

Contraception: Ethical Quandaries and Misconceptions.

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Introduction

In this article we overview some of the ethical quandaries arising from the use or lack of use of contraception. Although abortion is viewed by the advocates of women's reproductive rights as an integral component of a woman's right to reproductive health, the fact remains that the availability and the provision of quality services in this area should minimise the need for termination of pregnancy. According to some feminists, however, the health hazards and the failure rates attributed to the available contraceptive methods are good reasons to prefer abortion as the method of choice. The weakness of the argument is that it ignores the much greater magnitude of the health and life threats resulting from pregnancy and childbirth. Health care providers have the professional and ethical duty to have a proper and updated knowledge of the benefits and risks *e.g.* possible side effects and contraindications of the whole spectrum of contraceptive methods in order to provide adequate and comprehensive reproductive health care.

Sex and reproduction

The "need" and "ways" to separate sexual intercourse from human reproduction are probably as old as human history. Animal bladders were used in Ancient Egypt as a barrier method of contraception. "Menstrual regulation" has been part of our human heritage from times immemorial. Hippocrates' admonition against their prescription testifies of their popularity. Through the centuries, abortion before quickening was widely practised and accepted, as a way to curb unwanted reproduction. For Aristotle, abortion before "animation" – before quickening, that is (and not before the

infusion of a soul) – was morally permissible. St Thomas Aquinas, the theologian and keen follower of Aristotle's teaching, shared the same view. It was not until the first half of the nineteenth century that abortion became regulated and controlled by the medical profession.

Only in the second half of the same century did the Roman Catholic Church adopt an official position against abortion and reaffirmed the teaching of Church Father St Augustine. In line with Augustine (354-430 CE), bishop of Hippo (in what is now North-East Algeria), the Roman Catholic Church still prohibits any "artificial" – non-natural that is ("natural" methods being the calendar method and the Billings' method of self-assessment of mucus discharge) - contraception. For Augustine, procreation was the procreation of more evil. He held that sexual urges were a manifestation of evil that desires to perpetuate. Reluctantly, he made an exception for marital sex, insisting that it was exclusively intended for procreation. A secular variation of the same theme has been (and still is in some places) that contraception promotes women's promiscuity. At the antipode of this view is the tenet that women's reproductive rights entail not only "safe motherhood" (including maternity care, contraception and abortion) but also the right to enjoy their sexuality as they wish.

It was only in the second half of the twentieth century that abortion became legalised in a certain number of Western countries. Almost together with the progressive liberalisation of abortion efforts were made to produce better and more available contraceptive methods. At the turn of the 50s to the 60s, George Pincus "experimented" the first contraceptive pill in Puerto-Rican women. The

"pill" became quite easily available in the late 60s. This made the separation of sex from reproduction more real and reliable and the need for abortion less pressing. Half a century later, birth control is still a matter of controversy, both medical and ethical. The legalisation of abortion has and still does fuel hot debates both in favour and against. Like any method of "family planning" or "birth control", as they used to be called, abortion is easily linked to deprecation, decadence, immorality, and, worst of all, the ill-reputed eugenic infamy. Concerning the latter, it was after the First World War that Marie Stopes set up her clinic in North London to provide birth control to working-class women under the name "Marie Stopes Society for Constructive Birth Control and Racial Progress". What the meaning of racial progress entailed, was made clear by Stopes' US counterpart Margaret Sanger and her slogan: "more children for the fit, less from the unfit".¹

Closer to us are the still ongoing controversial Chinese "one-child" and Singaporean "two-child" family planning policies. The former is reputed for its human rights violations and the latter for its eugenic overtones. For all above reasons, contraception / family planning / birth control have never freed themselves from the taint of the E-word, male domination in disguise, and alleged female deprecation.

As health professionals, we have a moral duty to reflect on all the facets of women's reproductive health and rights with all what they encompass. This entails the duty of being acquainted with proper scientific knowledge and the willingness to face and address honestly the ethical challenges resulting from the provision of reproductive health.

Contraception and abortion

The abuses, past and present, with forced contraception, reversible or not, and the misuse of abortion, have led to confusions and misconceptions about contraception and abortion. The aim of **contraception** is to plan if and when a pregnancy is desirable. **Abortion** deals with unplanned and undesired pregnancy whether it resulted from a lack of contraception or a failure thereof. It seems reasonable to view abortion as a sad need that should be avoided whenever possible. But that is not everyone's view. Although many feminists are pro-life, others do support abortion as a family planning method on the basis of the alleged health hazards and failures of contraception. The advocates of women's right to dispose of their body as they wish are of the opinion that an unwanted pregnancy can be disposed of as women choose because no contraceptive method is safe or without negative side-effects on their health.¹ It cannot be denied that not all contraceptive methods are suitable for all women. This should not lead to view abortion as just one method of contraception amongst others. However, by putting emphasis on the real and / or potential hazardous side effects and failures of contraception, one easily overlooks the toll exacted on women by pregnancy, wanted or unwanted, and childbirth.

Every year, 600 000 women die as a direct consequence of pregnancy and childbirth. Moreover, for every woman who dies at least thirty suffer injuries and often permanent disabilities.² Each year, 80 000 women die from unsafe abortion – the “tolerated tragedy of maternal death”.³ If the use of any contraceptive method would result in similar devastating statistics one could rightfully question their use. Fortunately, this is not the case. Therefore, the feminist argument against contraception fails. It also shows that misinformation leads to misconceptions which may deprive women from their reproductive health rather than promote it.

The imperfections of contraception

Contraception is still far from being available to all. It is estimated that 100 to 150 million couples would like to limit or space their families but do not have access to reliable reproductive health services.⁴⁻⁵ On the other hand, recent data indicate that in some European countries, despite the availability of contraception one woman in three still has

at least one termination of pregnancy in her lifetime. A recent South African survey showed that close to thirty percent of the women requesting a termination of pregnancy became pregnant because of “failed” contraception.⁶ Whatever the case may be - improper, negligent, or misinformed use of contraception – contraception has its failures. In that case, we are addressing the problem of a woman who did what she thought was the needful to prevent pregnancy but nonetheless became pregnant. This leads to ask the question: Is abortion permissible and is it a reproductive right? This further raises a number of questions:

- Were the women compliant (or did they lie)?
- What was the quality of the reproductive health service given?
- Do they morally qualify to terminate the pregnancy? Who has the right to use the conscience clause?

Abortion is the only medical procedure where a conscience clause is permitted.¹ This does not mean that the conscience clause can be invoked without any restriction. The right to conscientious objection is only permissible if the pregnant woman is given the relevant referral information and if the conditions of referral do not put an excessive burden on her (such as distance and cost).⁷ In addition, no conscience clause can be invoked for not taking full care of an “incomplete” abortion even if it is suspected to have been induced.

Condoms are safe

Are they? The above quoted survey also showed that seventeen percent of the contraceptive “failures” was among those whose partner used the male condom.⁶ It is well-established that even properly used, barrier methods (male and female condom, diaphragm) have a relatively high contraceptive failure rate unless used together with a spermicide. With regards to “safe sex” – the prevention of sexually transmitted infection and pregnancy – the so-called “double Dutch” – condom plus Pill – has been shown to be the most efficient method.¹ Are we sending out the right message by claiming that condoms (without any warning/information) are safe? There is worldwide outrage at the Roman Catholic ban of the use of condoms to prevent the spread of HIV/AIDS. On the other hand, some politicians and policy-makers promote condoms as though “condom is the answer”. The point is not to say that the only choice

is abstention or fidelity and that the promotion of condom is morally wrong. The point is that much more than any other contraceptive method, condoms have a high failure rate inherent to the method and the use thereof. Many condom users just don't know this. So the right message should be: it is better to use condoms than not, but to be aware that a condom does not provide full protection against pregnancy and/or STI.

Conclusion

Sex and reproduction are an intimate and integral part of our humanness and flourishing. For many good reasons we may wish that sex could be a value in itself not resulting in procreation. Reliable and safe contraception, reversible or not, male or female, provides us with the opportunity to enjoy a healthy and positive sex life. Contraception has also its negative side effects and its failures. None the less, the benefits far outweigh the costs. Motherhood, chosen or imposed, also has its burdens, health and life hazards. This does not prevent us from founding families. Although there are still vast shortages in the availability of good reproductive health services, many of us have the opportunity to plan if and when a child should be added to the family. This opportunity hinges on the quality of reproductive health services health professionals are able and ready to render. This puts an ethical duty on our shoulders to know in depth the indications, contra-indications, advantages, limits and failure rates of the entire gamut of contraceptive methods and how to deal with their complications.

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