

**Catholic On Call handbook**  
**Chapter 2 – Contraception, sterilisation and family planning**

**The Catholic MO/HO:**

Life is a gift from God, and we cooperate with God in the creation of another human being. The marital act is chaste and honourable. Contraception renders a procreative act infertile, contradicting the goodness of procreation. The Catholic MO/HO may not prescribe anything or perform any operation for the purpose of contraception. If he works in a system where contraceptives are prescribed, he should decline such prescription.

**2.1 Basic Church teaching**

**On the marriage act:** *“The acts in marriage by which the intimate and chaste union of the spouses takes place are noble and honorable; the truly human performance of these acts fosters the self-giving they signify and enriches the spouses in joy and gratitude....the spouses do nothing evil in seeking this pleasure and enjoyment. They accept what the Creator has intended for them. At the same time, spouses should know how to keep themselves within the limits of just moderation.”* (Catechism of the Catholic Church, 2362)

*“The spouses’ union achieves the twofold end of marriage: the good of the spouses themselves and the transmission of life. These two meanings or values of marriage cannot be separated without altering the couple’s spiritual life and compromising the goods of marriage and the future of the family.”* (CCC, 2363)

**On Natural Family Planning (NFP) and responsible parenthood:** *“Periodic continence, that is, the methods of birth regulation based on self-observation and the use of infertile periods, is in conformity with the objective criteria of morality. These methods respect the bodies of the spouses, encourage tenderness between them, and favour the education of an authentic freedom.”* (CCC, 2370)

*“For just reasons, spouses may wish to space the births of their children. It is their duty to make certain their desire is not motivated by selfishness but is in conformity with the generosity appropriate to responsible parenthood.”* (CCC, 2368)

*“If therefore there are well-grounded reasons for spacing births, arising from the physical or psychological condition of husband or wife, or from external circumstances, the Church teaches that married people may then take advantage of the natural cycles immanent in the reproductive system and engage in marital intercourse only during those times that are infertile...”* (Humanae Vitae, 16)

**On contraception:** *“In contrast, “every action which, whether in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means, to render procreation impossible” is intrinsically evil...the innate language that expresses the total reciprocal self-giving of husband and wife is overlaid, through contraception, by an objectively contradictory language, namely, that of not giving oneself totally to the other. This leads not only to a positive refusal to be open to life but also to a falsification of the inner truth of conjugal love, which is called upon to give itself in personal totality...”* (CCC, 2370)

**2.2 Issues in clinical practice**

**2.2.1 Is contraception ever moral?**

**Direct contraception** is the deliberate use of artificial methods or other techniques with the intention to prevent pregnancy as a consequence of sexual intercourse, such as the prescription of oral contraceptive pills (OCPs) with the intention of avoiding conception.

**Indirect contraception** is any therapy prescribed for another purpose that may have incidental contraceptive side effects which are not intended, such as the use of OCPs for treatment of some medical conditions.

It is immoral to use any direct contraception with contraceptive intent. This includes not only intrauterine devices (IUDs) and contraceptives with an abortifacient component such as oral, implanted and injectable hormonal contraceptives, but also contraceptives that do not have such actions like the barrier methods. A contracepted sexual act is against natural moral law and intrinsically evil.

Indirect contraception may be licit where the contraceptive effect is proportionate, incidental and **not intended** e.g. hormone pills for treatment of some gynaecological disorders, or hysterectomy for menorrhagia.

### 2.2.2 Is sterilisation ever moral?

**Direct sterilisation** is a deliberate act which seeks, as its primary aim, to render a person permanently infertile, eg by medical, surgical or radiation methods. *“The regulation of births represents one of the aspects of responsible fatherhood and motherhood. Legitimate intentions on the part of the spouses do not justify recourse to morally unacceptable means (for example, direct sterilisation or contraception).” (CCC, 2399)*

**Indirect sterilisation** is any necessary therapy which renders a person sterile as an **unintended** effect of the treatment.

Direct sterilisation is always immoral. Sterilisation resulting **indirectly** from a licit procedure such as oophorectomy for cancer treatment, where no other treatment is possible or as effective, may be licit.

### 2.2.3 Natural Family Planning

Natural Family Planning (NFP) comprises a number of scientific methods of family planning that aim to identify the times during the woman’s menstrual cycle when the couple is fertile and when they are not. Using this knowledge, couples can then choose to regulate their sexual activity to achieve or postpone pregnancy.

Common methods of NFP currently in use are the Billings Ovulation Method (BOM), the Creighton Model System (CrMS) and the Sympto-Thermal Method (STM). The Billings Ovulation Method (BOM)<sup>1</sup> is taught in Singapore<sup>2</sup>. It is **not** the rhythm method, which has long been outdated and is considerably less precise.

The Billings method involves ascertaining the state of the woman’s fertility based on the recognition of fertile characteristics of the cervical mucus by noting the sensation at the vulva. Mucus characteristics change depending on the level of oestrogen in the woman’s body, which varies at different points in the menstrual cycle. The BOM has proven highly effective in delaying pregnancy in fertile women in large-scale clinical trials (method effectiveness of 99% in the World Health Organisation multi-centre trial in the early 1980s<sup>3</sup>), as well as in achieving pregnancy in subfertile couples (65% of subfertile couples, including 35% who had previously undergone artificial insemination or in-vitro fertilisation<sup>4</sup>). BOM may be used regardless of the regularity of the woman’s menstrual cycles.<sup>5</sup>

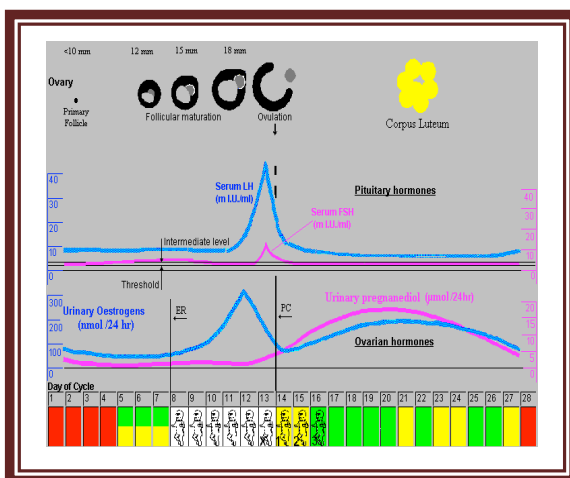


Diagram illustrating the hormonal changes throughout the menstrual cycle. (<http://www.woomb.org/bom/science/physiology.html>)

## 2.2.4 Legal issues

*What does Singapore law say about sterilisation?*

### **Voluntary Sterilisation Act (1969)**

The Voluntary Sterilization Act (VSA) was first enacted in 1969 and came into force in 1970. It was introduced to provide legal certainty for sexual sterilisation procedures performed by registered medical practitioners. The Act provided for the establishment of a 5-member Board to authorise voluntary sterilization operations by registered medical practitioners on medical, social or eugenic grounds.

Sterilisation of any person at least 21 years of age with at least 3 children who applies in writing to the Board, giving own and spouse's consent, may be authorised by the Board. Persons under 21 years of age afflicted with hereditary illness, epilepsy or mental deficiency may be sterilised under certain conditions. Safeguards to protect minors (defined as persons under 21 years of age) include the requirement of a court order prior to sterilization, following consent by the young person and one parent or guardian, and full and reasonable explanation by the attending doctor as to the meaning and consequences of such a treatment, with written certification from such a person that he or she clearly understands the meaning and consequences of the treatment.

Except in the case of pregnant mothers of 3 or more existing children, 30 days must elapse between application to the Board and performance of the operation. Sterilisation on medical or therapeutic grounds may be carried out without authorisation of the Board. Regulations to protect the privacy of persons undergoing sterilisation are included. The Board is empowered under the Act to inspect approved institutions to ensure that provisions of the Act are being followed. Clauses specifically designed to protect medical practitioners from prosecution under the Penal Code are included, as is a clause excusing conscientious objectors from participating in sterilisation operations.

*Republic of Singapore Government Gazette Acts Supplement (14):137-46.*

The Act was revised in 2012 to provide more protection for disabled and intellectually challenged persons as well as minors. Section 3(2)(d) and (2)(e) dictate that for a person who lacks mental capacity within the meaning of section 4 of the Mental Capacity Act to consent to such treatment, if on application of the spouse, parent or guardian of the person, the High Court makes an order declaring that such treatment is necessary in the best interests of that person.

Remaining legal concerns are the lack of a minimum age requirement for minors seeking sterilisation, as well as the requirement for only one parent or guardian to give consent for unmarried minors.

## 2.2.5 *How can I put my pro-life stance into practice in the clinic/ward?*

### **Preparing yourself**

- Pray for the Lord's guidance before commencing the consult.
- Be non-judgmental.

### **What to do: Suggested approaches to common clinical scenarios**

#### **1. Adolescent asking for contraception**

*An adolescent girl comes to your clinic asking for a prescription for oral contraceptive pills. What should you do?*

- Take a basic history: why the teen needs/desires contraception. Ask about past and current sexual activity, number, age and type of partners (steady boyfriends vs. casual sexual encounters), last menstrual period, history of sexually transmitted infections and current symptoms (vaginal discharge, pelvic pain, perineal rash etc)

- Gently explore reasons for initiation of/continuation of sexual activity (*“Was it your decision to have sex? Did you want to? Did you plan to?”*). Consider the possibility of rape.
- Create awareness of the harmful side effects of contraception and the lack of 100% effectiveness. Discuss consequences (pregnancy) in the event of method failure (*“Did you know that contraception doesn’t always work?”*)
- Discuss abstinence from sexual activity and dispel myths regarding adolescent sexual activity (e.g. “everyone is doing it”) (*“Did you know that most teenagers are actually not sexually active?”*)
- Be aware of the legal implications should the teen be under 16 years of age. It is illegal to have sex with a person under the age of 16 **with or without the minor’s consent**, and a police report needs to be made. Sex with a person below 16 is called “Statutory Penetration of a Minor Under 16”, S376A, Penal Code. If the minor is a girl below 14, the offence is called statutory rape. (*“I am very concerned about your safety. I need to ensure that you are protected against further harm and the police can aid me in keeping you safe.”*)
- Discuss sharing of information with the teen’s parents (*“Have you considered sharing your concerns with your parents? Would you like help in deciding how and what to tell them?”*)
- Offer a follow-up visit and point the patient toward further resources (e.g. counselling services at Family Life Society) (*“Would you like me to put you in touch with someone with whom you can discuss your concerns further?”*)

## 2. Married adult asking for contraception to prevent pregnancy

*A patient asks you for advice on contraception as she does not want to have any more children for the time being. What should you do?*

- Take a basic history: duration of marriage, number of children, past medical history especially hypertension/diabetes mellitus/hyperlipidaemia/obesity and other chronic illnesses, menstrual history, obstetric history and previous family planning methods used (if any), smoking
- Explore the patient’s reasons for wanting contraception and knowledge regarding alternative methods of family planning (*“Did you know that there are other methods besides contraceptives to space out your children, with far fewer side effects?”*)
- Discuss side effects of contraceptives including abortifacient actions
- Offer referral to NFP centres for instruction in the Billings method (*“Would you like me to put you in touch with someone who can help you find out more about natural family planning?”*)
- If the patient is insistent on contraceptive use, explain that you do not prescribe contraception (*“I’m very sorry; if you insist on using contraception I’m afraid I cannot help you because contraception goes against the family values I believe in. I think that no baby should be unwanted. If you wish I can teach you NFP, or refer you to a centre that does.”*)
- Offer up a prayer for your patient and her family

## 3. Adult asking for sterilisation after having “completed family”

*You are on call in the obstetric ward and the ward nurse contacts you to counsel an expectant mother who has asked for sterilisation to be carried out at the same time as her elective lower segment Caesarean section. What should you do?*

- Take a basic history: duration of marriage, number of children, past medical history especially chronic illness, menstrual history, obstetric history and previous family planning methods used (if any)
- Explore the patient’s reasons for wanting sterilisation and knowledge regarding alternative methods of family planning. Educate patient regarding natural waning of fertility with age.
- Explain that procedure is not 100% effective and pregnancy may still occur (*“Did you know that sterilisation is not always effective?”*)
- Explain personal objections to sterilisation and offer referral to NFP centres for instruction in the Billings method (*“Would you like me to put you in touch with someone who can help you find out more about natural family planning?”*)

- If appropriate, discuss patient's attitudes/openness towards further childbearing ("*Would having another baby really be so bad?*")
- If the patient is insistent on sterilisation, explain that you do not agree with sterilisation ("*I'm very sorry; if you insist on sterilisation I am afraid I cannot help you because sterilisation goes against the family values I believe in. (?elaborate) If you wish I can teach you NFP, or refer you to a centre that does.*")
- Offer up a prayer for your patient and her family

## What to say: Questions and Answers on Natural Family Planning (NFP)

### 1. Misconceptions about contraception

*Q What is the difference between NFP and contraception, since both aim to limit family size?*

*A* Although the goal of both NFP and contraception may be the same, and may indeed spring from responsible intentions, the means by which this goal is achieved are completely different. The nature or meaning of a normal sexual act between a man and a woman includes being open to transmitting a human life, and by preventing the act from being fertile, we distort this meaning.

Once we are offered something, we must either accept or reject it. In every fertile sexual act, the spouses offer each other the possibility of having a baby as well as an integral part of themselves, namely their fertility. When they use contraception, they choose to reject the offering of both these gifts, which is incompatible with love.

NFP preserves both the unitive and procreative meanings of sexual intercourse. NFP regulates behaviour to suit fertility; contraception suppresses fertility to suit behaviour.

*Q Contraceptives are more effective.*

*A* The Billings Ovulation Method has the same effectiveness as the Pill if you compare like with like. Many contraceptives are also effective because they are also abortifacients. Furthermore, contraceptives have many side effects, some of which may be life-threatening.

*Q What about choosing contraception as the lesser evil?*

*A* Some people may feel that contraception is a lesser evil than abortion, or that bringing a child into the world when they are financially unable to support him or her. While we may tolerate some bad consequences of our good actions, we may never choose to do wrong. We must distinguish evil **effects**, which may be tolerated, from evil **actions** which can never be done. If you say you can do an evil act to produce a good effect, you will call the evil act a good thing to do. In time good and evil will be indistinguishable.

### 2. Benefits of NFP

*Q Why choose NFP over contraception?*

*A* '**Natural Family Planning**' is 'planning a family' in marriage, where spouses give themselves completely to each other and accept, achieve and space as many pregnancies and children as they can generously and responsibly take care of. NFP is ethical, builds trust and communication between spouses and enables awareness of the body and the dignity of the human person. The method helps both spouses to cultivate the virtues of chastity and self-control, and periodic abstinence for the sake of your spouse can be a truly powerful expression of love. NFP is safe and does not involve the use of artificial substances or chemicals that may have deleterious side effects.

Merely comparing the method effectiveness and medical and psychological side effects of NFP and contraception in order to decide which method to use, or using NFP in the wrong way – as an anti-life

method motivated primarily by birth limitation – is immoral because the anti-life mentality (which contraception stems from) is an intrinsic evil. This Catholic moral belief will not change, even if a perfect contraceptive pill with 100% effectiveness and no side effects were to exist.

### 3. Misconceptions about NFP and its use

*Q NFP needs co-operation.*

*A* Yes. Understanding and co-operation are necessary for NFP to work but also for relationships to work. It is not realistic to say that abstinence is unnecessary in a good marriage, no matter what method you use; like all that belongs to marriage, it needs to involve the other person. Too often, the responsibility of fertility is laid upon the woman. The practice of NFP promotes shared responsibility, the virtue of chastity and family values.

*Q NFP lacks spontaneity.*

*A* What do you mean by spontaneity - anytime, anywhere? You'll get arrested. Without a basis of order, that's anarchy not spontaneity. NFP has spontaneity and it also has order. Being aware of the woman's infertile as well as fertile periods does not reduce the enjoyment and creativity of sexual intercourse between the spouses. As NFP improves trust and communication between the spouses, it enriches their sexual life rather than impoverishes it.

*Q NFP is too complicated.*

*A* It is true that NFP may appear complicated and difficult at first. Like all skills, it requires dedication and practice. However, after a while, the method becomes second nature.

*Q Is it right to get married without intending to have any children, using NFP throughout?*

*A* No. The Code of Canon Law states, "The primary end of marriage is the procreation and the education of children." The Church will not recognise that marriage as valid and may annul it.

*Q How can you say that NFP is natural if it means controlling a natural drive and often suppressing it?*

*A* By natural we mean according to human nature. We have many drives; some are good and can be used, but only if our actions do not breach the purpose of these drives. We are rational beings and it is natural for us to control our drives and appetites according to reason.

*Q Is Family Planning interference with God's plan of Creation?*

*A* Not as long as we use his gifts in the way he intended. Fertility and infertility are both gifts; so also are love and generosity and Grace. We can use all these resources and have as many children as he intends for us.

### 4. Miscellaneous

*Q What about sterilisation of the mentally handicapped, so that they do not pass on the same defects to their children?*

*A* **Eugenic sterilisation**, eg of a girl with Down syndrome for the purpose of preventing the birth of children that may carry the same genetic defect, is immoral and an affront to human dignity. "Except when performed for strictly therapeutic medical reasons, directly intended amputations, mutilations, and sterilisations performed on innocent persons are against the moral law." (CCC, 2297)

#### Useful contact numbers

1. NFP contact numbers
  - hotline: 91061990
  - email: [enquiry@naturalfamilyplanning.sg](mailto:enquiry@naturalfamilyplanning.sg)

- website: <http://www.naturalfamilyplanning.sg>
- 2. Family Life Society counselling services
  - Family and marital therapists: 64880278 (Mon– Fri 9am – 6pm)
  - Para-counsellors: 63820688 (Mon–Fri 10am–5pm). Free service available at 7 parishes in the Catholic Archdiocese

### 2.3 References

- (1) Official website of the Billings Ovulation Method, <http://www.thebillingsovulationmethod.org>
- (2) NFP links, <http://www.natural-family-planning.info/>
- (3) WHO Task Force on Methods for the Determination of the Fertile Period (1981). A prospective multicentre trial of the ovulation method. II. The effectiveness phase. *Fertil. Steril.*, **36**, 591.
- (4) <http://www.thebillingsovulationmethod.org/en/how-effective-is-the-billings-ovulation-method%E2%84%A2/success-in-achieving-pregnancy.html>
- (5) Brown JB. Types of ovarian activity in women and their significance: the continuum (a reinterpretation of early findings). *Human Reproduction Update*. **2011;17**(2), 141-158. <http://humupd.oxfordjournals.org/content/17/2/141.full.pdf+html>
- (6) Humanae Vitae
- (7) Castii Conubii
- (8) Familiaris Consortio
- (9) Billings EL, Westmore A. *The Billings Method* (2011, 9th ed.). Melbourne, Australia: Anne O'Donovan Publishing.