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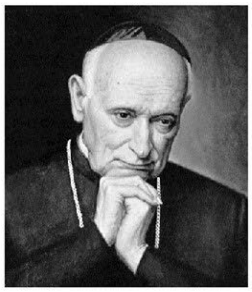

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The Perils of the Pill: A 66-Year Experiment

(*Editor's note: The following guest essay is by Brittany Neff, a writer and mother of five living in St. Louis, Missouri.*)

Acne. Cramps. Unpredictable cycle lengths. These are among some of the common reasons parents put their teenage daughters on hormonal birth control. Perhaps reluctantly (or perhaps not), honest parents may confess to teen pregnancy avoidance as another motivator. The girl, sometimes as young as 13, takes this oral contraceptive. She might remain on it for decades or might stop usage when she wants to begin a family. At best, during her stint on birth control, the chief complaints are suppressed. At worst, she experiences new symptoms she was never warned about.

I was 15 years old, walking the outdoor track at my high school with six other girls. Only two of us were not taking birth control. Not one girl was using her prescription to prevent conception, but all five were using it to do away with undesirable symptoms they believed to be connected to their menstrual cycles. Fifteen years later, I am finding that many women, even those with no religious objection to birth control, are choosing to move away from medicating their fertility. Increasingly, they are using their fertility as a health biomarker to better understand their overall health.

Remarkably, the modern-day women's concerns with the Pill closely mirror the ones the Catholic Church articulated many decades ago.

What Did the Pill Promise?

When the U.S. Food and Drug Administration approved the birth control Pill in 1960, it was regarded as a triumph of modern medicine. For the first time, the ability to reliably separate sex from pregnancy was promised to women with a daily medication widely referred to as the Pill. Women felt they had the freedom to pursue education, careers and relationships with a newfound sense of control over their futures. Little did many know that this freedom would later become the expectation. The Pill promised not only pregnancy prevention, but mastery over the body itself.

The U.S. Centers for Disease Control estimate that roughly 20 to 25 percent of American women age 15 to 49 use hormonal contraception, according to the 2022-2023 National Survey of Family Growth. (The hormones may be delivered in various ways besides in pill form.) This amounts to *a vast medical experiment on women*.

As hormonal birth control became increasingly common, fertility was no longer seen primarily as a healthy bodily function. A woman who complained of acne, painful periods, irregular cycles or other reproductive symptoms was frequently given the same prescription. Rather than investigate why the symptoms existed, medicine often sought to suppress them.

The Pill contains synthetic estrogen, progestin, or both. These artificial hormones suppress ovulation by preventing the release of an egg from the ovary. They also thicken cervical mucus to impede sperm, and thin the uterine lining to create unfavorable conditions for implantation. Without ovulation, there is no menstrual period. (Instead, many women have a week of withdrawal bleeding induced by a placebo pill.) In effect, the natural hormonal cycle is brought to a halt, and fertility becomes an optional burden.

The promise of the Pill was, in many ways, the promise of control. Control over timing. Control over family size. Control over career trajectories. Control over the unpredictability that accompanies human reproduction. The Pill changed how many people thought about the

female body. If fertility could be switched off at will, perhaps it was not a necessary part of human life after all, but a condition best managed by pharmaceutical prescription.

The debate is no longer whether contraception belongs in modern medicine. Many years post-Pill, we see the type of civilization that emerges when fertility becomes a problem to suppress rather than a gift to understand. While much of the world celebrated the arrival of unprecedented technological control over reproduction, the Church questioned whether power over nature translated into greater human freedom.

The Pope's Unpopular Predictions

In 1968, eight years after FDA approval of the Pill, Pope Paul VI published his encyclical *Humanae Vitae*. The sexual revolution was underway, and the world expected the Catholic Church to revise its longstanding teaching on contraception. To the consternation of many, the pope affirmed Church teaching. The encyclical is often remembered for what it prohibited, with far less attention paid to what it predicted.

Paul VI argued that widespread acceptance of contraception could produce consequences extending beyond individual family planning decisions. He warned of "a general lowering of moral standards."[1] He cautioned that men accustomed to contraception might lose respect for women and begin to view them less as equal partners and more as instruments for men's pleasure. He warned that governments, seeing the power of reproductive technologies, could one day impose them upon unwilling populations.

These concerns struck many observers as alarmist. Not unlike the attitude toward artificial intelligence today, technological progress was thought synonymous with human progress. But the pope's predictions were logical. If sex could be severed from procreation, it would inevitably be viewed differently. Expectations surrounding relationships would change, fertility would become a burden, and the body itself would increasingly be treated as something to control.

The most prophetic prediction concerned the treatment of women. "A man who grows accustomed to the use of contraceptive methods may forget the reverence due to a woman, and, disregarding her physical and emotional equilibrium, reduce her to being a mere instrument for the satisfaction of his own desires, no longer considering her as his partner whom he should surround with care and affection," Paul VI wrote.[2] In our era shaped by pornography, hookup culture and single mothers, the warning feels less antiquated than many expected.

The pope's concern was not simply about contraception itself, as he predicted a mentality shift would result from widespread acceptance of contraception. With this acceptance came the temptation to view the body as raw material to be manipulated rather than a reality to be understood. His objections were focused not only on the Pill, but on the assumption that every human limitation should yield to technological control.

Whether one agrees with the Church's conclusions or not, *Humanae Vitae* posed a question that has only become more pressing with time: Does the ability to do something mean that we ought to do it?

Why Some Rethink Hormonal Birth Control

The renewed interest in fertility awareness is not occurring solely within religious circles. Increasingly, women with no theological objections to contraception are questioning whether hormonal birth control is the best answer to their health concerns. Monica from Connecticut shared in a social media discussion that she tried hormonal birth control after years of struggling with irregular and painful cycles but decided to stop using it because it did not address her underlying problems: "My doctor prescribed birth control to 'help', but I wanted to find the root cause. I received a polycystic ovarian syndrome diagnosis once I got off birth control, and was able to reduce my symptoms by making lifestyle changes."

A growing body of research suggests that dissatisfaction with hormonal birth control is common. One large study found that nearly half of women who began using hormonal contraception discontinued it within six months, with side effects among the most frequently cited reasons.[3] A medication that alters the body's endocrine system does not come without trade-offs. *Mood changes, headaches, weight gain, increased risk of serious illness including blood clots, stroke, heart attack and cancer, and other concerns about long-term*

health effects have prompted many women to seek alternatives.[4] Other notable, less well-known side effects include:

- Mental health is one of the most significant concerns. In 2016, researchers analyzing health records from more than one million Danish women found that users of hormonal contraception experienced *higher rates of first-time antidepressant use and depression diagnoses* than non-users, with the strongest associations observed among adolescents.[5] This challenges the longstanding claim that hormonal contraception is psychologically neutral.
- Many women also report a diminished interest in sex after taking the Pill. A systematic review found that a substantial number of women experienced *decreased libido*.[6] Several additional studies have suggested that hormonal contraception *subtly alters women's preferences for certain masculine characteristics*, including facial features and scent cues associated with genetic compatibility.[7] For a medication so often associated with sexual liberation, the lessening of sexual desire is quite stunning.
- Certain hormonal contraceptives are associated with *reduction in bone mineral density*, with the American College of Obstetricians and Gynecologists acknowledging this effect, particularly evident in adolescents and long-term users.[8]

Conversations about women's health have shifted away from viewing the menstrual cycle as an inconvenience to be suppressed with medication. Many women want to understand what their cycles reveal about their overall health. Ovulation, hormone fluctuations, cycle length and menstrual symptoms are no longer seen merely as reproductive concerns. They are increasingly recognized as biomarkers of physiological well-being.

This shift is evident in the growing popularity of fertility awareness methods, cycle-tracking phone apps and restorative approaches to reproductive medicine (commonly referred to as Natural Procreative Technology). National survey data suggest that fertility awareness-based methods have experienced measurable growth in recent years.[9] While still representing a small percentage of family planning practices, the uptick in natural methods reflects a broader cultural interest in understanding fertility.

Importantly, many of these women are not rejecting hormonal birth control because they wish to become pregnant, nor are they necessarily embracing the Catholic Church's teaching on contraception. Rather, they are asking a different question: What is my body trying to tell me? Instead of treating fertility as a problem requiring pharmaceutical management, many women are beginning to view it as a valuable source of information about their health. In doing so, they are rediscovering that fertility is not a disease, and its presence alone does not constitute a problem in need of a cure.

At the heart of *Humanae Vitae* is a particular vision of what it means to be free. The encyclical repeatedly returns to the idea that human beings are not called to dominate our very nature, but to understand and govern ourselves within it.

Self-Mastery and Freedom

This is especially clear in the Church's treatment of periodic continence. Far from presenting it as a restriction on marital love, *Humanae Vitae* describes self-discipline as something that deepens marital love. Self-mastery is not repression but formation. It is what allows desire to be integrated into a broader moral and relational order rather than simply existing for the sake of itself. As the encyclical puts it, this kind of discipline "transforms [love] by giving it a more truly human character." It fosters "thoughtfulness and loving consideration for one another," and it helps spouses "repel inordinate self-love, which is the opposite of charity."[10]

Freedom is not the ability to choose whatever one wants, whenever one wants it. It is the ability to order one's desires toward the good, even if that requires restraint. This idea sits in stark contrast to the more modern assumption that freedom in fertility specifically should be measured by the degree to which biological constraints can be eliminated: the fewer limits imposed by the body, the more autonomous the individual becomes. *Humanae Vitae* challenges that assumption directly by suggesting that a person is not made freer simply because of greater control over nature, but because of greater self-mastery.

A civilization that defines freedom as control over nature will inevitably begin to treat the body as something to

override when it becomes inconvenient. A civilization that defines freedom as self-mastery will instead ask how the bodily systems with which we are naturally equipped can be understood and used with integrity. In that sense, the Church's stance extends beyond contraception.

A Question for the Future

Fertility is no longer a purely private matter in the way it once was. It is shaped by workplace expectations, delayed childbearing, demographic anxiety, and increasingly complex medical and technological systems. Decisions about reproduction now sit at the intersection of personal choice and broader cultural pressure.

The tools available to manage fertility have multiplied far beyond the Pill. They all promise greater precision and control. The language surrounding these developments stresses empowerment: more information, more agency, more control over outcomes that were once unpredictable.

Even so, the deeper questions remain. If fertility is treated primarily as a condition, what does that shift do to the way we understand the body itself? If symptoms associated with female hormonal cycles are suppressed, are we ignoring important health indications? Does the ability to intervene in natural processes necessarily lead to greater human understanding?

Humanae Vitae leaves readers with a question that has only grown more relevant with time: Does the ability to control nature necessarily mean we understand it more fully—or might it mean we have simply become more comfortable overriding it?

For those interested in learning more, resources on cycle literacy, fertility awareness methods and restorative reproductive medicine are increasingly available through organizations such as the Pope Paul VI Institute for the Study of Human Reproduction and the FEMM Foundation. These approaches encourage women to understand cycle patterns as potential indicators of overall health.

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[1] Pope Paul VI, *Humanae Vitae* (July 25, 1968), paragraph 17.
[2] Ibid.
[3] Mitchell J. Rosenberg and Mary S. Waugh, "Oral Contraceptive Discontinuation: A Prospective Evaluation of Frequency and Reasons," *American Journal of Obstetrics and Gynecology* 179, no. 3 (1998): 577–582.
[4] E.g., Rebecca Peck and Charles W. Norris, "Significant Risks of Oral Contraceptives," *The Linacre Quarterly,* February 1, 2012, 79(1): 41-56. For more information about the connection between the Pill and breast cancer, see *Mindszenty Report*, June 2016.
[5] Charlotte Wessel Skovlund, Lina Steinrud Mørch, Lars Vedel Kessing and Øjvind Lidegaard, "Association of Hormonal Contraception With Depression," *JAMA Psychiatry* 73, no. 11 (2016): 1154–62, https://doi.org/10.1001/jamapsychiatry.2016. 2387.
[6] Zdenko Pastor and Petr Chmel, "The Influence of Combined Oral Contraceptives on Female Sexual Desire: A Systematic Review," *The European Journal of Contraception & Reproductive Health Care* 18, no. 1 (2013): 27–43, https://doi.org/10.3109/13625187.2012.728643.
[7] S. Craig Roberts et al., "Female Preferences for Male Body Odour Are Changed by Oral Contraceptive Use," *Proceedings of the Royal Society B: Biological Sciences* 275, no. 1652 (2008): 2715–22, https://doi.org/10.1098/rspb.2008.0825.
[8] American College of Obstetricians and Gynecologists, "Depot Medroxyprogesterone Acetate and Bone Effects," Committee Opinion No. 602 (reaffirmed 2023), https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/06/depot-medroxyprogesterone-acetate-and-bone-effects.
[9] https://www.guttmacher.org/article/2019/07/fertility-awareness-based-methods-pregnancy-prevention.
[10] Pope Paul VI, *Humanae Vitae* (Vatican City, 1968), 21–23.

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