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The Social Effects of Contraception

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Historical Introduction

Contraceptive measures were initially introduced in the Western world in the early 1960s as a form of fertility control to assist those who were in genuine need, such as

- 1) mothers with too frequent pregnancies impairing their health and that of their offspring,
- 2) spouses genuinely and legitimately desiring to contain the size of their family,
- 3) nations with pressing problems of population growth.¹

These indications presupposed the use of contraception in a family context.

The outcome was predictable. What about those people with somewhat peripheral indications? What about unmarried girls? What about recreational sex or meaningful relationships? What about specific national programs of fertility control and the use of coercive measures to enforce compliance?

In the early 1960s, the contraceptive pill was to be used to liberate married women from the burden of too frequent childbearing. This aim was soon changed to the freedom for all women to control their own fertility. By 1965, 20% of all clients were premarital. In 1974, the Department of Health and Social Services in England (DHSS) was advising doctors that, in spite of the law concerning "the age of consent," they would not be acting unlawfully in providing contraceptive advice and treatment to girls under the age of 16, and they should not inform the girl's parents without her consent.² It is reported that Sir John Stallworthy commented as follows: "... if it had been stated at the outset that the Family Planning Services were to be available to men, women, and children... it would have been a more arresting, but a correct interpretation."³

The various family planning organizations defended their role by claiming that these unmarried girls were already sexually active and contraception was to be preferred to abortion. But, at the same time, their members often worked closely with schools of modern sexology

which accept as a basic premise that recreational sex and cohabitation are normal, healthy activities. Of course, these forms of sexual behavior must be protected by contraception so that contraceptive education became a vital component of these courses!

In more recent times, further promotion has been recommended. In the final chapter of a book called *A Survey of Contraceptive Laws*, the following points are recommended:

- 1) the necessity to break down cultural and religious attitudes to the use of contraceptives, and
- 2) taking the whole issue of the delivery of contraceptive services away from the medical profession to dispensing centers or to roving para-medical personnel...⁴

We have witnessed in very recent times, the development of aggressive national policies, from the disincentive programs of some Asian nations to the compulsory sterilization of the Indians.⁵ What has happened to the principle originally affirmed by the World Population Plan of Action, which stated, "All couples and individuals have the basic right to decide *freely and responsibly* the number and spacing of their children"?

The Wedge Principle and Teenage Promiscuity

Many writers deny the Wedge Principle or the Slippery Slope Theory, a denial which rests on their inability to pursue logically the implications of their proposals and a failure to learn from the lessons of history about human behavior. The Wedge Principle runs as follows: the behavioral pattern of a minority, often constituting small numbers, is aggressively promoted as a "norm" and an alternative lifestyle which should be allowed free expression.

The avant garde promoters of a change usually progress stepwise. Some change is needed for some people who are adult enough to use such change wisely and discreetly, in keeping with their right of personal freedom — what some call the "Human Quality of Wisdom."⁶ Then the indications widen and opposition is seen as selective injustice. The intent of the married couple to suspend procreation by the suppression of normal biological processes is perceived as no different from the intent of those who seek genital sex simply for erotic gratification and therefore need "protection" from the possible complication of pregnancy.

So the initial behavioral change broadens its base and new attitudes develop as behavioral patterns become entrenched. As the attitudinal change spreads and increasing numbers become involved, a series of social disorders occurs which seems to be remote from the original cause. No one perceives that his or her individual behavior contributes to the social problems; no one believes that a personal change of behavior will contribute to any significant social improvement. It is

only when the behavior begins to hurt the individual in a way which identifies clearly the cause of the discomfort that he or she will consider that change may be necessary.

After a while, a whole new clientele is created and as the numbers grow, so will the size of the social disorder increase in magnitude, even if only a small percentage of persons involved seems to suffer by serious personal complication. The present epidemic of venereal disease is an example of a serious public health problem which is a direct result of promiscuity. The promiscuity of today is the outcome of an attitudinal and behavioral change which is encouraged, promoted and facilitated by modern sexology courses and contraceptive programs. Ford and Schwartz have suggested that the family planning agencies specializing in contraception need to create a clientele of people engaging in premarital and extramarital sex. The continued funding of such organizations requires such promotion.⁷

Moreover, the promotion of recreational sex can be found in WHO publications, carrying a kind of international imprimatur. "Every person has a right to receive sexual information and to consider accepting sexual relationships for pleasure as well as procreation. . . . There is a need to change the existing attitude towards human sexuality among the general public, as well as among health and other personnel who are responsible for sex education and sex counselling."⁸

This is associated with the phenomenon of earlier menarche in young girls which, in the last 100 years, has fallen from the age of about 16 to about 13 years.⁹ Ford and Schwartz have expressed considerable concern about these observations:

The evidence shows, then, that increased exposure of teenagers to contraception, at least during this five-year period [1971-1976], has led to more premarital pregnancy, more illegitimacy, more abortions, more promiscuity, more venereal disease and more cervical cancer.¹⁰

It is interesting to note that the original rationale for providing contraception for unmarried teenagers has failed to materialize. It was stated that sex education, including contraceptive knowledge, would reduce the number of illegitimate pregnancies among the sexually active female teenagers. No such effect emerged, as Cutright is reported to have admitted: "In the paper he presented to the U.S. Commission on Population Growth and the American Future . . . he needed to convince the Commission that abortion was necessary as a back-up to contraceptive services if the illegitimacy rate was to be curbed among teenagers."¹¹

So here was the situation, so well described by Ford and Schwartz: "Public agencies, schools and other authority figures today are tacitly approving of premarital sex by making contraceptives available, instructing children in their use, and actually encouraging them to put these contraceptives to their intended use."¹²

What has happened in practice is that widespread promiscuous

behavior has been encouraged and a sharp rise in illegitimate pregnancies has ensued. The State then responds by making abortion on demand available, either by statute law or by de facto toleration of abortion clinics.

The artificial methods of birth control have been captured by the aggressive secular humanists and their adoption has been vigorously promoted in order to encourage the philosophy of recreational sex. Recreational sex has now been built into the new bibles of modern times — the technical bulletins of the World Health Organization.

There is, however, a glimmer of hope. In a recent issue of the *British Medical Journal*, the editorial comment on school pregnancies quoted Elizabeth Manners who pleads "for a return to those values and standards which have long held families together and contributed to the stability of society . . . a sense of responsibility and chastity before, and fidelity after marriage."¹³

The Contraceptive Mentality — The Anti-Child Phenomenon

As the name indicates, contraception aims to prevent pregnancy and therefore to reduce fertility. The promoters of contraception maintain that this will eliminate the so-called "unwanted child."

But the free availability of contraception has bred a whole host of physical, psychological and social problems, as well as a debate on the morality of contraceptive practices. The physical complications of contraception have been well covered by many writers and I refer you to an excellent monograph by Dr. Kevin Hume which was presented in 1978.¹⁴ It is not part of my commission to discuss these physical complications, except insofar as they affect socio-economic circumstances.

One of the most important consequences of contraception is the emergence of the "contraceptive mentality," a determination to avoid pregnancy at all cost, an attitude which has fostered the anti-life philosophy. This mentality can only be understood against a background of knowledge of the traditional teaching about Christian marriage and the family.

This teaching, briefly stated, postulates that marital union should be heterosexual, it should be monogamous and faithful and should carry a responsibility for parenthood which is tempered by the concept of responsible parenthood. On this philosophy is based the traditional model of the Christian family.

Christian marriage bears several outstanding features which can be summed up as follows: 1) conjugal faith, 2) conjugal love, 3) responsibility for parenthood, and 4) responsible parenthood.

It bears a fifth hallmark which is described as sacramental. Christian marriage and the Christian family are divinely established and are written into the hearts of men and women as part of the natural law

which applies to all human persons. By conjugal faith, a man and a woman freely decide to enter into an indissoluble union, a lifelong commitment during which they will remain exclusively faithful to each other. By so conforming to the purpose of the Creator, they believe that they will perfect their own natures and deepen their love-relationship. This love-relationship or conjugal love, means that there is a total giving of each other, of which the genital relationship is only one aspect. This total giving of each other creates a bonding in love that Christ described as the "two becoming one."

Within this natural order of conjugal faith and conjugal love is the simple biological fact that genital union is fundamentally aimed at procreation. Within the meaning of the Christian marriage, the right to exclusive genital unions inevitably carries a biological and emotional drive to share in procreation and this is described as the responsibility for parenthood. This biological purpose is inseparably related to the most intimate expression of human love between the spouses, so that these three elements of the Christian marriage are profoundly interdependent.

Christian Marriage Framework

This framework of the Christian marriage, resting as it does on love, fidelity and procreation, draws in the additional dimensions of care and concern for each other and for the children born within this union. These added dimensions to the relationship of the Christian family introduce the concept of responsible parenthood which has been most eloquently expressed in the encyclical *Humanae Vitae*.¹⁵

"Hence conjugal love requires in husband and wife an awareness of their mission of 'responsible parenthood' which today is rightly much insisted upon, and which also must be exactly understood. Consequently, it is to be considered under different aspects which are legitimate and connected with one another. In relation to the biological processes, responsible parenthood means a knowledge of its functions: human intellect discovers in the power of giving life biological laws which are part of the human person. In relation to the tendencies of instinct and passion, responsible parenthood means that necessary dominion that reason and will must exercise over them. In relation to the physical, economic, psychological and social conditions, responsible parenthood is exercised either by the deliberate and generous decision to raise a large family or by the decision, made for grave motives and with due respect for the moral law, to avoid for the time being, or even for an indeterminate period, a new birth. Responsible parenthood also and above all implies a more profound relationship to the objective moral order established by God, of which a right conscience is the faithful interpreter."

In other words, husband and wife have a right and a responsibility in conscience to determine the number and spacing of their children according to a variety of conditions which may exist, but always within the moral guidelines for human actions.

Christianity also holds that marriage is a sacrament. Those who contract a valid marriage receive special graces from God to fulfill the purpose of that union and these graces can be prayed for throughout the whole of marriage.

The contraceptive mentality and its implications can only be understood against this background of knowledge. The contraceptive mentality is the positive determination on the part of one or both spouses to avoid conception, based on purely egotistical grounds, for reasons of personal comfort or social advancement which are beyond the acceptable indications of responsible parenthood. Every couple needs to be sure about its true motivation for avoiding conception, granted the array of legitimate reasons — the physical and psychological health of the parents, especially the mother; the social and economic circumstances of the family; known hereditary disorders; or even the legitimate national situation of overpopulation.

But with the advent of contraception, the pendulum has swung in a dangerous manner. The expectations of consumerism, especially in the so-called developed countries, have led to an excessive demand for material goods, an insistence on a level of socio-economic status that is so high that economic stress is easily created. The thought of a new conception in this social context is strongly resisted and its avoidance has been made possible by contraception, sterilization and abortion. These new social expectations have received their major impetus from the availability of such services and the demand for these services has snowballed and consolidated the anti-child attitude.

Father James Schall has described this mentality as follows: "It is this intention not to have a child, as it were, that jeopardizes the fetal life, since actual conception does not of itself change the reason for its avoidance in the first place . . . indeed, such is our plight, this is probably the first generation in the history of mankind which is being told that the child itself is the evil, and a menace to the human race."¹⁶ The inevitable extension of the anti-life philosophy is the demand for an unrestricted freedom to destroy the child in utero.

Social Engineering — Marriage and Family

The contraceptive mentality receives further reinforcement from the permissive sexuality of modern times. This permissive sexuality has been encouraged and made possible by contraceptive measures and abortion practices, by the modern means to eliminate procreation from genital intercourse. This has fostered a preoccupation with the pleasure aspect of genital sex as an end in itself. Many sex education

programs are designed to impart knowledge on sexual techniques and contraception so that recreational sex may be practiced.

In an interesting analysis of Swedish society, Roland Huntford makes these comments: "Sweden has pursued sexual emancipation with indefatigable tenacity. But license is not necessarily a spontaneous thing, and it may be just as politically motivated as constraints The distinguishing mark of the Swede is that his behavior is a matter of official direction. Morals are best attacked in the classroom, and since 1956, sexual education has been compulsory in all Swedish schools. It starts at the age of 13, and comprises both physiology of reproduction and the mechanics of the sexual act, but it is not supposed that Swedish schools have been turned into temples of a fertility cult. IT IS THE PILL OR RATHER CONTRACEPTION IN ALL ITS FORMS, THAT IS THE KERNEL OF INSTRUCTION. Contraception is taught so young that children understand the distinction between sexuality and reproduction at a very early age. When they arrive at what is dispassionately described to them as their 'sexual debut,' they will consequently have gained the impression that coitus is sufficient unto itself, to be judiciously cultivated without the risk of undesired consequences. This is the desired effect. Swedish sex-education is not the abolition of technical ignorance, but a link in the mechanism of changing society. . . ."

"The pill has been thoroughly impressed on the Swedish consciousness and officially endorsed. The authorities alone in Europe, perhaps alone in the world, have brought about the true sexual revolution. This is not the propagation of birth control but popular understanding that sexual acts are no longer identical with procreation."¹⁷

Contraception has paved the way for recreational sex and it has brought in its train other major social developments. Charles Westoff has made the following observation: "... the emergence of a consumer oriented culture is increasingly aimed at maximizing personal gratification. When these changes are combined with the development and diffusion of sophisticated birth control technology, it is hardly surprising that the institutions of marriage and the family show signs of change."¹⁸

Signs of change indeed! There has been a significant decline in the number of marriages in places like Sweden and Denmark — a 30% reduction in Sweden in the decade 1966-1975. There has, moreover, been an increased tendency for unmarried couples to live together and the evidence suggests that these numbers will increase. These trends are particularly noticeable in Denmark, Sweden and the U.S.A. There is obviously a marked attitudinal drift from the concept of the Christian marriage, so that marriage is becoming more insecure and unstable.

The phenomenon of cohabitation is sometimes described as a "meaningful relationship," but it also means that a lifelong faithful

commitment is not envisaged. This type of relationship can only be sustained on contraception or abortion because there is no intention to have children. To do so would threaten the meaning, because it pushes the commitment beyond the point of mutual understanding. Such relationships are actively encouraged in many sex education programs or so-called courses in human relations and they are only possible through contraceptive practices and abortion. It is entirely logical for those who believe in recreational sex and cohabitation to promote actively the technology of contraception and abortion. The basic philosophy is a practicable proposition only if pregnancy can be avoided.

Contraception has therefore made possible these forms of sexual behavior and the development of so-called relational sex. These unions are necessarily sterile in the biological sense and reject a basic aspect of true marriage, the responsibility of parenthood. In particular, such forms of cohabitation, without a commitment to a permanent faithful relationship, are prone to cause emotional problems and impaired personality development. Society becomes littered with impaired personality development and with broken hearts and abandoned lovers who subsequently find it very difficult to establish a normal pair bonding with a future partner.¹⁹ In other words, they have difficulty in establishing a stable and secure marital state, a necessary framework for the birth and growth of the family and the proper formation of their children. With this erosion of the nature of marriage and family, there arises a series of other social problems among the next generation.

Fertility Patterns

Closely linked as a consequence of these attitudinal changes and the erosive effects on the traditional marriage and family is the impact on fertility and the demography of the developed countries. The "baby boom" after World War II initially disguised the consequences of widespread contraception by broadening the total base of reproductive women. This effect is now being cancelled out and if the present trends persist there will emerge a profound demographic change in developed countries.

It is projected that by the year 1986, the total fertility rate of the European nations will be 1.5. A population is replaced if the total fertility rate is 2.1.²⁰ In 1977, the fertility rate in Australia was 1.6, but its rate of natural increase at that time exceeded that in most European countries and in the United States.

The demographic pyramid will then alter. The broad base composed of younger generations will commence to shrink, the middle-range will broaden and so too will the apex of the pyramid, made up of the older

generations. With the passage of time, with no change in the current fertility pattern, the population pyramid will gradually become inverted.

The implications of this social change are potentially profound. The size of the working population will gradually recede, the costs of welfare and health services will escalate, and the nature of industry and commerce will be modified. Unless there is a change in the productive capacity of individuals, or an expansion of industrial technology, the community will need to adopt specific policies of immigration for people from countries of high fertility.

Vested Interests

The situation has now become BIG business. In 1977, it was estimated that in the world population, there were 55,000,000 women on the pill, 15,000,000 had IUDs and another 65,000,000 were on some form of artificial birth control. An estimated 80,000,000 had been sterilized and 30-55,000,000 abortions were performed annually.²¹

In the Western world, information from the Intercontinental Medical Statistics (quoted in *Contraception, Sterilisation and Abortion in New Zealand*) revealed that, in 11 nations, about 28% of women between the ages of 15 and 45 were using the contraceptive pill.²² In Australia, the numbers were 31% or 930,000 women. By 1978-79, this number had fallen to approximately 25% or 775,000 women. The cost of these prescriptions in 1978-79 was approximately \$17,000,000 (Australia), almost \$20,000,000 (America).²³

On the basis of 55,000,000 women taking the pill in 1975, the estimated return to the pharmaceutical industry would have been (at a very conservative figure) about 1.5 billion American dollars. This is now a huge industry and to these costs must be added those of payment to medical practitioners for prescribing the pill, inserting and extracting the IUDs, for sterilization procedures. In Australia, we now have an estimated 60-80,000 induced abortions per year.²⁴ In 1978, 50,000 accounts for induced abortions were presented for insurance rebates, amounting to 7.4 million Australian dollars.²⁵

Sustaining this massive industry has been the fostered demand by new clients. In several recent studies in the Western world, nearly 50% of all induced abortions are in young, often teenage, unmarried women.²⁶

Parents and teenagers have been brainwashed into believing that premarital sex is a normal and healthy pastime, provided that pregnancy can be avoided or terminated. Consequently, the changed attitude in the community has created a demand for these services, especially for young, unmarried females.

The vested interests spread even further. The agencies of Inter-

national Planned Parenthood, of family planning associations, various foundations, such as the Rockefeller and Ford Foundations, the United States Agency for International Development (USAID), Siecus in America, and a whole host of other similar bodies around the world depend for their existence on such a philosophy of human sexual behavior. Thousands of paid positions have been created and funded by government and private funds. The total outlay must be astronomical and it would be an interesting research exercise to document these vested interests at both national and international levels.

Since 1968, USAID alone has given the London-based International Planned Parenthood Federation \$120 million, the Planned Parenthood Federation of America's Family Planning International Assistance \$69 million, the Boston-based Pathfinder Fund \$50 million and \$204 million to the U.N. Fund for Populations Activities.²⁷

The Medical Profession

One of the saddest consequences of the contraceptive mentality and the demand for contraceptive services has been the marked deterioration in the ethical code of the medical profession. It is epitomized by the editorial statement in a recent issue of the *British Medical Journal*:

In 1978, the British Medical Association's representative body resolved: "that this Meeting deplores the persistent attacks on the 1967 Abortion Act and confirms its belief that it is a practical and humane piece of legislation." . . . Most doctors believe that the early termination of pregnancy is usually justifiable in cases of contraceptive failure.²⁸

In Australia during 1979, when a private member's bill was being debated on the issue of government funding of induced abortion, the federal secretary of the Australian Medical Association publicly intervened and declared that the medical profession strongly supported the continuation of such funding.

This allowed private abortion clinics to flout the spirit of certain court decisions. Despite widespread protests from many members of the profession, the statement of the federal secretary was never retracted, nor was any reproof published nor was any stand against induced abortion adopted.

In the last two years, we have sought to find a sound Catholic family physician who would practice medicine in a new medical center in accordance with the guidelines as set out in the teachings of the Catholic Church. We have been singularly unsuccessful, partly due to the reigning philosophy in the profession and partly due to the advice of so-called Catholic theologians.

Worldwide, the medical profession has succumbed to the values of secular humanism and allowed social and political pressures to erode its professional ethics. Pockets of resistance do exist, such as the World Federation of Doctors Who Respect Human Life. In Australia, the

Medical Guild of St. Luke collapsed because of the failure of many Catholic doctors to accept the teaching of *Humanae Vitae* on contraception.

As matters stand at the moment, the profession endorses contraception and has no qualms about prescribing the pill or inserting IUDs for young, unmarried girls.²⁹ It is a completely logical extension of prescribing the pill with a contraceptive intent for anyone. The profession endorses, both directly and indirectly, induced abortion on demand, for it is logical to do so if contraception is widely practiced and facilitated. The profession is moving beyond its proper role of genetic counseling to the position of eugenic control. The profession is moving more and more toward amniocentesis with its implications for induced abortion. The profession is becoming involved in euthanasia, a term which originally meant "dying gently and comfortably" but now means to bring about the death of a person, whatever adjectives are used to try and qualify its meaning.³⁰ As soon as you justify the elimination of the so-called unwanted child, you threaten the lives of the handicapped and the aged.

Example of 'Wedge Principle'

The erosion of medical ethics is another example of the "wedge principle." It is usually measured in social terms. There is a demand for the right to act in a particular way — whether it be morally good or evil is immaterial to the argument — so that an individual may obtain a personal desirable effect. However, if a sufficient number of people act in that way, undesirable long-range social consequences ensue and may open up other forms of behavior which are widely regarded as socially undesirable. The prohibition of these forms of behavior, either by taboo or statute law, becomes untenable because the changes naturally flow-on from the new liberties which have already been allowed.

The medical profession actively involved itself in contraception when it was originally promoted for limited reasons. Then the indications widened to allow for population control and recreational sex. The overriding principle was now the avoidance of the unwanted child by adopting the concept that contraception was a lesser evil than induced abortion. Induced abortion was then tolerated for failed contraception or for those who were not married. The argument to justify this attitude is a kind of extension of the argument of totality — no child who is unwanted by its progenitors can hope to have a truly human existence and therefore, in the total context of the situation, it should not be allowed to enter an extra-uterine world of independent existence, so gravely disadvantaged from the beginning.

The same principle is applied to induced abortion for genetic abnormality or for eugenic purposes. The wedge commenced with

contraception, for it introduced the concept of the unwanted child and pregnancy as a biological complication amounting almost to a pathological state. Paul Erlich has described pregnancy as a "nine months disease" and, although medical practitioners may not speak in these terms, their compliance with the modern promotion of contraception expresses in a subtle way that in many life situations a conception is regarded as a disordered state.

In the general field of contraception, the medical profession has set aside a primary principle of medical practice, known as "*Primum non nocere*" which means, "First do no harm." The aim of medicine has been to restore a pathological state to normal or to contain or suppress pathological processes which cannot be reversed or eradicated. Medicine has also sought the means of preventing pathological conditions by maintaining the natural processes of the human body.

But contraception has altered this basic medical practice. Contraceptive measures are used in persons with normal physiological processes in order to bring about a biologically abnormal state, so that fertility is suppressed or the genital passages are blocked. This induction of an abnormal biological state is not viewed by the profession as a breach of its code of practice. It is willing to accept a considerable degree of induced morbidity and mortality in order to avoid the normal biological state of conception. The profession has managed to achieve this conceptual justification by a process of inversion, a simple semantic achievement by inverting the normal and the abnormal in the field of human reproduction.

In so doing, it has failed to observe the quiet but inevitable erosion of its basic philosophical position. An outstanding example of this retreat by the medical profession can be seen in the internal contradictions which have appeared in the statements made by the World Medical Association between its adoption of the Declaration of Geneva in 1948 and the Declaration of Oslo in 1970. As one physician has stated, "Medicine is at the ethical crossroads."³¹

In the *New England Journal of Medicine* for July 14, 1949, Dr. Leo Alexander wrote an arresting article entitled "Medical Science under Dictatorship." Among other things, he had this to say: "Whatever proportions these crimes (under Nazism) finally assumed . . . they had started from small beginnings. It started with the acceptance of the attitude . . . that there is such a thing as life not worthy to be lived There can be no doubt that in a subtle way the HEGELIAN premise of 'what is useful is right' has infected society including the medical portion" Physicians must return, he says, to the older premises and reject the pernicious attitudes of an overdone practical realism.³²

It is necessary to draw this essay to a close even though the total social effects of contraception have not been covered. No attention has been given to the contribution that contraception has made to the

development of pornography in our society, to the progression from recreational heterosexual sex to the normalization of deviant sexual behavior. No assessment has been offered of the socio-economic costs of mortality and morbidity from the practice of contraception.

What I have attempted to do is to reveal how a social revolution has been effected, how this process of social engineering is being promoted. Sadly, many well-meaning socially concerned people have been hoodwinked by the principles of the situational ethic and have been sold on the pharmaceutical methods of fertility control. In a recent issue of a Melbourne newspaper, Germaine Greer, a world figure in the women's liberation movement, had this to say: "The rhythm method is likewise dismissed because people are not 'motivated enough to try it.' One reason why people are not motivated enough . . . is that they have been sold on a pharmaceutical method of control."³³

What has really happened is that our society has been desensitized and slowly dehumanized, and respect for human life has been eroded. The road back will be a long struggle, for the social engineers control the centers of power — the media, the various family planning associations, the decision-making committees, the plethora of conferences and the educational system. They are backed by heavy investments, often drawn from government sources and they exercise a powerful lobby at all levels of government.

In a recent issue of an Australian national newspaper, there appeared an article on the IUD — the case for and against. An eminent Sydney gynecologist was reported saying: "The number of women who die from pelvic inflammatory disease (PID) is as high as the number of those who die from the Pill, but what else can we offer them?"³⁴

It would seem that Germaine Greer has seen the reason why society has sought the wrong solution before the medical profession has even tried to find an alternative safe way to regulate human reproduction.

The encyclical *Humanae Vitae* interposes a different concept of human sexuality, a reflection on the nature of man and his purpose. It exhorts us to respect human life and leads to the practice of true human love. It is not simply a guide to the proper regulation of birth but a clear exposition of the message of Genesis and the words of Christ Who is God Himself.

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