

The Biblical Concept and Practice of Contraceptives:

Implications for Sexual Morality

By

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DEDICATION

To my late parents, Mr. Henry G. Scere, Sr. and Mrs. D. Sarah Scere who departed this world on September 6, 1999 and December 9, 1994 respectively. They continued to expend their limited resources towards my educational achievements until death took them away. My parents were my first teachers who made me to understand that without education, life would have been useless for me. They continued to guide me through life, to enable me to be courageous so that I can stand challenges of the time.

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ABSTRACT

There is more to being an imitator of God than holding correct views and this is especially true when the views are hard to relate to genuine social concerns.

This is the view of the researcher to help the Christian public to clearly understand the importance of contraceptives as a means of preventing social disgrace that is associated with economic hardship. It is not helpful for Christian to be holding views that do not sincerely relate to the reality that is evidently present in the society today, which is breaking the social fabric of our time.

This research gears toward investigating the essential use of contraceptive in relation to Christian ethics that it will not bring reproach to the Christian testimony of those users. This is why it delineates the eligible users of contraceptives to enable Christians have the descriptive account of contraception as to the usage.

In view of its descriptive presentation, the researcher was able to investigate the phenomenon through the research design with the review of related literatures that provide a vivid understanding as to the essential use of contraceptive and also give the complications related to it in term of the usage as Christian. This shows that the usage of contraceptive by Christian couples will help curtail the break down of the Christian ethics of every true believer who will not want to bring social disgrace on the society. To do this the researcher has to employ the questionnaire in the investigation which gives the vivid description as to the importance of using contraceptive.

The researcher was left with no alternative but to conclude on the note of presenting contraceptive as the best way of alleviating the social disgrace on married couples who are in the fertile stage of their lives.

CHAPTER ONE

I. INTRODUCTION

A. Background of the Study

For too long, the issue of contraceptives has been a serious controversy in most churches. This study embarked upon the usage of contraceptives as common practice within the churches, in light of the results of Christian living. The phenomenon is drawn from the biblically derived point of view, as to the causes and effects of contraceptives in the Christian circle. It is therefore intended to give provision for the usage of contraceptives in the concept of Christian ethics.

It should be noted, that the cause of using contraceptives is to prevent marriage couple from falling into social disgrace associated with economic hardship that will eventually lead them to the sin of being an infidel as the Bible relates to people who cannot provide for their home. However, there are some complications in the usage of contraceptives but can be cleared out after some time of using the artificial birth control.

B. Statement of the Problem

The focus of the investigation is on the concept of the Church as to the practice of the use of contraceptive methods, even though it seemed that most churches did not understand the intention of contraceptives as a practice within the church. The use of contraceptive methods in the church was taken into deep consideration in this investigation. The study delineated the class of people within the church who were eligible to use contraceptives as a practice for preventive purposes.

Some churches believed that the use of contraceptives by a Christian was unbiblical. Therefore, Christians should abolish their use. This study is geared towards providing a solution about the use of contraceptives as a means of preventing someone from having children whom they could not provide for. This is what the Bible does not favor. Because, if anyone does not provide for his relatives, and especially for his immediate family, he has denied the faith and is

worse than an unbeliever (I Timothy 5:8). This shows that married people have to be cognizant of the number of children to have.

This issue prompted a dilemma in the church so much so that it needed to be scientifically investigated so as to enable Christians to thoroughly understand what it means to use contraceptives as a preventive purpose and not to be confused with an escape mechanism to allow people engage in heterosexual relationships.

C. Context of the Problem

The misinterpretation of the use of contraceptives by some churches have created serious problems for most Christians who may intend to use them for preventive purposes. Because of this misinterpretation, most Christians who wish to use artificial contraceptives were left to have children whom they could not provide for. This in essence has led them to become unbelievers, as the Apostle Paul described them to Timothy. It is not the will of God for anyone to mishandle His blessings, because the Bible says that children are the blessings of God. Consequently, they need to give them very good care.

This investigation provides highlight on various methods of contraceptives that could be practiced by those who are married in the church. It is also intended to enlighten users on the methods of contraceptives which are available for Christians as well.

D. Significance of the study

This study is intended to assist couples to be conscious of the essential use of contraceptives in controlling their fertility for the betterment of the family. This awareness would help people to prepare for the purpose of child-bearing.

The investigation clearly spelled out who is eligible for the use of contraceptives. It also admonished those who are not married to practice abstinence until they are married. And to do this, they are to be taught the importance of sex education so as to draw their attention to the imminent danger of early and premature pregnancy. However, Paul advise that if anyone cannot control themselves, they should marry, therefore, those who are growing in age should get marry

before they burn in passion (1 Cor. 7:9). But they are not to involve themselves in contraception because that bed will be impure before God.

E. Scope and Limitation of the Study

The study is limited to the various churches in Monrovia and its environs. Monrovia served as the headquarters of the Liberian Christian Community. Due to financial and time constraints, the investigation is conducted in the churches in Monrovia: The Sacred Heart Cathedral, Catholic Church, Broad Street; Trinity Cathedral, Episcopal Church, Broad Street; Providence Baptist Church, Ashmun, Center and Broad Streets; First United Methodist Church, Ashmun Street; Mid-Liberia Calvary Baptist Church, Tubman Boulevard; Philadelphia Church, Congotown; Full Gospel A.M.E. Zion Church, Congotown and Church of God, Paynesville City.

However, chapter two views the essence of procreation from a Biblically derive points of view and its relation to the practice of contraceptives in the Old and New Testament, while chapter three focuses on the review of related literature. It also refers to the usage and purpose of contraceptives in regard to the social and economic impart among married couples with a brief description of available contraceptives. Chapter four analysis the views of eight churches that were sampled as to the Biblical concept and practice of contraceptive.

F. Definition of Terms

In research, policy statements, national and international agreements, program reports and other instruments of development cooperation, contraceptives data and key words have been firmly established.

These words and concepts are very important tools for the understanding of this investigation. It is therefore necessary to be familiar with them in order to have a common knowledge of their meanings and usage in this research.

Abstinence – Forbearance from any indulgence of appetite. The practice of choosing not to do something one would; an act of avoiding sexual activities until marry.

Birth control – Regulation of the number of one's children through deliberate control or prevention of conception; limitation of child bearing by means of contraception; the act of regulating fertile woman in child-bearing for the betterment of the family.

Cervix - The lower part of the womb that extends into the vagina.

Church - Is the whole number of true believers; Christian collectively; A community of believers following the life, teachings and ministries of Jesus Christ in relationship to the community.

Coitus Interruptus - Is an intentional interruption by withdrawal before ejaculation.

Concept- An abstract or general idea; A general notion about something; An idea of something formed by mentally combining all its characteristics or particulars.

Conjugal – pertaining to the characteristic of marriage; a relationship involving only husband and wife at the onset.

Contraceptive - A device, such as a condom, that is used to prevent pregnancy; The deliberate prevention of the fertilization of the human ovum. The act of deferring the ovum from pregnancy at the appropriate time.

Dating - A social appointment, engagement, or occasion arranged beforehand with a person of the opposite sex.

Estrogen - Is one of the groups of female hormones that induce estrus immature; and is any of a groups of chemically similar hormones that cause female sexual development.

Fertility - The ability to produce offspring; power of reproduction.

Heterosexual - Sexual feeling or behavior directed towards a person or persons.

A person who is sexually attracted to members of the opposite sex; a person who has sexual relationship with more than one person of the opposite sex.

Implication- A suggestion not expressed but understood. Something suggested as naturally to be inferred or understood.

Marriage - The social institution under which a man and a woman establish their decision to live as husband and wife by legal commitments or religious ceremonies.

Morality - The degree to which something is morally acceptable; rightness or pureness of behavior; conformity to the rules of right conduct.

Practice - To do or perform repeatedly in order to gain. Something done regularly, customary performance.

Procreation – To beget or generate offspring; the ability to produce offspring as to fill the earth and to subdue it.

Progesterone - A hormone that prepares the uterus for the fertilized ovum and maintains pregnancy. A hormone produced in the ovary, that prepares the womb for pregnancy and prevents further ovulation; it is a female sex hormone produced by the corpus luteum in an ovary during the second half of the menstrual cycle.

Sexual - Characterized by the union of male and female reproduction cells.
Concerning sex or the sexes; and Pertaining to sex.

Spermicide - A substance especially a cream or jelly, that kills sperm, used as a means of contraception.

Sterilization - Is the term used to describe an operation to make a male or female infertile; unable to produce offspring.

CHAPTER TWO

II. BIBLICAL CONCEPT OF CONTRACEPTIVES

A. Biblical Views of Procreation

Life in the Bible designates the result of the total of spontaneous activities and experience of an individual or group capable of preserving its ability in flux of changing condition (Buttrick George Arthur, The Interpreter's Dictionary of the Bible An Illustrated Encyclopedia, p. 125). This power of identity shows that human kind should be able to control multiplication in the flux of the social and economic condition, and not just to involve continual multiplying in birth because they are fertile. As it is indicated in the Bible that children are blessing from God, they need to be taken care of. The act of contraception is not taken life but rather preventing because God values life and He is the only one clue with the authority to take away life; therefore, the research is geared toward the teaching of preventing for the appropriate time or for better living.

Life designates the concrete existence of the being. Therefore, it is not energy operating in, or upon a body, but rather it should be planned by those who will want to be part of the continual process of giving birth to life. This indicates that each life is coherently individual urge, not just a species.

However, individual existence is not self-holding. Life is described through the Bible as co-existence with other individuals of the same kind. This does not call for being a liability on others but to share positively, and contributing as a community dwellers. This implies cooperation and mutual dependence, yet not supposing equality.

In the unity of socially approved conjugal act, we see human procreation neither as a simple biological fact nor a theoretical fact but actually the production of an object, which is of a personal and conjugal act.

That means, procreation which results in the human being. It should be a free and responsible sexual act that involves the totality of two persons involve whereby they are parties

would have counted the cause in rearing a child as procreation called for the total sustaining of life; therefore, both parties should totally involve in the child.

The formula in Genesis 1:27-28 “increase and multiply” is used of all creatures in Genesis 1:22 and so may be intended only to register the fact of multiplication. But the essential value, which is placed on human fecundity by the Old Testament as a whole is evident (John T. Noonan, Jr., Contraception: A History of its Treatment by the Catholic Theologians and Canonists p. 48). The contexts and emphasis suggest an ultimate concern for the number of the descendants rather than with the size of immediate family. However, it should be understood that the issue of the number of children in contemporary time has to do with the financial ability of couples. It is acceptable that God made the emphasis of increasing and multiplying to fill the earth and subdue it (Genesis 1:27-28). *It should be critically noted that to control the earth means to be able to provide for its people that will dwell in it.*

The value which is placed on procreation, is free from selfish motive in virginity. Only one Old Testament figure is presented as unmarried by choice (Jer. 16:2). His decision may be understood as a symbolism of the sterility that was about to befall Israel. The Old Testament has no word for bachelor (John T. Noonan, Jr., Contraception: A History of Its Treatment by the Catholic Theologians and Canonists p. 49). Therefore, procreation should be engaged in by married people, because marriage should be honored by all, and the marriage bed should also be kept pure, for God will judge the adulterer and all the sexually immoral (Hebrew 13:4).

The most easily accepted and commanding message of the Old Testament is the marriage and its associated procreation of children are well respected and desirable of the human being which God has blessed. Therefore, Christian couples should be cognizant of the number of children to have, that they will not abuse the blessing of God by not being able to provide for the children that they will give birth to.

The structural importance on procreation is far more influential for Christian couples to give birth for the benefit of solidarity and celebration. This cannot help the Christian to live a life free from being the persons who cannot provide for their children by just multiplying because

they are not able to control their fertility for the development of the earth as God commanded, that we should fill and subdue the earth.

Sexual procreation is however, used as a process symbol. A mother's joy that a man is born into the world is the likeness of the joy the disciples will feel when Christ returns (John 16:21).

Therefore, there should always be some preparation so as to enable the procreator to actually experience that joy as though Christ is returning. It should be noted that marital intercourse is not unlawful for Christian, so married people should not deny each other of the sexual interaction because the marriage should always be kept pure in the sight of God. It is therefore evident that there is a need for the married people to be cautious of preventing their acts so as not that they will not have children whom they would not be able to provide for, which will subdue them to poverty and to the sin of infidel, as there is no where for an infidel in heaven.

B. Practice of Contraceptive in the Old Testament

The word, contraception, is nowhere found in the entire Bible; however, there is a passage in the Old Testament that many biblical scholars refer to whenever the issue of contraception is being discussed. However, most of them have misleading thoughts that this investigation would consider the basis of clearly stating the essential use of contraceptives in the church. But Er Judah's first born was wicked in the Lord's sight; so the Lord put him to death. Then Judah said to Onan, "Lie with your brother's wife and fulfill your duty to her as a brother-in-law to produce offspring for your brother". But Onan knew that the offspring would not be his; so, whenever he lay with his brother's wife, he spilled his semen on the ground to keep from producing offspring for his brother. What he did was wicked in the Lord's sight; so, He put him to death also (Genesis 38:7-10). However, this would be referred to as contraception but the implication different from the intended purpose of contraceptives in this contemporary time.

St. Augustine insisted on a connection between marital intercourse and procreation so as to relieve the sinful end of sexual desire. He argued that the sin of Onan lay, not in refusing his levirate duty, but clearly preventing conception. Onan being equally hostile towards contraception as the evil appliance of periodic abstinence provided a means to the end (John

Macquarrie, Dictionary of Christian Ethics, p. 273). It should be noted that Onan decline to have child with his brother's wife because the child would not bear his name, this is while he decided to spill his semen on the ground to keep him from producing offspring for his brother.

However, Augustine was especially entitled to his view, that the issue of Onan can not stop the use of contraceptives in contemporary times. Because it is not solving the contemporary problems, therefore, it cannot fit our time. Again, it would be better for us to understand that Onan was disobedient to the cultural norms of the time which were also against the will of God. It is strongly dictated because it is written in the Bible that obedience is better than sacrifice. This was predicated upon the assurance that, having children was so important in Old Testament times that if a man died childless, his brother was required to sleep with his widow in order to produce offspring for him (Deut. 25:5-10) Onan's sin was a deliberate refusal to treat his brother's widow fairly by giving her children (Philip Yancey and Tim Stafford, The Student Bible, p. 60). So, it would not be fair to say that, this was the contraceptive perception that Onan projected, but rather, it was deliberate refusal not to treat his brother's widow fairly by giving her children. He was really capable of doing it but yet did against the norms of his time. However, Augustine would have taken only into consideration the letter of Paul to Timothy, as for those who were unable to support their children to be classified as unbelievers, maybe he would not have talked against the use of contraceptives.

Of course, the Old Testament approach did not promote contraception as a means of planning the family; however, it should be considered seriously as such as not to equate it with what Onan did as to the motive of contraceptive in this contemporary world.

C. The Practice of Contraceptive in the New Testament

The question of family size did not become a pressing one in the early church, and so none of the early Ecumenical Councils felt it necessary to deal with the matter (John Macquarrie, Dictionary of Christian Ethics p. 273). But as time progressed there arose the need to address the family size in order to meet the needs of society in terms of the economic status of the people in underdeveloped countries particularly, and others who also find it necessary.

Husbands and wives were then free to use the gifts of science to promote or to defer conception, provided the means are mutually acceptable, injurious to neither spouse nor to the new life, and sufficiently effective to meet the needs of the couple (John Macquarrie, Dictionary of Christian Ethics p. 275). That gave a green light that the use of contraceptives is to defer pregnancy for the appropriate times of the life and health of the family.

There was a concept of contraceptive use in the writing of Paul to Timothy, when he said that people who are not able to provide for their children are more than unbelievers (I Timothy 5:8). Paul's view was for people to have the number of children they would be able to provide for.

It is worth noting that responsible parenthood, however, has typically been thought of in terms of the day to day decisions of a couple in relation to the changing circumstances of their marriage.

So, in this light, the consideration warrants the demands and rights of the existing children against the right of each child to love and nurture in the full sense. It also provides for the continuous mental and physical health of the mother with substantial hope of each child's future. The needs of social order of which the family is integral should be considered also.

D. The Relationship between Contraceptive and Morality within the Christian Context.

Contraception is a decidedly controversial issue among Christians. This controversy is of rather recent origins. In the beginning of the nineteenth century all Christian bodies refused to have anything to do with contraception as they considered it immoral. But as time progressed there arose the need to analytically look directly at the issue as it relates to the family size in order to meet the needs of society in terms of the economic status of the people in undeveloped countries particularly.

It also became necessary for others who find it necessary. This new direction of the church fathers brought about a close relationship between contraceptive and morality within the Christian context, but from the onset there was no relationship between morality and contraceptive were quit diverse. Thereto, contraception was not accepted because it was believed

to be against the will of God to prevent conception of the fertile women. This was built on the notion that what God has given He can surely take care of.

With reference to the religious groups included in this survey, the word Christian is also taken in the wide sense as meaning all those who profess allegiance to Christ and who claim to follow His teaching.

However, the reduction of the fore-fathers to accept contraceptive live within the church is not unbiblical because the Bible states it clear that unbelievers are those who cannot provide for their own. Theologians carefully distinguish between direct sterilization, which is precisely designed to render conception impossible, and indirect sterilization, which is a therapeutic procedure that results only incidentally in rendering conceptions impossible, but this does not disregard the usage of contraceptive as a means of preventing the married couple from having children they cannot provide for.

In regard to the key issue of contraceptives within the church, as to the position of the church's theology, it is incumbent upon the researcher to views of some churches in order to balance the indicators on the usage of contraceptive as a means to sexual morality.

i. The Catholic Church and Contraceptive

The attempt which has prompted man to be concerned not only on an individual act but should affect the organism itself warranted the intention of depriving it by means of sterilization, of the power of procreating new life. Here you have a clearly established principle in the church's teaching which governs the behavior of its members both internally and externally. The Catholic believe that direct sterilization, which aims, either as a means or as an end at rendering procreation impossible, is a grave violation of the moral law and therefore is illicit. Even public authority has no right, whether indirection it may use as an excuse, to permit it, and much less to prescribe it or have it done to the detriment of innocent human beings.

As aforementioned that the issue of contraceptive is highly controversy, even the Catholic church's theological scholars are divided on the view of contraceptive. The revisionists believed

that married couples should be given the opportunity to choose a birth control methods precisely the sole purpose of contraception (William E. May, An Introduction to Moral Theology, p. 109). However, other scholars of the Catholic church continue to strongly believe in the moral absolutes, that contraception is highly immoral, because it is another form of taking away an innocent life. For the research, the purpose of contraceptive is not an act of taking away life, it is a means of differing pregnancy for the appropriate time of the married couple's life. There is no formulation of a child in the womb of the woman, what the contraceptive does is to prevent pregnancy. So that is not taking away life but saving it for the most appropriate time.

ii. United Methodist Church and Contraceptive

The United Methodist Church does not have a clear cut position on the issue of contraceptives. However, there is a statement within the Book of Discipline of the United Methodist church that this research would like to allude to for the purpose of contraception in the church. It is vividly stated in the Methodist Book of Discipline on the social community (populations) that the issue of population control be done through the appropriate means to limit their fertility, including voluntary sterilization; therefore, program to achieved a stabilized population should be placed in the context of total economic and social development, including an equitable use and control of resources; improvement in the status of women in all cultures; a human level of economic security, health care and literacy for all.

This then, gives a green light to the usage of contraceptive in the church. Because as it is stated that other resources should be used in the control of population, the best is to include some other means of health control as may be advised by clinician for the sole purpose of contraception. It is also said that Christian parents and guardians and the church as a whole have the responsibility to ensure that children receive sex education which is consistent with Christian morality, including faithfulness in marriage and abstinence in singleness (The Book of Discipline of the United Methodist Church, p. 94).

This means that the married couples should have children that they can better take care of. But the Book of Discipline does not spell out what means should the married couple use for

contraception, but advise that a program to achieve a stabilized population should be placed in the context of total economic and social development. But the researcher would advise that the issue of contraception be spelled out in all forms and not just to voluntary sterilization as it is stated on the populations concept. Because there are other forms of contraception that are reversible than that of sterilization which is not.

iii. Anglican and Others on Contraceptives

Where there is clearly felt moral obligation to limit or avoid parenthood to an extent, the method must be decided on Christian principle. The primary and obvious method is complete abstinence from intercourse as far as may be necessary in a life of discipline and self-control lived in the power of the Holy Spirit. Nevertheless, in those cases where there is such a clearly felt moral obligation to limit or avoid parenthood, and where there is a morally sound person for avoiding complete abstinence, the conference agrees that other methods may be used provided that this is done in the accepted manner of the same Christian principles.

The conference records its strong condemnation of the use of methods of conception control from motives of selfishness, luxury or mere convenience (Rev. John C. Ford, S.J. and Gerald Kelly, S.J., Contemporary Moral Theology, p. 246).

This was the first official break in what the Anglicans recognized as a very strong tradition in their church. This break was necessary in the other churches because they saw the social disgrace associated with economic problems that was confronting their members who were having children they could not provide for.

It must be emphasized once again that family planning ought to be done with thoughtful and prayerful Christian decision. Christian husbands and wives need not feel hesitant in offering their decision humbly to God and following it with a clear conscience. The means of family planning are in a large measure matters of clinical and aesthetic choice, subject to the requirements that they are admissible to the Christian conscience. Scientific studies can rightly help, and do , in assessing the effects and usefulness of any particular means.

Christians have every right to use the gifts of science for the implementation of matters of their doctrine in true obedience of God.

The use of contraceptive and morality should be regarded as relative forces which are synonymous to curtail social disgrace that will seem to confront members of the Christian community. Because it is quite sinful to have children whom you cannot provide for. This is highly immoral, as the Bible states that children are gifts from God. Therefore, they should be regarded as treasure to them that will receive the said gifts from God and not mishandle such gifts from God Almighty by not rightly taking care of them.

CHAPTER THREE

III. REVIEW OF RELATED LITERATURE

The first systematic work in contraception was begun in 1882 by Dr. Aletta Jacobs of the Netherlands (Robert McHenry, Encyclopedia Britannica Volume 3 p. 587.). From that onset contraceptives have brought about ambivalent thoughts in countries where it has been introduced. However, the research will allude to social and economic implications on the usage of contraceptive with regard to the development of Family Planning Association of Liberia.

A. Social Implication on the Usage of Contraceptives

The surest resultant effects of continual birth are personal suffering, grief and minimum socio-economic productivity. The high risks which are related to pregnancy also have an expressive impact on the health and social welfare of the family members, particularly the children. The high risks of unwanted pregnancies carry high proportionate social problems that is associated with economic costs and high mortality.

The complications of having children that one cannot provide for is a major problem that is breaking the social fabric within the Christian circle. Because it will eventually lead to the breakdown of spirituality in the Christian families.

Contraceptives advancement varies according to social class, but this research concentrates its activities on the lower class couples who cannot afford to provide for a large family. Perhaps others are able to provide for their family, therefore, the researcher would like to admonish those who cannot provide for their family, to try the preferable method that will help them prevent the imminent social disgrace.

The use of contraceptives involve both a decision on desired family size and the effective limitation of fertility once that size has been approved. The aspects of preventing should be the priority of the couples that do not have the financial ability to provide for a large family.

The rapid rate of growth compounds the already difficult and slow process of development. Rapid population growth adversely affects every phase of the development process and even nullifies many projects already completed (The 1984 International Conference on the Population: The Liberia Experience, p 102).

If this aspect of population growth can adversely affect development and nullify the already completed ones, than Christians who are the conscience of the society should be able to help the nation in teaching their congregation about the control of population that everyone can enjoy the God-given resources. In teaching their congregation about the control of population that everyone can enjoy the God -given resources. One of the best ways anybody can control population is by regulating fertility through contraceptives.

Medical theories and practice in mediaeval Europe were developed within the ethos of the Catholic Church. Medical education was undertaken largely as an adjunct of monastic learning. Under those conditions the neglect of contraceptives practice by pre-nineteenth century physicians was hardly surprising. Indeed, the issue was eventually resurrected and transcribed in the contraceptive passages which were entirely omitted amongst English writers on Syphiology. There was a reluctance to discuss the condom, which was well known since the sixteenth century as a preventive method against venereal infections.

By carefully distinguishing between contraception and abortion and by pointing to the complete absence of evidence for the supposed injurious effects of contraceptive usages the 1916 Report of the National Birth Rate Commission provided reassurance at least for the more responsible section of the profession, on the two most frequent objections to the practice (Peel

and Potts, Textbook of Contraceptive Practice, p. 2). Both expressions continued to appear but it was now conceded that some contraceptives were probably less harmful than others.

In Margaret Sanger's struggle for birth control, she took many ways including a plan to flood the country with a million copies of her pamphlet on Family Limitation. A subsequent flight to Europe was when she visited Holland and learned of the mensinga diaphragm and most important of all, the establishment of the first birth control advice center at Brookly in 1916. Although, this was quickly closed down as a public nuisance by the New York Police, it represented a genuine milestone in contraceptive history in the United States of America, (Peel and Potts, Textbook of Contraceptive Practice, p. 15).

Moreover, in 1959 family planning received official medical support in a resolution of the American Public Health Association which was subsequently confirmed by the American College of Obstetricians and Gynecologists. Despite the continuous fight against contraceptive in the United States of America, at present, America is one of the largest users of contraceptives in the world.

However, the Bible gives the responsibility of subduing the earth to our forefather, therefore, we are vested with the authority to continue that mandate by control population the best ways possible, to enable us subdue the earth.

It is socially acceptable, that the inability to control population brings about increased criminal activities within the society. Therefore, it is the work of the church to create the awareness for its members to help alleviate social disgrace that will confront the church through an uncontrolled population.

B. Economic Impact on the usage of Contraceptives

Contraception has become a major force in our society and is influencing the history of the human race by its effect on the population. In 1975 almost 80% of the married couples in the

United States were using some method of contraception (Gerald D. Coleman SS, Human Sexuality: An all-embracing Gift, p. 178). This usage of contraceptives enables the married community in the United States to improve the economic status in their lives. This too can be applied in the Christian community to enable the married couples to have a better communion with the Lord. Aspects of contraception will alleviate the social disgrace that will confront the Christian couples, which will make them to backslide in their Christianization.

It should be understood that the church has the responsibility to teach its members to improve their economic status in the best way that it will not contradict the biblical status.

Economically, the church is being supported by its members mainly the married people, therefore, the pastor should admonish the Christian to be aware of the ways in which poverty creeps into the family circle.

More easily quantified cost include medical care associated with the complications of pregnancy and childbirth. A World Bank study found that pregnancy and child birth were the leading causes of hospital admission in the Belize, Jamaica, Korea, Malawi and Oman, accounting for between 13% and 24% of all hospital costs (Parmilla Senanayake and Ronald L. Kleiman, Family Planning Meeting Challenges: Promoting Choices, p. 550). More difficult to measure is the lost productivity of the woman who dies. Whether she participates in the formal economy or not, a woman's contribution to the community and national development is substantial and frequently underestimated. This can also be associated with Liberia, as the cost of child-bearing in most of the "better up" hospital is very unbearable for most of the people in Liberia. Therefore, the act of contraception is very important for the contemporary time, because the woman who choose to have children every time have shorter life span, than the woman who choose to put into practice the concept of contraception.

The cost of the health care system has increased dramatically, and it has threatened people of all walks of life by affecting nations, local institutions and individual budgets. If the

best medical care in the Republic of Liberia were available to everyone, it would only increase the life expectancy by about four years but if every fertile persons were to regulate birth through the “best contraceptives” available, and eat sensibly, exercise moderately, the possibility of life expectancy would increase by eleven years.

We must challenge the deceptive impression that children are blessing, therefore, we should continual multiply without any control of child-bearing, knowing very well that God requires of us to provide for our children the best ways possible. If we spend enough on doctors and hospitals it will affect our economic status and lower our attention on the educational aspect of the children who will increase the illiteracy rate in the country.

The economic impression on the usage of contraceptives, is that, it brings relief to parental expenditures and other problems that would be created by children whom the parents cannot provide for effectively because of low incomes. The essence of this investigation is to help low income parents to have knowledge of available contraceptives that will enable them to better prepare for the purpose of child-bearing, for the betterment of the family. And to augment the living standard of the family that every member of the family will have equal share of their income, but not to encourage heterosexual relationship among married people.

C. Development of Family Planning Association of Liberia

Mrs. Mac Bea Maximore-Keller, President Emeritus of the Family Planning Association of Liberia, served as the founding president of FPAL from its inception 1956 – 1978. She was the first contact person of Ms. Edith Gates, an educator author, health consultant and representative of the Pathfinder’s Fund in the United States of America who visited Liberia in 1956, and expressed interest in organizing a Family Planning Association in Liberia.

Upon Ms. Gates' introductory call on Mrs. Keller, a professional nurse at the Government Maternity Hospital found her when she encountered a very sad mood. Mrs. Keller had just lost a patient due to delivery complications while giving birth to her 13th child. At the time of her 12th delivery, the woman had asked the doctor to assist her in preventing another pregnancy. But then she was only told by the doctor to go home and avoid to get pregnant anymore. Yet, nine months later the same woman came back to the hospital to give birth to her 13th child, a ten-pound baby. She hemorrhaged to death despite the doctors' efforts to save her.

This unpleasant experience was in line with the expressed mission of Ms. Gates. Mrs. Keller then embarked upon a vigorous awareness and recruitment campaign with her colleagues. They then found the Board of Sponsors in 1956 which subsequently organized the Family Planning Association of Liberia (FPAL) with Mrs. Mac Bea Maximore-Keller as its first president.

However, the young organization was not favored in the beginning by the authority especially the late President William V.S. Tubman, who after some tussling at last became its chief patron. The reluctance was due to their belief even as of today that family planning encouraged heterosexual activities among people but above all else, it cautioned people from having children they can not take care of, and help people who can not give birth, since Liberia has a small population that needs to control its people for a good living. The opposition to family planning by the skeptics and the subsequent launching of strong advocates still went on.

This campaign lasted until 1966 when it was formally organized. The first grant of US\$10,000.00 from the Pathfinder Fund enabled FPAL to open its first clinic on Broad Street, Monrovia where the headquarters was maintained. However, this research will now review the contraceptives option presently available and provide a brief description of the methods' basic modes of action and their complications.

D. The Major Types of Frequently Used Contraceptives

There is a wide variety of contraceptives and techniques in use today, none of which is ideal. Many concentrate on preventing sperm out of the uterus. Caps and condoms aim to provide a physical barrier and spermicides a chemical barrier.

Withdrawal modifies the sex act, to try to keep sperm out of the female tract completely. Other techniques, generally more effective, concentrate on interfering with the ovum. The oral contraceptive pills usually affect the ovum's development and release. Intrauterine devices (IUD) are thought to prevent its implanting in the uterus.

Finally, there are two types of techniques. Rhythm methods simply not necessarily successfully aim to avoid intercourse at those times of the month when sperm might find an ovum ready for fertilization. Sterilization methods are surgical operations which make one partner incapable of having children. Techniques can be combined to give more effective contraception.

E. Synoptic View of Artificial Birth Control Methods and Their Complications.

All prescription methods give reliable protection against pregnancy when used according to instruction, because no one method is right for all women. An examination of a woman's past and present health will help decide which may be appropriate for her. A physical examination is recommended at least once a year specially if a prescription method is used.

Women and men who know they have all the children they will ever want to have or who know that they will never want children may prefer a permanent method of birth control such as the voluntary sterilization.

i. Condom

The condom Sheath, Hunber, and French letter, is still probably the most widely used contraceptive. It has a long history, dating back some hundreds of years and was popularized as a protection against venereal disease. When used carefully, preferably with a spermicide, it is an effective means of birth control.

The condom consists of a thin rubber sheath, about 7 inch (18cm) long, open at one end and closed at the other end. It fits tightly over the man's erect penis. When he ejaculates his semen is trapped in the sealed end. This prevents sperm from entering the vagina.

a. The Using of a Condom

The condom is taken out of the package rolled up, and unrolled onto the erect penis just before intercourse. This can be done during lovemaking. At least 1 inch (2.5cm) at the tip should be left empty of air to help prevent bursting or leakage. After ejaculation, the man in withdrawing, should hold the condom so that it does not come off. Just about any man can use a condom.

b. The Types of Condom

There are various types of condoms, plain ended or teat ended, and they can be of different colors. Some people argue that condoms reduce sensitivity; however, the lubricated brands claim to be an improvement.

For easier insertion, it is better for a woman to use spermicidal cream or jelly, which gives the advantage of extra contraceptive effectiveness. Condoms have kept their popularity largely because they do not need medical supervision and can be obtained and carried around easily. But it should be noted that condoms should not be kept in a heated place.

c. The Advantages and Disadvantages of Using Condoms

Condoms allow men to take responsibility of birth control and STD prevention. They have no side effects, except for the few people who are allergic to rubber or spermicide.

They are very easy to get. Later condoms offer some protection against many STDs as they are a reliable back-up or second method. They may also help men with problems of premature ejaculation. The chief disadvantage is that, due to the annoyance of interrupting lovemaking, some couples may decide to take the risk of intercourse without contraception. However, the condom can be put on as part of sex play. Condoms break more often if they are not put on correctly. Therefore, care must be taken not to spill semen during withdrawal.

ii. The Cap

The diaphragm is the best known example of caps that fit across a woman's cervix to act as a barrier to sperm. The diaphragm is a dome like rubber device. Its rim contains a coiled spring. By itself, the cap is not particularly safe, but when it is used carefully in conjunction with spermicides it is quite effective. For most women before the pill was introduced, the diaphragm was the safest method of contraception which was available to them.

Putting a diaphragm in place is not very difficult, though at first it needs practice. The woman holds its edges together and pushes it by hand into the vagina so that the bottom edge rests against the rear of the vagina and the top rests against the vaginal wall behind the bladder. The spring causes the diaphragm to regain its circular shape so that it is held in place. Before insertion, 2-4 inch (5-10 cm) of the spermicidal cream or jelly should be squeezed onto the inside (closest to the cervix) on both sides of the cap. The cap should be put into the vagina not more than 2-3 hours before intercourse. After intercourse, it should be left in place at least 6-8 hours

while the sperm dies. If intercourse occurs again in that time, more spermicide should first be introduced into the vagina without disturbing the cap. Diaphragm varies in size. An initial fitting by a doctor or nurse is essential, and the cap should be checked for fit every 6 months, after a pregnancy, or if more than 10 lb (4.5kg) is gained or lost in weight. At home, the cap must be washed after use, according to instructions, and checked carefully for holes.

a. Advantages of the Diaphragm and Cervix Cap

Once learned, insertion is easy. Insertion can be part of bedtime routine, or it can be shared by both partners during sex play. If properly placed, the device is generally not felt by either partner during intercourse.

The spermicide used with diaphragms and cervical caps offers some protection against certain STDs including the human immune deficiency virus (HIV) that can cause AIDS.

b. Problems Related to the Use of the Cap

Most women have no side effects while some women are prone to develop bladder infections with the diaphragm. Women with very short fingers may need to use an inserter for the diaphragm and may not be able to use the cap. An unpleasant odor may result when cervical caps are worn for more than three days or if an infection is present. Problem may result if the cervical cap is worn for more than 48 hours, or if it is worn during vaginal bleeding.

iii The Pill

Taking the pill is quite easy as the problem is to remember to do so. Most pills come in packages of 21 which are designed to aid memory. To start oral contraception, the first day of a period counts as a day 1. Pill-taking begins on day 5, whether bleeding has stopped or not. It

continues until day 25 when the last pill is taken. A gap of 7 pill-free days follows before the next courses during which menstruation occurs. For women who have difficulty in remembering this sequence, combined and sequential pills are available in packs of 28. But extra pills are dummies.

The first package of pills may not give complete protection, and for the first two weeks a second set of contraceptives should be used. If a combined pill is forgotten, it should be taken within 12 hours of the usual time if it means taking two in 1 day. If more than two are missed and the gap between the pills is more than 36 hours, then the pack should be finished but a second contraceptive should also be used. It is important not to forget to take the pill continuously, and it must be taken at the same time every day.

a. The Main Types of Pills

1. Combination Pill- This is the most widely used and effective type. The woman takes one standard pill each day for 21 days, starting on the 5th day after menstruation begins, and ending on the 25th day. There is a gap of 7 days during which no hormone is taken, and the menstruation occurs; then, a new package is started. The combination pill is so-called because each active pill in the package contains both hormones. In preventing ovulation, the combination pill does the following: a) affect the uterus lining, so implantation could not occur and, b) causes the cervical mucus to thicken, forming a chemical barrier to the sperm.
2. Sequential Pill- This is closer to a woman's natural cycle but less effective. Again, 21 pills are taken, starting on the 5th day after menstruation. But the first 14 pills contain estrogen alone; only the remainder contain both hormones. Ovulation is prevented, but the uterus lining and cervical mucus are unaffected.
3. Continuous Pill- In this brand are 28 pills in each pack, all are active and containing synthetic progesterone only. One is taken every day, even during menstruation. They work

mainly by their effect on the uterus lining and cervical mucus rather than the ovulation. In the continuous pill, all the pills contain progesterone alone, and it works rather differently.

b. The Side Effects of the Pill

Most women experience some side effects of the pill. There may be headaches, nausea, swollen or tender breast, heavier periods and vaginal discharge. But not all women experience these, and most symptoms disappear within the first few months. If they do not, a change of brand may remove the unpleasant side effects.

No woman should take the pill without consulting a doctor. All pills and especially high-estrogen ones, carry a risk of blood clotting. The resulting thrombosis may be fatal. This is more likely in women over 35, and even pregnancy itself carries higher risks. Other disorders a doctor must consider before prescribing the pill include: hepatitis, diabetes, migraine, and epilepsy. There is still no proof that the pill causes cancer. But estrogen can aggravate some types of existing cancer.

Cervical smears are an important part of the medical examination that accompany the pill, and a cancerous condition would be found in good time. Doctors still disagree how long a woman should stay on a pill. On an average, women tend to use it for 3 to 4 years. To regain fertility, a woman only needs to stop taking the pill. But it may be months before her ovaries are functioning normally and conception can occur.

iv. Intrauterine Device (IUD)

The IUD, also known as the coil or loop is a small plastic device which is used for insertion into the uterus. It may be left there for several years, and while in place, it works as a contraceptive almost as effective as the pill without restriction. Once the IUD is removed,

fertility returns in 1 to 12 months. Comparable practices of IUD date back to biblical times, when camel drivers inserted pebbles into the uteri of female camels, to keep them from becoming pregnant, yet, how an IUD works is uncertain. The theories of IUD include: a) that an IUD makes the ovum pass down the fallopian tube too rapidly for fertilization or implantation; b) that it interferes with the lining of the uterus so that implantation cannot take place; and, c) that it interferes directly with the implantation process.

The IUD is very effective while in place, though some doctors advise the use of a spermicide as well around ovulation. But it may fall out, especially during the first few months or at menstruation. Early IUDs were too large for women who had not had children. Recently, smaller designs, usable by all women, have appeared. However, the failure rate may be a little higher. Many women experience side effects with IUDs, usually heavy periods and/or pain. For this reason, about 25% of women fitted have had their IUDs removed.

IUDs may also aggravate infection, or rarely cause it. There is also a slight risk of perforation of the uterine wall, but significant damage is rare.

If pregnancy does occur, IUD can be removed, as it increases the risk of miscarriage. Otherwise most types have no effect on a fetus. Many doctors advise renewal of the IUD every 2-3 years. Lipped Loop and Saf-T-Coil are the most commonly used IUDs for women who have had children. For those who have not, the Copper 7 and the similar Copper T are the most common. They both have copper wound around the stem, and this aids their contraceptive effect.

v. Sterilization

Sterilization is the most effective form of birth control. But it is also the most final or last solution of contraception. As yet, no reversible method has been perfected, which means that a

person considering the operation must be absolutely certain of her or his decision before undergoing sterilization.

a. Female Sterilization

For women who are quite certain that they do not want any more children, sterilization is becoming more popular. The operation consists basically of cutting, tying or removing all or part of the fallopian tubes. As a result, eggs can no longer pass from the ovaries to the uterus and the sperm is unable to reach the eggs. Provided that the operation is done correctly, there have been rare instances of the fallopian tubes rejoining. After operation, there are no obvious changes.

Sexual interest should remain unchanged, and the menstrual cycle continues as normal. Some women, in fact gain increased enjoyment from sex once the fear of pregnancy has been so completely removed. There is a number of different ways in which a woman can be sterilized. All operations may not require hospitalization, but the time needed for recovery varies.

b. Male Sterilization

A vasectomy is a safe, simple, surgical operation in which each vas deferens, the duct leading from each testis to the penis, is cut and tied off. As a result, the semen a man ejects no longer contains sperm. Apart from instances where the cut tubes have rejoined, the operation is always completely effective. It does not alter a man's ability to have an orgasm or to ejaculate. But the operation is rarely reversible, which again means that a man must be absolutely sure before undergoing a vasectomy. The operation is quite short and generally lasts under half an hour.

For the majority of vasectomy operations, a local anesthetic only is needed. Each 1 or 2 very small cuts are made on or near the scrotum. A piece about 1cm long is removed from each duct, the cut ends then being folded back and tied. Once the operation is over, the man can

generally return straight home and can be back at work within 2 or 3 days. The most common after effects are likely to be some soreness and bruising. A vasectomy is not immediately effective as there are usually some sperm stored in the seminal vesicles, above the cut.

For this reason, a second method of contraception must be used until two successive follow-up tests of the semen show negative sperm counts.

vi. Topic Conclusion

It has been confirmed that all medications, including the artificial birth control methods have some side effects. For that of the above artificial birth control methods that are mentioned, are some minor reactions that usually clear up after two to three months; therefore, it should not deter those married people who are engaged in the use of artificial contraceptives for prevention purposes. Because it is better to produce children that would be taken care of than to produce children you cannot care for, which is highly immoral. Also, it should be noted that most of the reactions can be very severe because the clientele do not follow the instruction of the doctors and health professionals.

Contraception today, even with its faults, has reached a fairly high level of sophistication. Yet, of the world's fertile women, probably less than a third actually use contraception regularly. There are various reasons for this discrepancy. Outside Europe and North America, women in most parts of the world know little about modern contraception. Anti-contraceptive laws still exist in some countries, while in others social or religious attitudes create further barriers. This is why the research is geared towards providing solutions so as to remove the barriers that social or religious attitudes created. It is advisable therefore, that Christian married couples will not produce children whom they will not provide for, which eventually make them unbelievers.

F. Natural Method and its Complication

There are two common natural methods: Coitus interruptus and the rhythm methods. Coitus interruptus is the withdrawal of the penis from the vagina before ejaculation. Although it is a widely practiced method, it is extremely unreliable, because some sperm nearly always escape before orgasm. The technique also induces stress during intercourse, and many couples find this method frustrating. The failure rate is about 30-40 per 100 persons.

In the rhythm method which is during the safe period, intercourse is avoided on the days before and following ovulation, when an egg is released from an ovary and travels along a fallopian tube to the uterus. These so-called safe days are calculated using the date of ovulation, with the knowledge that the egg survives for a maximum of two days and the sperm for a maximum of six days, or an average of five days. Ovulation is usually before a menstrual period is due.

For the calendar method, a record of menstruation must be kept for at least six months. Counting the first day of menstruation as day 1, the first unsafe day is found by subtracting 18 from the shortest recorded cycle, and the last by subtracting 11 from the longest cycle. Thus, if a woman's shortest cycle was 27 days and her longest 32, she must avoid intercourse from days 8 to 22.

In each month a woman's body temperature rises slightly at the time of ovulation. She can record this rise if she takes her temperature every morning before and not after, getting out of bed. The safe period is usually from two days after ovulation until five days before the next expected rise in temperature. The failure rate is about 20 – 30 per 100 persons.

i. Regular Menstruation

Suppose a woman had menstruation regularly every 28 days. Ovulation would be most likely on the 15th day of the cycle, but could happen anytime from the 13th to the 17th, a period of five days. Since sperm can live 72 hours and even longer, four days before this are also

unsafe. And since the egg may still be fertilizable 24 hours after the 5-day period is unsafe too. This gives a total of 10 unsafe days, from the 9th to the 18th day of the cycle inclusive.

Some women have cycle as short as 21 days, others as long as 38 days, but this does not matter if the cycles are still regular. The woman still abstains for a period of 10 days, starting 20 days before the menstruation is expected. The regular cycle ovulation occurs about 14 days before the menstruation. But as the cycle is regular, the woman can count forward from her last menstruation. The timing of the unsafe period for a normal cycle is 28 days.

ii. Irregular Menstruation

A woman with irregular menstruation should keep an accurate record of her menstrual cycle for a year beforehand, and note the shortest and longest cycles. She must then calculate as follows:

- a. She subtracts 19 from the number of days in her shortest cycle; and
- b. She subtracts 10 from the number of days in her longest cycle.

So the unsafe days are from the 6th to the 19th day inclusive, after the start of the last menstruation. Perhaps 15% of women have menstrual cycle so irregular that the calendar rhythm method can not be applied. The timing of the unsafe period is apparent when cycles vary between 25 and 29 days. The unsafe period of the shortest cycle lasts from the 6th to the 15th day and that of the longest from the 10th to 19th. So one can see that unsafe period is from the 6th to the 19th day.

To conclude, ovulation typically occurs halfway between the menstruation, on about the 15th day. So, a woman can count forward 14 days from the start of her last menstruation to guess when ovulation will occur. But the menstrual cycle is seldom perfectly regular. In most women, menstruation is erratic when periods return after the birth of a baby, and in a quarter of women it

is always fairly erratic. Other women may have a record of regular menstruation for years, followed by sudden, unexpected irregularity. Also, even where menstruation is regular, ovulation need not to occur at the midpoint, the 15th day. It can occur anywhere from 16 to 12 days before the start of the next menstruation.

However, ovulation is sometime induced by the stimulus of sexual intercourse. In short, sperm can live in the woman's cervix for up to 72 hours and sometimes longer, so even if intercourse is four days before ovulation it may on rare occasions cause conception.

In this light the calendar rhythm method, which is mainly based on dates is not very effective, even if several days are kept free from intercourse to the likely date of ovulation. Besides that, a married couple who would like to abstain, during the unsafe time means that they will abstain from each other in half of their married life, which the Bible does not favor. Because I Corinth. 7:5, states "Do not deprive each other (from sex) except by mutual consent and for a time so that you may devote yourselves to prayer. Then come together again so that Satan will not tempt you because of your lack of self-control. This means, that married people should always engage themselves in the sex habit except for the reason of devotional fasting and prayer time. And right after that, they should go back together. But the issue of constant abstinence from sex because of the unsafe time to avoid pregnancy may cause the male partner to engage into adultery because of the lack of self-control as the Bible puts it.

It should be noticed that the Bible admonishes married people to always avail themselves to each other in time of sex; therefore, the rhythm method inconveniences the male, and it also has a complication of understanding the method because of its irregularity that sometimes occurs.

G. Condition for Pregnancy Occurrence

For pregnancy to occur, several conditions must be fulfilled: semen from the man must enter the woman's vagina; the semen must contain healthy male sperm; the sperm must find conditions in the vagina in which they can live; the living sperm must make their way into the woman's uterus and if possible the fallopian tubes; they must find an egg there ready for fertilization; and the egg, once fertilized, must be able to implant itself in the uterus; also should create condition for possible implantation.

The means of preventing anyone of these, is when contraception is achieved. But it is essential to notice three things. First, that the sperm may reach the vagina even if the penis does not enter it. Sometimes in the process of withdrawal, there can be pre-ejaculation before the withdrawal is done, which may lead to pregnancy. So, sperm ejaculated onto the vulva or surrounding skin can still swim into the vagina, which may lead to pregnancy.

Second, although conditions in the vagina are hostile to sperm, they live there for 6 hours or more. So, any barrier to stop sperm moving up to the uterus must last at least this long intercourse.

Third, that once sperm has reached the uterus, it can live 4 to 5 days or more. So, to avoid conception, there must be at least this time gap between the arrival of sperm in the uterus and the arrival of the egg. A normally fertile woman experiencing regular intercourse with a normally fertile man stands a sixty percent chance of becoming pregnant in anyone month.

In conclusion those who prefer to adapt the withdrawal method are to take note of the above mentioned conditions of the occurrence of pregnancy. Normally fertile woman can get pregnant in any time of the month, if the time gap is not taken into serious consideration. This time gap has to be in consideration with the woman's menstrual regulation which the man has to have total knowledge of to enable him better control himself as to his sexual habit. In addition to

these conditions, the regulation that guides those who are practicing any of the natural methods are to be kept completely, anything other than its strict compliance will automatically cause pregnancy.

CHAPTER FOUR

IV. RESEARCH DESIGN AND EXECUTION

Because of the controversial nature of the phenomenon, it is necessary to conduct a scientific investigation which would provide clues to the essence of contraceptives in the context of the churches.

A. Population

The churches which are selected for the investigation included: The Sacred Heart Cathedral, Catholic Church, Broad Street; Trinity Cathedral, Episcopal Church, Broad Street; Providence Baptist Church, Ashmun, Center and Broad Streets; the First United Methodist Church, Ashmun Street, Mid-Liberia Calvary Baptist Church, Tubman Boulevard; Philadelphia Church, Congotown; Full Gospel A.M.E. Zion Church, Congotown; and Church of God, Paynesville City. This study considered the views of subjects from the eight churches.

B. Sampling

The sampling constituted a representative sample of the churches:

Church	Location	Population	Percentage	Sample
1. Sacred Heart Cathedral	Broad Street	1,200	1%	12
2. Trinity Cathedral	Broad Street	500	1%	5
3. Providence Baptist	Ashmun Street	1,100	1%	11
4. First United Methodist	Ashmun Street	900	1%	9
5. Calvary Baptist	Tubman Blvd.	600	1%	6
6. Philadelphia	Congotown	900	1%	9
7. Full Gospel A.G.M.	Congotown	300	1%	3
8. Church of God	Paynesville	<u>500</u>	1%	<u>5</u>
Total		<u>6000</u>		<u>60</u>

C. Instrument

Due to the nature of the phenomenon, the interview schedule and the questionnaire were employed with observations. The expertise of Family Life Educators of the Family Planning Association of Liberia were also contacted.

The respondents during the interview schedule included pastors of the various churches and other Christians who were involved in social services.

D. Data Analysis

Birth control methods have come to be accepted for different reasons and so the acceptance has also come with the use and the periods to use them. Different people have different reasons for using whichever method was available or they were advised to use initially.

Thirty percent (30%) of users have experienced that birth control methods curtailed poverty with only five percent (5%) who believed that it improved poverty.

Forty percent (40%) saw that it extended life expectancy while twenty five percent (25%) believed that it shortened life.

It was based on the amount of knowledge people had on contraception. Forty percent (40%) had adequate knowledge of birth control, but ten percent (10%) only had knowledge of fertility awareness and withdrawal. Thirty percent (30%) knew about intrauterine devices with only twenty percent (20%) who ascribed to male and female sterilization.

It has been agreed upon that a high population causes scarcity and so a stiff competition for goods and services. Twenty-five percent (25%) believed that population control could be effectively done through the use of the pill and condom.

As high as forty percent (40%) related is exclusively to withdrawal and abstinence.

Thirty percent (30%) experienced it to be well done through the intrauterine devices but only five percent (5%) felt strongly for total male and female sterilization.

Most people were using these methods prior to their marriage because some only wanted to have offspring for and by their partners. Those who had a few prior to marrying did not want to continue so but only have more offering in wedlock.

Twenty-five percent (25%) took the pill or condom, forty percent (40%) were continuously using the fertility awareness method while thirty percent (30%) utilized the withdrawal method with only five percent (5%) who hooked up to sterilization.

The church through its education ministry hardly dealt to some depth but through the Sunday School some taught how to prevent pre-marital sex and reproduction. Thirty percent (30%) dealt with the pill or condom with up to forty percent (40%) taking care with the fertility awareness method. Twenty percent (20%) were taught about and advised to use the intrauterine devices as option, and with only ten percent (10%) taught sterilization.

The church had to come in to avoid promiscuity and uncalled for intercourse which may eventually result into unwanted pregnancies. It was observed that as high as fifty percent (50%) went for the pill or condom while only twenty percent (20%) opted for the withdrawal method with thirty percent (30%) for the intrauterine devices.

With the way they wanted to prevent a social disgrace with economic problems associated with it, marital counselors were able to approve the methods. As high as fifty percent (50%) recommended the pill, ten percent (10%) approved the condom, thirty percent (30%) approved withdrawal and only ten percent (10%) approved the fertility awareness method.

With this level of interactions, exposure and determination of which device or method to use as per one's system, twenty percent (20%) felt that it encouraged faithfulness as much as the good health that goes with it. Thirty percent (30%) observed that it supported family unity while up to fifty percent (50%) knew it to encourage heterosexual activities.

With the overall involvement and control of sexual activities in the total family realm, fifty percent (50%) saw it that it improved their economic status, forty percent (40%) lent it to their social status with ten percent (10%) acknowledging that it improved the religious relation and status.

E. Data Interpretation

The use of birth control methods have been done with voluntary act and not involuntary. Nobody has been coerced to use birth control method to regulate their fertility but because of its essential use to help curtail poverty and to improve the welfare and health of the family. This is why it has been introduced to the society.

From the analysis it has proven that the birth control method is important for the growth of a responsible society that will give equal opportunity to the God-giving resources of the country in which men and women find themselves.

It also has given the basis that birth control should be done or practiced by Christians but the preferred methods have been the controversial issue of contraceptive usage by the users who

intend to involve themselves in the use of birth control methods to regulate their fertility for the betterment of the society and the nation as a whole.

It should be noted, that whenever a married couple choose to have sex, they need to consider the possibility of pregnancy. They should decide when or whether to have children helps them stay in charge of their lives and fulfill their dreams for the future. This dreams for the future is what, the investigation is geared towards helping couples who are willing to engage in the use of contraception for the welfare and health of the family.

Women who effectively use birth control have fewer health risks and actually lived longer than those who took their chances about getting pregnant. It helped them to have children when they are healthy enough to complete the pregnancy. Birth control also helped women avoid the health costs of having too many children by helping them space the children they decided to have.

It clearly showed that birth control is essential for the contemporary time; therefore, churches need to create the awareness for their members to seize the opportunity of regulating their fertility for the goodness of the community in which they will find themselves. And not having children that will bring reproach to their Christian ethics, because of their inability to better guard and guide their children and to even provide a good meal for them.

It also indicates that one of the best ways to prevent social disgrace that is associated with economic problems is to regulate fertility of the couple through contraception. In this light, it has been proven vividly that the issue of contraception among married couples should not be condemned by anyone but should be guided by a clinician as to the appropriate usage of contraceptives for the good health and welfare of the family. In short, all those who will like to use contraceptives should make sure to have proper examination in a recognized hospital or clinic, where they will know their health history as to the best method of contraceptives to be used.

F. Recommendation

With the interaction and exposure, it is incumbent upon the researcher to provide this to the church so as to enable its leaders to educate their congregation for the enhancement of the society.

1. That the issue of birth control be taught to the congregation considering the advantages and disadvantages, so as to alleviate the uncertainty that is created in the mind of the would be users of contraceptives (married people).
2. That sex education form part of the youth and young adult Sunday School curriculum, so as to better prepared the future generation on the concept of child-bearing and
3. That the Churches create special classes for parent education, to enable parents to improve their relationship in regard to the family size, health and welfare.

G. Conclusion

The lack of birth control means that having children was not a choice. For poverty stricken Christian couples, an infant means another mouth to feed, and an addition to the expense of food as well as interference with the mother's role as a worker whose contribution is necessary to the family's ability to survive. In all, the high risks of maternal mortality made the birth of a child a traumatic event. Even in a relatively healthy condition enjoyed by some Christians, the death rate caused by child birth has been alarming. Liberians are having it tough with the ability to feed the children. This has become a dilemma among those who are not preventing.

The need for contraceptive practice among Christian couples is an exciting event that should be considered by churches, so as to enable those who do not have the finance to produce children that they can ably provide for. There should not be any strings attached to those who would like to use contraceptives but it should be the churches' concern to create the awareness for its members to know the advantages and disadvantages which are involved in the use of artificial birth control, and not to make a choice for them abruptly. Because all of the methods have their own complications that need to be studied by whoever needs to engage in the issue of birth control, be it natural birth control or scientific birth control.

It is a divine hope that this investigation will give new revelation and help church leaders who have not seen the rationale for the usage of contraceptives as a means of preventing those who do not have financial ability to cater to the children they have.

Contraceptives should not be looked at as a means of promoting promiscuity, but rather as a way of preventing social disgrace that is associated with economic hardship. It is therefore incumbent upon Christians that the need to alleviate poverty in the midst of the believers that they will not eventually become unbelievers. Because they can not provide for their own (I Timothy 5:8).

In summing up, where there is life there is a tendency to procreate. Thereto, the Bible does not go against the usage of contraceptive. No where in the Bible that encourages procreation without the ability of the procreators to be able to provide for what they had brought to birth (life). To be able to subdue the earth that God has given us is the ability to provide for its inheritance.

If we just increase the number of people on this earth without been able to provide for them will surely lead us to be immoral. Because those who cannot provide for their relative and especially their own, are referred to as infidel. Thereto, the Bible indicates, that parents provoke

not your children to wrath: but bring them up in the nurture and admonition of the Lord. (Ephesians 6:4). Therefore, bringing up children is more than telling them what to do. It is the idea of nurturing, cultivating and providing the necessities for their growth. To ably do this requires financial preparation for the parents to reach the said idea that is given.

However, this does not mean that those who do not have should not have children. But it should be on the minimal to enable them bring up healthy children to subdue the earth that we are called to fill.

APPENDIX A

Letter to Respondents

Gbarnga of Theology
Post Office Box 1010
Ashmun Street
Monrovia, Liberia
April 24, 2000

Dear Sir/Madam:

I am conducting a research on the Church's Concept and Practice of Contraceptives: Implications for Sexual Morality, in partial fulfillment of the requirements for the Degree of Bachelor of Theology (B.Th.) at the above mentioned institution.

Please be assured, that whatever is discussed during the interview schedule will be kept in complete confidentiality.

Sincerely yours,

Henry N. Scere, II.

APPENDIX B

Questionnaire

This questionnaire was intended to identify factors which were responsible for the positions the churches held on the Concept and Practice of Contraceptives: Implications for Sexual Morality. Select the most appropriate response.

1. Birth control method helps to
 - a. Curtail poverty
 - b. Improve poverty
 - c. Extend life
 - d. Shorten life
2. There is adequate knowledge available of
 - a. Pill and Condoms
 - b. Fertility Awareness Method (FAM) and Withdrawal
 - c. Intrauterine Device (IUD)
 - d. Male and Female Sterilization
3. For birth control it is preferable for married couples to use
 - a. Pill or Condom
 - b. Withdrawal or Abstinence
 - c. Intrauterine Device (IUD)
 - d. Male and Female Sterilization
4. Population control should be done through
 - a. Artificial Contraceptives
 - b. Abstinence
 - c. Withdrawal
 - d. Male and Female Sterilization
5. For birth control, the church has taught in Sunday School

- a. Pill or Condom
 - b. Fertility Awareness Method (FAM)
 - c. Intrauterine Device (IUD)
 - d. Male and Female Sterilization
6. For preventive purposes in marriage the church approved for birth control
- a. Pill or Condom
 - b. Male and Female Sterilization
 - c. Withdrawal or Fertility Awareness Method (FAM)
 - d. Intrauterine Device (IUD)
7. For married couples marital counselors should approve
- a. Pill
 - b. Condom
 - c. Withdrawal
 - d. Fertility Awareness Method (FAM)
8. Artificial birth control encourages
- a. Faithfulness
 - b. Good Health
 - c. Family Unity
 - d. Heterosexual Activities
9. The sale of birth control method improves
- a. Economic status
 - b. Social status
 - c. Religious status

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