CONTRACEPTIVE SECURITY

Securing contraceptives for economic development

FACTCARD

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Key action points

- Policy makers should protect the separation between church and the State, ensuring that health policy reflects the needs and wishes of their constituents and that it guarantees the best health outcomes for women.
- Legislators should be aware that one faction within a religious group may not speak for all members of that faith.
- Policy makers should feel empowered to redirect those who would push debates on health policy into religious territory, focusing instead on outcomes and services that have a broad public health benefit.
- When conscience clauses are approved, law makers should ensure that adequate safeguards exist to ensure that women receive the care they need in a safe and timely manner.

Contraceptive security in challenging contexts: opposition from the Catholic hierarchy



Contraceptive security and opposition from the Catholic hierarchy

Worldwide, religious opposition is one of the most significant obstacles to securing long-standing political support for contraception. Catholic leaders are at the centre of this opposition, anxious to defend a rigid and often negative attitude towards sex and sexuality. Having failed to convince the Catholic faithful of their own narrow views, the bishops try to legislate their beliefs into public policies around the world.

While the Vatican and its representatives around the world are among the loudest objectors to modern methods of family planning, policy makers are rarely well informed about what the majority of Catholics believe. While their leaders are seemingly unconcerned about the improvements in women's health that result from universal access to modern contraceptive methods, Catholics across the globe use and support access to the entire range of family planning options.

Avoiding honest confrontation about sexuality

The Catholic hierarchy has its own politics. In a world where power is sought after and ordained for the long term, taking a reactionary stance on controversial issues can be rewarding – the old guard gets to preserve the status quo, while newcomers rise faster when not making waves. On a deeper level, however, the all-male, celibate hierarchy can avoid any honest confrontation about sexuality by insisting that sex is simply a function of procreation, and then only for married couples. The idea that a healthy sexuality can take place in many other contexts is something that many bishops have opposed for centuries. In the 1960s, all of this almost changed.

Despite Catholic teachings that sexuality should not take place 'isolated' from its procreative purpose, natural family planning has been practiced since the 1930s with no opposition from the Vatican. In the 1960s, a Pope-appointed Birth Control Commission that included clergy and married lay people decided that the church should overturn the ban on 'artificial' contraceptive methods. Pope Paul VI rejected this decision in the 1968 encyclical

Overcoming Catholic resistance to reproductive health legislation in the Philippines: case study

The Catholic hierarchy is influential in the Philippines, where approximately 85 per cent of the population is Catholic. Access to family planning has been extremely limited since 2002, when President Gloria Macapagal-Arroyo suspended government funding for contraception in favour of Vatican-sanctioned natural family planning.¹ In the same year, USAID started phasing out its programmes of subsidizing contraception in the Philippines.²

In a country where an estimated 33 per cent of the population lives below the poverty line,³ women increasingly cite lack of funds as their reason for not using contraception.⁴ Condoms cost US\$1 a package, putting protection against HIV/ AIDS out of reach of the many who live on US\$2 a day.⁵ Even for those who can afford contraception, information and referrals are often scarce and misleading.⁶

Today, unmet need for family planning in the Philippines is 22 per cent. Extending modern contraceptive methods to all women at risk of unintended pregnancy would prevent 2,100 maternal deaths each year, according to Guttmacher Institute estimates.⁷ Beginning in 1995, the Philippine parliament began debating a Reproductive Health Bill which would provide universal access to no-cost family planning methods such as birth control pills, IUDs and condoms. After many delays – often influenced by the bishops⁸ – the Bill is close to being put to a vote.

Though polls have shown that 82 per cent of Filipinos support the Reproductive Health Bill,⁹ the Catholic hierarchy has stepped up its opposition, meeting frequently with law makers and inciting a media storm to exhort Catholics to reject the Bill. Bishops have touted the alleged dangers of 'artificial' contraceptives and threatened politicians who are in favour of the Bill. Law makers in favour of the Reproductive Health Bill – many of them Catholic – have been steadfast in their stance that improving public health serves the best interests of all citizens. Humanae Vitae. He decided that if the hierarchy admitted it was wrong on this issue, its authority would be questioned on every other issue as well. To this day, Catholics struggle to reconcile the realities of their own sexual lives with the bishops' version of what they should (or shouldn't) be.

Policy makers lack political will

In the secular world, a lack of political will on the part of policy makers – liberal and conservative alike – has allowed the hierarchy to turn the right to choose whether or when to have children into a doctrinal issue debated on the bishops' home turf of religious freedom. Legislators are loath to interfere with what they assume are accurate representations of the beliefs of the faithful. Where the hierarchy has the ear of political leaders, however, they can pass off their version of a Catholic church united against contraception as the truth. As shown by birth rates in heavily Catholic countries and among Catholics in other countries, few Catholics listen to their bishops when it comes to using family planning.

The Holy See's presence at the United Nations gives the Vatican a unique level of international influence because it is the only entity holding non-member state Permanent Observer status. The Vatican's UN representative attempts to enforce its complete opposition to contraception by proposing language that restricts women's role to childbearing¹¹ and objecting to family planning on the grounds that it is dangerous¹² and violates human rights.¹³ The Holy See has also said that condoms promote the spread of HIV/AIDS¹⁴ and opposes emergency contraception by incorrectly labelling it as an 'abortifacient'.¹⁵

The Catholic hierarchy's involvement, however, does not spell defeat for all legislation that would improve access to contraception. In the Philippines, for example, the bishops' resistance to family planning is being seriously challenged.

Contraception must not divide loyalties among policy makers

Contraception is an issue that has deeply divided the Catholic hierarchy from the majority of the faithful, but it shouldn't be a reason for divided loyalties among policy makers. Legislators should feel secure that they are serving the best interests of their constituents when they sidestep doctrinal traps set by the bishops in favour of policies that further comprehensive family planning as a matter of public health.

When it comes to contraception – or any policy issue – opposition from religious leaders should not be confused with opposition by religious people. Religious leaders may use their lobby to further their own agenda, but legislators and policy makers should be aware that people of faith, including the vast majority of Catholics, use and support a full range of reproductive health choices.

Catholics deprive women of contraception cover under insurance plans in the USA: case study

In the United States, the Catholic hierarchy is in a class by itself with its total rejection of modern contraception, as well as with its well-organized lobby and funding from the Catholic health care system.

An estimated one in six Americans is served by a Catholic health care institution each year;¹⁰ many are poor or live in rural areas and may not have another option. Catholic hospitals do not permit birth control methods other than natural family planning, forbid sterilization and allow for the provision of emergency contraception only in cases of rape. In practice, however, a woman who has been sexually assaulted is often given misinformation and may not receive treatment within the window in which emergency contraception would be effective.

The bishops have been pushing the same aversion to all modern forms of family planning in the political sphere, claiming to represent the views of all Catholics. In reality, approximately 98 per cent of sexually active American Catholic women have used a method of birth control forbidden by the Vatican. Yet the bishops objected that all Catholics' consciences were infringed upon by the recent Institute of Medicine recommendation that contraception be covered under all insurance plans as a preventive measure. The proposal included a conscience clause that exempted religious organizations from providing this coverage. However, the bishops were not satisfied and lobbied for family planning to be struck completely from the list of covered medicines. This would, if accepted, allow any organization or business to opt out of offering insurance plans that cover contraception, depriving all women under those plans - Catholic and non-Catholic - of the services that other American women now enjoy.

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CATHOLICS FOR CHOICE

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Glossary

Catholic hierarchy – the Pope, cardinals, bishops and their offices and representatives such as the Roman Curia, papal legates and episcopal conferences.

Conscience clause – a clause allowing health care practitioners to opt out of providing services that are against their beliefs.

Holy See – the temporal and spiritual government of the Roman Catholic church.

Natural family planning – Vaticansanctioned methods of natural family planning involve abstinence during fertile periods, as determined by symptom- or calendar-based methods.