fertility.

When John Billings went into China he faced opposition from pro-life groups who said, "How can you go into a country which has such appalling practices?" His answer was, "We go into China because it has such appalling practices!" It is not the fault of the Chinese people that they have to live under such a regime. They, like people everywhere, just want to live in harmony and to love their families. Giving them a means of limiting their fertility (as they must do if they do not wish to be subjected to forced abortion and other inhumane measures of their government) which is in accord with God's plan for marriage and you open their hearts to His Love even if they do not recognize it. Our teachers saw lives changed in China by the Billings Method and everywhere we went people thanked us for bringing them this "good news".

Lyn Billings tells stories of returning to provinces where two years previously she taught the Method and being hugged by women who told her this Method had changed their lives.

Evidence of change wrought by WOOMB International programs:

- Tracking of fertility patterns joined to discussion of their meaning correlates positively with maintaining virginity as well as a return to chastity. The high level of continuing virginity, as well as the overall 46.7% discontinuation of sexual activity, exceeds that of the general

population and can be an important tool for prevention of STDs and premarital pregnancy [Klaus, 2001, TeenSTAR International].

- In areas (such as some Dioceses in Malaysia, Singapore and USA) where engaged couples are required to show 3 months of NFP charting before marriage it can be expected that at least some of those couples will continue practicing NFP rather than resorting to contraception once married [Chan, Lek-Lim, Kuala Lumpur, Malaysia, 2003]
- Comparative study of Billings Ovulation Method™ vs IUD in China - those using BOM had a significantly higher continuation rate: they called this the "Good News Method". In provinces where the Billings Ovulation Method™ is now one of the government-approved methods of family planning there has been a 7-fold reduction in the number of abortions. It has also proved efficacious in helping couples previously deemed infertile to achieve a pregnancy [Qian, Shao Zen, Rome, Italy, Sept 2000]
- A recent five-year Australian study of the Billings Ovulation Method™ for the achievement of pregnancy showed a 78% pregnancy rate with an average of 4.7 months from initial instruction to conception, and a 65% pregnancy rate in couples with previously known infertility factors. No couples were excluded on the basis of pre-existing medical conditions and a majority of couples had been deemed "infertile" for two years or more, including some who had previously had failed attempts on IVF. IVF clinics in Australia can only boast a success rate of around 30%.

Challenges and Opportunities for us all

- The first 'post-Christian era' of despondency occurred from Good Friday to Holy Saturday and was relieved when the women who visited the empty tomb ignored the incredulity of others to spread the good news that Jesus was risen. We must follow their example.
- Among the many things we learned from John and Evelyn Billings was to keep on speaking the truth, to remain hopeful in the faith we place in Love [WOOMB's motto is *credidimus caritati*], to avoid criticising others and to always speak positively of spousal bodily love. John always said that there is not enough time to say all the good things about the Billings Method; we don't have time to spend attacking others.
- Defence of the unborn, of vulnerable children and frail adults must be proposed as a universal necessity, foundational to just and civilised authentic human living.

- The only appropriate and entirely adequate basis for this is the truthful anthropological view of the human person according to the universal natural moral law.
- Encyclicals, Instructions, dicasteries and episcopal conferences have all presented us with good, beautiful and true expressions of these norms.
- Very few of the faithful become truly familiar with these “third-level” resources, much less secular society and those who influence popular attitudes.

Addressing the problem of disseminating information may require:

- Basic social ethical teaching.
- Simplified summaries of relevant material.
- Workshops for priests to develop the vocabulary and skills to preach on related topics – priestly and even episcopal silence may be linked to their unreadiness, at a pastoral care level, for the practical instances of the issues which face married couples.
- Life issues are not exclusive to Catholics or even Christians – we must be able to argue at a philosophical as well as a theological level. Consider the cooperation between the Holy See and Moslem countries at the United Nations.
- Anthropology if presented simply, clearly, concisely, concretely (practically) will draw out its natural law ethical principles.
- These principles need to be presented as the only reliable basis for a true universal ethic, rather than the post-enlightenment global ethic being promoted in the culture of death.
- Pro-life “alternatives”, such as Natural Family Planning, must be freed from their under-resourced and marginalised constraints and presented as practical and effective replacements for culture of death practices.
- In order to present Natural Family Planning as a viable solution to real or imagined problems, bishops and priests must understand and be able to talk about modern methods of NFP such as the Billings Ovulation Method™.
- The pastoral applications of *Evangelium Vitae*, *Dignitas Personae*, *Donum Vitae* and *Humanae Vitae* must be presented as positive and concrete rather than abstract refusals, and argued from first principles* while

acknowledging the inherent goodness and dignity of children born of ART and the good faith and intentions of their parents.

*** First Principles**

- Human life and each individual human being is a gift to the individual and to society.
- We are not our own creation and are social rather than isolated.
- We have a given common human nature capable of greatness even though imperfect.
- We can know our nature, our surroundings and our principles accurately and truly enough to rely on our knowing.
- Denying our condition and limitations, as well as our reason, results in some degree of enforced arbitrary opinions in place of common recognition of true intrinsic rights.
- We are unique among all animals – at once physical and spiritual beings.
- Human freedom is best and most truly expressed in fulfilling our nature, seeking what is good and avoiding what is evil.
- Opting for any choice necessitates refusing alternatives which is thus a positive affirmation of that choice – we must ensure that we choose aright.
- The right to (naturally beginning and ending) life, to religion, to conscientious decision, to expression, to association, and to own property are fundamental intrinsic rights of human living.
- Man and woman are naturally spousal and oriented to each other, to live as self-giving exclusive gifts to each other.
- The natural family is the basic and necessary unit of society.
- Children are a great gift in their own right irrespective of their circumstances.
- Social progress is to be found in seeking the common good while respecting personal autonomy.
- Subsidiarity and solidarity are necessary expressions of human social life.

Conclusions

- Disregard for the sacred character of life in the womb weakens the very fabric of civilisation [Paul VI 1978].
- The sacred value of human life from its very beginning... Upon the recognition of this right, every human community and the political community itself are founded [John Paul II, *Evangelium Vitae* 1, 1995].
- Openness to life is at the centre of true development [Benedict XVI, *Caritas in veritate* 28, 2009].
- *Dignitas Personae* [on life from conception] 5: This ethical principle, which reason is capable of recognizing as true and in conformity with the natural moral law, should be the basis for all legislation in this area. In fact, it presupposes a truth of an ontological character, as *Donum Vitae* demonstrated from solid scientific evidence regarding the continuity in development of a human being.
- Human rights, as Pope Benedict XVI has recalled, and in particular the right to life of every human being “are based on the natural law inscribed on human hearts and present in different cultures and civilizations. Removing human rights from this context would mean restricting their range and yielding to a relativistic conception, according to which the meaning and interpretation of rights could vary and their universality be denied in the name of different cultural, political, social and even religious outlooks. This great variety of viewpoints must not be allowed to obscure the fact that not only rights are universal, but so too is the human person, the subject of those rights” [Address to General Assembly of UN, 2008].
- The Holy Father has also said: “... the norms of the natural law should not be viewed as externally imposed decrees, as restraints upon human freedom. Rather they should be welcomed as a call to carry out faithfully the universal divine plan inscribed in the nature of human beings... Today too, recognition and respect for natural law represents the foundation for a dialogue between the followers of the different religions and between believers and non-believers. As a great point of convergence, this is also a fundamental presupposition for authentic peace” [ibid].

I came to this meeting direct from my fifth visit to Vietnam to train teachers of the Billings Ovulation Method™ and was also involved in two of the more than 20 trips to China where there are now 48,000 teacher of the

Billings Ovulation Method™. If these results have been achieved in atheistic, communist countries where there are huge financial and ideological interests working against us why not elsewhere? The Church must do all it can to promote NFP which, as John Billings often said, “... is really the strongest remedy to eradicate abortion.”

With thanks to Drs Nicholas Tonti-Filippini and Mark Whitty for their invaluable assistance in preparing this presentation.



The implications of *Dignitas personae* for NFP



Rev Fr John Fleming PhD

The Instruction *Dignitas personae* (Dignity of the person) was issued by the Congregation for the Doctrine of the Faith (CDF), after approval by Pope Benedict XVI, on the 8th September 2008.

The teaching in *Dignitas personae* (DP) provides clear moral guidance in the way we provide treatment to couples who are experiencing infertility. DP is based upon the Church's previously stated moral positions contained in documents such as *Humanae vitae* (1968), *Familiaris consortio* (1981), *Donum vitae* (1987), *Veritatis splendour* (1993), and *Evangelium vitae* (1995).

Specifically, DP insists that any new medical techniques for the treatment of infertility “must respect three fundamental moral goods”. These goods are described as:

1. The right to life and to physical integrity of every human being from conception to natural death;

2. The unity of marriage, which means reciprocal respect for the right within marriage to become a father or mother only together with the other spouse;
3. The specifically human values of sexuality which require “that the procreation of a human person be brought about as the fruit of the conjugal act specific to the love between spouses” (DP n 12).

The Church recognises the intense suffering that infertility can bring to married couples who wish to have children but seem not to be able to do so. The Church recognises “the legitimacy of the desire for a child”. It is important to notice here that “the desire for a child” does not equate to the right to have child by any available means any more than the “desire not to have child would translate into a right to be able to abandon or destroy a child, once he or she has been conceived” (DP n 16).

So which medical treatments for the alleviation of infertility would be acceptable in Catholic teaching? Well, there are a number of treatments available to which recourse may be had especially those aimed at removing an obstacle to natural fertilisation. These are:

- a) Hormonal treatments for infertility
- b) Surgery for limited endometriosis
- c) Unblocking of fallopian tubes or their surgical repair (DP n 13).

In addition DP directs attention to the possibility of adoption while recognising that the practice of abortion and negative attitudes to adoption by social workers make adoption difficult to achieve. However, there is a clear benefit both to an infertile couple and to the many children who do not have parents to care for them.

The development of destructive and domineering medical technologies to overcome infertility (for example IVF in all its various forms) has led to people being referred to IVF clinics without underlying causes for infertility having been adequately addressed. It is now routine for doctors to refer couples to IVF clinics after only one year without achieving a pregnancy. Prior to the advent of IVF in 1978 the role of medicine where infertility was concerned was to try and identify and treat the underlying causes. NFP remains as the leading movement for the proper evaluation and identification of the underlying causes of infertility, while assisting couples to achieve pregnancy through natural acts of sexual intimacy.

DP excludes as immoral a raft of reproductive technologies developed for the treatment of infertility. DP reiterates earlier Church teaching

on in vitro fertilisation and associated practices such as the freezing of embryonic human beings and the use of donor gametes. To this DP excludes intracytoplasmic sperm injection (ICSI), the freezing of oocytes to be used in artificial procreation, the reduction of embryos (ie selective abortion to reduce the size of the pregnancy) and preimplantation diagnosis. Excluded also is embryo adoption whether or not it is attempted out of prolife motivations or as a treatment for infertility.

That being the case, DP implicitly if not explicitly refers us back, once again, to medical treatments which overcome barriers to conception after natural sexual intimacy and to the wealth of knowledge available from natural family planning clinics. That information is readily available, accessible, and effective in enabling couples who believe they may be infertile to have a child or children.

Using NFP a couple is able to see from the chart record when and if a woman is ovulating, when the fertile phase begins and ends, and how long is the luteal phase. Infertility in the woman can be suspected if:

1. no fertile mucus is noticed,
2. ovulation cannot be confirmed,
3. or the luteal phase is shorter than 10 days.

But ovulation can be delayed or prevented by many factors including:

1. stress;
2. low body weight;
3. breastfeeding;
4. abnormal hormone levels;
5. certain medical conditions.

Once problems have been identified medications/hormone supplements can be given to assist ovulation and to assist the maintenance of the wall of the uterus until the pregnancy is established.

But in many cases, what seems to be “infertility” may be a matter of timing of intercourse given irregular or unusual times of ovulation. The truth is that about 50% of couples would conceive within 5 years if nothing were done while many more would conceive if they were better instructed in how to observe symptoms of fertility apart from those who can be helped by hormone treatments or surgery.

In excluding artificial reproductive techniques and associated practices, DP reminds the community of the responsibilities we have to protect human life from its very beginning, to protect the rights of children to have been conceived through the natural sexual intimacy of their parents who are married and live together.

This amazing Church document reminds the Church, (bishops, priests, and laity) of what we are duty bound to make available to the whole community. The lessons we have learned from the great pioneers of NFP and their many co-operators have immediate relevance to the problem of infertility in married couples.

In the past we have rightly focussed on alternatives to artificial contraception but now many couples experience the suffering of knowing or thinking they may be infertile. There has never been a greater need for the life enhancing, life affirming approach to human sexuality which the Church, from its rich human, spiritual, and intellectual resources is well placed to provide to a society which seems to have lost its way where marriage and family life is concerned.



Appointment of Spiritual Advisor to WOOMB International Ltd



The Directors are delighted to announce that after many years of faithful service in an unofficial capacity, Rev Fr Joseph Hattie OMI has been officially appointed as Spiritual Advisor to WOOMB International Ltd.

Fr Hattie first met Drs John and Lyn Billings in 1977 when as Newman Chaplain of Dalhousie University, Halifax, he arranged for them to go to St John's, Newfoundland, and then to Halifax, Nova Scotia to speak at the Medical Schools in both cities, where he remembers they received standing ovations from the medical students.

In 1978 Fr Hattie attended the International Conference to celebrate the 10th Anniversary of *Humanae Vitae* in Melbourne, Australia. It was around that time that he was invited by Dr Billings to join the Board of WOOMB International which was then incorporated in Los Angeles,

California, under the chairmanship of Msgr. Robert E. Deegan.

From 1984 to 1986 Fr Hattie studied with Most Rev. Peter J. Elliott at the John Paul II Institute in Rome, where they both undertook Doctorates in Marriage and Family Studies. Fr Hattie completed his doctoral thesis on preparing couples for marriage. Bishop Elliott recalls that, "we both struggled with Italian [and] had to come to terms with the European approach to learning and research in tertiary education - where the professor is always right! That was not always easy for a tough Canadian and a proud Aussie, but we sustained one another helped by a shared sense of humour."

During the years in Rome, Fr Hattie had further opportunities to share time and Conferences with Drs John and Lyn Billings when they visited the Eternal City and was blessed to share in their relationship with their very dear friend the late Dr Sr Anna Cappella.

After returning to Canada, Fr Hattie worked in the Archdiocese of Vancouver, Office of Marriage and Family Formation, from 1986 until 1999. During these years he attended Conferences to celebrate milestone anniversaries of *Humanae Vitae* in Melbourne, Australia and Omaha, Nebraska, USA.

Since 2001 Fr Hattie has worked in the Office of Marriage and Family in the Archdiocese of Halifax organising courses in Natural Family Planning (Billings Ovulation Method™) and Marriage and Family Preparation, Retreats for Families and for Married Couples, Conferences for Families, Spiritual Counselling and Parish Missions for Marriage and Families.

Bishop Elliott says about Fr Hattie: "I have always found [him] to be a wise pastor of souls, a priest with deep insights into people and their problems. He has firmly maintained fidelity to the teaching of the Church and the wisdom of Pope Paul VI in the magisterial teachings of *Humanae Vitae*. He shows people how they can live this wisdom through natural spacing of child births and the teachings of the Servant of God, Pope John Paul II. Many couples have benefitted from his guidance. They soon learn that he is one of those priests people can always rely on. He also has a perceptive understanding of the post-Vatican II Church, the need for continuity, not to get rattled by extremism, always keeping a prayerful sense of balance. Fr Hattie exemplifies the Marian charism of his Order, the Missionary Oblates of Mary Immaculate."

Dr Lyn Billings has fond memories of Fr Hattie over many years. She describes him as, "a constant friend and a true priest for all the teachers. Whenever there was a problem, personal or administrative, his advice was always soundly based in Church teaching, wise and comforting. He made himself available to offer Masses for all who attended the many

Conferences over the years. His friendly face was always there to greet us when we arrived and he accompanied John and I, getting to know all the main people from the many countries represented at the Conferences. He attended all the lectures and became knowledgeable in the history, science, technology and political aspects of the work. He would then join us for a meal in the evenings and always had some quite and gentle reflection on the day's proceedings which would help to put things in perspective."

"We began very early to trust this young priest for his reliability, kindness and wisdom and had many shared experiences together in Rome with good friends such as Professor Jerome LeJeune, Mother Teresa, Sr Anna Cappella, Dr Kevin Hume, Professors Erik Odeblad and Jim Brown, to mention just a few."

Dr Lyn remembers particularly one trip to Canada in bitter winter weather with icicles hanging from the eaves of the houses and thick-soled shoes needed to protect feet against the intense cold. "We had a wonderful time talking to the many university students and Fr Hattie would say Mass for us, with always an encouraging word for families, married people and those contemplating the greatest commitment of love on earth. He always ended his homilies with the words *Yea God!*

"Wherever he goes, people always ask Fr Hattie to pray for them. I asked him once how he managed this enormous task? He replied with a smile saying his Heavenly Mother takes care of all these requests."

Dr Lyn describes Fr Hattie as, "an ordinary man who takes his priestly vocation seriously." She says that he and Mother Teresa were good friends and recalls that when Mother Teresa was asked what one should look for in a saintly man she replied that one should, "look for saintliness in an ordinary man." This describes Fr Hattie very well!



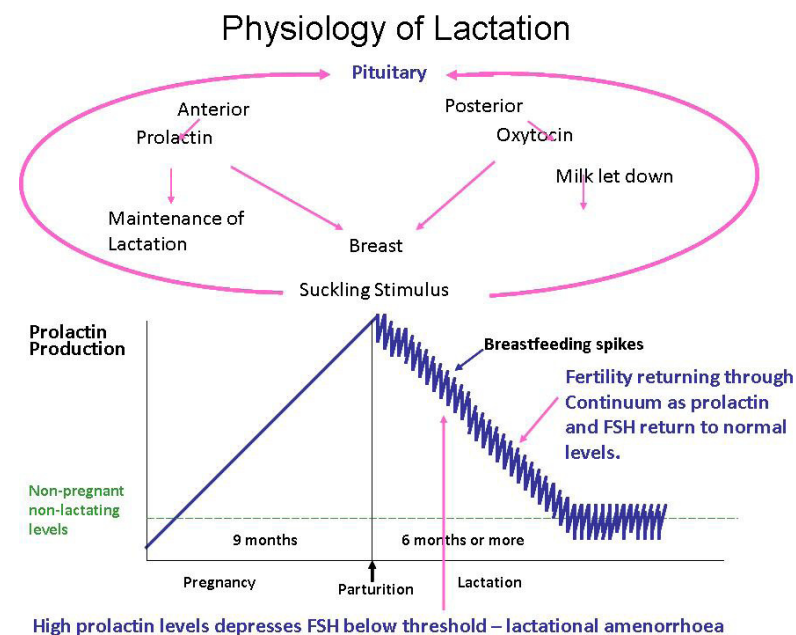
Dr Lyn Billings with Fr Hattie, 2009

Billings Ovulation Method™ and Managing Fertility during Lactation and Weaning

Education Committee of OMR&RCA

In the last issue of the *Bulletin of OMR&RCA* we looked at the physiology of lactation and its effects on fertility. Now we look at how the Billings Ovulation Method™ can be used to monitor fertility whilst breastfeeding and manage the return to regular ovulatory cycles.

Production of breast milk is controlled by the hormone prolactin which is produced in the anterior pituitary gland. During pregnancy the levels of prolactin rise 35-fold* over pre-pregnancy levels. Following birth the levels of prolactin begin to fall. The rate at which the prolactin falls relates to the frequency of suckling of the baby at the breast. If the baby suckles frequently, deriving all nourishment from the breast, prolactin levels will usually remain high. As the length of time between feeds increases and the amount of milk consumed decreases (as other foods are introduced) the levels of prolactin will fall, spiking up at each feed and dropping between feeds (see diagram below).



* Study by S Biswas and CH Rodeck in *BJOG: An International Journal of Obstetrics and Gynaecology*, Vol 83 Issue 9, pages 683-687.

The pituitary gland (posterior) also produces the hormone oxytocin which controls the “let down” reflex and the flow of milk when the baby suckles at the breast. Production of prolactin and oxytocin inhibit the production of follicle stimulating hormone (FSH) and luteinizing hormone (LH) which are necessary for fertility. Hence, in most women, fertility does not return for some time – weeks, months, or longer than a year – while a mother is breastfeeding her infant. Every mother and baby duo is unique and the time of return of fertility cannot be predicted. However, a woman who knows the Billings Ovulation Method™ will recognise her infertility and the changes that will herald the return of fertility.

Charting should commence 3 weeks after birth or as the lochia diminishes. Many women will chart a continuous pattern of dryness which is readily recognized as her Basic Infertile Pattern (BIP) and the couple can resume intercourse applying the Early Day Rule 2 – intercourse available on alternate evenings of the BIP of dryness. Another woman may chart a continuous pattern of discharge, for example, an unchanging milky discharge, with a sensation of dampness or stickiness. If there is no bleeding and the pattern is unchanging for two weeks, infertility can be recognized and the Early Day Rules applied. Perhaps the pattern may reveal some dry days interspersed by some days of unchanging discharge. This combined pattern also indicates infertility and the Early Day Rules can be applied. Each woman becomes confident in recognising her own unique pattern indicating infertility.

Whenever a change is noticed, whether it be a change in the sensation felt at the vulva, or a change in visible discharge, or any bleeding or spotting, the couple should apply Early Day Rule 3 – wait and see what happens. If the BIP returns, a count of 3 days of this BIP is required before the couple resumes intercourse using Early Day Rule 2.

Over time, as the baby grows and the demand for breast milk changes, the mother may notice a change in her pattern. Where previously she had an unchanging pattern, whether she has a BIP of dry, a BIP of discharge or a combined BIP, now she may have days which are different. If the couple is not yet ready for another pregnancy they will apply Early Day Rule 3 to wait and see what happens. If over two weeks of charting without intercourse and without any bleeding it becomes obvious that a new unchanging pattern has emerged, then the couple can once again resume intercourse on alternate evenings, following Early Day Rule 2. For example, the Basic Infertile Pattern may have changed from continuous dryness to a continuous pattern of slight discharge; or the continuous discharge may have changed to a different description which is again

unchanging; or the combination pattern may have changed to a different combination of descriptions which are unchanging over two weeks. In all these examples a new Basic Infertile Pattern can be established.

Infertility can be present for weeks or many months after birth, however some women who are successfully fully breastfeeding their baby may have a return to fertility as early as six weeks post birth. These women will recognize a changing pattern leading to a slippery sensation and the recognition of a Peak. This may occur soon after the lochia finishes.

However most women will experience a longer time of infertility. If a woman breastfeeds her baby for many months she may identify more than one change in her Basic Infertile Pattern. These changes are often related to changes in the baby’s feeding pattern, e.g. sleeping longer at night, introduction of solid foods, illness of mother or baby, etc. If the intention is to avoid pregnancy, each time there is a change the couple should wait without intercourse until either the recognised BIP returns or, after two weeks of charting, the pattern reveals a new BIP. Eventually the levels of prolactin will fall to the point where the pituitary may begin to also produce some FSH. The woman will notice changes to her pattern as the cervix responds to changing levels of oestrogen produced by developing follicles. There may be patches of mucus and perhaps some bleeding or spotting which require the application of Early Day Rule 3. It may still be some weeks or even months before she recognizes a Peak, indicating ovulation, but it should be remembered that the first ovulation can occur before any bleeding. Once ovulation has occurred, if there is no conception, menstruation will follow. Initially the luteal phase may be short indicating that fertility has not yet returned but over the following weeks normal fertile cycles will resume.

Professor James B Brown, in his writings on the Continuum of Ovarian Activity: *Studies on Human Reproduction*, has described the return to fertility through the various ovarian variants from: amenorrhoea to follicular development with or without an LH surge, through deficiency in the LH mechanism resulting in Luteinised Unruptured Follicles, poor corpus luteum formation with deficient or short luteal phases, up to the fully fertile ovulatory cycle. The return of fertility following breastfeeding may not proceed immediately from a very long pre-ovulatory phase to fully fertile cycles. More commonly a woman may experience a number of variants of the continuum before returning to fully ovulatory cycles, as described by Professor Brown.**

The chart will reveal these variants as changes from the Basic Infertile Pattern and management of these variants is covered by the Rules of

the Billings Ovulation Method™. The breastfeeding or weaning mother may experience a number of occasions when the Early Day Rule 3 is applied without recognition of a Peak. Eventually she will recognise Peak indicating to her that she has finally ovulated and the Peak Rule can now be applied.

When a Peak has been recognized, the subsequent bleeding is menstruation. Now it is important to reestablish the Basic Infertile Pattern. Now the woman is in a different situation – previously she was in a long pre-ovulatory phase, which may have lasted many months; now she is returning to ovulatory cycles. If cycles are shorter than 35 days there can be only ONE Basic Infertile Pattern, the description for which may be different from any BIP she recognized before the first Peak.

The usual guidelines apply for establishing a Basic Infertile Pattern. Dry days are immediately recognized as infertile. Any unchanging pattern of discharge must be observed over three cycles of less than 35 days before it can be verified as a Basic Infertile Pattern and the Early Day Rules applied. A combination Basic Infertile Pattern is not possible in a cycle of less than 35 days. If ovulation is delayed, 2 weeks of charting without intercourse will identify an unchanging pattern and a Basic Infertile Pattern of discharge or a combined Basic Infertile Pattern can be identified. The Peak Rule can be used as soon as a Peak is recognized.

The Billings Ovulation Method™ teaches a woman to recognize fertility and infertility on a day by day basis whether she is ovulating regularly or not. By encouraging the breastfeeding woman to chart her symptoms using the Billings Ovulation Method™ early in the breastfeeding experience, she gains confidence in her ability to recognise infertility and the changes which herald potential fertility when they occur. The couple is able to confidently use the Early Day Rules until the first recognition of a Peak, regardless of how long this takes. The breastfeeding mother should be encouraged to keep in regular contact with her Billings Ovulation Method™ teacher so that she can be supported during times of change in her pattern.

**See following article.



THE CONTINUUM



Professor James B Brown

Following is a summary of a longer paper currently being prepared for posthumous publication. This summary was first published in a supplement of Australian Doctor magazine, 19 December 2008 and is reproduced here with the permission of the authors of the supplement.

For most of her reproductive life, a woman will experience fertile ovulatory cycles. However, all women will experience infertile variants of the ovulatory cycle, particularly during breastfeeding, approach of menarche and menopause, periods of stress, and during and after hormonal contraception. The hormone patterns and therefore the symptoms in these infertile cycles differ from the fertile ovulatory cycle. Recognizing these variants is particularly important for pregnancy achievement.

The ovulatory cycle has been extensively studied, but the other variants have been largely overlooked as they are not predictable. Large numbers of cycles were needed to be studied so that the variants could be documented and their mechanism, frequency and impact on the mucus symptoms and fertility determined. Professor Brown's concept of the Continuum has done this, providing information on all phases and variants of reproductive life.

Cycle Variants

1. Early ovulation

Fully ovulatory cycles as short as 19 days occur with oestrogen values already rising on day 1 and the fertile phase beginning during menstruation.

2. No ovarian activity – amenorrhoea

Follicle Stimulating Hormone (FSH) production to the threshold level may be delayed, causing lengthening of the cycle. The FSH levels remain

below threshold and no follicle begins the rapid growth phase. Little oestradiol is produced and the cervix remains unstimulated. Continuous Basic Infertile Pattern (BIP) is experienced.

3. Anovulation – oestrogen peak

In this situation the developing follicles produce oestradiol and the follicle develops as in an ovulatory cycle. The discharge changes and FSH levels rise to exceed the threshold required for follicle stimulation but the ovulatory mechanism fails and no Luteinising Hormone (LH) is released. Follicle atresia results, oestradiol levels drop, BIP returns, no progesterone is produced and no Peak day identified. Depending on the amount of oestradiol produced and the sensitivity of the uterine endometrium of the individual, there may or may not be sufficient stimulation of the endometrium to result in oestrogen withdrawal bleeding.

4. Anovulation – constant raised oestrogen levels

The rise in FSH production above the threshold may arrest before the intermediate level is exceeded, resulting in chronic development of follicles but none selected for ovulation.

The stimulated uterine endometrium may break down as oestrogen break-through bleeding.

2 possible outcomes:

a) The feed-back mechanism corrects itself, FSH exceeds intermediate level and a follicle is boosted to ovulation. The final rapid rise in oestradiol output to pre-ovulatory oestradiol peak stops the bleeding. As the woman is about to ovulate she is in a phase of high fertility during this bleed.

b) Follicles remain in a state of chronic stimulation with oestradiol stabilizing at levels less than those of the pre-ovulatory peak. The discharge shows fertile characteristics but does not progress. Stimulated uterine endometrium may break down as oestrogen break-through bleeding, sometimes at regular 28-day intervals or the FSH may return to sub-threshold levels with return of the BIP.

5. Luteinized Unruptured Follicle (LUF)

In this situation a follicle develops and changing mucus pattern is experienced but no Peak is identified. Some LH is released but not in sufficient amount to cause ovulation. The LH that is produced results in small amount of luteinization of the follicle and a small amount of progesterone is produced for a short time. LUF may or may not be followed by bleeding.

6. Ovulation occurs – Cycle infertile: Inadequate luteal phase

In this situation ovulation occurs and the Peak symptom is usually identified. Progesterone levels rise above those seen in a LUF but progesterone is not sufficient to produce a fully formed corpus luteum - deficient luteal phase. This situation may also occur if progesterone reaches normal post-ovulatory values but falls prematurely so that menstruation occurs 10 days or less after ovulation - short luteal phase.

Both cycles are ovulatory but infertile. Both are followed by menstruation. Brown states that the inadequate luteal phase (deficient and short) is the most common cause of temporary infertility and makes up approximately 10% of all ovulatory cycles.

These cycle variants have been listed as if they were separate entities. Actually one merges into the next, so there is a continuous gradation - from no follicular activity, through follicular activity without an LH surge, through increasing maturation of the ovulatory mechanism, to the fully fertile ovulatory cycle. This is the pattern at menarche; the reverse occurs at menopause.

These cycle variants do not necessarily repeat themselves from cycle to cycle. For example, with approach of menopause or during stress, the woman may experience periods of amenorrhoea, anovular ovarian activity or LUFs, interspersed with fertile ovulatory cycles. As none of these infertile variants can be predicted at the beginning of the cycle, the woman must be observant of her symptoms at all times. She can never assume that she can dispense with the Rules of the Billings Ovulation Method which handle every type of cycle encountered.

Billings Ovulation Method Management of Cycle Variation

The woman's chart reveals whether the cycle is a fertile ovulatory cycle or one of the variants. Fertility and infertility are understood on a day by day basis regardless of the length of the cycle, and fertility is managed by following the 4 Rules. Bleeding is recognised as one of the four types listed in the glossary - menstruation, breakthrough with high oestrogens, oestrogen withdrawal, or implantation. Any other bleeding can be recognised as an aberration and should be investigated.



**Pontifical Council for Family
International Study Seminar on Pro-Life Issues
26-27 March 2010**

Welcome and Introduction



Cardinal Ennio Antonelli, President

I welcome you to this International Study Seminar on behalf of His Excellency, Bishop Jean Laffitte, Secretary, and Rev Mons Carlos Simón, Under-Secretary of this Dicastery. Your presence here is an eloquent sign of your desire to collaborate with the Holy See in promoting Christian values and giving testimony to our Saviour, Jesus Christ, who came to bring life through the light of the Gospel. (2 Tim 1:10).

The Pontifical Council for the Family has the task of stimulating and directing pastoral activity and motivating and inspiring society's involvement in the family and human life. Our main collaborators are the bishops, bishops' conferences, catholic institutions, associations and movements.

You are in the front line, with the Holy Father and the bishops, in the task of defending and promoting human dignity and the sacredness of life. You build a civilization of life and give us reason to hope. (cf. John Paul II *Evangelium Vitae* #27) You, with the Holy See and the bishops, have the courage to go against and denounce relativism, consumerism, hedonism, sexual licentiousness and the other negative aspects of the dominant culture with its powerful economic, political and media backing. To you go honour and gratitude for your service to humanity and to God over a long time.

The Pontifical Council for the Family has confidence that your efforts will continue to develop in the future. We read in the press that the government of Spain allocates 528 million euros to spread the ideology of "gender" in Latin America and the Obama administration is investing US\$63 billion for so-called "reproductive health" of women in developing countries and the propagation of an anti-birth mentality. We have neither euros nor dollars to invest in the cause for life. Our investment is you: your courage, your generosity, your intelligence. You have the ability to undertake activities in parishes, dioceses and schools, to have an impact in the media and public events, to monitor and affect the

deliberations of governments. We urge you to work tirelessly to reinvigorate your associations with new young leaders, with motivated and competent professionals in the fields of politics, communication and culture at all levels (local, national and international).

There must be closer co-operation between pro-life groups and family associations, paying particular attention to the pastoral care of the family (cf. John Paul II *Evangelium Vitae* #92-94) and the Church's teaching on bioethics aimed primarily at families. Respect your opponents, avoid any violence – physical or verbal, and trust always in the power of truth and love.

The main documents to guide your efforts are the apostolic exhortation *Familiaris Consortio* (1981), the encyclical *Evangelium Vitae* (1995), and the Instruction from the Congregation for the Doctrine of the Faith *Dignitatis Personae* (2008). Guided by these you must always say a resounding YES to human life in all its fullness. In opposing abortion and euthanasia amongst all the crimes against fundamental human rights, consider the most effective ways to combat the more ethically reprehensible actions and behaviours. For example, you should disseminate widely the knowledge and practice of natural methods of birth control to prevent the choice of contraception, which, among other things, has taken people away from the faith and filled them with resentment towards the Church. Another example for preventing abortion is to promote adequate public funding to support motherhood, not only in the name of right to life but also women's right to freedom of choice. Such support could include concrete solutions: centres to support and accompany pregnant women, possibility of delivery in anonymity and the adoption of the child, cash contributions, bonuses for early childhood products, job opportunities etc. In the name of freedom for all, cultural pluralism and social subsidiarity, we must firmly assert, for people and institutions, the right of conscientious objection to abortion and euthanasia, a right not yet recognized in many countries. (It is encouraging to note that Catholic Care in the UK has acquired the right from the Supreme Court not to have to abide by the law of equal opportunity to refer for abortion or offer adoption to homosexual "couples".)

Because of your commitment, your intelligence, your passion and your perseverance, men of our times can come to understand that the Christian faith does not diminish the desire to live and be happy, does not inhibit emotions and sexuality, does not hinder scientific, technological and economic development, but demands that everything is oriented to the true good of all people and communion between peoples. Do not hesitate to state publicly that Christian faith exalts life, sexuality and human activities, giving them greater meaning and value.

Evangelium Vitae and Pastoral Care for Life



Bishop Elio Sgreccia

former President of the Pontifical Academy for Life

The encyclical *Evangelium Vitae* has a pastoral character. It calls the Church to ministry in a specifically pastoral way and reflects other documents of the Magisterium, notably *Gaudium et Spes* – the Pastoral Constitution of the Church from Vatican II. The basic structure of *EV* examines the socio-cultural conditions, considers doctrinal issues and proposes lines of action for the future. Underlying the methodology is the traditional formula: see, judge, act.

After some introductory comments, the first part of *EV* (#7-28) deals with global threats and crimes against human life and looks at a cultural understanding of the roots of these phenomena and some positive signs for hope in society. The second part (#29-51) gives the Scriptural sources for Christian teaching on the value and dignity of human life. The third part (#52-77) looks at the most obvious and serious moral issues currently being faced – killing of the innocent by abortion and voluntary euthanasia - and gives guidance to the faithful, to health professionals and to legislators. Finally, the fourth part of the Encyclical (#78-101) and Conclusion (#102-105) gives pastoral directions in three areas – proclamation of the Good News (evangelization), celebration of the Gospel of Life and service for Life (participation in social and political life and the media) and to be sources of wisdom and witnesses of hope and love.

This fourth part proposes a comprehensive program that involves everyone – clergy and laity, educators for Life, professionals and lawmakers. The Gospel of Life is at the heart of the message of Jesus. Welcomed by the Church with love, it must be preached with dauntless fidelity as good news to people of every age and culture. Human life on earth takes its meaning from the Life of God offered to man in Jesus Christ, through whom the Gospel unites the divine life to human life – the result of this meeting is redemption.

Presenting the core of his redemptive mission, Jesus says: "I came that

they might have life and have it abundantly" (Jn 10:10). Here Jesus is referring to the new and eternal life which consists in communion with the Father, to which every person is freely called in the Son, by the Holy Spirit. But equally, all aspects and stages of the life of men achieve their full meaning in this "new and eternal life", especially those moments and those aspects of life that are most endangered and forgotten. The Gospel of God's love for man, the Gospel of the dignity of the person and the Gospel of Life are a single and indivisible Gospel. (#2)

Referring to evangelization – the task of the Church, the Servant of God John Paul II says, "it is a profoundly ecclesial act, which calls all the various workers of the Gospel to action, according to their individual charisms and ministry. This is also the case with regard to the proclamation of the Gospel of Life, an integral part of that Gospel which is Jesus Christ himself. We are at the service of this Gospel, sustained by the awareness that we have received it as a gift and are sent to preach it to all humanity. With humility and gratitude we know that we are the people of life and for life, and this is how we present ourselves to everyone." (#78)

He goes on in the next section (#79): "We have been sent. For us, being at the service of life is not a boast but rather a duty, born of our awareness of being God's own people, that we may declare the wonderful deeds of him who called us out of darkness into his marvellous light (1 Pet 2:9). This is a properly ecclesial responsibility, which requires concerted and generous action by all the members and by all sectors of the Christian community. This community commitment does not however eliminate or lessen the responsibility of each individual, called by the Lord, to become the neighbour of everyone: "Go and do likewise." (Lk 10:27). Together we all sense our duty to preach the Gospel of Life, to celebrate it in the liturgy and in our whole existence, and to serve it with the various programs and structures which support and promote life."

The Encyclical calls for strong pastoral, personal and community support for and in defence of the dignity and sacredness of human life

Now, 15 years since the publication of *Evangelium Vitae*, have the expectations of John Paul II been realized? Just as a century ago, with the publication of *Rerum Novarum*, the Church courageously defended the sacrosanct rights of individual workers, now, when another category of persons are oppressed in their fundamental right to life, the Church feels the duty of having to proceed, with the same courage, to be the voice of the voiceless. It is always the evangelical cry in defence of the poor of the world, those who are threatened and despised and those whose human rights are trampled upon, especially the fundamental

right to life, and most especially on behalf of the great multitude of weak and defenceless human beings – children who are yet unborn.

John Paul II concludes this discussion by saying: “The present Encyclical, the fruit of the cooperation of the Episcopate of every country of the world, is therefore meant to be a precise and vigorous reaffirmation of the value of human life and its inviolability, and at the same time a pressing appeal addressed to each and every person, in the name of God: respect, protect, love and serve life, every human life! (#5) Only this way leads to justice and peace.

Sadly, I believe his appeal has not achieved the desired effect in the world. We cannot say today, after 15 years, that there has been an improvement. We must try to find the reasons and causes for the strength of the culture of death which today seems even greater than when John Paul II wrote his Encyclical. According to the International Congress of Medicine, legal abortions around the world number 40-50 million per year and this number is increasing. Abortion laws in many countries are now more permissive (with the exception of Poland) and the legalization of abortion has been reinforced.

Bio-politics, born under the absolutist regimes of Nazism and Marxism, did not fall with the fall of regimes and walls but continued its discriminatory power over life, adapted to the so-called democratic systems, corrupting their original intent, and today goes beyond human rights, beginning with the right to life. The driving force for a clear statement by the supporters of this type of bio-politics, is no longer the assertion of the absolute power of a regime, but the philosophy of being a hedonistic culture, seductive and selectively individualistic, that involves winning the majority and consensus.

To loss of lives through legalized abortion are added those resulting from new trends in biotechnology applied to artificial insemination, selective and discriminatory practices, such as the extensive and subtle anti-life policies advocated at the UN Conferences of Cairo and Beijing under the name of programs for "reproductive health" and population control. Such policies can now be found in Latin America, which was once protected by the Convention of Costa Rica, in Africa and Asia, while in Europe it is recognised that economies suffer when birth rates fall so low!

In recent times the pharmaceutical industry has become very active in the production of abortifacient drugs. Furthermore, although at the time *Evangelium Vitae* was published the threat of euthanasia seemed to some extent to have been countered and contained, we now have virulent calls for its legalisation – in the Netherlands, Belgium, Denmark,

Switzerland and Luxembourg. While in some areas of society the advent of biotechnology has been welcomed as a means of altering the biological status of the human species for the treatment of disease, medical professionals, researchers and pharmacists struggle to have their conscientious objection to participation in these activities recognised. The anti-life forces seem to have been gaining ground in the 15 years since *Evangelium Vitae*.

The Magisterium of the Catholic Church has been unwavering in its teaching throughout this time in many official documents, as expressed by the Holy Father, Pope Benedict XVI, to bishops on their ad limina visits, at meetings of the Pontifical Councils for the Family and for Pastoral Health Care, and the Pontifical Academy for Life, and in the Instruction from the Congregation for the Doctrine of the Faith – *Dignitatis Personae*, as well as in the Encyclical from the Holy Father – *Caritas in Veritate*.

In *Caritas in Veritate* the Holy Father has placed the question of respect and defense of life within the broader context of economic and social development, for example, #28: “One of the most striking aspects of development in the present day is the important question of respect for life, which cannot in any way be detached from questions concerning the development of peoples. It is an aspect which has acquired increasing prominence in recent times, obliging us to broaden our concept of poverty and under-development to include questions connected with the acceptance of life, especially in cases where it is impeded in a variety of ways.”

“Not only does the situation of poverty still provoke high rates of infant mortality in many regions, but some parts of the world still experience practices of demographic control on the part of governments that often promote contraception and even go so far as to impose abortion. In economically developed countries, legislation contrary to life is very widespread and it has already shaped moral attitudes and praxis, contributing to the spread of an anti-birth mentality; frequent attempts are made to export this mentality to other States as if it were a form of cultural progress.”

The document goes on to lament the work of organisations that promote abortion and sterilization and condemns the linking of funding for development to birth control policies, concluding with this statement: “Openness to life is at the centre of true development. When a society moves towards the denial or suppression of life, it ends up no longer finding the necessary motivation and energy to strive for man's true good. If personal and social sensitivity towards the acceptance of a new

life is lost then other forms of acceptance that are valuable for society also wither away. The acceptance of life strengthens moral fibre and makes people capable of mutual help.”

The Church has maintained its support for life in the face of weakening and resistance from within the community of the faithful since the publication of the Encyclical *Humanae Vitae* (25 July 1968), despite the dissent and the silence, which has been no less harmful, that persists out of inertia or fear. People fear confrontation and end up with a defeatist attitude towards divorce and abortion.

On the other hand, the sheer complexity of the problems inherent in human life and bioethics can induce silence through lack of knowledge on the part of many community leaders and educators. It is true that the pro-life movements in every country where they have a role in public debate have kept alive the political and public confrontation, but this has sometimes resulted in tensions and poor relations with Episcopal conferences and the clergy in general. It is important that these movements retain a non-denominational aspect to emphasize the secular nature of life and the value of claims of the rights of the unborn child and the family itself. However, we can not delegate to others the specific tasks of evangelization, formation of consciences and the service of life as a duty of the Christian community.

This desirable commitment – a renewed commitment to pastoral life in the minds of those who care about the right to life and the promotion of values associated with it - will not promote competition, but an evangelical training and consistency. This pastoral duty is not replaceable by even legitimate and rightful political and public organizations.

The ministry has not been entirely silent on these issues, if only to offer the necessary basis of the Church’s position, but both the depth and complexity of the cultural implications and the demand for consistent training of people for the dynamic encounter between reason and faith calls for continuity of work and education within the minds of families. It seems even more urgent now to develop a proper and effective pastoral life with coherent and long-term programs.

Another aspect we need to consider seriously, which closely affects our pastoral response, is that the knowledge of the basis and motivations of ethical judgements is terribly inadequate; specific problems such as abortion and contraception have been known for some time, but there is misunderstanding about newer bioethical issues such as artificial insemination and euthanasia.

From the statistics we see that even Christian and Catholic couples request abortion in cases of defects and malformations of the fetus, such that when these children are allowed to live they are marginalised and even healthy young people are conscious of being “survivors” who cannot assume the innocence of their parents.

Moreover, as you are aware, catechesis and formation are insufficient as confirmed by the fragility of marriage and the frequency of separation and divorce. We need to look in more depth at the pastoral issues, always finding new ways to transmit the faith in the family and within the Catholic community. Today we are witnessing great numbers of adolescent and post-Confirmation young people discontinuing the practice of their faith – to them, the Catholic community is hidden and the family is unable to accompany them in growth in the faith. There are far fewer active youth groups in parishes. This discontinuity and dispersion of adolescents calls into question the pastoral ministry to young people who are so full of expectation and inner conflict.

This is being addressed in some areas – in Milan a Centre of Research has been established to consider issues of family and adolescents sponsored by the Association Abbazia di Mirasole, and in the Diocese of Rome we are organizing “5 Saturdays” - conferences for educators of adolescents.

The ministry of the Church centres on acceptance, respect, defence and promotion of human life. We must continue the dialogue between faith and reason in consideration of human life, redeemed by Christ, in the unity and totality of the human person. But can this be done simply by devoting several specific chapters of an encyclical to this issue or should it permeate the total pastoral ministry, giving an integrated vision that touches all phases of education and training and all aspects of cultural and spiritual maturity. My personal view, the result of previous discussions and the experience of many years, is that the pastoral and educational enterprise of human life must involve the whole training, all the news, the entire liturgy and all morality.

Human life must be the fundamental value and target of constant training. What is our pastoral ministry if not a meeting of human life with the divine life in Christ the Redeemer? There must be constant attention to the value of human life in education, with a progressive deepening at the various stages of growth to maturity.

We must therefore give consideration to catechesis on the subject of creation. We must express a conviction that life is a gift from God which is always a good thing as opposed to the secularization of thought which leads to refusal of a life which is burdened by defects. Our children in

primary and secondary schools are taught that the world is the result of chance and chaos or generic and impersonal evolution. It is more urgent than ever to infuse early childhood with a sense of the Father's having created us out of a personal love for each individual, respecting our freedom and autonomy but always making available His paternal care and giving us not just our own lives, but life in Christ.

When I see our adolescents being offered catechesis without adequate preparation and accompaniment in the early years and without sufficient formation of the teachers, I am pessimistic as to the results. We have to "reconsecrate" the conscience by catechesis of sufficient range, depth and clarity – starting with the educators; and our teaching must be concrete – if we stay with generic statements our objectives will remain little more than hopes or dreams.

There is a need for training in a Christian anthropology enlightened by recent Encyclicals: *Veritatis Splendor*, *Evangelium Vitae* and *Fides et Ratio*. Pope Benedict XVI has stated that an adequate anthropology must stem from Christology (see #22 of *Gaudium et Spes*) in which all human values, including those of the body and the flesh, are illuminated by the Incarnate Word who came that all may "have life, and have it abundantly" (Jn 10:10).

Some aspects of Christian education particularly need to be expanded and deepened: creation, the figure and work of Jesus Christ, the dignity of the human person and the unity of the body enlivened by the spirit, sexuality and human love, sin and redemption, eschatology. Secularization of education has stripped these topics of their depth and richness, causing the trivialization of life and weakening of human and Christian values.

Perhaps this process of reflection will lead us to expand and extend the period of training of children and adolescents. Appropriate opportunities for such training are during adolescence, preparation for marriage, catechetical courses, spiritual exercises and retreats and during spiritual guidance. Centres of spiritual life (parishes, associations and movements) should be training centres for genuine spirituality and Christian maturity which concentrate less on a competitive spirit (as on the sports field) and more on being centres of reflection and meditation, giving testament to the joyful prospect of the riches of eternal life through pastoral love and the graces of the gift of being called to fullness of life and love.

Working in pastoral life we need to love more, immeasurably more, and to offer pastoral care also to those who train pastoral workers, ministers and laity.

Pockets of Wonder

**Bi-Annual Conference of OMR&RCA
29th April – 1st May 2011
Rydges Bell City, Preston
Victoria, Australia**

John J Billings Memorial Lecture:

**Wilfred Shaw and Erik Odeblad: the critical importance of the para-urethral pockets
Drs Mark Whitty and Jorge Neira
(with endoscopy footage of Pockets of Shaw)**

Other papers to include:

**How understanding of Pockets of Shaw has influenced our teaching of BOM
(with example charts)**

Testimony to the work of our late, great, fondly remembered "Pocket of Wonder" Jim Brown

**"Pockets of Wonder" in other countries
– reports from International Affiliates to
WOOMB International Ltd**

**Pockets of Wonder in Church teaching
– *Evangelium Vitae*, *Dignitatis Personae* and NFP**

**Full program and registration form with
November edition of *Bulletin of OMR&RCA***



Two Years Worth Every Tear



Rick Santorum

"Incompatible with life." The doctor's words kept echoing in my head as I held my sobbing wife, Karen, just four days after the birth of our eighth child, Isabella Maria.

Bella was born with three No. 18 chromosomes, rather than the normal two. The statistics were heartbreaking: about 90 percent of children with the disorder, known as trisomy 18, die before or during birth, and 90 percent of those who survive die within the first year.

Bella was baptized that day, and then we spent every waking hour at her bedside, giving her a lifetime's worth of love and care. However, not only did she not die, she came home in just 10 days.

She was sent home on hospice care, strange as that sounded for a newborn. The hospice doctor visited us the next day and described in graphic detail how Bella would die. In sum, she could die at any time without warning, and the best we could hope for was that she would die of the common cold.

Karen and I discontinued hospice so that we and our amazing doctors, James Baugh and Sunil Kapoor, could get to work focusing on Bella's health, not her death.

Like so many moms of special kids, Karen is a warrior, caring for Bella night and day and, at times, fighting with health-care providers and our insurance company to get our daughter the care she needs.

Being the parent of a special child gives one exceptional insight into the negative perception of the disabled among many medical professionals, particularly when they see your child as having an intellectual disability. Sadly, we discovered that not only did we have to search for doctors who had experience with trisomy 18, but we also had to search for those who saw Bella not as a fatal diagnosis, but as a wanted and loved daughter and sister, as well as a beautiful gift from God.

We knew from experience that Children's Hospital of Philadelphia was such a place. Fourteen years ago, we had another baby who was diagnosed as having no hope, but CHOP's Dr. Scott Adzick gave him a shot at life. In the end, we lost our son Gabriel, but we will always be grateful to Dr. Adzick for affirming the value of his life.

When Bella was 3 months old, she needed some minor but vital surgery. Some doctors told us that a child like Bella wouldn't survive surgery or, even worse, that surgery was "not recommended" because of her genetic condition -- in other words, that her life wasn't worth saving. So we again turned to the Children's Hospital and found compassion, concern, and hope in Dr. Thane Blinman. He told us he had several trisomy 18 patients who did well -- and so did Bella.

Next week, we will mark Bella's second birthday. Over these two years, we have endured two close brushes with death, lots of sleepless nights, more than a month in CHOP's intensive care unit, and the constant anxiety that the next day could be our little girl's last.

And yet we have also been inspired -- by her fighting spirit, and by the miracle of seeing our little flower blossom into a loving, joyful child who is at the center of our family life.

Most children with trisomy 18 diagnosed in the womb are aborted. Most who survive birth are given hospice care until they die. In these cases, doctors advise parents that these disabled children will die young or be a burden to them and society. But couldn't the same be said of many healthy children?

All children are a gift that comes with no guarantees. While Bella's life may not be long, and though she requires our constant care, she is worth every tear.

Living with Bella has been a course in character and virtue. She makes us better. And it's not just our family; she enriches every life she touches. In the end, isn't that what every parent hopes for his or her child?

Happy birthday, Isabella!

Rick Santorum is a senior fellow at the Ethics & Public Policy Center and a former U.S. Senator (R-PA).

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UN Aging Report Warns of Dire Effects of Fertility Decline



Susan Yoshihara, PhD

(NEW YORK – C-FAM) A recently-released United Nations (UN) report finds that the global trend of fertility decline and population aging will have devastating economic and societal effects on the developing world, particularly on women who are now targeted by UN agencies to further reduce fertility.

“World Population Ageing 2009” was published in December 2009 by the UN Population Division, a statistics research branch within the UN’s Department of Economic and Social Affairs (DESA).

Because fertility is decreasing in the developing world, there will be fewer and fewer workers to support aging citizens, the report found. The ratio of workers to older non-workers dropped from 12 to 9 between 1950 and 2009. By 2050, there will be only 4 workers supporting every retiree: “The reduction of potential support ratios has important implications for social security schemes, particularly for pay-as-you-go pension systems under which taxes on current workers pay the pensions of retirees.”

The effects of fertility decline and population aging will hit the developing world hardest, according to the report, because, “[t]he pace of population ageing is faster in developing countries than in developed countries. Consequently, developing countries will have less time to adjust to the consequences of population ageing.” Furthermore, “ageing in developing countries is taking place at lower levels of socio-economic development than has been the case for developed countries.”

Evidence in the report shows that UN programs aimed at reducing fertility in the developed world will do the most harm to women who will have fewer children to support them in their old age. Since women live longer than men, they make up the majority of older persons.

This is compounded by the fact that “[o]lder persons living alone are at greater risk of experiencing social isolation and economic deprivation and may therefore require special support.” Social support, however, is often unavailable in the developing world where women are least likely to have social security from the state. What recourse they have to social safety nets has been diminished by the global economic downturn, which “brought about sharp reductions in the value of pension funds in many countries in the world.”

Fertility reduction in the developing world is still pushed by UN agencies such as the UN Population Fund (UNFPA) and the World Health Organization, as well as non-governmental organizations such as International Planned Parenthood Federation and Women Deliver, a new organization that is garnering significant funding from developed countries to promote fertility control.

The report offered little evidence of a possible reversal of the global aging trend, stating that “Population ageing is unprecedented, a process without parallel in the history of humanity. Population ageing is pervasive since it is affecting nearly all the countries of the world. ... Population ageing is enduring. ...[for as] long as old-age mortality continues to decline and fertility remains low, the proportion of older persons will continue to increase.”

The UN Population Division – an entity distinct from UNFPA – has traditionally been regarded as more objective and less agenda-driven than other UN agencies. In its most recent State of the World Population Report, UNFPA called for increased efforts to reduce fertility to combat climate change.

http://www.c-fam.org/publications/id.1584/pub_detail.asp



OMR&RCA

The Ovulation Method Research & Reference Centre of Australia aims to provide and develop counselling and education in all aspects of the Billings Ovulation Method™, especially through:

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2. encouraging persons not to resort to contraception, induced abortion or direct sterilisation of the man or the woman, or any reproductive technology which bypasses the natural act of intercourse; none of which form part of the Billings Ovulation Method™,

3. developing deeper respect and better understanding between men and women in marriage, particularly in the area of sexual relationships and fertility;

The Bulletin of the Ovulation Method Research & Reference Centre of Australia is produced 3 times/year. It is a medium for the publication of medical and scientific articles about natural fertility and related topics. It also publishes theological and philosophical articles pertaining to sexual morality and marriage which are in accord with traditional morality and with the teachings of the Magisterium of the Catholic Church.

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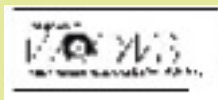
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4. educating and encouraging parents to meet their responsibilities to each other and to their children;

5. promoting the development of stable family life;

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