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stable population and one which doubles every 43 years. Britain is already overcrowded; we have to import a proportion of our food supplies, to say nothing of the rising pollution in this island. So Christians should consider prayerfully how many children they produce in the light of the world population and economic crisis. We must be good stewards in this matter remembering that to whom much has been given much will be required, not only as it affects ourselves but also future generations. The object must be to enhance the quality of family life. What about the infertile couple? How far should they go in using artificial means such as artificial insemination or drugs in order to conceive? Also is it wrong for a couple to remain childless voluntarily? We must also be concerned about decadence in our own nation. The unwanted excess of births could be reduced considerably if there were no sexual relationships outside marriage. Only the power of the Gospel changing men's lives can alter the basic desires of human nature. There is still a lack of sexual responsibility amongst teenagers.

We can see, therefore, the magnitude and the almost impossibility of the task, but let us be concerned about this world problem and seek the will of the Lord as to the part each one of us should be playing.

#### **Bibliography**

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JANE E. HARPUR

## **2: Contraception**

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Family Planning should concern every Christian couple today. With the rapidly increasing world population (see previous article), economic situation and shortage of accommodation, a Christian couple have to think seriously about how many children it is right for them to bring into the world. There are still some Christians, however, who have not thought much about the different methods of birth control. Today the marriage relationship should not be under strain because of the fear of another pregnancy. Most people find they cannot cope physically, mentally and spiritually with looking after more than two young children at a time; some find one plenty.

What then are the different methods of birth control and what factors should a Christian bear in mind when considering which method to adopt?

#### **A. Coitus Interruptus**

This is still the only method employed by quite a number of people. Its disadvantage is its unreliability and it depends on the husband's control. We have an example of this in the Old Testament but have to note that Onan was not condemned for doing this but for not fulfilling the Levirate law. It therefore puts a strain on the husband and may interfere with the wife receiving complete satisfaction; also there are often sperms present in the lubricating fluid produced prior to ejaculation which could possibly result in a pregnancy. This is not, therefore, a very satisfactory method and should not be relied on.

#### **B. Safe Period**

This means that sexual intercourse is only possible during the ten to eleven days (depending on the length of the cycle) prior to the next menstrual period and two to three days after menstruation, but the latter is rather unreliable as ovulation may occur early. The egg/sperm may remain viable for 1/3 days respectively. The probable time of ovulation is calculated from reading a graph of the early morning temperatures, a rise in temperature taking place after ovulation and remaining high for the second part of the cycle. It can, therefore, be very difficult for those with irregular periods, which of course become more common as the menopause is approached. This method can, therefore, leave a strain during the time of abstinence as this has to be fairly long to be sure of being "safe". It is, however, the only method available to strict Roman Catholics. Some do find it practical, but for many it is a very difficult method and therefore has a high failure rate.

#### **C. Sheath or Condom**

This is the method used by the male; he, therefore, takes complete responsibility. Some people find this method very efficient but it can interrupt the spontaneity of intercourse. It is always advisable for the wife to use a contraceptive cream/foam as well; this increases the safety in case there is an accident e.g. a "burst sheath" or spilling; it also adds some lubrication if this is needed. 'C' films do not offer enough protection and should not, therefore, be used.

#### **D. Occlusive Cap**

This has to be introduced by the woman with a coating of contraceptive cream each side of the cap and particularly round the perimeter. It should fit from behind the neck of the womb to the pubic bone in front so that the neck of the womb is completely covered by the cap; the smaller cervical caps are not advisable as

they are difficult to fit and are more liable to fall out of position. They all have to be left in for about eight hours. Many women find them rather cumbersome and messy, but some on the other hand find it a very suitable method. They are not used nearly so frequently now with the increasing use of the Pill. The failure rate is similar to the sheath used with cream.

#### **E. I.U.C.D. (Intra-uterine Contraceptive Device)**

The I.U.C.D. or otherwise known as the loop is a fairly popular method after the family is completed; they are not generally recommended before the first child unless other methods are found unsatisfactory. It is the commonest method used in developing countries where people find other methods difficult to understand, or are unwilling to use them. It has still not been completely worked out how it works. It may destroy the sperm, egg or young embryo and prevent implantation because it alters the lining of the womb. It may also alter the motility of the Fallopian tube and prevent fertilisation this way. It can, therefore, act as a pre or a post-conception method of contraception. I would suggest that even if it acts as an early post-conception method there is not really any ethical difference between this form of contraception and the others that prevent fertilisation as the end result is the same. (An action of intercourse has not resulted in a growing foetus which eventually becomes an independent life. (See also point 2 of the later article by Mr. P. S. Firth). Its advantages are that it does not interrupt the spontaneity of intercourse, the insertion is not a difficult procedure, and it is very safe medically. (The incidence of perforation of the womb is very low). Heavy periods which can be painful, and irregular bleeding are sometimes problems. Apart from the Pill, it is the safest method of contraception (about 2-6 pregnancies per 100 women years<sup>1</sup> in those where the device remains inside). It can often stay in situ for several years. Six monthly check-ups or yearly (if the patient can feel it) are advised; more in the first year as they fall out more commonly at this stage. The new copper devices, which also have a chemical action in the womb, need changing every two years but seem to produce less side effects and have the lowest failure rate of the I.U.C.D.'s.

#### **F. The Pill**

There are still quite a few women who are reluctant to use this method, although it is practically 100% safe and there are now very few serious side effects since the introduction of the low oestrogen pills. The combined oestrogen/progesterone pill prevents ovulation (it also prevents the build-up of the lining of the womb and alters the cervical mucus so that it is more hostile to penetration by sperms). It is ideal for the newly married with the possible exception of those who have very infrequent periods and are therefore likely

to be less fertile. The technique of intercourse can be learned and improved without having to get used to mechanical methods as well. Over the age of 35 there is a slightly higher risk of side effects: (see article by Miss E. Sibthorpe for the side effects of the pill). Some people complain of loss of libido, headache or depression but usually one variety can be found to suit.

In a few it has to be discontinued because of the development of hypertension. There are now also some progesterone only pills on the market (mini-pill). These are sometimes useful in those people for whom the combined pill is contra-indicated; they are not quite as safe as the combined pill and some find irregular bleeding a problem.

### G. Sterilisation, Male and Female

This is a simple operation in the male with no loss of libido or impotence after the operation. In the female it is not a difficult operation, though it involves a longer stay in hospital due to two small incisions through the abdominal musculature. This method should definitely be considered in those where there is a contra-indication to further pregnancy on health grounds, and could also be considered in those over the age of thirty when there are difficulties with the existing methods and no further children are desired even if something happened to the spouse or present children. The operation must be regarded as irreversible.

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<sup>1</sup> The number of pregnancies per 100 women years is the number of pregnancies which would be expected to occur in a hundred women over a period of one year of sexual exposure.

ELSIE M. SIBTHORPE

## **3: The long term effects of the "Pill"**

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The "Pill" is usually considered to be the oestrogen-progestogen combination, which now contains 50 microgrammes or less of oestrogen. It is still less than 20 years since the pill was introduced in Puerto Rico, and the first results were reported in 1958.<sup>1</sup> It is now estimated<sup>2</sup> that there are 50 million women on oral contraceptives throughout the world, of which 2½ million are in Britain. The mass of books and papers published on the subject is unbelievable, but we still cannot answer some of the most elementary questions.

The interim report of the Royal College of General Practitioners published last year concluded that "the estimated risk at the present