

Facts about Premarital Sex and Contraception

Facts vs. Spiritual Beliefs As much as I would like you to know that God loves you very much, has a wonderful plan for your life, and has given clear instructions that sexual activity belongs only within marriage, I know that you may not share those views, or even believe in God. But there are plenty of non-religious facts about the serious risks of premarital sexual activity. I hope you will consider these facts and make a firm decision to wait until marriage for sexual activity. If you have already become sexually active, you still have the power to decide to discontinue a risky activity and decide to wait from this point onward. YOU are in control of your life, not me. I gain or lose nothing from your decision either way; I very likely don't even know you and will never know what you decide. YOU will be the one to gain or lose from your decision – make it a good decision, based on the facts.

Physical Risks of Sexual Activity:

A. Sexually Transmitted Infections (STIs).

As a typical teenager, you may believe that STIs only happen to “other people” – until it happens to you, or a friend close enough to confide that to you. The FACT is that sexually transmitted infections are around in epidemic proportions, especially among teens. (1). If you have sex with anyone who has had sex even once with anyone else, then you are at risk.

So – what if you get an infection?

- While many infections can be treated with antibiotics, viral diseases can only be controlled. If you contract Herpes or HIV, you have it for life.
- **Females may see no visible symptoms**, and therefore not seek treatment. If untreated, an infection can lead to Pelvic Inflammatory Disease, a serious threat to fertility.
- Males may have a sore that goes away. But if he has not been treated, he is still contagious even after the sore is gone.

Think a condom will protect you? Think again. While “correct and consistent” use of condoms does reduce the risk, risk still exists. For example, the transmission of HIV is reduced by 85% (2), the transmission of Chlamydia by 60%. (3) But actual use is not always “correct and consistent” – and therefore much riskier! If a condom has a 14% failure rate in preventing pregnancy (4), and disease organisms are much smaller than sperm, then it makes sense that a latex membrane containing microscopic holes cannot protect well against disease.

Life-threatening and incurable diseases can also be transmitted by oral sex. (5)

B. Health Risks of Hormonal Contraception (“the pill”, the patch, shots, implants)

If you plan to take a medication regularly for several years of your life, you want it to be safe. But in spite of the fact that birth control pills are widely prescribed and generally thought of as safe, there are definite risks. In 2002, a study was released indicating the hormone replacement therapy (HRT) for post-menopausal women increased the risk of breast cancer as well as cardiovascular events resulting from blood clots (pulmonary embolism, stroke or heart attack). (6) Half of the 30 million women taking HRT stopped. By 2007, the incidence of breast cancer in women over 50 was down 11%. (7) Birth control pills have the same hormone as HRT – but in much higher doses. In the 1970's, 1 in 12 women got breast cancer. By the 1990's, it was 1 in 8. One doctor noticed that her **breast cancer patients were getting younger –in their 30's rather than their 50's**. (7) In 2006, a meta-analysis was done of 23 studies, showing **a clear connection between the Pill and breast cancer. The risk is greatest for women who take the pill for 4 or more years before ever having children.** (8)

The risk of blood clots also doubles the risk of heart attack or stroke in healthy women, and in smokers, or those with high blood pressure, high cholesterol, or diabetes, the risk is increased by 5 - 20 times. (9, 10) The patch causes exposure to 60% more estrogen than the pill (11) and would presumably caused increased risk. In fact, some doctors have seen so many problems with the patch, that they have stopped prescribing it.

A recent study shows that the risk of blood clots is worse than previously thought. **Women in their 20's have died** from pulmonary embolisms (blood clots in the lungs). (12)

Risks to Your Future Marriage

Fact: The earlier in life you begin sexual activity, the more partners you are likely to have before you marry. The more partners you have before you marry, the less chance you have for a stable, lasting marriage.

You may be thinking, “But this is the one – there won’t be anyone else, we are going to get married eventually.” Please – be realistic. If you are still in high school or college – think about how long it will be before you are ready to marry. Think about how much you have changed in the last few years. You will continue to change and grow – and so will your ‘significant other’. How well do you really know him or her? Isn’t it possible you will discover things about them that you don’t like – that things will change between you? If you are not ready to marry **RIGHT NOW** – then you have no commitment, and there is certainly a good possibility that you will eventually break up.

Sexual activity is designed to help the man and woman to bond, to cement their relationship, to help them stay together. When people have sex, chemicals are released in the brain that bring about bonding between the partners. Staying together during the long process of raising children is of great benefit to the children. Picture you and your partner being bonded together by a piece of duct tape. What happens when the bond breaks and the tape is ripped off? **It hurts**. Breakups between couples who have been intimate are more painful than when a couple has not taken that step. And what happens when you use the same tape over and over with different partners? It no longer sticks well. The bonding ability of sex decreases because of misuse.

How hormonal birth control works: There are four separate mechanisms by which hormonal birth control works. In spite of all these mechanisms, however, **NO method is 100% effective**. The main point I want to get across is that although contraception is advertised as being purely preventative, it can in fact cause the death of a newly conceived child by preventing the child from implanting in the uterus. Pill manufacturers define pregnancy as beginning at implantation rather than conception so that they can claim that their product “only prevents pregnancy”.

1. The original design of the birth control pill was **to prevent ovulation** by mimicking the hormones of pregnancy, and thereby preventing the pituitary gland from releasing the hormones which regulate the monthly cycle and stimulate egg production. If the pituitary does not produce the needed hormone, the ovary does not cause the maturation and release of an egg. If no egg is released, then there is no egg to be fertilized, and pregnancy cannot take place. The original dose given to achieve this effect, however, produced serious side effects. “High-dose COCs [combined oral contraceptives] in the 1960s and 1970s contained as much as 50 µg (micrograms; 1 µg = 1 millionth of a gram) to 150 µg estrogen and 10 mg (milligrams, 1 mg = 1/1000 of a gram) progestin, and were reported to be associated with risks of serious cardiovascular side effects, including venous thrombosis (a blood clot in a vein), heart attack, and stroke.”(13) Most birth control pills used today have lower doses of both hormones: 35 µg or less estrogen and 400 µg or less progestin. (400 µg is 0.4 mg) Some “low dose” pills have as little as 20 µg of estrogen. While the focus has been on the decrease in side effects with the lower doses, little is said about the effect on ovulation. While the observed effectiveness in preventing pregnancy remains high with the lower doses, the rate of ovulation has not often been studied. The progestin-only pill only prevents ovulation in about half of cycles (14), and ovulation with Norplant has been cited as high as 44%.(15) It is apparently the estrogen component, therefore, that is primarily responsible for stopping ovulation, and it would make sense that ovulation would occur more often at the lower dose.

Breakthrough ovulation may also be effected by not taking the pill at the same time every day to consistently maintain the hormone level required to prevent ovulation. Planned Parenthood recommends the use of a backup birth control method for 48 hours after a progestin-only pill is taken 3 hours late, and for

combination pills states that “There is a highly increased chance of pregnancy if you go without hormones for seven or more days in a row. This could happen if you don’t start a new pack on time and/or forget to take the last one or two pills in the pack.”(16) They recommend using a backup method of birth control for seven days after missing one or two pills at the beginning of the pack. (16)

2. The second mechanism for preventing pregnancy is that the pill may act to **thicken the cervical mucus**, making it more difficult for the sperm to enter the uterus or the fallopian tube. This effect would therefore again mean a prevention of conception, since the sperm may not be able to reach the egg, even if an egg were present. However, the author of one article states that the evidence for this mechanism is weak.(15)
3. The third mechanism of action of hormonal birth control is to decrease the action of cilia (small hair-like structures) inside the fallopian tubes, thereby **slowing the transport of the egg to the uterus**. (17) The fallopian tube is the narrow tube structure that brings the egg from where it is released from the ovary to the uterus. When the sperm enter the uterus, they normally also enter the fallopian tube, and it is generally inside the relatively constrained volume of the tube that fertilization takes place. The fertilized egg then continues its travel toward the uterus. As it travels, it will begin to divide into a number of cells, but can only survive for a short time before implanting in the uterus in order to receive nutrition from the mother. If the hormonal action of the birth control drug slows the movement of the egg to the uterus to the point where it does not reach the uterus in time, the newly conceived child will die.
4. The fourth mechanism of action is also an abortifacient effect, where **the lining of the uterus is changed to make it less hospitable for implantation**. Women taking the pill often observe that their periods are lighter, verifying that the uterine lining is thinned, less built up, with the use of the birth control. If an egg is produced, and sperm are able to enter the uterus, **conception can take place**. The newly conceived child would then normally implant itself in the uterine wall in order to begin receiving nutrients and oxygen from the mother, to continue his or her development. The normal hormonal cycle stimulates the uterine lining to be at its peak in readiness for the child a few days after ovulation. The developing child, implanted in the uterus, would then produce the hormones that stop the monthly cycle and maintain the pregnancy. The birth control hormones can prevent this process of implantation, and the monthly cycle continues when the birth control hormones are removed (by removing the patch or ring, or using placebo pills, that is ‘sugar’ pills without the hormone). Menstruation occurs, and the young child is swept out the uterus along with the uterine lining being shed. The woman is never aware of being pregnant, and no pregnancy is observed. However, a child was in fact conceived and aborted at a very young age. It is difficult to estimate how often conception might take place with the use of combination hormonal birth control, perhaps only 1 or 2 % of the time. One author estimated that a silent chemical abortion takes place, on average, once for every 200 menstrual cycles that a woman is continually on a combination birth control pill. (18) However, with millions of women around the world using these methods of birth control for extended periods, that means millions of lives have been lost.

In the case of long-term progestin-only drugs such as Depo Provera and Norplant, women often stop having monthly periods, but ovulation is only partially suppressed and the observed “prevention” of pregnancy may often be due to the prevention of implantation.

References:

1. “CDC Fact Sheet: Reported STDs in the United States”, retrieved 7/30/14 from <http://www.cdc.gov/std/stats/default.htm>.
2. “Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention” prepared by the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services. July 20, 2001. Retrieved 7/30/2014 from <http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>.

3. Gabriela Paz-Bailey, MD, MSc; Emilia H. Koumans, MD, MPH; Maya Sternberg, PhD; Antonya Pierce, MPH; John Papp, PhD; Elizabeth R. Unger, PhD, MD; Mary Sawyer, MD; Carolyn M. Black, PhD; Lauri E. Markowitz, MD, “The Effect of Correct and Consistent Condom Use on Chlamydial and Gonococcal Infection Among Urban Adolescents”, *Arch Pediatr Adolesc Med.* 2005;159(6):536-542. Retrieved 7/30/14 from <http://archpedi.jamanetwork.com/article.aspx?articleid=486033>.
4. Hatcher, Robert, *Contraceptive Technology*, New York, Ardent Media, Inc. 1998.
5. S. Edwards and C. Carne, “Oral Sex and the Transmission of Viral STIs,” *Sexually Transmitted Infections*, 1998, 74(1) 6-10.
6. Writing Group for the Women's Health Initiative Investigators. Risk and benefits of estrogen plus progestin in healthy postmenopausal women: principal results from the Women's Health Initiative randomized controlled trial. *JAMA*2002; 288(3):321-33. [[PubMed](#)]
7. Ferrisi, Sabrina Arena, “Oral Deception”, *Legatus Magazine*, April 2013. Accessed 7/31/14 at <http://www.legatusmagazine.org/oral-deception/>
8. Kahlenborn, C et al “Oral contraceptive use as a risk factor for premenopausal breast cancer: A meta-analysis” 2006 *Mayo Clinic Proc* 2006 81(10): 1290-1302
9. Tanis, BC et al “Oral Contraceptives and the risk of myocardial infarction,” *NEJM* 2001; 345: 1787-1793
10. Gillum, LA “Ischemic stroke risk with oral contraceptives”, *JAMA* July 5 2000; 284: 72-78
11. Ortho-McNeil Pharmaceutical. Ortho Evra. Product labeling. Revised November 2005.
12. Midgeon, Gerard, “New research on birth control and blood clots reveals real risk factors”, <https://naturalwomanhood.org/new-research-on-birth-control-and-blood-clots-reveals-real-risks-factors/> accessed 10/19/16.
13. Wright, Kerry L., “Advances in Hormonal Contraception”, *Network* Vol. 22, No. 3, 2003. Accessed 8/13/2010 at http://www.fhi.org/en/RH/Pubs/Network/v22_3/NW22-3hormonals.htm .
14. Barnhart, Kurt, MD, MSCE, Schreiber, Courtney, MD, MPH, and Shaunik, Alka, Chapter 8. *Contraception*, last updated: January 15, 2006 Accessed 8/13/2010 at <http://www.endotext.org/female/female8/ch01s05.html>.
15. “How Do the Pill and Other Contraceptives Work” The Polycarp Research Institute, accessed 8/13/2010 at http://www.polycarp.org/how_does_the_pill_work.htm
16. Answer to Question “What do I do if I forget to take a pill?” , accessed 8/13/2010 at <http://www.plannedparenthood.org/health-topics/birth-control/birth-control-pill-4228.htm>
17. Bronson, RA. “Oral Contraception: mechanism of action. *Clin Ob Gyn* 24(3) 873-874. Sep 1981. (cited in “The Pill: How does it work, Is it safe?” from the Couple to Couple League International, Inc. 1995. See www.ccli.org.)
18. Kuhar, B.M. PhD, Abortifacient Drugs and Devices; Do the numbers add up?, published in *Infant Homicides through Contraceptives*, Eternal Life publishers, KY, USA, 1995, p26.

This information has been compiled by Christian Voices for Life of Fort Bend County.

www.ChristianVoicesforLife.org

For more information see these Information Sheets from www.ChristianVoicesforLife.org/information sheets.html

[Emergency Contraception](#)

[Abortion Risks and Consequences](#)

[Abortion Techniques](#)

Brochures are available from Heritage House:

<http://www.hh76.com> –click on literature, abstinence, information

and <http://www.hh76.com> – click on literature, abstinence, STDS

[The Top Ten Questions Teenagers Ask About Sex](#)

[Intimacy](#)

[The Truth About Sex...](#) (about STIs, also available in Spanish)

And many other titles.