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Contraception: traditional and religious attitudes

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Man's attempts to control his numbers are of such antiquity, that their real origin is concealed by the mists of time. Population limitation is widespread among preliterate people. Infanticide and abortion were common practices among primitive societies, but birth limiting practices were rare.

There is reason to believe that primitive women recognized the advantages of conception control as opposed to abortion, and, when possible, employed contraception techniques. The information available suggests that they were motivated largely by economic and medical reasons, a fact suggesting that the desire to control conception is a human universal trait, dependent neither upon time and space nor culture.

In the 4th century B.C., Plato and Aristotle favoured a stationary population and advocated the one child family. Abortion and infanticide were commonly condoned, and under certain circumstances were recommended as public policy. Contraceptive knowledge had a written basis from a variety of Greek and Roman medical writings.

The Hippocratic writings describes a hollow lead tube partially inserted through the cervix into the uterus. Other materials and techniques described in the Greek medical literature include a potion containing 'misy' — an unidentified substance, perhaps iron sulfate or alum. Hippocratic writers recommended that semen be removed from the vagina or 'shaken out with body movements'. They associated reduced fertility with obesity and recommended gaining weight as an anticonception measure. Aristotle recommended covering the cervix and vagina with cedar oil, a contraceptive tech-

nique comparable with that described in ancient Egyptian papyri from 1850 B.C.

The Islamic physicians (Rhazes and Avicenna) recorded considerable information regarding conception control, but it is doubtful whether the information was generally available in Europe, although their works preserved in Arabic were translated into Latin.

Christianity was the determining force, and the attitudes of the church to the control of fertility exerted profound influence then and later. The first clear statement about the sinfulness of contraception, even among married people, resides in the 5th century writings of Saint Augustine, who formally and unequivocally condemned contraception.

In the early modern period, the condom, one of the most important modern contraceptive devices, appeared.

The idea of penis protector was not new. Many primitive and ancient societies used them for purposes like fertility promoting amulets, badges of rank and decoration. The early Egyptians wore them as a protective against bilharzia. In its earliest forms, the use was mainly as a disease preventive, to cover the penis as a prophylaxis against syphilis, when that disease became epidemic in the 16th century in Europe. The condom grew in popularity during the 18th century.

The devices were openly sold in major European cities. It was constructed from fish skin and ceca of various animals, and was sometimes employed for a contraceptive purpose.

One of the most important advances of the 19th century is the development of the occlusive pessary. Such an object is described in the Egypt-

tian medical papyri, but only within the last 150 years has undergone improvements in shape, materials and effectiveness. Two basic types of occlusive pessary are still in use. The cervical cap, a small high domed device, which fits over the cervix, and the vaginal diaphragm, larger, flatter and disc shaped. Both were developed during the 19th century and, as well as the condom, were greatly improved by technological advances, especially by developments in rubber technology.

By 1880 there were also spermicides in mass production, and there was considerable commercialization of contraceptive materials.

In 1909 Richter described a 'thread pessary', which rested entirely inside the uterus, and was only for contraceptive use. Richter was the first to report the contraceptive effect of an intrauterine ring made of silkworm gut. Years later, in 1928, Grafenberg in Germany and Ota in Japan reported their experience with intrauterine rings made of copper and silver. Grafenberg's ring aroused strong opposition, chiefly because it was believed to predispose users to pelvic inflammatory disease, and the device was not used in Europe. In Japan, the Ota ring continued to be used.

Medical opposition began to change in the late 1950s after Openheimer in Israel and then Ishihama in Japan reported their experience with the intrauterine ring.

It is now more than 30 years since oral contraceptives became available for general clinical use. The most important clinical effect of the combined oral contraceptive pill is inhibition of ovulation. The term 'combined' relates to the combination of two synthetic sex hormones, estrogen and progesterone.

The first trials of progesterone for contraception were conducted in Puerto Rico because of the country's high birth rate and to avoid moral censure in the United States. Northynodrel 10 mg daily for 21 days, followed by a 'pill free' week was used in these studies. This proved spectacularly successful in inhibiting ovulation and inducing withdrawal bleeding. It was then discovered that the oestrogen mestranol was present as a contaminant, which accounted for 1.5% of the preparations in use. When the mestranol was removed,

cycle control deteriorated and some pregnancies occurred. Therefore, it was decided to reintroduce the mestranol in the amount present as a contaminant (150 mg). Thus, the 'combined' pill was born.

Religious aspects of contraception

The dominant attitudes of the major religious communities discouraged progress in the understanding of reproduction and attempts at its control.

Birth control in Jewish Law

In Judaism, sexual relations are a good thing within marriage. In fact, they were prescribed in two separate commandments of God. One was the commandment 'be fruitful and multiply', the other asserts that a man must not withhold from his wife 'her food, her clothing, or her conjugal rights'. The fact that these were two separate commandments meant that a man's duty to have sexual relations with his wife was independent from his duty to propagate, and consequently, the duty to fulfil the woman's sexual needs continued even after the man had fulfilled the duty to propagate; that is after he has begotten two children, one male and one female in accordance with the verse in Genesis 'male and female He created them'.

Contraception was permitted under certain circumstances. In general, the tradition understood the command to propagate as obligatory to the male, but not to the female. Thus, in addition to the prohibition against masturbation, female methods of contraception were permitted while male methods were not. Abstinence is prohibited, since it is against the commandment 'be fruitful and multiply' and since it also fails to fulfil the wife's conjugal rights (the MITZVA of ONAH). Coitus interruptus is forbidden, based on the prohibition of improper emission of sperm, as first mentioned in the Bible in Genesis 38 by Er and Onan. The Talmud and Rabbinical literature oppose the use of condoms, based on the prohibition of destruction of the seed and improper emission of semen. Male hormonal preparations are also prohibited.

All Rabbinical rulings permit the use of contraceptives to prevent conception for medical

indications. Economic difficulties and inconveniences of raising children are not indications for birth control practice.

The contraceptive methods that were allowed for use by women in cases of medical indications are discussed in the Talmud. These include those of the 'safe' period and of body movements following intercourse to spill the husband's sperm.

The use of 'cup roots' in order to prevent conception was practiced in the Talmudic period, and was recommended by Mamonides, Kario's codes, and later by various Rabbis.

Recent Responsa literature finds analogy between hormonal contraceptive preparations (e.g. the pill) and the practice of 'cup roots'. Therefore, no Halakhic objection to the use of the pill exists.

The approval of barrier methods — diaphragm and cervical caps, is based on the Talmudic statement that has been called 'The BERAITA of three women'. The use of 'MOCH', an absorbent material inserted into the vagina during intercourse, was allowed for minors and for pregnant and lactating women. According to views based on the Halakhah, if there is an indication for birth control practice, the order of the contraceptive method according to preference is as follows: oral contraceptives, IUD, tampon or douche, spermicides, diaphragm. As for castration and sterilization, according to Jewish law it is forbidden to impair the reproductive organs in man.

Roman Catholic Church

In Roman Catholic doctrine, the primary purpose of marriage is procreation. The end, which nature intends to reach by copulation, is offspring to be procreated. The contraceptive act destroys potential life and violates the principle purpose of marriage, and therefore it is a 'sin against nature'. Abstinence and the rhythm method have been approved by the Pope. These can be practiced for a number of medical, economic and social indications.

The Protestant Church

Protestant doctrine has recently permitted the practice of birth control. It was approved by the Lamberth Conference and Anglican Bishop in 1958.

The Methodist conference in 1939 allowed the practice of contraception. The World Council of Church in 1961 committed itself to cooperate with the United Nations in demographic tasks.

In 1979 the Episcopal Church issued a report that declared, that the 'purposes of human sexuality are to contribute to human welfare, pleasure, family procreation, social order and more abundant quality of life for all', a report which clearly signaled a change in attitude.

Islamic law and contraception

According to the Quran, Moslems believe that children are gifts from Allah, and many Moslems believe that it is their religious duty to multiply and populate the earth. They refer to the Prophet's saying: 'Marry and multiply for I will make a display of you on the day of judgement' (by Abu Dawoud). Against this there is a long list of children's rights that were given them by Allah and the Prophet, that should make parents think of adjusting their procreation patterns to their 'religious' obligations to their children. There are ten cardinal rights of children in Islam, among them the right to education, to future security, and the right to separate sleeping arrangements.

Under the current status of Moslem communities, it is not easy for parents to fulfil their obligations to large families. That is why the later Hanafi jurists found it quite permissible to avoid pregnancy (even without the spouse's consent) in situations and circumstances that militate against properly raising a child in a manner that would do honor to the Prophet.

Hinduism

According to Hinduism, women were created in order to give birth, especially to sons. There is no specific religious prohibition to the use of contraceptives.

Buddhism

Buddhist doctrine does not put a stress on procreation. Therefore birth control methods can be applied.

Over the last quarter of a century, fertility differences of the three main religious groups in dif-

ferent areas of the world, especially of the Western hemisphere have narrowed.

It seems more likely, that differences in contraceptive usage and fertility among religious groups will reflect issues of differential husband-

wife communication, sex roles, public access to contraceptive and traditional family values, rather than specific theological constraints or birth control, or the social class of religious groups.