Confronting the Contraceptive Mentality
Practical Strategies for Public Policy

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Abstract. The statistics and studies speak clearly to a need for the pro-life movement to embrace opposition to contraception as a means of reducing our culture’s resort to abortion. What are some policies that may help us to confront the contraceptive orthodoxy in ways that are politically viable in the face of near-universal acceptance of contraception? National Catholic Bioethics Quarterly 15.3 (Autumn 2015): 465–475.

The pro-life movement has made significant gains over the past forty plus years in restricting abortions, in helping pregnant women in need, in changing the law, and in shifting the culture at large in the direction of welcoming life and rejecting legal abortion on demand. In the midst of these changes we find promising statistics: the rate at which unplanned pregnancies end in abortion is declining as is the total number of abortions and the rate at which women abort.¹ This last statistic is currently at the lowest level since 1973, the year when the Supreme Court handed down Roe v. Wade.

These gains, while they are notable and represent true achievements, come
to us alongside the chilling reality that we as a country are still losing a million or
more human lives to abortion each year. It seems we have yet to reach a critical
tipping point at which the resort to abortion becomes a rarity, an anomaly. Is there
some missing element to the pro-life effort that would cut more deeply into the total
number of abortions our nation experiences each year?

It is becoming ever clearer that one of the missing elements, and perhaps the most
critical missing element, is something the pro-life movement would probably rather
avoid—opposition to contraception. As we have examined at length in another essay,
the record shows that contraception does not prevent abortion, contrary to expecta-
tions.\footnote{Scott Lloyd, “Can We Be Pro-life and Pro-contraception?,” National Catholic
Bioethics Quarterly 15.2 (Summer 2015): 231–239.} Statistics and studies from the abortion industry itself lead to the conclusion
that the phenomenon of contraception instead drives the phenomenon of abortion.

It may be that the pro-life movement is unaccustomed to thinking this way, and
this is why it has yet to embrace a full-throated opposition to contraception. Even if
this mentality becomes conventional wisdom for the movement, open, focused, and
sustained opposition to contraception may not follow immediately. In the face of
near-universal acceptance and use of contraception, opposition to it is highly risky
as a matter of both internal pro-life politics and external electoral politics in ways
that are familiar to the movement.

Even though the issue may be difficult to tackle, the connection between
America’s contraceptive mentality and its abortion rate is one that is too compelling
to ignore. Should the pro-life movement begin opposing contraception as a political
goal, it must pursue this goal shrewdly or it will experience significant setbacks. Fur-
thermore, the lack of some foreseeable way forward or strategic plan could prevent
the movement from adopting a goal that is critical to its overall success. With this in
mind, is it possible to identify approaches to the question that could succeed in the
face of such broad support of contraception in the population at large?

Proceeding from common ground, we find several proposals that could change
a great deal, representing modest but life-saving steps toward reform. They fall into
six general categories, all of which have an eye toward success in an environment
of near-total acceptance of contraception.

**Alleviate the Circumstances, Support the Pregnancy**

The beginning of true reform lies just beyond the fact of contraception in the
problem “contraception” seeks to resolve—the problem for which contraception is
the insisted-upon solution—the problem of unplanned pregnancy.

It is difficult to arrive at an accurate estimate of the amount of money, literature,
and effort spent on the task of preventing unplanned pregnancy each year at the local,
state, and federal levels, but all can agree that it is an immense number. Despite this,
unplanned pregnancy remains a perennial problem that shows no signs of abating. Is there another approach that could make unplanned pregnancy a problem of the past? The answer cannot be the status quo, which has failed us for too long. For answers, perhaps we should look to how we frame the problem in the first place. Instead of asking how to prevent unplanned pregnancy, perhaps we can learn something by asking why we are so concerned about it.

For most who would assert that it is a problem, their assertion is not because they have a problem with people or babies in general; the problem seems to be just with the lack of planning associated with these babies’ arrival and, to a greater degree, the difficult circumstances into which they are born.

The most problematic times for this unplanned arrival tend to be when the couple is unmarried, very young, or experiencing economic difficulty. These serious circumstances are such that it would seem to many unwise for the parent to take on the responsibility of a child, yet our policy efforts mostly reflect an attitude of indifference as to whether a couple is having sex while in those circumstances, so long as they are using contraceptives.

So at this point a series of questions assert themselves: If the problem with an unplanned pregnancy is the planning, and not the pregnancy, why do our policies seek to eliminate the pregnancy through taxpayer-funded contraception? Have not pregnancies always occurred in difficult circumstances, and do difficult circumstances constitute a valid reason for the government and other organizations to try to stamp out pregnancies (and to fail at it year after year)? If the problem is the circumstances and not the pregnancy, is unplanned pregnancy really a problem at all? Supposing the circumstances truly are so bad that a couple should avoid pregnancy, it appears that many think it is enough simply to invest taxpayer funding into an approach that says so long as they use contraceptives, sex remains okay. In light of the evidence that reliance on contraceptives leads to increased abortion rates and pregnancy out of wedlock, is that wise?3

The true problem we are grappling with is the circumstances surrounding sexual behavior—the poverty and the instability many experience—not the children.

Even while we acknowledge that the circumstances are a problem, based on the lived experience of countless men and women who have overcome difficult circumstances of birth to succeed in America, it seems unwise for our public policy to treat these circumstances as inimical to life—unplanned pregnancy is not the worst thing that could happen among difficult circumstances. It is certainly better than abortion, and most Americans agree.

At the same time, people on both sides acknowledge that child-rearing is more successful in a stable environment.

Taking all of this into account, our first suggested reform is two-fold: (1) government, through sexual health and education advocates, should not promote sex with contraception in the midst of difficult circumstances as the definition of sexual

3 Ibid.
health, when hundreds of thousands of times a year this approach fails, leading to hardship; and (2) when speaking of this hardship, the government should not speak of difficult circumstances as though they cannot be overcome. Such a message would say something like: “It is unwise to engage in sexual activity, with or without contraceptives, when you are not married. If, however, you become pregnant in these circumstances, these are the places where you can turn for help and support so you can keep your baby or put her up for adoption.”

**Make Abortion, Rather than Unplanned Pregnancy, the Target of Reduction Efforts**

Currently, one philosophy on sexual health, namely, abstinence and sexual risk avoidance education, touts an approach that focuses on avoiding sexual activity before marriage as a means of preventing crisis pregnancy. This is an approach that seeks to encourage the creation of the ideal circumstances for childbearing before childbearing commences. The criticism constantly levied against this approach is that it fails at times—that people will engage in sexual activity in less-than-ideal circumstances regardless of what they are taught. The alternative proposal is “comprehensive” education, which teaches that abstinence is the best way to avoid pregnancy, but if people decide to engage in sexual behavior, they should use contraceptives.

There is a problem, though, in that this approach also fails to be truly comprehensive, as it does not speak to what happens when people ignore this advice. Among the American public, is there any consensus as to what happens when pregnancy arrives despite efforts to prevent it (regardless of whether those efforts embodied an abstinence or contraceptive approach)?

There appears to be. Even the most ardent supporters of the “pro-choice” attitude toward these questions would assert that they would like to see abortions be rare, and we know that probably nobody plans before commencing a sexual relationship on having a few abortions along the way: “my first baby I’ll keep; numbers two and three I’ll terminate, and numbers four and five I’ll keep for a total of three. Perfect.”

But our public policy is incongruous with Americans’ desire to see fewer abortions. In fact, there are no government programs that seek to prevent abortions, only those that seek to prevent unplanned pregnancy. But Americans do not have a problem with babies planned or unplanned; they have a problem with abortion.

Suppose our public policy acknowledged this consensus on a topic that tends to be divisive—that is, what would happen if the billions of dollars and the floods of government-sponsored media and education intended to address this issue all focused on preventing abortions, which few people accept as a moral good, rather than unplanned pregnancy, which few people actually oppose? This approach would better embody

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4 William Saletan, “Safe, Legal, and Never: Hillary Clinton’s Anti-abortion Strategy,” *Slate*, January 26, 2005, http://www.slate.com/. (Then-Senator Clinton said that abortion is “a sad, even tragic choice to many, many women” and that the choice to have an abortion “either does not ever have to be exercised or only in very rare circumstances.”)

5 Again, it is the circumstances, not the pregnancies or the babies, to which people object.
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the goals and intentions of most political liberals and conservatives.\textsuperscript{6} It better addresses the reality as it is (that even the “comprehensive” sexual education approach fails to achieve perfect adherence in its pupils), rather than what we would like it to be (that one approach or another will prevent all pregnancies in difficult circumstances).

Under such a framework, abstinence education would say, “Although nobody plans to get an abortion, when faced with pregnancy in difficult and unstable circumstances, women often face the temptation or pressure to abort. In order to avoid abortion, or the temptation to obtain an abortion, avoid sex outside of marriage.” Comprehensive programs would say, “To avoid abortion, abstain, or if you do not, use contraceptives, and should the contraceptives fail as they often do, these are the resources that are available to ensure that you do not turn to abortion. Whatever you do, please do not choose abortion.”\textsuperscript{7}

Stop Using the Terms “Unplanned Pregnancy” and “Unintended Pregnancy”

A wiser approach should also lead us to reconsider any use of the terms “unplanned pregnancy” and “unintended pregnancy” (unintended seems to be the more popular), which appear to be manufactured terms with little actual meaning. Pregnancy is in most cases the result of willful, decided-upon (one might say planned or intended) behavior. The strange concepts of an unplanned or unintended pregnancy can only result from an assumption that one can control, predict, or plan when sexual intercourse leads to pregnancy. (“We were using a condom, so I planned or intended for that sexual encounter not to result in a pregnancy.”) This thinking is, in light of the relevant evidence, totally wrong.\textsuperscript{8} There is no way to predict when sexual activity will result in pregnancy, except in the case of total sterility, which contraception does not attempt to achieve.\textsuperscript{9}

The “cure,” then, to unplanned pregnancy could be as simple as a different sort of planning or intention than what we have become accustomed to over the past several decades under the current regime. Planning according to the well-established record on these matters would encourage couples before every encounter or relationship to accept and contemplate the real possibility that every sexual encounter might result in pregnancy, regardless of whether it is “protected” or not: “When you use


\textsuperscript{7} Or they might say “you can do better than abortion” or “abortion is never necessary, and is never the best option.”

\textsuperscript{8} See Lloyd, “Can We Be Pro-life and Pro-contraception?,” 231.

\textsuperscript{9} There have even been some notable exceptions to this. See “Mother Who Became Pregnant Despite ‘Permanent’ Birth Control Op and Gave Birth to Baby with Sickle Cell Disease Sues Doctor,” \textit{Daily Mail}, March 18, 2014, http://www.dailymail.co.uk/; see also, Gen. 11:30, 21:1–2; I Sam. 1:5, 19–20; and Luke 1:36.
contraceptives, plan as though they will fail, not as though they will work,” or “When you have sex, you intend to risk pregnancy whether you are using ‘protection’ or not.” This sort of thinking and advocacy would seek to eliminate, rather than create and encourage, the false disconnect between sex and pregnancy that Americans have accepted to our culture’s detriment. This is not to say a pregnancy will result from every such encounter, but when it does happen, couples will see it not as a problem to be “taken care of,” but rather as something that was anticipated or even the subject of some planning. Sex education and related efforts are failing those they seek to serve if they do not anticipate what happens when a pregnancy occurs.

Redefine “Sexual Health”

Setting aside the question of effectiveness and its link to the moral evil of abortion, anyone who wishes to be objective on the matter must admit that there are serious physiological, moral, psychological, and theological facets to the decision to use contraceptives. Although the Catholic Church is the best-known opponent of artificial contraception, these implications are not confined to the Catholic faith, as they were never strictly based on Catholic theology. Consider, for example, the words of Rev. Wojciech Giertych, OP, the theologian of the papal household, speaking in moral, not religious or theological, language:

Contraception boils down to saying of the spouse, “There’s something in you that I love, but there’s something in you that I hate, and I hate the fact that you can be a mother. So I require that this will be poisoned.” Well, this is not love. It is not possible for a husband to say to his wife, “I love you truly,” if at the same time he demands that she poison in her body the capacity to transmit life, to be a mother.

This is strong language that we are not accustomed to hearing, but it is language worth considering on its own merits, as it succinctly highlights some realities about contraception that should give pause to all people of good will.

First, contraception takes a normal and healthy function of the human body and interferes with it artificially, sometimes chemically. Second, in the case of oral contraceptives and others such as the ring or the patch, it introduces a known carcinogen into the woman’s system for long periods of time, and exposes her to other health risks as well. Third, from the standpoint of religion in its most general sense, the

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10 All Christian churches forbade the use of contraceptives until 1934, when it was allowed only in certain difficult circumstances. See, for example, Mary Eberstadt, “The Vindication of Humanae Vitae,” First Things (August–September 2008), http://www.firstthings.com/.


12 See the list of IARC Group 1 carcinogens at http://www.cancer.org/. The IARC (International Agency for Research on Cancer) is the specialized cancer agency of the World Health Organization, which maintains a multivolume compendium of carcinogenic compounds.
use of contraceptives seems to suggest that man can improve with prophylactics and chemicals the arrangement God has ordained—he can enhance it by redefining it.13

A detailed discussion of the merits of these objections to contraceptive use is beyond the scope of this effort, but it is necessary to acknowledge their existence, and that reasonable people of good will, Catholic or not, could conclude that contraception promotes a mind-set and a pattern of thought, belief, and behavior that is unhealthy, even deadly at times.

Despite this, we find that contraception is what public health authorities define as “sexual health.” This is neither accurate nor objective. Nor is it a scientific determination; it is, rather, a moral one—just one moral vision among many. It is offensive to people who disagree, but who still must pay taxes in support of the current approach.14

Sexual health, instead, should refer in our policy to interventions that, at the very least, are not carcinogenic and are not associated with such poor outcomes. One approach would focus on less controversial approaches to the problem that accord with the cultural trends of growing discomfort with contraceptives and the desire to consume organic and “natural” foods.15 This would involve a transition in sex education classes, health clinics, and in public policy to focus on the best natural means of birth regulation. Different from the outdated “rhythm method,” many new techniques for detecting fertility in women have emerged that use biological cues for doing so. They have proven to be easy to use and highly effective.16 Rather than treating the healthy functioning of the body like something a couple must guard against, a couple works with a woman’s cycle, all the while communicating about whether they are prepared to have another child.

This approach could help achieve other public health goals as the couple gains practice discussing issues that are at the heart of long-term romantic relationships. Any child that arrives unexpectedly does so in a situation where communication about

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13 “When, therefore, through contraception, married couples remove from the exercise of their conjugal sexuality its potential procreative capacity, they claim a power which belongs solely to God: the power to decide in a final analysis the coming into existence of a human person. They assume the qualification not of being cooperators in God’s creative power, but the ultimate depositories of the source of human life. In this perspective, contraception is to be judged so profoundly unlawful as never to be, for any reason, justified. To think or to say the contrary is equal to maintaining that in human life situations may arise in which it’s lawful not to recognize God as God.” John Paul II, quoted in L’Osservatore Romano, October 10, 1983, 7.

14 See Thomas Jefferson, “Virginia Statute for Religious Freedom” (1786): “That to compel a man to furnish contributions of money for the propagation of opinions, which he disbelieves, is sinful and tyrannical.”

15 “There has also been concern in the scientific community about the effects of estrogen in the water supply, which contraceptive users expel after ingesting. See “Can Birth Control Hormones Be Filtered from the Water Supply?,” Scientific American, July 28, 2009, http://www.scientificamerican.com/.

such things is already open and free-flowing. The couple has gained the experience of laboring toward respect for the mysteries of life. Apart from these benefits, a woman gains insight into how her body works to welcome new life, and in the process both partners gain a new respect for their sexuality.17

The natural means of birth regulation for the moment are not mainstream solutions. That these natural means strike us as countercultural, however, is not because of the merits of artificial means. It is more likely a reflection of the more recent vintage of the biological knowledge that makes these methods work, along with the lack of financial interest associated with promoting them. At least from the standpoint of government funding, this could change. Appropriations for family planning and sex education could begin to promote these natural means alongside or instead of the current methods.18 Such efforts are sure to be controversial, as there are significant financial and ideological interests involved, but again, the status quo is one that leads to abortion, which is unacceptable. The pro-life movement is a movement accustomed to controversy.

Redefine the Taxpayers’ Relation to Contraceptives

End Taxpayer Subsidies of Contraception

There seems to be no good reason for our taxes to fund contraceptives. Considering the well-established record of their ineffectiveness, the inherent health risks involved in their use, their inherent link to abortion, the non-scientific nature of the claims of their health benefits, and their immorality in the eyes of many, it seems a worthy goal to end federal, state, and local subsidies of contraception.

One way to bring this about is to highlight the link between public funding of birth control and the abortion industry. Taking just one example, the contraceptives distributed under the $290,000,000 annual Title X program are destined to result in over 330,000 pregnancies and 132,000 abortions.19 We know from the statistics that

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17 See, for example, testimonials from two users of the Billings Ovulation Method: (1) “It is truly amazing how wonderful the human body is and how by just being aware of different signs and symptoms from your body you are able to realise when you are more fertile”; and (2) “It (understanding fertility from knowledge of natural symptoms) just seems so obvious, I don’t know how I didn’t notice it before.” These can be found at the Billings Ovulation Method website, last modified August 19, 2012, http://www.thebillingsovulationmethod.org/.

18 The statute creating the Title X program mandates funding of natural means; See 42 USC § 300 (a): “The Secretary is authorized to make grants to and enter into contracts with public or nonprofit private entities to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).”

19 2013 Family Planning Ann. Rep. ES-1, 30–31. These figures utilize 2012 numbers. Funding fluctuates, but has remained generally in the high $200 millions and beyond for several years (http://www.hhs.gov/opa/title-x-family -planning/title-x-policies/title-x-funding -history). The pregnancy and abortion figures were found by multiplying the use of the
the Title X program, by providing contraceptives, often gave the false reassurance (risk compensation) a couple needed to commence or continue a sexual relationship that resulted in a pregnancy out of wedlock or an abortion. They are, in other words, a contributing factor to such outcomes. From the abortions that occur under this taxpayer-funded framework, abortionists, many of whom distribute contraceptives as part of the Title X program, can expect to make between $59 and $64 million as an industry, or between $32,900 and $35,500 per abortionist, per year in the United States as a part of the Title X program alone.

This and other taxpayer subsidization of contraception together amount to a significant, guaranteed annual taxpayer subsidy for the abortion industry, and with these facts as the basis of its work, the pro-life movement should work toward their elimination. Getting there is perhaps a long-term goal, but it is a goal that is nearly absent from the political scene. The pro-life movement should pursue it with every bit of urgency and creativity it can muster.

Use Taxpayer Subsidies as Leverage

As we have considered before, even those Americans who support abortion tend to view it as a necessary evil that is only to be used when a mistake has occurred. Few people think it is a moral good to be attained, while most consider it a permissible option in extreme circumstances. Yet our government-administered contraception programs such as Title X and Medicaid falsely represent Americans as indifferent on the question of whether a woman resorts to abortion or opts for life in the midst of a crisis.

Taxpayers, when fully informed about the inherent link between taxpayer-funded contraception and abortion, are not likely to serenely accept that our public policy, which relies on these artificial methods, drives women toward decisions made under duress, often toward abortion. Taxpayers can insist that couples’ reliance on certain methods of contraception do not drive them into circumstances of crisis. How to do so?

One step is to insist that government programs do a better job of disclosing the fact that many contraceptive methods cause, or likely cause, the destruction of early embryos. Studies have shown that such outcomes conflict with the values of
many of their users, and that up to 44 percent would change their current method to
avoid such effects.\textsuperscript{22}

Another step is to insist that these programs clearly emphasize the failure rates
of these contraceptive methods for typical users, and over a period of several years.
Couples, if they are going to use them, must do so with the understanding that:
(1) they often fail; (2) that this is true even if they use these methods perfectly; and
(3) there is nothing they can do to entirely prevent becoming one of those couples
who experience contraceptive failure. Provision of contraception should occur within
the context of a program that insists that sexually active couples plan for the day they
become pregnant. Counselors and health care workers should strongly encourage
women to stay away from abortion and should educate about adoption, since that is
what a majority of taxpayers would prefer. This simply is not the focus of contem­
porary family planning efforts, which treat contraceptive use as the only goal, and
as if couples will always achieve that goal.

An additional reform would be for Americans to use their bargaining power to
place conditions on the provision of these methods, so long as taxpayers are paying
for them: we will not provide any condoms, pills, or patches unless recipients promise
not to have an abortion if the contraception fails, which it often does. If recipients
cannot do that, taxpayers will not pay. We achieve this by having the woman sign a
pledge, and by creating literature required to be posted in each distribution facility.

If we do not take these steps, the American taxpayer is made to seem neutral
on the question of abortion, and the vast majority of them have a preference for
childbirth in the case of contraceptive failure. Certainly, this effort is vulnerable to
misrepresentation and abuse, but if it succeeds in preventing just one abortion, it is
well worth the effort.

A fourth step is to use our taxpayer leverage to change the business model that
accompanies the distribution of government-funded contraception programs. Too
often entities like Planned Parenthood receive taxpayer money to reduce unplanned
pregnancies, yet they often provide abortions at the same time, and abortion is the
most profitable service at these entities. Perversely, then, they receive a bonus in
the form of abortion customers when they fail at the mission taxpayers pay them to
accomplish. We should demand that none of our tax dollars go to entities that provide
any form of abortion.\textsuperscript{23} This would ensure that these stewards of Americans’ money
are on the side of the American people, who overwhelmingly want fewer abortions,
rather than on the side of their own financial gain.

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\textsuperscript{22} Huong M. Dye et al., “Women and Post-fertilization Effects of Birth Control: Consis­
tency of Beliefs, Intentions, and Reported Use,” \textit{BMC Women’ s Health} 5.11 (November 28,

\textsuperscript{23} Representative Diane Black of Tennessee has introduced legislation to do this in the
context of Title X. See “Black, Flores, Walorski, Smith, Pitts and More than 80 House Members
Reintroduce Title X Abortion Provider Prohibition Act,” Rep. Diane Black website, January 8,
End the Pro-life Movement’s Participation

Given the depth of the problem that results in over a million abortions a year worldwide and the close relationship between contraception and abortion, those who seek an end to abortion would do best to also avoid contraception and to work against its use among the general population. Even if someone with pro-life convictions is able to use contraception in a way that is in a formal sense isolated from direct involvement in abortion, the world of contraception and the world of abortion are so closely linked that they are essentially the same world. Support for the former tends to be support for the latter.

A unified message from the pro-life movement claiming, essentially, that regardless of official religious teaching on the matter, the prudent path is to stay away from contraception could do much to cripple the framework that sets women on the path to abortion. It is possible for the pro-life movement to consider this question with all due deliberation and craft various approaches that speak the truth in charity to a culture that has overwhelmingly embraced contraception. Despite polls and statistics that suggest otherwise, the everyday reality of contraception has left many with mixed feelings about the various methods and about the concept as a whole. The pro-life movement, should it carefully begin to challenge the dominant contraceptive ideology, is likely to find a broader audience than one might suspect at first consideration.