

An Analysis of the Majority Report “Responsible Parenthood” and its Recommendations on Abortion, Sterilization and Contraception

Richard J. Fehring

THIS PAPER WILL focus on the majority report (titled “Responsible Parenthood”) of the 1966 Papal Birth Control Commission and its recommendations on abortion, sterilization, and contraception.(1) The analysis is made with the hindsight and perspective of thirty-seven years of scientific data on fertility, family planning, and family life. The analysis presented here does not concern the whole document but rather focuses on what are called the “objective criteria” that were provided in the document to help married couples make decisions on the use of contraception. While acknowledging the intellectual abilities and expertise of those who wrote the majority report, the analysis will show that the commission was “near-sighted” in its recommendation for change in the Church’s teaching on contraception. This paper will argue that the commission responsible for writing the majority report was wrong on a number of basic issues. Oddly enough, had Catholic followed the criteria as laid out in the majority report, there would be fewer abortions and sterilizations today among Catholics. Furthermore, in addition to the flawed criteria provided by the Commission, the world-wide dissent with the Church and the shift to a personal or intuitive judgment in determining what is right or wrong had the effect of promoting contraception, abortion and

sterilization rather than preventing these immoral practices.

HISTORY OF THE PAPAL BIRTH CONTROL COMMISSION

The Papal Birth Control Commission (formally known as the Pontifical Commission for the Study of Population, Family and Births) was created in 1963 by John XXIII and continued by Paul VI. The question of birth control was originally to be addressed by the full body of bishops of the Second Vatican Council and placed in one of its official documents. However, as a draft document on birth control was developed, the influential Archbishop Leo Joseph Suenens from Belgium felt that the document was not in the spirit of Vatican II and would be interpreted as being too harsh.⁽²⁾ He was able to convince Pope John XXIII initially and Paul VI subsequently that the issue of birth control should be given to a special commission created by Bishop Suenens to study the question of birth control.

The commission began with six members (two physicians, a sociologist, a demographer, a diplomat, and an economist) in 1963 and grew to over seventy members by the time that it completed its task in 1966. The commission included scientists, theologians, married couples, physicians, bishops, and cardinals.^(2,3) The largest group (of the forty-three new members) was added in 1965. The final draft of the commission was reviewed by a group of clergy (seven cardinals and seven arch/bishops) at the fifth and final meeting in 1966. The specific purpose of the commission was not clearly defined, and the direction of the commission developed as it continued to discuss issues and meet. In general the commission was to study the questions of population, birth control, and their effects on the family.^(2,3) The problem of population and birth control were two major topics being addressed by the UN at that time and both were on the minds of many people throughout the world. The commission first met only three years after the first birth control pill (Enovid) was approved by the Food and Drug Administration.⁽⁴⁾

An underlying topic of the commission was whether the new hormonal birth control pill (classified as an anovulant) interfered with the sexual act and should be outlawed as a method of family planning by the Church.

As the commission evolved, its members gradually saw the possibility of actually influencing Church teaching on the matter of birth control.(2,5) This possibility for change was in large part due to the climate for change that was present in the world at that time, and particularly on sexual issues. A number of influential Catholic theologians and physicians were at this time calling for a change on Church teaching on contraception.(5) The leader of the commission, Fr. Henri de Riedmatten, aware of the possibility of influencing Church teaching on the issue of birth control, asked members of the commission to conduct studies and give reports. One of the most influential reports (according to historian Robert McClury) and one that was influential in the commission's thinking was by a married couple, Patrick and Pattie Crowley, who at that time were the leaders of an international organization called the Christian Family Movement.(2,5,6) The Crowleys conducted a series of three surveys among CFM members in the United States and other countries.(6) The survey questionnaire asked the participants to comment on the effectiveness of the rhythm method, and included two key questions: whether the practice of rhythm was helpful (and if so, how), and whether the practice of rhythm was harmful to married life (and if so, how). The final report by the Crowleys was written with help of Donald Barrett, a sociology professor from the University of Notre Dame. One conclusion of their report was that natural family planning (or "rhythm" as it was known at that time) was detrimental to marital and family life.(6)

Some members of the papal birth control commission also concluded that the calendar/rhythm method of family planning was harmful, and that Church teaching needed to be updated on the

matter of birth control. Eventually this commission recommended that the Church change its teaching. However, because there was no consensus among the members of the commission, a majority report and a minority report were eventually presented to Paul VI. The majority report urged the Church to allow contraception, while the minority report maintained the ban on contraception.

THE MAJORITY REPORT

The formal English title of the original Latin version of the majority report is “Schema for a Document on Responsible Parenthood.” The document was finalized at the last plenary session of the commission, held from June 4-9, 1966. The authors of the document included Rev. Joseph Fuchs, S.J., from the Gregorian University, Rome, Rev. Raymond Sigmond, O.P., a Hungarian Dominican and president of the Institute of Social Science of the Pontifical University of St. Thomas Aquinas, Rev. Paul Anciaux, professor at the major seminary of Malines-Brussels, Belgium, Rev. A. Auer, a specialist in sexual questions from Wurzburg, Germany, Rev. Michael Labourdette, O.P., a theologian from Toulouse, France, and Rev. Pierre de Lochet of the National Family pastoral Center, Brussels (1). Other theologians and other experts in various fields also signed the document. The document was to be presented first to Pope Paul VI, but it was leaked to the press and published in the *National Catholic Reporter* on April 19, 1967.(7)

As in past Church documents on marriage and family, the majority report stressed the sacredness of marriage, the dignity of sex, and the importance of openness and generosity to new life. The document reinforced the notion that mutual love and support in marriage complement the couple’s responsibility for having children. However, the report broke from Church teaching and tradition when the authors focused on the principle of “totality” when stating that as long as a couple is open generally to having

children, each and every marital act does not have to have a procreative intent. The authors of the document maintained that there is “*almost* an indivisible unity” between conjugal love and fecundity. This hedging on the “indivisible unity” of the marital act was in contrast to the encyclical *Casti Connubii* (1931) and the future document *Humanae Vitae* (1968), according to which *all* acts of intercourse within the context of marriage must necessarily be open to life.(8,9)

The authors of the majority report counseled couples that they should not make a moral judgment about one act of intercourse, but rather only about the general direction of openness to having children in their marital life: “The morality of sexual acts between married people takes its meaning first of all and specifically from the ordering of their actions in a fruitful married life, that is, one which is practiced with responsible, generous and prudent parenthood. It does not then depend on the direct fecundity of each and every act.” (1, p.177)

The majority report placed a strong emphasis on the importance of the personal values (i.e., mutual perfection) of the marital relationship and the individual consciences of the married partners. It stated that “more and more clearly, for a conscience correctly formed, a willingness to raise a family with full acceptance of the various human and Christian responsibilities is altogether distinguished from a mentality and way of married life which in its totality is egoistically and irrationally opposed to fruitfulness.”(1, p.177) The document was clear in pointing out that natural methods of birth regulation could in fact be a violation of these “personalistic” marital values.

Another important point that the majority report and the commission tried to make is that no matter which method of birth control the couple uses, they should avoid materialism or hedonism. They referred to this as a “contraceptive attitude” and implied that this attitude could apply to natural methods of birth

control as well as to artificial. They also cautioned that any means of regulating human conception needs to be “decent and humane” and “agreeable and worthy of man.” The authors pointed out that the distinction between the sexual act and the reproductive intent had already been approved by Pius XI in *Casti Cannubi* and explicated by Pius XII in other addresses and documents. According to the majority report “the acceptance of a lawful application of the calculated sterile periods of the woman—that the application is legitimate presupposes right motives—makes a separation between the sexual act which is explicitly intended and its reproductive effect which is intentionally excluded.”(1, p.179) In other words, there is really no difference between the use of contraception and natural methods of birth regulation.

THE OBJECTIVE CRITERIA

The majority report contains an introduction and two parts, Part 1: Fundamental Principles, and Part 2: Pastoral Necessities. Each part is divided into short chapters; the first part has four chapters, and the second has three chapters. The focus of the remaining analysis in this paper will be on Chapter 4 of Part 1, titled “The Objective Criteria of Morality,” the criteria that the commission offered to couples for choosing a method of birth control.

Chapter 4 of the document begins with a question: “What are the objective criteria by which to choose a method of reconciling the needs of marital life with a right ordering of this life to fruitfulness in the procreation and education of offspring?” The report cautioned that the method is “not to be left to purely arbitrary decisions.” But the report also mentions that the couple “should be submissive toward the Church’s teaching office, which authentically interprets that law in the light of the Gospel.” (As history has demonstrated, many of the authors of this document were not themselves submissive to the Church’s teaching office—the Magisterium—when this document was rejected and *Humanae*

Vitae was introduced.) The criteria are as follows:

- a. Abortion “is altogether to be excluded.”
- b. Sterilization “is generally to be excluded.”
- c. “Human procreation is kept in a context of true love.”
- d. The means chosen should “have an effectiveness proportionate to the degree of right or necessity.”
- e. “Account must be taken of the biological, hygienic, and psychological aspects.” The means to be chosen should be the one that “carries with it the least possible negative element.”
- f. “Much depends on what means may be available in a certain region.”

The remainder of this paper will explicate and analyze each criterion.

ANALYSIS OF CRITERIA

(a) The first objective criterion is that “abortion is altogether to be excluded from the means of responsibly preventing birth.” Furthermore, “interventions as to which there is serious grounds to suspect that they are abortive” should also be excluded. At first glance this criterion seems clear. In reality, however, it is not.

There are at least three reasons why this criterion is not clear or simple. One is that the decision-making as to what is right or wrong as a means for child spacing has been placed on the couple; a second is that the use of contraception initiates a logical sequence ending with a “right” to abortion; and finally, the distinction between what is truly contraceptive and what is abortive is not always easy to ascertain. Let us look briefly at each of

these.

One problem with the decision not to use “abortion or any means that they [the couple] suspect might cause an abortion” comes in placing the locus of the decision-making of what is a right or wrong method of family planning on the couple. The decision-making process for using contraception—as it is for abortion—has in effect become a “private choice.” According to the majority document, the objective criteria are to be applied to their concrete situation by the couple. These “concrete situations” become the private choices that often trump definitive criteria or absolutes. William May, a Catholic moral theologian, claimed that couples do have the choice to decide between right and wrong but not what is right or wrong.⁽¹⁰⁾ Archbishop Renato Martino, the former Vatican representative to the UN, recently remarked to a reporter that the decision-making on contraception and abortion has become what is “good for me” not what is right or wrong, *per se*.

The right to a private choice on contraception both within and outside of the context of marriage helped pave the way for the liberalization of abortion laws and further encouraged the use of contraception. When the majority report was written in 1966, the Supreme Court had already thrown out the laws prohibiting contraception, based on a right to privacy.⁽⁴⁾ Later this right to privacy was extended to non-married couples. John Noonan cited the right to privacy as a basis for current abortion laws and indicated that this right was first established in *Griswold v. Connecticut*, which gave married couples the right to contraception, and then in *Eisenstadt v. Baird*, which gave the same right to non-married individuals.⁽¹¹⁾ The same principle was used by the Supreme Court in the *Roe v. Wade* decision in legalizing abortion in 1973.

The right to choose abortion as a “private choice” or as “freedom of conscience” has subsequently been promoted by

some dissenting Catholic theologians for both contraceptive and abortion decision-making. This personal choice attitude has introduced confusion among Catholics and has effectively diminished the teaching authority of the Church.(5) The decision by Catholics and dissenters of Catholic teaching on abortion, contraception, and sterilization has often been rationalized by arguments such as “the Church teaches that abortion, sterilization and contraception are wrong; but the Church is often wrong about moral matters; the Church’s Magisterium is made up of celibate men who do not experience these reproductive choices; these teachings are not infallible, therefore you can differ with the Church and still be good Catholics; we the people are also the Catholic Church; if you have serious reasons or believe that abortion, contraception, or sterilization is right for your situation then you should follow your conscience.”(12) Books such as *You Can Disagree and Remain a Faithful Catholic* (by Philip Kaufman) and *Papal Sins: Structures of Deceit* by Garry Wills have become popular in liberal Catholic circles.(12,13) Rosemary Ruether, a professor of theology, has mentioned that couples have a right to use their “intuitive judgment” in choosing contraception and in that decision-making process to use “their own experience and their understanding of justice, love and right and wrong.”(14) A few Catholic theologians go even further and have claimed that the choice for abortion, contraception and sterilization is a moral good.(15)

Such confusion, dissent, and the failure to promote authentic authoritative Catholic teaching have all resulted in large numbers of Catholics using abortion as a method of child spacing and prevention. Catholic women have abortions at the same rate as women in the population as a whole. Catholics have abortions at a rate 29% higher than Protestants, even after standardizing for age and excluding nonwhites and Hispanics (who have higher abortion rates).(16)

The majority report's statement about not using abortion as a method of contraception is additionally complicated by the question as to whether or not certain popular methods of contraception (i.e., the hormonal pill, injectable hormones, the intrauterine device or IUD, emergency contraception, and pre-implantation methods) act sometimes or even all of the time as an abortifacient or a true contraceptive. There are very good reasons to believe that hormonal and intrauterine device-type contraception might be the biggest source of early abortion in this country. Larimore, Stanford, Mikolajczyk and others have analyzed the evidence for the possible abortive actions of hormonal and IUD type contraception and have concluded that the possibility is highly plausible.(17,18,19) The evidence is circumstantial, however, based on ratios of ectopic pregnancies, pregnancy as a result of imperfect use, and physiological changes in the uterine lining that would precipitate an early abortion. Even those who say that there is no concrete evidence will only go so far as to claim that these methods of contraception "probably" do not act through an abortive mechanism.(20)

The use of post-coital emergency contraception is being promoted as over the counter medicine and is certainly thought to work through abortion. The pre- and post- implantation formulations are also being touted as contraception and not as an early abortion.(21,22) For example, mifepristone has been promoted and researched as a once a month contraceptive pill.(23) The fact many medical organizations do not consider an embryo to be a pregnancy until its implantation also blurs the decision-making for women, couples, and individuals.(24) And the fact that women can take these pills in the privacy of their own homes makes these methods more of a "private choice." What is the difference if you take a pill each day to avoid a pregnancy or once a month in the privacy of your home that results in a silent abortion? Some might care whether one is potentially abortifacient

and the other always prevents implantation. Both privatize the process. Based on the criterion of “no abortion and no suspected or possible abortion,” hormonal contraception, IUDs, emergency contraception, and post-fertilization methods should be ruled out as a viable method of contraception for couples following the majority report.

(b) The second criterion made by the commission is that sterilization is “generally” never to be used as a method of contraception. The report indicates that “since it is a drastic and irreversible intervention in a matter of great importance, it is generally to be excluded as a means of responsibly avoiding conception.”(1, p.181) The report does not explicitly say when sterilization could be used but one gets the impression that it should be only for rare cases. “Generally” is an imprecise word that could mean different things to different people. For some, the criterion that sterilization “generally should be avoided” might mean “only if the life of the mother is threatened”; for others, it might mean that “our family is complete and I don’t need or wish to worry about fertility anymore.” In 1966, the number of sterilizations reported by Catholic women was only 6%.(25) In 1988 that jumped to 20% and by 1995 it was listed as the primary method of contraception by 40% of Catholic women who were using contraception. Sterilization is by far the number one method of contraception among Catholic women. Furthermore, the percent of Catholic women using sterilization dramatically climbs close to 60% after the women turns 40 or has two children.(25)

Not only is sterilization not a rare means of contraception among Roman Catholic women; it has in fact become a standard practice of Catholic couples. This is somewhat tragic, since after a woman is 40 years old, her fertility and that of her husband drop dramatically. Less than 1% of live births in the United States are from women older than 40.(26) A 45-year-old woman is as fertile as a 21-year-old woman on oral hormonal contraception, i.e.,

there is less than a 5% chance of achieving a pregnancy.(26) There are safer, less expensive, and less risky methods of avoiding conception at this time of life. Furthermore, couples who are determined to limit the size of their family and are mutually supportive of that decision are the most effective users of natural methods of birth regulation.

There are a number of probable reasons why sterilization is the number one method of birth control among Catholic women. First, there are health concerns related to using hormonal contraception, especially since recent studies linking breast cancer with hormonal replacement therapy have made the news.(27,28) Second, sterilization is a permanent, one-time act. Practicing Catholics can confess it once and then forget it. Using hormonal or barrier methods are acts that continue to trouble practicing Catholics who accept the Church's teaching; using these methods is sinful and requires contrition and sacramental confession. Although Catholics for the most part ignore or are unaware of the grave immorality of using contraception, they still have a sense that it is not right. Finally, once the woman is sterilized, a couple can forget their fertility and ignore learning how to live with it.

The next four objective criteria in the majority report are related to the concept of natural law and to the tradition of the church. According to Robert McClury, some commission members indicated that although they were recommending a change in Church teaching, they also thought they were able to demonstrate that such a change would actually be part of the continuing tradition of the Church.(2) In fact the majority report goes out of its way to point this out by stating that their document and its proposed change in teaching would in fact represent a "deepening" understanding of church teaching. An entire chapter (III) is dedicated to this topic titled "On the Continuity of Doctrine and Its Deeper Understanding."

(c) The first natural law objective that is provided as an objective criterion for contraceptive decision-making is that since the marital act reflects the whole person, the whole meaning of mutual giving should be respected by the chosen method of contraception: “The action must correspond to the nature of the person and of his acts so that the whole meaning of the mutual giving and of human procreation is kept in a context of true love.”(1, p.181-82) This passage was taken directly from the Second Vatican Council’s document “Pastoral Constitution on the Church in the Modern World” (*Gaudium et Spes* #28). How this criterion from *Gaudium et Spes* can be offered as a justification for using contraception is difficult to understand. When a couple uses unnatural birth control they are not acting as whole persons nor is the whole meaning of mutual giving respected; in fact, just the opposite. Contraception is a lack of integration of fertility and a failure to give totally of oneself. Contraception acts by suppressing, blocking, or destroying one’s fertility. Therefore, the act of contraception as an act of mutual giving is contradictory. When you contracept, you are either not giving totally of yourself, or you are not accepting the other person in his or her totality. The act of intercourse is meant to be an act of total giving, not a conditional one. Contraception is a lack of integration, whereas natural means of birth control are means of responsible family planning in which a couple’s fertility is integrated and not rejected.

The meaning of the conjugal act and the development of the personalist understanding of mutual giving in the marital act has been developed by Pope John Paul II in what is called his “theology of the body.” Pope John Paul II, when he was still Archbishop of Krakow Poland and was invited to be a member of the working Papal Birth Control Commission, but was unable to join—some say because of the restrictions of the communist regime at that time. There has been a lot of speculation on how much of an influence he would have had on the commission, but

in any case it has been recognized that he could have provided more of a personalist approach in the document. Some recent biographers of the pope have speculated that he did write much of the subsequent document of Paul VI, *Humanae Vitae*. (30-32)

(d) The second natural law criterion comes from a proportionalist perspective according to which the effectiveness of the method of birth control should be “proportionate to the degree of right or necessity of averting a new conception temporarily or permanently.” This criterion most likely means that a couple should use the most effective method of contraception according to the seriousness of their reason to avoid a pregnancy. This criterion could also be logically interpreted as an argument for sterilization, i.e., if you have very serious reason to avoid pregnancy, then maybe sterilization, whereby you are close to 100% sure of avoiding pregnancy, is a legitimate means and fits the criterion about what is “generally” not used. Or, if you are uncertain about avoiding a pregnancy or have no serious reason, then maybe some less effective means such as condoms, withdrawal, or rhythm should be used.

Other variables or factors could be provided in interpreting this criterion. These variables are (i) the degree that is necessary to suppress, block or destroy fertility in order to achieve the end of avoiding a pregnancy, (ii) the degree of the burden that should be placed on the woman for avoiding a pregnancy, and (iii) the degree of risk that should be placed on the woman’s health in using a method of contraception.

(i) Scientists have determined that a woman is fertile only 12-24 hours at best. A couple is fertile only for six days, the day of ovulation and the 5 days before. This is called the combined fertility of the man and woman. The most fertile days during the menstrual cycle are the two days before ovulation.(33, 34) Based on that knowledge, the use of hormonal contraception (the birth control pill or hormonal injection) whereby the women’s hormonal

system is *completely* shut down could be considered chemical or hormonal overkill, i.e., not necessary to such a degree. Furthermore, when hormonal contraception does not shut down ovulation there is a good chance that it works by preventing the implantation of the human embryo, i.e., kills the embryonic human being.

(ii) Since the woman by herself is fertile for only 24 hours, why should she have the sole burden for the contraception? Where is the proportion in having the woman carry the total burden of being the contraceptor, when fertility is a combination of the man and woman? Why should the woman's fertility (rather than the man's) be treated like a disease process rather than a normal process? The man is essentially fertile everyday of a woman's cycle, whereas the woman is fertile only for 12 hours. Why is not the fertile window treated as a gift and a holy time rather than a burden or something that needs to be chemically overwhelmed?

But if the burden is shifted to the man, what about the use of condoms and other barrier type methods? Certainly condoms are a simple form of preventing conception and do not harm the reproductive system, nor are they a great health risk. This might be true, and this method might meet the proportionalist criteria; however, from the standpoint of necessity and effectiveness, why would you use a method that is not very effective, interferes with love-making, and places a plastic sheath and an irritant between the husband and wife? The condom is at best, when used correctly, about 88% effective in avoiding pregnancy.⁽³⁵⁾ The one-year continuation rate of use, however, is only about 56%. For some reason women and couples do not find the use of condoms appealing.

(iii) Furthermore, recent studies have identified the spermicidal Nanoxyl-9 (a product that is commonly used with condoms or is included in the condom itself) as being a vaginal irritant that actually makes the woman's reproductive track

susceptible to contacting a sexually transmitted disease.(36) A question could be asked whether the condom (male or female) meets the document's overall criterion of being decent, dignified, and worthy of the human person. Also, there are many other health risks that use of hormonal contraception places on the woman user in a relationship. These numerous health risks can be minor enough (e.g., bloating or depression of libido) that women discontinue the hormonal method. Many of the risks of hormonal contraception could be life threatening (i.e., cancer, heart disease or stroke).

It is relevant to mention here that the means of detecting the six-day interval of fertility has become precise and easy. The Clearplan Easy Fertility Monitor (CPEFM) and the Persona (Unipath Diagnostics Company, Princeton, NJ) are two new electronic devices that have been developed to help women determine their fertile window and to be used either to avoid or achieve a pregnancy.(37) Both the CPEFM and the Persona measures urinary metabolites of two female hormones i.e., estrogen and LH. The CPEFM has been developed to help couples achieve a pregnancy and provides the user with daily indication of "low," "high," and "peak" fertility. The Persona was developed to help couples avoid pregnancy, and it provides the couple user with either a "red" light to indicate the time of fertility or a "green" light to indicate the time of infertility in a woman's menstrual cycle.

Researchers from Germany, Ireland, and the United Kingdom recently collaborated on the first European study to determine the effectiveness of the Persona as a personal hormone monitoring device to help women delay pregnancy.(38) The researchers recruited 710 volunteer women to use the fertility monitor (without training) for the purpose of avoiding pregnancy and obtained a method related pregnancy avoidance rate of 93.8%. The authors concluded that personal hormone monitoring is simple to use and

of value for women trying to avoid pregnancy. Of interest is that many (25%) of the 275 women who use the Persona in Europe actually use the monitor in reverse to achieve a pregnancy (39).

Fehring, Raviele, and Schneider are currently conducting a study to determine the effectiveness of the CPEFM as an aid in determining the fertile window so as to avoid pregnancy.(40) Although the effectiveness part of this study is not complete, preliminary results from the first 100 couples show a 100% method effectiveness and a 95% typical-use-effectiveness (determined by life table analysis) to avoid pregnancy during the first six months of use. Users of the CPEFM and a similar fertility monitor (the Persona) have found the ease of use as a single measure of fertility to be high.(41)

What if a couple has a very serious reason to avoid pregnancy? When used correctly, methods of NFP can be close to 100% effective and women and couples can feel confident in their use, even with very serious reasons to avoid pregnancy. A real example is a couple that was referred to the Marquette University Institute for Natural Family Planning. The wife is 35 years old and the husband 38. They have been married for 10 years. Both are Roman Catholic. She has used oral hormonal contraception on and off since she was 18. He is an insurance agent, and she is a homemaker. She has had three pregnancies that have resulted in three living children, a girl nine-years old, and two boys, one five and the other three. She was diagnosed with breast cancer in 1999, was treated with breast removal surgery, and started on Tamoxifen. She will be on the medication for the next five years and has been told that under no circumstances is she to become pregnant. They have both refused to be sterilized for religious and ethical reasons. They were referred to the Marquette University College of Nursing Institute for NFP to learn the Marquette Model of NFP that incorporates the use of the Clearplan (Easy Fertility Monitor) as an aid to learning NFP. What

is also relevant is that Tamoxifen interferes with the production of cervical mucus, a typical natural marker of fertility. The couple now has used the CPEFM and the Marquette Method for over three years without a pregnancy. Even though the woman had cycles that ranged from 27 days to 42 days, the monitor was able to pick up these changing lengths and the variability of the fertile window. The use of the monitor and other devices continues to be researched and developed at Marquette University. With patience and learning, even couples with hard and serious reasons can successfully use natural methods.

(e) The next criterion of the Majority Report is that the method of contraception should avoid negative aspects, including biological, hygienic, psychological, and should respect “the personal dignity of the spouses, and the possibility of expressing sufficiently and aptly the interpersonal relation or conjugal love.” The document continues by saying that the means to be chosen when several are available “is that which carries with it the least possible negative element, according to the concrete situation of the couple.” (1, p.181) By this criterion hormonal contraception seems again to be a form that couples would be discouraged from using. Hormonal contraception has been linked to numerous health problems, including stroke, pulmonary embolism, myocardial infarction, cervical and breast cancer, and depression. (42-51) Such a mixture of possible physical and mental harm does not seem conducive to a supportive marital relationship. From a purely hygienic standpoint, use of condoms with a spermicidal would not seem to be the most pleasant; interrupting the marital act to assure the condom is placed correctly, squeezing a spermicidal cream in the condom or vaginally, disposing of the condom after the marital act rather than enjoying the moment of intense bonding. A study by a German researcher found that the use of condoms as a method of contraception as compared to the pill, sterilization, and NFP brought the least

satisfaction among users (52). Use of condoms and a deep satisfying conjugal relationship are contradictory.

The authors of the Majority Report made it very explicit that this criterion also applied to NFP. This makes sense, if McClury was right in his book *The Turning Point*, in which he explained that the Crowley rhythm study (whose data showed how the use of “rhythm” damages marriages) influenced the papal birth control commission. In fact, the authors explicitly indicate that this criterion applies to “periodic or absolute abstinence.” However, this negative view of NFP does not hold up in light of recent research. Repeated studies have shown that 74% or greater find that natural means (although at times a challenge) are not harmful but rather helpful for the marital relationship. Even the non-scientific study conducted by the Crowleys showed that 64% of the couples surveyed agreed that the use of rhythm was helpful in some way.(6) It is true that couples using natural methods will have to live with abstinence from intercourse and monitor their fertile times, but far from being harmful, couples report many benefits. For example, most couples who use natural methods of birth control report greater knowledge and appreciation of fertility, greater communication, greater appreciation for their spouse, greater intimacy, and most importantly, an awareness of fertility as a gift from God, allowing them to follow God’s will.(53-61)

(f) The final criterion of the Majority Report is that couples should choose methods that are readily available in the region where they live. According to the document, when “choosing concretely among means, much depends on what means may be available in a certain region or a certain time or for a certain couple; and thus may depend on the economic situation.” (1, p. 181) Janet Smith interpreted this criterion to mean that couples should not use contraceptive means that they cannot afford or pay more than the market requires.(62) I would interpret this differently. I think it means just what it says: “what means may be

available” and what the couple can afford.

There are two important points to make concerning this criterion. First, natural biological markers are always available and, for the most part, free. Second, hormonal contraceptives and condoms are not always available since they have a short shelf life, storage problems, and can be expensive. Furthermore, the availability of contraception can detract from other needed health care services and products. National and international population funded programs have often made contraceptives available to the detriment of health care necessities.(63) There are reports from developing (poor) countries in which contraception (pills and condoms) and abortion equipment and products fill the shelves of health clinics that lack basic medical supplies.(63)

Recent studies have been done on two very basic yet effective natural methods of family planning, both of which are readily available, inexpensive, and simple to use and understand. The first is the use of breastfeeding as a means of child spacing. The method is called the lactational amenorrhea method and is based on a simple (research based) algorithm. According to this algorithm, if the woman is exclusively breastfeeding, is within the first six months after the birth of her child, and has not experienced her first menstrual bleed, she will have a less than 2% chance of pregnancy.(64-68) There have been numerous studies supporting this protocol since it was enumerated at a consensus conference in Bellagio, Italy. Furthermore, numerous studies have shown how healthy breastfeeding is for both the baby and the mother. (69-71)

The second method is called the fixed day, standard day, or “cycle-bead” method. The method was developed at Georgetown University Institute for Reproductive Health (IRH). Researchers from the IRH recently reported on a multi-site effectiveness study of the Standard Day Method (SDM) of family planning.(72-74) The SDM is essentially a modified form of Calendar Rhythm that has a

“fixed” number of days of fertility for each cycle, i.e., days 8 to 19. The method is intended for women who have regular cycles between 26 and 32 days in length. The SDM was prospectively tested for its effectiveness in five different sites in three developing countries (the Philippines, Peru, and Guatemala). The SDM uses a colored bead necklace system (called CycleBeads) that indicate the beginning (a red bead) of the cycle, followed by six brown beads of infertility, then twelve days of fixed fertility (white beads) and then thirteen more days of infertility (with brown beads). The rules for the CycleBead system are simple, i.e., “on brown bead days you can have intercourse with very low probability of pregnancy,” and “on white bead days you can get pregnant. Avoid unprotected intercourse to prevent a pregnancy.”

The 478 women participants in the IRH study generated 4,035 cycles of data of which 92% had correct method use (i.e., no intercourse on the white bead fertile days of 8-19), 5% of the cycles had intercourse with condoms or withdrawal during the fertile phase, and 3% had intercourse during the fertile phase. Using life-table analysis, the Georgetown University researchers were able to calculate a one- year pregnancy rate of 4.8 (i.e., it has a 95% method effectiveness) with perfect use and a pregnancy rate of 12 (i.e., an 88% effectiveness) with typical use of the method (that involved all cycles and all pregnancies).

The authors of this study concluded that the SDM with use of the CycleBead system was an effective method of family planning comparable to the male condom and significantly better than other barrier methods. They also concluded that this method is acceptable to couples in a wide range of settings and would be a valuable addition to reproductive health providers and other community services programs.

CONCLUSION

The section of the Majority Report on objective criteria ends with a

plea that couples not act arbitrarily “but as the law of nature and of God commands,” and that the couples should form a judgment that is objective and based on all of the criteria provided. The writers were confident that if couples were educated in these criteria and followed them that they would prudently and serenely decide what is best for themselves without neglecting their own Christian perfection. From the perspective of time, it is quite evident that Catholic couples have not been prudent in deciding on the best method of birth control for their families and for their souls. The authors of the Majority Report were either naive or dishonest in their appraisal of the offered criteria.

I would agree with this interpretation: if couples did follow these criteria from the majority report honestly and with generosity towards life while being faithful to the true meaning of the marital act, perhaps, sterilization and contraception would be rare among Catholics. However, the document seems to provide the reader with the conclusion that contraception (and in particular the hormonal pill) would be a good option for Catholics to use in managing family size. The document and the commission provided the context for this to happen. The authors of the document also appear to consider the natural methods as just another method of birth regulation, and even to place negative connotations with natural methods. This document contributed to a distrust of natural methods and encouraged the use of hormonal and barrier methods as viable options. The document also paved the way for Catholic couples to view themselves and their own situations as the locus of truth and final arbiters of what is right and wrong.

When the Anglican Church first approved the use of contraception in 1930 it was only for serious reasons and only for married people who have been generous for life. However, by providing an opening for contraception, the qualifying phrase “for serious reason” was quickly ignored. Subsequently the use of

contraception was viewed as virtuous behavior, and even abortion has become a private ethical choice of birth control.(75)

It is probable that the Majority Report of the papal birth control commission has not directly had a great effect on whether or not Catholics follow church teaching on contraception, abortion, and sterilization. Yet it is also probable that many priests, bishops, theologian and lay people either read the report or learned about it through the media. In fact when the report was released secretly to the press against the will of the pope and contrary to the promise of the commission members (two years before *Humanae Vitae* was released), there was great expectation that Catholic Church teaching on contraception would change. This premature and unwarranted release contributed to the widely held opinion that Catholic couples can ignore Church teaching and follow their conscience.

Most Catholics today are probably unaware of this Majority Report. However, the thinking that the Church was wrong about contraception or that you can ignore the Church's teaching and follow your own conscience no matter how ill-formed continues today. So too, liberal Catholic thinkers and dissenting theologians continue to cite the majority report as if it were the report given papal approval. It often has been pointed out that Catholics have voted on the matter with their feet, or more appropriately, with their reproductive systems. At a conference sponsored by the U.S. Conference of Catholic Bishops in the summer of 2001, a theologian mentioned in one of the major talks that Catholics are free to follow either the Majority Report or *Humanae Vitae*. (John Lawler, Ph.D., presentation at the 2001B20th Anniversary Conference on *Familiaris Consortio*). At least indirectly then the majority report continues to fuel dissent on Church teaching today.

In his book *Turning Point*, author Robert McClury asked what if Paul VI had accepted the Majority Report. He speculated that it would have opened a Pandora's Box of old fear and antagonisms

and new distinctions and questions about which kinds of contraceptives are permitted and which are not. He also believed that although that might have happened, at least the Church would have been “perceived as struggling with a deep human issue rather than shutting it up.” (2, p.169)

One need not ask or speculate what would have happened if the Catholic Church had changed its teaching on contraception in 1968 and followed the recommendations of the Majority Report. The effect of dissent and ignoring the teachings has had the same result. The Pandora’s Box was, in effect, opened. However, the majority report’s claim that “responsible” couples would exclude abortion and sterilization has not proven to be true. Thirty-four years later, we find that Catholics constitute one of the largest groups of women who procure abortion, use contraception at a higher percentage than the general U.S. population and use sterilization as the number one method of contraception. We also find that Catholic couples are not being generous in having children. Catholic countries like Italy and Spain are not even at replacement rates for maintaining a stable population.(76) Catholics are in large part ignoring church teaching on human reproduction and sexuality and generosity in having children. The basic commandment to be fruitful and multiply is being ignored.

Forty years after the majority report was written, we are also more aware of the possibility of the negative effects of hormonal contraception on health and marital dynamics and the narrowing boundary between abortion and contraception. We are learning more about the delicate beauty of the woman’s reproductive system and the actual days of fertility. Fecundity lasts only six days and fecundity declines precipitously after the woman reaches 35. We also know that women have a natural aversion to hormonal contraception, and even though health professionals continue to reassure them that these hormones are healthy, study after study shows they are not. Both high and low technology

natural methods of family planning are readily available and effective. Research also indicates that these natural methods are healthy for both the woman and the marital relationship.

Catholic liberals for the most part do not seem to be disturbed by the negative trends in abortion, sterilization, and contraception. Nor do they care to promote natural methods of birth regulation. They point to the fact that the Church did not listen to the recommendations of the commission and the subsequent consensus of the people. However, even if the Pope and the church were to overturn over 2000 years of teaching in this area of marital life, there would be no concern about these issues. In fact, if liberal, dissenting Catholics were serious about Church teaching on contraception, abortion, and sterilization they would at least promote the criteria of the majority report. That is not the case. When fidelity is lost, the only way for it to be reestablished is for all to seek to be whole and holy. Contraception, abortion, and sterilization are not paths to holiness, wholeness or fidelity.

In a recent book on the history of the Catholic Church, the author describes the sexual morality (or lack thereof) that existed in the pagan world at the time of the early Christians.⁽⁷⁷⁾ Roman citizens followed the popular sexual practices of the time including abortion, contraception, and suicide. The nascent Catholic Church and the early Christians were called to another path: The author stated that: "in the brave days of the Republic, children were regarded as sources of family pride and honor. Now they were seen as limits on one's freedom to enjoy the pleasures of the world. The Romans also practiced contraception, which could take a variety of forms, the most drastic of which was marriage to a eunuch. But contraception was denied to the Catholic Christian. Life, he was taught, is God's gift. As Christians were to welcome life's entrance, so too were they not to trifle with its exit."(W.H. Crocker, p. 45)

"Roman" Catholics in today's modern world and particularly

in the United States and Europe need to reclaim the regard for children as a source of family pride and honor. So too Catholics need to reject contraception, sterilization and abortion and to see fertility and life as God=s gifts not as burdens that deny them freedom and the pleasures of this world.

REFERENCES

- (1) Papal Birth Control Commission, "Responsible Parenthood," Majority Report of the Birth Control Commission (Appendix 1) in *Turning Point*, ed. R. McClury. New York: CrossRoads, 1995.
- (2) McClury, R. *Turning Point*. New York: Cross Roads, 1995.
- (3) Kaiser, R.B. *The Politics of Sex and Religion*. Kansas City: Leaven Press, 1985.
- (4) Asbell, B. *The Pill: A Biography of the Drug that Changed the World*. New York: Random House, 1995.
- (5) Kelly, G. "The Bitter Pill the Catholic Community Swallowed." In *Human Sexuality in Our Time: What the Church Teaches*. Edited by Kelly, G. Boston: Daughters of St. Paul, 1978. Pp. 13-101.
- (6) Crowley, P. *Report to the Papal Birth Control Commission*. University of Notre Dame Archives. 1965/1966.
- (7) *National Catholic Reporter*, May 13, 1967.
- (8) Pius XI. *Casti Connubii*, 1931.
http://www.vatican.va/holy_father/pius_xi/encyclicals/documents/hf_p-xi_enc_31121930_casti-connubii_en.html
- (9) Paul VI. *Of Human Life (Humanae Vitae)*. Boston: Pauline Books, 1968.
- (10) May, W.E.. "A Profoundly Different Understanding of the Moral Life Undergirding Contraception and Respect for the Rhythm of the Cycles." *The Catholic Faith*. Ignatius Press, March/April, 1997, pp. 25-29.
- (11) Noonan, J.T. *A Private Choice: Abortion in America in the Seventies*. New York; The Free Press, 1979. pp. 20-21.

- (12) Kaufman, P.S. *Why You Can Disagree and Remain A Faithful Catholic*. New York; Cross Roads, 1997.
- (13) Wills, G. *Papal Sins: Structures of Deceit*. New York : Doubleday, 2000.
- (14) Ruether, R. "Contraception in Good Faith." *National Catholic Reporter*. Catholics for a Free Choice ad on p.16. Feb. 13, 1998.
- (15) MaGuire, D. *Sacred Choices: The Right to Contraception and Abortion in Ten World Religions*. Minneapolis: Fortress Press, 2001.
- (16) Henshaw, S.K., Kost, K. "Abortion Patients in 1994-1995: Characteristics and Contraceptive Use." *Family Planning Perspectives*. 1996; 28:140-47.
- (17) Larimore W.L., Stanford, J.B. "Postfertilization Effects of Oral Contraceptives and Their Relationship to Informed Consent." *Archives of Family Medicine*, 2000; 9:126-33.
- (18) Kahlenborn C, Stanford, J.B., Larimore, W.L. "Postfertilization Effect of Hormonal Emergency Contraception." *The Annals of Pharmacotherapy*, 2002; March 2002.
- (19) Stanford, J., Mikolajczyk, R.T. "Mechanism of Action of Intrauterine Devices: Update and Estimation of Postfertilization Effects." *American Journal of Obstetrics & Gynecology*. 2002; 187(6): 1699-708.
- (20) Rivera, M, Grimes, R. "The Mechanism of Action of Hormonal Contraceptives and Intrauterine Contraceptive Devices." *American Journal of Obstetrics and Gynecology*. 2001; 181: 1263-69.
- (21) Grimes, D.A. "Emergency Contraception Expanding Opportunities for Primary Prevention." *New England Journal of Medicine*. 1997; 337: 1078-79.
- (22) Guillebaud, J. "Time for Emergency Contraception with Levonorgestrel Alone." *Lancet*. 1998; 385: 416.
- (23) Hapangama, D.K., Brown, A., Glasier, A.F., et al. "Feasibility of Administering Mifepristone as a Once-a-month Contraceptive Pill." *Human Reproduction*. 2001; 16: 1145-50.
- (24) Glasier, A. "Emergency Postcoital Contraception." *New England Journal of Medicine*. 1997; 337: 1058-64.
- (25) Fehring R, Schlidt, A.M. "Trends in Contraceptive Use among Catholics in the United States: 1988-1995." *Linacre Quarterly*,

- 2001; 68:170-85.
- (26) Reichman, J. Relax, *This Won't Hurt*. New York: Harpers Collins, 2001, p. 137.
- (27) Marchbanks, P.A., McDonald, J.A., Wilson, H.G. et al. "Oral Contraceptives and the Risk of Breast Cancer." *The New England Journal of Medicine*. 2002; 346: 2025-32.
- (28) Writing Group for the Women's Health Initiative. "Risks and Benefits of Estrogen Plus Progestin in Healthy Postmenopausal Women." *Journal of the American Medical Association*. 2002; 288: 321-33.
- (29) *Gaudium et Spes, The Church in the Modern World*. <http://www.usccb.org/prolife/issues/nfp/cathteach.htm>.
- (30) Wojtyla, K. *Love and Responsibility*. San Francisco; Ignatius Press, 1993 (reprint).
- (31) Szulc, T. *Pope John Paul II. The Biography*. New York; Scribner, 1995.
- (32) Weigel, G. *Witness to Hope: The Biography of Pope John Paul II*. New York: HarperCollins Publishers, 1999.
- (33) Wilcox, A.J., Weinberg, C.R., & Baird, D.D. (1995). "Timing of Sexual Intercourse in Relation to Ovulation; Effects of the Probability of Conception, Survival of the Pregnancy, and Sex of the Baby." *The New England Journal of Medicine*. 1995; 333(23): 1517-21.
- (34) Dunson, D.B., Baird, D.D., Wilcox, A.J., Weinberg, C.R. "Day-specific Probabilities of Clinical Pregnancy Based on Two Studies With Imperfect Measures of Ovulation." *Human Reproduction*. 1999; 14(7): 1835-39.
- (35) Hatcher, H, Trussell, J., Stewart, F., et al. *Contraceptive Technology*. (17th rev=d ed.) New York: Ardent Media, Inc., 1998.
- (36) Van Damme, L, Ramjee, G., & Alary, M, et al. "Effectiveness of COL-1492, a Nonoxynol-9 Vaginal Gel, on HIV-1 Transmission in Female Sex Workers: A Randomized Controlled Trial." *Lancet*. 2002; 360(9338): 971-77.
- (37) May, K. "Home Monitoring with the ClearPlan Easy Fertility Monitor for Fertility Awareness." *The Journal of International Medical Research*. 2001; 29 (Suppl 1): 14A-20A.

- (38) Bonnar, J., Flynn, A., & Freundl, G., et al. "Personal Hormone Monitoring for Contraception." *The British Journal of Family Planning*. 1999; 24: 128-34.
- (39) Janssen, C.J.M., & van Lunsen, R.H.W. "Profile and Opinions of the Female Persona User in The Netherlands." *The European Journal of Contraception and Reproductive Health Care*. 2000; 5: 141-46.
- (40) Fehring, R., Raviele, K., & Schneider, M. "A Comparison of the Fertile Phase as Determined by the Clearplan Easy Fertility Monitor and Self-Assessment of Cervical Mucus." *Contraception*, January 2004, 69.
- (41) Severy, L.J. "Acceptability of Home Monitoring as an Aid to Conception." *Journal of International Medical Research*. 2001; 29(supplement): 28A-34A.
- (42) Tanis, B.S., van den Bosch, M.A., & Kemmeren, J.M. et al. "Oral Contraceptives and the Risk of Myocardial Infarction." *The New England Journal of Medicine*. 2001; 345: 1787-93.
- (43) Dunn, N, Thorogood, M., & Faragher, B, et al. "Oral Contraceptives and Myocardial Infarction: Results of the MICA Case-Control Study." *British Medical Journal*. 1999; 318: 1579-83.
- (44) Schildkraut, J.M., Calingaert, B., Marchbanks, P.A., Moorman, P.G., & Rodriguez, G.C. "Impact of Progestin and Estrogen Potency in Oral Contraceptives on Ovarian Cancer Risk." *Journal of the National Cancer Institute*. 2002; 94: 3238.
- (45) Ness, R.B., Grisso, J.A., Klapper, J., Schlesselman, J.J., et al. "Risk of Ovarian Cancer in Relation to Estrogen and Progestin Dose and Use Characteristics of Oral Contraceptives." SHARE study group. Steroid Hormones and Reproduction. *American Journal of Epidemiology*. 2000; 152: 233-41.
- (46) Gabrick, D.M., Hartman, L.C., & Cerhan, J.R., et al., "Risk of Breast Cancer with Oral Contraceptive Use in Women with a Family History of Breast Cancer." *Journal of the American Medical Association*. 2000; 284: 1791-98.
- (47) Beral, V., Hermon, C., & Kay, C., et al. "Mortality Associated with Oral Contraceptive Use: 25 Year Follow Up of Cohort of 46 000 Women from Royal College of General Practitioners Oral Contraceptive Study." *British Medical Journal*. 1999; 318: 96-100.

- (48) Civic, D., Scholes, D., & Ichikawa, L., et al. "Depressive Symptoms in Users and Non-users of Depot Medroxyprogesterone Acetate." *Contraception*. 2000; 61: 385-90.
- (49) Rosenberg, M. J., & Waugh, M.S. "Oral Contraceptive Discontinuation: A Prospective Evaluation of Frequency and Reasons." *American Journal of Obstetrics and Gynecology*. 1998; 179: 577-82.
- (50) Rosenberg, M. J., Waugh, M.S., & Burnhill, M.S. "Compliance, Counseling and Satisfaction with Oral Contraceptives: A Prospective Evaluation." *Family Planning Perspectives*. 1998; 30: 89-92, & 104.
- (51) Clark, J.B., Miser, F., & Holt, V.L. "Unintended Pregnancy among Female Soldiers Presenting for Prenatal Care at Madigan Army Medical Center." *Military Medicine*. 1998; 163: 44-48.
- (52) Oddens, B.J. "Women's Satisfaction with Birth Control: A Population Survey of Physical and Psychological Effects of Oral Contraceptives, Intrauterine Devices, Condoms, Natural Family Planning, and Sterilization among 1466 Women." *Contraception*. 1999; 59: 277-86.
- (53) Boys, G.A. "Factors Affecting Client Satisfaction in the Instruction and Usage of Natural Methods." *International Journal of Fertility*. 1998; Supplement: 59-64.
- (54) Fragstein, M., Flynn, A., & Royston, P. "Analysis of a Representative Sample of Natural Family Planning Users in England and Wales, 1984-1985." *International Journal of Fertility*. 1988; Supplement: 70-77.
- (55) McCusker, M. P. "Natural Family Planning and the Marital Relationship: The Catholic University of America Study." *International Review of Natural Family Planning*. 1977; 1:331-40.
- (56) Borkman, T. & Shivanandan, M. "The Impact of Natural Family Planning on Selected Aspects of the Couples (Relationship)." *International Review of Natural Family Planning*. 1984; 8: 58-66.
- (57) Fehring, R.J. "Reflections on the Spirituality of Natural Family Planning." *Chicago Studies*. 1994; 33: 179-87.
- (58) Fehring, R.J., Lawrence D.M., & Sauvage, C.M. "Self-Esteem, Spiritual Well-Being, and Intimacy: A Comparison among Couples

- Using NFP and Oral Contraceptives.” *International Review of Natural Family Planning*. 1989; 13: 227-36.
- (59) Fehring, R., Lawrence, D. “Spiritual Well-Being, Self-Esteem, and Intimacy among Couples Using Natural Family Planning.” *The Linacre Quarterly*. 61(1994): 18-29.
- (60) Boys, G.A. “Natural Family Planning Nationwide Survey. Final Report to the National Conference of Catholic Bishops.” Washington, D.C.: Diocesan Development Program for NFP, 1989.
- (61) VandeVusse, L., Fehring, R., Hanson, L, et al. “Marital Dynamics of Practicing Natural Family Planning.” *Journal of Nursing Scholarship*. Pending publication, June 2003.
- (62) Smith, J. *Humanae Vitae: A Generation Later*. Washington, D.C: The Catholic University of America Press, 1991, pp. 33-34.
- (63) Mallon, J. “U.N. Population Fund Ignores US Alarm.” *National Catholic Register*. 79(19): 1,7 (May 17, 2003).
- (64) Peterson, A.E., Perez-Escamilla, R.,Labbok, M.H., et al. “Multicenter Study of the Lactational Amenorrhea Method (LAM) III: Effectiveness, Duration, and Satisfaction with Reduced Client-Provider Contact.” *Contraception*. 2000; 62: 221-30.
- (65) Labbok, M.H., Hight-Laukaran, V., Peterson, A.E., et al. “Multicenter Study of the Lactational Amenorrhea Method (LAM): I. Efficacy, Duration, and Implications for Clinical Applications.” *Contraception*. 1999; 55: 327-36.
- (66) Valdes, V., Labbok, M.H., Pugin, E., et al. “The Efficacy of the Lactational Amenorrhea Method (LAM) among Working Women.” *Contraception*. 2000; 62: 217-19.
- (67) World Health Organization Task Force. “The World Health Organization Multinational Study of Breast-Feeding and Lactational Amenorrhea. III. Pregnancy During Breast-Feeding.” *Fertility and Sterility*. 1999; 72: 431-39.
- (68) World Health Organization Task Force. “The World Health Organization Multinational Study of Breast-Feeding and Lactational Amenorrhea. IV. Postpartum Bleeding and Lochia in Breast-Feeding Women.” *Fertility and Sterility*. 1999; 72: 441-47.
- (69) Ryan, R.S. “The Resurgence of Breastfeeding in the United States.” *Pediatrics*. 1997; 99: e12.

- (70) Duffy, L.C., Faden, H., & Wasielewski, R., et al. "Exclusive Breastfeeding Protects against Bacterial Colonization and Day Care Exposure to Otitis Media." *Pediatrics*. 1997; 100: e7.
- (71) Horwood, L.J., & Fergusson, D.M. "Breastfeeding and Later Cognitive and Academic Outcomes." *Pediatrics*. 1998; 101: e9.
- (72) Arevalo, M., Jennings, V., and Sinai, I. "Efficacy of a New Method of Family Planning: The Standard Day Method." *Contraception*. 2002; 65: 333-38.
- (73) Arevalo, M., Sinai, I., & Jennings, V. "A Fixed Formula to Define the Fertile Window of the Menstrual Cycle as the Basis of a Simple Method of Natural Family Planning." *Contraception*. 1999; 60: 357-60.
- (74) Burkhart, M.C., de Mazariegos, L., Salazar, S., & Lamprecht, V.M. "Effectiveness of a Standard-Rule Method of Calendar Rhythm among Mayan couples in Guatemala." *International Family Planning Perspectives*. 2000; 26: 131-36.
- (75) Ford, J., Kelly, G. *Contemporary Moral Theology*. Vol. Two: *Marriage Questions*. Westminster, Md.: The Newman Press, 1963.
- (76) Buchanan, P. *The Death of the West*. New York: St. Martin's Press, 2002.
- (77) Crocker, W.H. *Triumph: The Power and the Glory of the Catholic Church*. Roseville, Ca.: Prima Publishing, 2002.