

FROM TWO, ONE—PERHAPS
CHRISTIAN CONTROVERSIES OVER CONCEPTION &
CONTRACEPTION CONTINUE

A Guided Overview Essay

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*As you do not know the way the spirit comes to the bones in the womb
of a woman with child, so you do not know the work of God who makes everything.*
—Ecclesiastes 11:5

Perhaps the greatest mistake most individuals make in understanding, then positioning themselves within the landscapes of conception and contraception, is to assume they know all about how babies are made and how to avoid them. When professing Christians conjure up conception, the immediate references these are drawn to aren't from a science text, but rather from the Bible. Such are passages that describe the “womb-knitting” going on (Ps 139:13), the “forming” (Jer 1:5), and breath of spirit that imparts animus and *imago Dei* (Gen 2:7). Yes, of course, most Christian couples today have basic understandings of fertilization, conception, fetal growth and maturation. Yet these often lack an in-depth understanding of *processes*, processes which can inform better choices for both baby-making and baby-avoiding, as well as false guilt.¹

When there is a pregnancy, couples will likely have early consultations with obstetricians and, ultimately, select a method of birthing that fits both their physical capacity, wallet, and predilections. Without complications, the stages of fetal maturation to birth are monitored with excitement and awe, an adventure that underscores the “wonder” of creation and of bringing a new life into the world.

When conception is delayed, or difficult, Christian couples often resort to medical advice and testing, relying on science to help establish what may be awry—physically,

¹ The comment is substantiated by my doctoral and postdoctoral education, and teaching Human Sexuality for 37 years. Within that frame, teaching *conception* and *contraception*—anatomy, physiology, pathophysiology, appropriate technologies and biomedicinals— to social science, natural science and nursing students in a Christian University. Additionally, 24 years of teaching *Lamaze Natural Childbirthing* techniques at the university. Some expressed guilt discussing, or using, contraceptive and/or reproductive medicine.

hormonally, emotionally, in either partner or both. There are times when doctors may suggest fertility treatments,² or following low successes, IUI (intrauterine insemination) or in-vitro fertilization (IVF) and uterine deposit to possibly secure a pregnancy. IVF has always been controversial in Catholic/Christian circles, its negative sanctions revolving not only around what to do with leftover embryos if these are produced, but also the process of embryo creation itself. Some couples can get past the arguments; but as we will discuss in due sections below, much depends on how such view when another life itself “starts.”³

IF for sundry reasons conceptions want to be delayed *on purpose*, Protestant Christians seldom have issues resorting to *some* forms of birth control, for which there are now multiple means and pharmaceuticals, including contraceptive implants.⁴ And yet, to date, 99% of contraceptive technologies are still only for women—the partner who is then commissioned to engage them. (We’ll get to the men, below.)

Protestant Christians and Birth Control

Let me first say that *not all Protestant Christians* are represented in the comments below. There is, however, a growing contingency of protests arising within the Protestant, and predominantly conservative Christian camp that voice continuing misunderstandings about contraception, and thus argue against much of it. Arguments against also circle back to not truly knowing about, or misunderstanding *conception itself*; or the processes in reproduction involved by the natural body. As well today, a good percentage of the arguments are co-opted by divisive politics to enable rationales which limit human rights of choice—and I don’t refer here to (just) abortion.

The Catholic church has historically been a strong opponent of all contraception, primarily because it interferes with the procreation mandate to “be fruitful and multiply”

² These commonly include hormonal injectables for women to enable ovarian maturation and/or release; or if a male, treatment for testosterone or glandular insufficiencies to boost sperm production. Sometimes it’s the sperm themselves, and being able to separate healthy swimmers from non in the lab, in order for assisted insemination to take place.

³ I will get to this gordian knot later in this document.

⁴ Female contraceptives:

(Gen 1:28).⁵ To some Protestant Christians, contraception is also an artificial intervention into the natural process of procreation, one that separates procreation from the “natural act” of sexual intercourse (in marriage) and begetting children “as God wills these.”⁶ This, to me, seems a twisted logic, since contraception *does not* intercept intercourse in a copulating act, but rather intercepts the union of sperm and egg. As a matter of great fact, most people that use contraception engage more freely in copulation, and thus copulate more often, most happily, given the lowered worry of an unplanned pregnancy.⁷

What’s also misunderstood here is that copulation, ejaculations, ovulations, even when “timed to rhyme,” don’t always produce fertilization and a pregnancy. To presume that preventing a pregnancy from happening via the use of medical technologies is alien, wrong, is to misunderstand both science and what natural bodies already do on their own. The big difference is not that contraception is interfering in sexual intimacy or marital union; or for that matter, having children; but alas, instead, controlling the timing of when a couple *wants* children...if at all.

Unfertilized eggs pass from the body naturally without women even knowing it. Sperm pass out of men’s bodies frequently, sometimes as ‘swimmers’ in erectile fluids like Cowper’s glands secretions (or what street-language calls *pre-cum*), not just when men ejaculate.⁸ The difference here is that men “know” when they push out their swimmers *en masse* because they have an ejaculatory orgasm. (It is via ejaculation that men pass upwards of hundreds of millions of sperm.) We’ll address this feature later on.

⁵ One of the main themes in Catholic magisterial teachings is the insistence that conjugal love (by which is meant *the sex act*) ought always be open to its “intended purposes.” Pope Paul VI insisted that “each and every marital [sex] act must of necessity [*per se destinatum*] – ‘by its destiny’] retain its intrinsic relation to procreation and the maintenance of fecundity.” See Paul VI, *Humanae Vita*, sec. 11, 1968.

⁶ Grisanti, Michael A. “Birth Control and the Christian: Recent Discussion and Basic Suggestions.” *The Master’s Seminary Journal*. Spring 2012, 85–112. <https://tms.edu/wp-content/uploads/2021/09/tmsj23e.pdf>

⁷ Bell, Suzanne O. and David Bishai. “Unmet Need and Sex: Investigating the Role of Coital Frequency in Fertility Control.” *Studies in Family Planning*, 2017 48(1):39–53. <https://onlinelibrary.wiley.com/doi/full/10.1111/sifp.12012>

⁸ Stephen R. Killick et al. “Sperm Content of Pre-Ejaculatory Fluid” (*Human Fertility–Cambridge*, 2011. 14(1): 48–52). The authors note that while some men pass spermatozoa in their pre-ejaculatory fluid, sperm count is not consistent or anywhere near comparable to sperm volume in the ejaculate. Men tested for sperm in their “pre-cum” showed on average 10-52 motile sperm, as opposed to that in their ejaculates (also collected), which ranged between 200-300 million motile sperm.

“Saved by the bearing of children.” Hidden away in misunderstandings of contraception is the notion, clearly expressed by a contending U.S. vice-presidential candidate recently, that women are *supposed to*, obliged, *to bear children*. This Pauline ‘manifest destiny’ of women is found in 1 Tim 2:11–15 and stretches childbearing presumptively and even into the gift of ‘salvation’. Pauline statements have sometimes been plagued by misogynist-type inferences, often wrongly interpreted; and this one is no different. Contextualized in time and place and the Jewish culture from which Paul’s cloth was cut, it should not be surprising to find emphasis on the Near Eastern–Judaic assumption that the ‘salvation’ of women (read: their redeeming virtue) was to bear children. It is thus “the mother image” which “saves” the woman from her temptress role (cf., 1 Tim 2:14; Gen 3:6-13). Ah, Ah. (See the sidebar footnote for more on this.⁹)

In the contemporary era and included in some political posturing is the notion that to be anything less than a mother, i.e., “*fruitless*,” makes one a purported “cat-woman” that then takes out maternal frustrations on others—and becomes, alas, another “Karen.” Nothing could be more misogynistically wrong.¹⁰

⁹ **Sidebar:** The biblical text referenced is one of the most difficult to unravel, and probably one of the most obscure texts in the Bible. Its context is framed by what is going on with Christian and other Ephesian women, and the deception that some have fallen into repeating. Dr. Raymond Blacketer, historical theologian, writes the following in his article, “Orthodoxy and Submission” (2016): “*What the text cannot mean is that women are spiritually inferior or inherently more susceptible to deception (which would be a degrading and patently false teaching about half the human race.) It cannot mean that only Eve became a sinner, since Paul also locates the origin of human sin in Adam’s disobedience (Romans 5:12–17, which by the way, doesn’t mention Eve); nor can it mean that women are saved through having children, since Paul clearly teaches that salvation comes by grace through faith.*” To some theologians, the 1 Timothy verses cited do not appear to be written by Paul, as these demonstrate an extremely negative view of females. Blacketer goes on to emphasize Paul’s own practice of including women as co-workers in ministry, citing Philippians 4, Romans 16; and calling women workers in ministry by name and with praise. To Blacketer, Paul is a *revolutionary* when it came to including women. That may hold; but in my opinion and “nevertheless,” in 1 Timothy 2 there is seepage of the condemning idea that Eve was deceived *first*, tempts Adam, and is thus the first to sin. For that, and in the underbelly of the writer’s words (whomever it was that wrote the sentences in 1 Tim 2), *some* form of female self-redemption is needed; it comes by suffering the ‘curse of childbirth’ while remaining “in faith, love, and holiness, *with propriety*.” Here, Paul/the writer continues to include the necessity for women to act “*in propriety*” (some translating the last two words as “*with modesty*”)...Hmm. Is there a continued hint of wicked female seduction here? Blacketer’s article appears in <https://www.blacketer.org/orthodoxy-and-submission>. Further reading with references is available in AATF Administration’s “The Eve and Mary Parallel: Misogyny in 1 Timothy 2:11–15.” *Asian American Theological Forum*, May 2021, 10(1-2). ISSN: 2347–8133.

¹⁰ For a journalistic exposé of the commentary, see *The Guardian*’s “This Week in Patriarchy” feature article by Arwa Mahdahi, “Sorry, JD Vance, But Being a ‘Childless Cat Lady’ is Actually Not a Bad Thing.” July 20, 2024. <https://www.theguardian.com/commentisfree/article/2024/jul/20/jd-vance-childless-by-choice>.

In this misunderstood reasoning, anything that thus interferes with a woman's reproductive ability in fact enslaves her to her fallenness. It is her bearing of children, her maternal role, that 'redemptively' lifts her up. Christian men who "forbid" their wives to use contraception often have as a backdrop this twisted logic, brought forth and into the contemporary arena only to support the continuance of male privilege in and out of the home.¹¹

If there is a more somber rejection of female birth control, it comes in the form of assuming all forms of hormonal birth control are actually abortifacients.¹²

"The Pill." Let's be clear here: Most types of oral contraceptives women use are naturally occurring hormones or synthetic analogues of these. Such regulate ovulation and its timing; and as a corollary, the timing of a woman's "period," or menstruation. This is the 'gold standard' common contraceptive: *"the pill."* By controlling ovulation and menstruation, a woman can negotiate pregnancy, effectively *calculating* when her "safe time" and "possible pregnancy time" occur during a cycle. Women can then regulate their coital activity to lessen pregnancy risks.¹³

We also have oral contraceptives that enable longer times between periods, or "zero" periods for up to two-three years (although I've never advised these.) Which again means that a woman has control of her own body, and not limit her reproductive choices to just what the body does on its own.

Neither shorter-acting (daily) pills nor the longer-acting contraceptives are in and of themselves abortifacients. Oral contraceptives prevent pregnancies primarily by helping to control the timing of ovulation and menstruation. Some do thicken cervical mucus and thin the endometrial lining (usually combination pills of estrogen and

¹¹ See Rachel Held Evans, "Privilege and the Pill." January 18, 2014.
<https://rachelheldevans.com/blog/privilege-and-the-pill>

¹² An *abortifacient* is any substance or procedure that produces a pregnancy termination.

¹³ This, of course, assumes women have the cultural and role freedoms to do so—regulate their coital activity. In many cultures women's sexuality is subservient to men's predilections. There may be no capacity to regulate conjugal or other coital activity, or even their own menstruation, much less use of contraceptive pills as pregnancy control without a spouse's consent. See Alomair N, et al. "Factors Influencing Sexual and Reproductive Health of Muslim Women: A Systematic Review." *Reprod Health*. 2020,17(1):1–15; and Wulifan JK, et al. "A Scoping Review on Determinants of Unmet Need for Family Planning Among Women of Reproductive Age in Low- and Middle-Income Countries." *BMC Women's Health*. 2015,16(1):1–15.

progesterone). As a consequence, it's more difficult for the uterus to engage pregnancy when using a combination oral contraceptive (COC).

The Patch, The Implants. Much like pills, patches and implants do the same kind of regulation of ovulation and menstruation. They produce similar effects and thus I won't go into their biohormonal details; but will note that patches are popular with younger generations, and implants are now seldom used but still available. Patches and implants distribute the hormone(s) at a regulated pace, transdermally, into the body. Patches may cause irritation at the site, and implants may cause inflammation; in some cases negative reactions like site infections, and thus must be removed. Otherwise, they are nearly identical in the way these and oral contraceptives work.

The Christian argument against COCs clearly revolves around the possibility that a fertilized egg (now called a blastocyst/morula at this stage of mitosis) won't implant. If one believes that life begins at the meeting of sperm and egg, then conceivably the lack of implantation can be regarded as preventing a pregnancy from happening. However—and this is where arguments themselves thin out—not all blastocysts implant, since there are numerous uterine conditions that must be met before implantation happens, regardless of pill or other chemical contraceptive use.¹⁴

The Christian retort here circles back to the notion that this possible prevention of implantation due to COC use is *intentionally* causing a miscarriage; which in my view is a gross overstatement (since a miscarriage assumes, first of all, an implantation has *already* occurred and then gone awry); which again, dismisses the primary effects of the

¹⁴ There must be specific uterine conditions met for implantation to happen. Avoiding technicality here, these involve the thickness of the endometrium, or lining of the uterus; “endometrial receptivity,” which means receiving a fertilized egg between 6-10 days after ovulation—often called the “window of implantation”—a phase where there is marked changes in the endometrial cells that are more conducive to having an implantation; and a concomitant rise in *progesterone*, the “hormone of pregnancy” that helps the actual implantation process by stabilizing the endometrial lining. Moreover, the mother's body will react to the fertilized ovum as an invasive organism unless the immune environment of the uterus becomes balanced to allow the blastocyst to “implant without provocation.” Thus, specific immune cells must be in the uterus during this “window of opportunity,” otherwise there will not be successful attachment of the morula to the uterine wall. Finally, there need to be certain extracellular proteins available in the blood (glycodelin-A, for instance) which support implantation. Thus, implantation itself is not a linear process or outcome of having a morula in the uterus.

pill in regulating ovulation itself, and other uterine conditions needed for implantation to actually happen.

In sum here, there are numerous types of oral and transdermal contraceptives that work well for their intended purpose. United Methodists, Evangelical Lutherans, Presbyterians USA, Episcopal Church, United Church of Christ, American Baptists, and Disciples of Christ, among others, support the use of contraceptive technologies as part of family planning. These denominations emphasize individual choice and responsibility overall. But let's note that there can still be diverse opinions within each denomination or branch, and within each congregation.

The IUD (Intrauterine Device). Some women select a longer-acting form of contraception, one that interferes not with ovulation or menstruation but by causing a mild irritation to the endometrial (inner) lining of the uterine wall. The IUD is an implantable device that stays in the uterus until removed.¹⁵ Any blastocyst in such an environment will likely not implant; or if it does, the implantation invariably tends to fail at some early juncture because any irritation in the endometrium will not support it. Some unintended IUD pregnancies fail later in term, and these are of course of great emotional consequence to expectant parents.¹⁶

The IUD can be considered an abortifacient, given that it does not disable sperm and egg meeting, fertilization occurring, but limits or interrupts implantation, which can cause either pregnancy termination or fetal abnormalities if the pregnancy continues to term. Christians who believe life begins at conception—again, defined in these instances as when there is a successful fertilization and the fertilized cells begin to duplicate (mitosis)—will often not approve nor use an IUD because of these reasons. Other Christians may believe life begins way after implantation, when there is “quickening” or movement by the fetus; even some believing there's ‘life’ only when the fetus is viable (23–

¹⁵ There are sometimes issues with keeping an IUD in the uterus for long periods, sometimes 2-3 years. IUDs can implant themselves in the uterine wall, sometimes perforate the wall. In such instances these can be removed through cervical dilation; but in some perforation occasions the uterus needs to also be repaired through endoscopic surgery.

¹⁶ Kim, Sun Kwon et al., “The Prognosis of Pregnancy Conceived Despite the Presence of an Intrauterine Device (IUD).” *J Perinat Med.* 2010, 38(1):45-53.

24 weeks of gestational age). Conceivably, for those that use an IUD, anything that happens to a blastocyst before these occurrences is acting on a non-viable entity.

Medical science reminds us that a woman's body may naturally *not* allow a fertilized ovum to implant; or when implanted, fail; and when failing, cause a hemorrhage to wash out the failed blastocyst/morula. On such occasions the woman may not even realize there has been a termination—often thinking she has had “break-through” bleeding, or what passes as a much heavier period. The point in these counter-arguments is that not all fertilizations “take,” and the body may indeed induce a termination on its own “without provocation.”¹⁷

Since most IUD terminations usually occur early in the process of implantation, some who argue for fetal life beginning later than conception feel it is within the scope of reason to assume IUDs do nothing more than the body does itself. If a Christian is opposed to IUDs, they can certainly avoid using them, given the plethora of other available means of controlling pregnancy.

The Female Condom. If you didn't know one existed, you do now. *The Female Health Company* (formerly Wisconsin Pharma), brought the concept of a female condom to reality in the mid-1980's. The “*femcond*” is an internally worn condom¹⁸ made of *nitrile*, not latex; is thinner and more capable of withstanding friction than the male condom. Its outer ring protects the female external genitals while the internal pouch collects any semen to prevent it from reaching the vagina proper and the uterus. Insertion is facile for most women with coital experience, as is also its safe removal. Studies show that the *femcond* interferes less with sensations ‘both ways’ – men stating in interviews these “feel more,” and “more naturally,” than when using a male condom.

Interestingly, “liking,” or “disliking” the female condom is statistically associated with a female's own gendered cultural-religious history. For instance, some Hispanic women with cultural-religious taboos surrounding sexuality and their sexual organs will

¹⁷ Alves, C. et al. “Early Pregnancy Loss (Spontaneous Abortion)” *StatPearls Online*, January 2024. <https://www.ncbi.nlm.nih.gov/books/NBK560521>.

¹⁸ It is manually inserted into the vaginal canal by the female user. It comes pre-lubricated for easy insertion. Its lip-ring remains outside the vaginal canal and covers the external genitals of the woman for added protection.

instantly dislike the necessity for inserting this device. Other Hispanic women with more culturally liberal attitudes toward sex and their organs welcome the *femcond*, but fuss about its price. Protestant women interviewed saw the *femcond* alike the male condom, and most had no problems with the device as a contraceptive, except for the fact of its awkward insertion and removal. When interviewed, more Protestant men than women disliked the female condom, men often asserting that they saw the device as a “turn-off,” and as a ‘blocking instrument.’¹⁹

Male Contraception. Until recently, men could only resort to one barrier mechanism for delaying/avoiding conception—the **condom**. Here, the presumption is men *want* to use them, use them *adequately* and in *timely* fashion.²⁰ Men have had a ‘forever problem’ using condoms and using them consistently; sometimes preferring *coitus interruptus*, or ejaculating outside the vagina as a means of (wickedly inept) contraception. The story of Onan comes to mind here (Genesis 38:9).

Condoms are usually manufactured out of processed latex, are very thin but have superior stretch. These come in assorted sizes, colors, “flavors,” with or without lubrication. All condoms “roll on,” and removal is easy. Some of the cited problems include condoms tearing during intercourse, or having small punctures develop, or even sliding off the male. Some men put a condom packet in their wallets to insure they have

¹⁹ During the 1990’s I was invited to do field testing of the female condom for Wisconsin Pharma. This work was carried out with paired samples or ‘couples’ — married, living together, or dating. Both Catholic and Protestant groups were included, as were three different ethnic population groups: two Hispanic (Puerto Rican; Mexican-descent) and “variegated” American White Protestants. See for instance, Gil, V.E. “The New Female Condom: Attitudes and Opinions of Low-Income Puerto Rican Women at Risk for HIV/AIDS. A Prospective Trial.” *Qualitative Health Research*. May, 1995, 5(2) 178–203. <https://doi.org/10.1177/104973239500500201>. Interviews with Protestant men and women were under grant protocols by Wisconsin Pharma to assess the feasibility of the female condom’s use among religious groups in the U.S. Only select data from trials were published outright under strict guidelines for non-disclosures; while all data were provided to the granting pharmaceutical company. By agreement, no statistics are therefore included here, only general references to some results of these early trials.

²⁰ Sundry sociomedical studies over decades have established men have a difficult time *wanting* to use condoms, using them consistently, adequately, and without being pressured take on contraceptive responsibility. (See, for example, Lynda Measor’s article “Condom Use: A Culture of Resistance.” *Sex Education: Sexuality, Society, and Learning*. 2006, 6[4]:393–402.) I’ve heard men state in interviews they’d rather “use a sock,” as a means of illustrating their repudiation of condoms; the presumptive negative sensory effects and feelings these have when using them. Male privilege, “the male/female hierarchy,” and all that is implied in historic male status gets thrown into the rationales for non-condom use. Christian men often add notions of contravening God’s will for procreation (as if the world needed more people!), and/or making contraception a “woman’s issue, not a man’s.” I discuss more in sections below.

some means of protection given an “opportune moment.” However, such a habit often degrades the rubber, it being exposed to pressure and heat from men sitting on their wallets. (I don’t presume Christian men carry condoms around, but some of my former Christian college students *did*...reasons remain unknown, yet the “*brag*” is always a possible motive given the age cohort here.)

Generally, most Protestant denominations have no problems with use of condoms if they generally favor contraception, and this is reflected in the general literature that asks Christian men about their use.²¹ Those that object follow similar rationales as those who feel that any ‘barrier’ is interfering with natural conception possibilities. A good number of men of all Christian persuasions continue to object to how the condom feels, and the interruption of sexual activity in putting them on.

“His turn” for other methods, however, is now on the horizon, and rising. Yet no new “male method” to date offers the singular certainty of pregnancy avoidance or reaches the statistical power of women’s contraceptives. But, it’s more than just a start...

We now have means for slowing down sperm production, and in many, stopping it all together. For example, the new hormonal contraceptive gel “NES/T”—for *Nestorone*, a synthetic *progesterone-like* hormone that acts on the testes to stop sperm production; and for *Testosterone*, which is the male hormone)—which, when added together help arrest sperm production. Men can also receive the injectable “NETE”, *norethisterone enanthate* and *testosterone undecanoate*, which in combination can also reduce/arrest sperm production.

Like female contraception, men’s hormonal products now on the market also come with some drawbacks.²² Early studies find biohormonal successes, but also failures in

²¹ Interest in marital condom use as a topic of study has significantly declined in the U.S. since the early 1990’s. Most studies of condom use are among sexually active single men, MSM, and adolescents; but only tangentially include married men. See Tanfer, Korak et al. “Condom Use Among U.S. Men.” *Family Planning Perspectives*, 1993, 25(2):61–66. <https://www.jstor.org/stable/2136207>. See also Barrett, Jennifer B. et al. “Religion and Attitudes Toward Family Planning Issues among U.S. Adults.” *Review of Religious Research*, June 1, 2014. Sage Journals Online. <https://journals.sagepub.com/doi/abs/10.1007/s13644-013-0136-z>.

²² The most significant include the possibility of acne, some weight gain, and the testes not producing sufficient testosterone on their own. A principal agent here is the synthetic progesterone, which increases the natural progesterone derived from testosterone itself. Too much can cause the symptoms described, and in some men, lower libido. When men stop hormonal contraception, normal sperm production returns, albeit

males being consistent in their own adherence in using the gel or getting the shots. In a word, while men have become more responsible for contraceptive use over time, the volume of users is nowhere near the level women have; and this of course includes Christian men, who in general may see contraception more as a woman's responsibility than a shared one.²³ Currently, there are no studies that include religious affiliation in testing out the feasibility of male hormonal contraceptives. How Christians feel about these new products remains an unknown.

Christians, Conception, and Conceptive Technologies

Conception, and the 'need to know' when life begins... I've already positioned this section via some of the above commentary, underscoring the variegated views present in Christian denominations about how life begins. But let's recap: Catholics enshroud their knowledge of conception as one God's "mysteries," yet quickly state the moment when life begins is when that sperm fertilizes that egg. Most Protestant, and especially conservative/evangelical Christians also believe that life begins at conception. Variations on this point occur throughout Protestant denominations, and center around embryonic *implantation*, *viability*, "*quickening*," *first-breath*; some increasing the "moral status" of the fetus as it gets closer to survival outside the womb.²⁴

Moreover, many Christians are quick to also state that "life begins at conception" (meaning fertilization) is a scientific fact, which, according to the American College of Pediatricians as well as the American Society for Reproductive medicine, it does not.²⁵

slower than women's resumption of ovulation. See Merigola, M.C. et al., "Norethisterone Enanthate Plus Testosterone Undecanoate for Male Contraception: Effects of Various Injection Intervals on Spermatogenesis, Reproductive Hormones, Testis, and Prostate." *The Journal of Clinical Endocrinology & Metabolism*, April 2005, 90(4):2005–2014. <https://doi.org/10.1210/jc.2004-1852>.

²³ Campo-Engelstein, Lisa. "Contraceptive Justice: Why We Need a Male Pill." *AMA Journal of Ethics, Medicine and Society*. February 2012. Published on line at <https://journalofethics.ama-assn.org/article/contraceptive-justice-why-we-need-male-pill/2012-02>.

²⁴ See Frank Ohemke et al. "Ethical, Legal, and Religious Aspects at the Border of Viability." *Frontiers in Pediatrics*, 2019, 7:175. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6518665/>.

²⁵ See June, P.L. "When Human Life Begins." American College of Pediatricians position paper. <https://acpeds.org/position-statements/when-human-life-begins>. Also, Paulson, R. J. "The Unscientific Nature of the Concept that 'Human Life Begins at Fertilization', and Why It Matters." *Fertility and Sterility*, 2017, 107:566–67.

And...Scriptures don't say. To note significantly here, there are no definitive statements in all of Scripture that detail the moment or method when *life* begins, short of Adam's creation. For a nuanced exploration of when life begins and "reckoning with surprising answers in Scripture," please refer to Dr. Dan Brockway's must-read article noted below.²⁶ Given this interpretational leeway, some Protestant denominations (for example, United Methodists, Presbyterian USA, and Episcopalian) may support access to abortion within a certain time-frame or fetal-maternal circumstances, emphasizing as well women's rights and health.

The connection here between what is believed about when life begins, and the use of contraceptive technologies, is, I hope, becoming clearer. While "we'll never know for sure" when a new life begins—at least not from having it clearly spelled out in Scriptures—there *is* scientific certainty in this often-understated reality: before sperm and egg unite, *both* sperm and egg are *already alive*. "Life," that is, viability under the right environmental conditions (like air to breathe, or in the case of egg and sperm, the correct biologic environments), *pre-exists* the union of sperm and egg. We are, in fact, "passing on life" in the form of two *viable* contributions regardless of what happens at conception or afterwards.²⁷

This should not raise more questions, but rather, it should answer some of the ambivalences in position-taking, with this ethical-moral footnote: Our New Testament theology seldom emphasizes life being "passed on" through *live egg* and *sperm*; these are the now taken-for-granted, scientifically understood "parts." Instead, emphasis is placed

²⁶ There is no space in this essay to cover all the nuanced distinctives on Christian positions of when 'life' begins. Two articles that may peak interest if not answer some questions are Dan Brockway's must-read: "When Does Life Begin? Reckoning With Surprising Answers from Scripture." *Christian Citizen*, July 19, 2022, <https://christiancitizen.us/when-does-life-begin-reckoning-with-surprising-answers-in-scripture>; and Andy Pope's commentary in *Religion Unplugged*, "The Bible Doesn't Say Life Begins at Conception." July 26, 2023.

²⁷ I'd like to underscore here that 'life continues' so long as requisites for *viability* remain constant. And these, as I've noted in the running text and footnotes, are *myriad*. Again, they encompass womb environmental conditions, hormones, timing, and most importantly, consistencies in processes involved in cellular mitosis, cellular differentiation, implantation, and maturation of the fetus. Anything—in the millions of processes involved—that goes awry is sufficient to either cause a spontaneous termination or defects in fetal outcomes. We must marvel at the fact that 97.2% of all human neonates are without spot or wrinkle and come to term on time. (<https://columbiadoctors.org/treatments-conditions/birth-defects>.) See the intriguing editorial by Richard Paulson, MD, "It Is Worth Repeating: 'life Begins at Conception' is a Religious, Not Scientific, Concept." *Fertility and Sterility Report*. August 19, 2022, 19;3(3):177. Published online at [https://www.fertstertreports.org/article/S2666-3341\(22\)00084-8/fulltext](https://www.fertstertreports.org/article/S2666-3341(22)00084-8/fulltext).

on the conceptual moment *as if 'life' itself began at that point*. Perhaps an eventually separate life's *potential* in the form of fertilization; but the fact remains that any fetal viability is dependent on processes preceding and following fertilization, as I've noted above.

Here's the other point to consider: we seldom note that sperm and eggs *pass out of our bodies* in deliberate and non-deliberate ways, and *die in the process* without us making much ado about it. There are some historical, theo-ethical ritual taboos and regulations applied to effusions of semen not connected to coitus; but there are no theological constraints against sperm death or the menstrual cycle's passing of ova and their death—or, it seems, even a ritually forced miscarriage (see Num 5:11–31).²⁸

Sperm and ova are “live *life* cells” the body produces—but their only seeming importance theologically by the time of Christendom is when these meet in transit and enjoin themselves!

A pointed question that surely arises is, *Why the emphasis on a zygote in early form and not over the biological 'parts' that produce it?* That's because a majority of Christians believe that the union of sperm and egg *is the moment* when God creates a new, unique human life. This belief is often rooted in the idea that each human soul is individually created by God—and thus God “ensouls” (i.e., breathes into) the conceptus *animus* and *soul from the moment of cellular union*.²⁹ Taken together, these positions

²⁸ In early Judaism any semen that was not ‘used’ coitally, allowing conception, was prohibited. Rabbinic literature has generally interpreted “semen wastage” as a prohibition against masturbation and any form of interrupting semen from ‘doing its job.’ i.e., fertilizing an ovum—avoided in such as *coitus interruptus*. (See www.jewishanswers.org, “Masturbation and Wasting Seed.” *Shulchan Aruch* [Even Ha’ezer] Chapter 23; and *Talmud Niddahn*, 13b: “Semen is the ‘seed’ for the bread of life, and the woman is the ‘oven.’”) Catholicism, and some Protestant denominations still have ongoing prohibitions against masturbation, but the concern has shifted from “wasting seed” to concerns over what the mind may be doing at the time of masturbation. The prohibition often expresses its taboos on sexual mentations considered immoral (Matt 5:27–28), and this includes any use of pornography. There isn’t any explicit prohibition or concern about the menstrual cycle per se; although there were and still are explicit Judaic laws and rituals associated with it. But most are focused on maintaining ritual purity for the woman, rather than a prohibition or concern about menstruation itself. A woman was declared ‘ritually unclean’ during her menses and until such a time as she would do the necessary time cautions, cleansing ablutions, and/or offer sacrifice. There is no prohibition over ova passing from the body, even as a ritualized miscarriage for sexual indiscretion (cf., Exodus 21:22–25; Numbers 5:11–31.)

²⁹ Early notions of “ensoulment” precede Christianity and Judaism, these stemming early from Aristotelian hypotheses about conception and maturation of the fetus. Such ideas later influenced the thinking of Popes and were aided by Pythagorean views that the soul was infused at the moment of conception. See David

underscore for some the necessity for conception to be free from constraints that would co-opt coital sex. The larger underscore assumes we continue to “be fruitful and multiply” (Gen 1:28) unrestrained; without regard to maternal viability, universal intersections of overpopulation, economics, socio-cultural and environmental consequences. Assuredly, these notions need re-evaluation.³⁰ Finally, such positions presumptively rule out any possibility of a pregnancy termination except for those the body itself initiates.

Conceptive Tech 101: IUI (Intrauterine Insemination). IUI is a common and less costly procedure than IVF (explained below). It is often used for “male factor infertility,” which simply means that there may be less motile sperm in the male’s ejaculate than desired, and thus the couple may have problems achieving a pregnancy. It may involve providing hormone administration to the female to spur ovulation if ovulatory insufficiency is suspected. In either case, and most important is the retrieval of male sperm through ejaculated samples in the laboratory. After retrieval, sperm are often laboratory “washed” to insure only the most motile sperm remain. Such are then inserted via a thin cannula into the recipient female’s uterus, the sperm insemination completely bypassing the vaginal canal and thus ensuring that these are deposited deep into the uterus. Timing of the procedure is technically coincident with the female’s ovulatory days, to elevate the success of an ova in transit meeting a sperm.

A good number of men may dislike ejaculating into a sterile cup in the laboratory via masturbation, but most will not object to the process or their part in it. It is not infrequently that Christian men will object to producing an ejaculation in the laboratory through masturbation, given that for many masturbation is a no-no, or is forbidden; moreover, men are often provided visual pornographic magazines to “get them going.” Some feel this impersonal nature of sperm retrieval is enough to seek alternatives to “the cup.” In such cases, males may be given mylex sheaths or untreated condoms for use

Albert Jones, *The Soul of the Embryo* (Continuum International, 2004). Nothing in Scripture proper details the moment of life’s creation—except for Adam’s, and as consequent, Eve’s formation—nor the notion of when ‘ensoulment’ happens. Most verses cited refer to God “knitting” the embryo in utero and knowing it even before its birth. But there are no clear explanatory verses that outline for us the process of ‘life’ entering progeny after God breathed it into Adam. As a coda, the masthead verse in this essay, from Ecclesiastes 11:5, which underscores we have not been given insight into “how” the spirit enters the bones in the womb!

³⁰ Strauss, Elisa. “When Does Life Begin? It’s Not So Simple.” *Slate*, April 4, 2017. <https://slate.com/human-interest/2017/04/when-does-life-begin-outside-the-christian-right-the-answer-is-over-time.html>

during coitus with their spouse, collecting their ejaculate in this manner. (Neither is an uncommon means of collection).³¹ In such cases, a collected sample outside the lab needs to be brought into the laboratory *stat* and at room-temperature, to ensure sperm collected do not die off.

Conceptive Tech 102: IVF (In Vitro Fertilization). Books have been written on not only the ethical-moral issues that surround IVF, but also religious ones. Thus, this small section will only deal with ongoing issues some Protestant Christians have, both with IVF processes and outcomes. The section briefly overviews IVF itself; and yes, we start with it here:

In vitro fertilization (abbreviated IVF) is the medical procedure of fertilizing a woman's ovum with the husband's (or a donor's) sperm—in a lab rather than the woman's body. When the egg is fertilized by the sperm *in vitro* (the egg being micro-injected with a sperm in a Petrie dish), the result now duplicates through mitosis, and a blastocyst begins to form. The blastocyst is then delivered *directly* into the woman's uterus via a slim cannula, so that it can implant and develop like any other embryo. The process, again, involves both sperm retrieval from the man, and ovum retrieval from the woman; “in vitro” fertilization of an ovum; and delivery of the conceptus into the female's uterus. All processes are now considered ‘routine’ and safe in fertility medicine.

The acceptability of the procedures itself has been questioned by some Protestant and predominantly evangelical writers on moral grounds—these seeing the procedures as artificially engendering a conceptus and introducing it into the womb; which to such writers, is interfering with the natural processes of conception and (potential) implantation.³²

³¹ Salam, H.N. and N.H. Salam, “Religious Aspects of Assisted Reproduction.” *Facts Views Vis Obgyn*. March 28, 2016, 8(1): 33–48. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5096425/>. See also Cohen, S. “Protestant Perspectives on the Uses of the New Reproductive Technologies.” *Fordham Urban Law Journal*, 2002, 30:135–45.

³² Anderson, Matthew Lee and Andrew T. Walker. “Breaking Evangelicalism's Silence on IVF.” *The Gospel Coalition*, April 25, 2019. <https://www.thegospelcoalition.org/article/evangelicalisms-silence-ivf/>. To note, the objection misunderstands the process of IVF. IVF does not “create a life” in a Petrie dish; but rather facilitate the development of a fertilization, which is *but one* of the *myriad* steps required to begin the process of mitosis, cell differentiation, capacitation for blastomeres to implant, implantation requirements

I see nothing in principle and in the teachings of Scripture that would prohibit couples from using IVF; it is enabling an otherwise infertile couple to have wanted children. Scripture makes a great deal about children being “a heritage from the Lord” (Ps 127:3). God is compassionate about the deep grief that some couples experience being childless (cf., Rachel, Gen 30:1; Hannah, 1 Sam 1:5-10).³³ Moreover, we utilize modern medicine in sundry ways to help cure or stave off diseases. Using a medical method to conceive using both parent’s contributions, and calling it “artificial,” begs again the question of wrong thinking, since the procedure replicates what bodies do naturally.

Other objections have centered around “third-party involvements,” such as use of ‘donor sperm’, which also enables an unmarried woman to conceive and have a child of her own. Christians have wrongly called this procedure “artificial insemination,” despite the donor sperm never ‘inseminating’ the woman, but rather, donor sperm being used in the laboratory with the recipient’s own ovum to fertilize it and obtain a conceptus. The same arguments are stated for ‘ova donations’, these also being “third-party” and “artificially introduced,” yet used for the same conceptual purposes as sperm. In both cases the objections revolve around using a “third party,” and also insinuate surrogacy of any form as an intrinsically disordered act. Please see the footnote for more.³⁴

themselves, and on to embryonic development and fetal maturation. To call any of it “artificial” is to not know what the body does naturally, or how science can help it along.

³³ See Wayne Gruden, “How IVF Can Be Morally Right.” *The Gospel Coalition*, April 25, 2019.

<https://www.thegospelcoalition.org/article/ivf-morally-right/>

³⁴ The best example of this view in Christendom comes from the Catholic Church’s position: In the 1987 document “Donum Vita” (The Gift of Life), the Church explicitly rejects the use of donor sperm or ovum donations, as the practice “introduces a third party into the procreation process, violating the unity and exclusivity of marriage.” As well, surrogacy itself is firmly opposed. Procreation needs to occur within the confines of a marital union, and this means between a man and a woman. Never mind that a married woman’s womb may not be able to carry to term. Never mind that the conceptus may have been from IVF and thus uses the two parental gametes. To Catholics it is morally unacceptable to fertilize outside the womb; use anyone else’s sperm, ova, or body, even if the contributions are from either or both marital partners. See Congregation for the Doctrine of the Faith (1987). *Donum Vita: Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation—Replies to Certain Questions of the Day*.

https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19870222_respect-for-human-life_en.html; and by the same Congregation, *Dignitas Personae: Instructions on Certain Bioethical Questions* (2008).

https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html.

On the other hand, Protestant views on third party donations and surrogacy vary widely, with the more conservative denominations opposing the practices on moral and theological grounds. The more moderate

A more visceral negative response to IVF surrounds the multiple embryos that could *possibly* result from IVF procedures in the laboratory.

Here, retrieval of mature ova are harvested, and sperms from the partner are used to *in vitro* fertilize. The results, if successful, are multiple embryonic blastocysts that can be frozen and introduced to the recipient female one at a time, provided the initial introduction is not successful in implantation. If implantation *is successful* from the onset, then the BIG question becomes what to do with the remaining embryonic blastocysts. These, to most Christians are live ‘embodiments’ of *future persons*, given all that I’ve explained as beliefs about life’s origins. Consequently, their ‘destruction’ implies the destruction of human lives, and thus considered immoral and criminal.³⁵

The better response is to not have the laboratory retrieve and fertilize *in vitro* more than one ovum at a time. Certainly, freezing retrieved ova if multiples mature during ovarian stimulation, and avoiding *in vitro* fertilization of more than one at a time avoids creating multiple blastocysts. We do freeze sperm as a common practice. Why not ova? Such may be a more costly process (“oocyte cryopreservation”), given the already high costs of IVF overall; but it certainly corrects the overage in blastocysts and evaporates the significant question of what to “do” with them.

Reconciliation and Humility

Concerns about contraception, and questions about life and its beginnings have been historical, ongoing debates in Christian circles. While Christians of sundry persuasions argue their positions, oftentimes vigorously and sometimes, yes, even violently, I continue to question whether “we” will ever get to any points of reconciliation. The unfortunate current politization and polarization of positions further aggravate any reasonable communications while continuing to push science to the side. Given that the Bible *does not definitively state* when life begins, nor does it speak directly to conceptive

and liberal Protestant denominations tend to accept forms of both under conditions of ethical practices that protect both the well-being of the unborn, and all parties involved.

³⁵ See Brockway, op.cit., p.2.

technologies or contraceptive use, Brockway urges us to “exercise some humility,” particularly when “the witness of Scripture is not fully clear” (p.9). I so agree!

We know enough about contraceptives and their actions to enable judging well our choices according to our beliefs. There are myriad, as I have illustrated, that work on the same principles as the human body, and consequently provide *timing* remediation for family planning without encumbering processes that occur naturally. We also understand that some contraceptive technologies may *not agree* with our positions on both when life begins, or when it is viable; consequently, these choices can be avoided without risk.

And again, with conception itself, there are options which do nothing more than what bodies do naturally, save being aided by medical technology to assist desired outcomes. One can avoid issues of surrogacy, of “third parties,” of means and methods that do not sit well with one’s particular “take” on beliefs and how these situate themselves in us. Certainly, the big concerns over such as IVF can be totally avoided by having sound planning protocols discussed beforehand with fertility physicians and our bank accounts. There do not need to be “leftover embryos.” No need to throw the baby out with the bath water... (excuse the bad pun!)

There *are* enough Scriptural clues to help steer us—any one of us of sundry persuasions—to understand that fetal *viability* straddles the middle ground with significant power, enough to humble us in our thinking and actions. While Scriptures may recognize “a difference between a life that is taken after first breath, and the potential life that is lost through miscarriage” (Brockway, 8), exercising caution and calling for wisdom will lean all of us toward better personal conclusions. And these *must be personal*, since we are not to judge (Rom 14) or generate further aggravation by questioning the motives of our brothers and sisters.

God purposely hides many things from human reason. Just as we believe by faith, we also have to believe in God’s guidance in our making conceptive and contraceptive decisions. What I’ve tried to discuss *here* underscores the wonderful, amazing, medical inventions and interventions we now have access to, which should provide alternative

choices that do not hinder our nature, or positional faith. Science is not the enemy. Come to the middle with humility, and without judging the other's options when *you* make such choices.



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