

Women, Sexual Asymmetry & Catholic Teaching

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Abstract:

Women and men are biologically and reproductively dissimilar. This sexual distinctiveness gives rise to a “sexual asymmetry”-- the fundamental reality that the potential consequences of sexual intercourse are far more immediate and serious for women than for men.

Advocates of contraception and abortion sought to cure sexual asymmetry by decoupling sex from procreation, relieving women from the consequences of sex, and thus equalizing the sexual experiences of men and women. But efforts to suppress or reject biological difference have not relieved women of the consequences of sex and the vulnerabilities of pregnancy, even as they have further relieved men. Whereas secular feminist responses to biological difference have served to exacerbate sexual asymmetry, Catholic teaching on abortion, sex, marriage—and even contraception—provides an authentically pro-woman cultural response.

Keywords: sexual equality, feminism, abortion, contraception, Catholic

As the world's most vocal pro-life institution, the Catholic Church remains the object of persistent pro-choice feminist criticism. Pro-choice feminists hold a special antipathy for the Church's pro-life teaching, not only because its account seems to contravene women's self-determination and admit no “exceptions,”ⁱ but perhaps even more so because it appears inextricably linked to the Church's prohibition on contraception. Whereas non-Catholic pro-lifers might be trusted to at least acknowledge, and at best endorse, the ability of contraceptives to serve as preventative measures to reduce the incidence of abortion, pro-life Catholics seem absurdly obstinate, leading some pro-choice feminists to suggest Catholic prelates care more about controlling women and restricting sexual pleasure than protecting fetal lives (Tribe 1990, 238-241. Ranke-Heinemann 1990. Marcotte 2012). Indeed,

examples of secular feminist hostility for the Catholic perspective were plentiful in 2011 and 2012 when Catholics and others critical of provisions for abortion and contraception in the Patient Protection and Affordable Care Act were accused of inciting a “War on Women” (Bassett, 2011).ii

Catholicism's critics entertain a number of false assumptions concerning the relationship between contraception and abortion, not the least of which is the view that animus toward sex and women undergirds Church teaching on both. Before taking these claims head-on, it must be made clear that the Church's stance against abortion does not rely on a priori views about contraception, sex or even women, but rather, on the scientific reality that an individual human being exists at conception—a human being whose dignity, the Church then claims, is grounded in bearing the image and likeness of her Creator. That a human life is snuffed out in an abortion provides the Catholic impetus for the legal advocacy of abortion restrictions, an advocacy that is not part of the Church's moral opposition to contraception.iii

It must be admitted, however, that it is difficult for the Catholic to think about abortion without also thinking about contraception. But this is true of the secular feminist as well: it is equally difficult for pro-choice feminists to think about contraception without also thinking about abortion. After all, contraception fails, or fails to be used properly (if at all), rendering the “need” for abortion--to dispense with the consequence the contraceptive was unable to prevent. This sequence gives reason to the pro-choice cause. It also explains the much-maligned Catholic claim, which will be discussed below, that contraceptive use fails to decrease, and may even increase, the incidence of abortion (USCCB 2012).

The Catholic and secular feminist perspectives on contraception and abortion are flip-sides of one another, which is perhaps why this Catholic's conversion from secular feminism some time ago is not as puzzling as it may seem (Bachiochi 2010, 1-2). Each ascribes to comprehensive worldviews--about sex, about fertility, and about women and men, that underlie their shared inability to separate contraception from abortion. It will be my contention in this Article that the Catholic perspective is the more authentically feminist of the two.

Divergent Narratives Concerning Abortion and Contraception

The major feminist motivation in the 1960s and 70s behind legalizing both contraception and abortion was the belief that these would allow women greater control over reproduction. Such control would prevent women from having to endure

multiple pregnancies—emotionally and physically burdensome as they were for many women—and free them to pursue educational and professional pursuits at an equal pace with men. Many feminists also hoped that contraception and abortion would allow women to experience the pleasures of sex without the fear of pregnancy. If men could enjoy sex without such worries, then sexual equality required women to be free to do the same (Siegel 2007, 817).

The Catholic story about abortion generally focuses on the sanctity of human life, of the innocent, vulnerable, dependent human being that exists in her mother's womb (Evangelium Vitae, 1995). Concerning contraception, the Church emphasizes the importance of maintaining the given—and enduring—ends of sex: unity and procreation (Humanae Vitae, 1968).^{iv} That is, the Church stands stalwartly against abortion because of the ontological status of the vulnerable human being, and against contraception because of the teleological nature of sex. But recent Vatican statements have made use of more consequentialist arguments as well, and now medical and social science research is beginning to corroborate these papal warnings: acting contrary to human dignity and the given nature of sex has consequences, consequences which tend to be most deleterious for women.^v

Data on the harmful effects of abortion and contraception on women and their relationships with men is becoming abundant (Bachiochi 2010, 37-55. Franks 2010, 97-119). The story that data tells speaks of harms that affect women both collectively and individually. But to understand these harms from their causes, rather than as simply a pharmaceutical-type list of counter-indications, one must step back, and refocus on the reason pro-choice feminists thought contraception, and then abortion, was good medicine for women in the first place.

To state the obvious, but often underestimated truth, women and men are biologically and reproductively dissimilar. Our bodies share many common attributes as the given bodies of *Homo sapiens*, but how we engage in sex and take part in reproduction is not one of them. This sexual distinctiveness is that which makes us, of course, male and female. It also gives rise to a “sexual asymmetry”—the fundamental reality that the potential consequences of sexual intercourse are far more immediate and serious for women than for men. Simply put, women get pregnant; men do not. This sexual asymmetry underlies the natural vulnerability that women (and their children) experience—a vulnerability that callous men have exploited throughout the centuries.^{vi}

Advocates of contraception—and then abortion—sought to change the equation, to equalize the sexual experiences of men and women such that women could enjoy sex

without having to necessarily succumb to its reproductive consequences. Men's bodies, after all, do not carry the consequences of their fertility within them; contraception and abortion afforded women a means to imitate this masculine reproductive detachment (Bachiochi 2010, 916). Sexual asymmetry—and the feminine vulnerability that accompanies it—would be cured by decoupling sex from procreation, relieving women from the consequences of sex, and thus equalizing the sexual experiences of men and women.

From both a feminist and a historical perspective, attempting to remedy sexual asymmetry seems a proper task. If women's child-bearing capacity made them both physically vulnerable and economically dependent on men who commonly exploited them or left them to rear their children alone, and socially impotent in a society that prized public engagement and autonomy, some cure was rightfully sought to remedy their position. Yet, by advocating contraception and abortion as the cure,

secular feminists put the onus on women—and women's bodies—when justice and authentic equality required rather that men (and society at large) respect, protect and support women's unique child-bearing capacity (Franks 2010, 97-119. Bachiochi 2010, 37-55. Bachiochi 2011, 889-950). It's no wonder that 19th century female suffragists viewed abortion as an attack on women as women (Feminists for Life 2012), and that many even remained skeptical of newly minted contraceptive methods (Gordon 1999, 254. Siegel 2007, 819). Imitating male reproductive detachment failed to seem particularly feminist to them (Bachiochi 2011).

Mid-twentieth century advocates of contraception and abortion not only (misogynistically) sought the cure in women's bodies rather than in men's character and society's benevolence. In attempting to decouple sex from procreation as a means to equalize women's sexual experiences to that of men, these advocates exacerbated the very sexual asymmetry they hoped to relieve.

Fifty years after the Pill, forty years after *Roe v. Wade*, nearly half of all pregnancies each year are unintended (Finer and Zolna 2011). More than one million abortions are performed each year, with more than half due to failed or mis-used contraception (Guttmacher 2011). Even after all this time, even after all these attempts to suppress and reject these biological realities, they persist: sex still makes babies, and women are still the ones whose bodies bear their off-spring. Contraception and abortion have not equalized the sexual experiences of men and women; they have not relieved women of the consequences of sex and the vulnerabilities of pregnancy. But such efforts have relieved men. Indeed, the availability of contraception and abortion have detached men further from the potentialities of sexuality, offering them the illusion that sex can finally be completely consequence free.

Economists Weigh In

Since University of Chicago economist Gary Becker's landmark economic analysis of the family in 1981, economists have sought to use economic modeling to understand the historic demographic changes in familial arrangements and altered sexual relationships between men and women since the 1960s (Becker 1991). Some of these thinkers have concluded that the availability of both contraception and abortion so lowered the “cost” of sex to men that it altered the “mating market” in a way that both pushed women to engage in sexual relations that are not necessarily desirable to them nor in their best interests, vii and, in turn, disproportionately burdened women with the consequences of this sex (Akerlof et al 1996. Reichert 2010. Pakaluk and Burke 2010).

In what has become known as the “second demographic transition,” Americans (and the West in general) witnessed a palpable decrease in marital fertility alongside a precipitous rise in non-marital child-bearing, especially among lower-income women (Van de Kaa 1988. Lesthaeghe 1994). Economists, sociologists and political actors of all stripes had offered various explanations for this rise in unwed child-bearing and the feminization of poverty that accompanied it, pointing, for example, to increases in welfare benefits (Murray 1984) or the decline in urban job availability (Wilson 1987).

In 1996, Nobel-prize winning economist George Akerlof and his colleagues defied conventional wisdom concerning the Pill's impact by theorizing that its sudden availability, alongside the legalization of abortion, were actually to blame for the increase in nonmarital child-bearing (Akerlof et al 1996). Naturally, most thinkers had assumed more efficacious contraceptives would decrease rather than increase unwanted pregnancy, and thus out of wedlock births. But Akerlof sought to show that the Pill and abortion together created a “technology shock” that fundamentally damaged the bargaining position of women in the mating market, and led, in turn, to a rise in nonmarital births.

The story Akerlof and his colleagues told has made the rounds in Christian and pro-life circles of late, but it bears repeating (Wilcox 2005. Bachiochi 2010. Alvare 2011. Stith 2012). According to Akerlof, prior to the availability of the Pill and abortion, women could demand a “high price” for sex; that is, they could condition sex upon marriage, or at least a promise of marriage should pregnancy unexpectedly occur. But the “technology shock” brought about by the Pill and abortion empowered men to initiate sex with women without having to make such a promise, since the Pill had drastically decreased the risk of pregnancy, and abortion ultimately severed the causal connection between sex and parenting. The willingness of some women to enter into non-marital contraceptive sexual relationships put those unwilling to do so at a serious competitive disadvantage in their ability to attract a mate. This shift radically transformed the mating market in favor of male preferences for “low cost” sex, that is, sex without marital (or otherwise serious) commitment. Since men could find women willing to engage in low commitment contraceptive sex, men were less likely to commit to marriage (or much else) before sex. They were also more likely to shirk parental duties should contraception fail, as it often does (especially as the frequency of sex rises), and pregnancy unexpectedly occur. Contraception and abortion, after all, had ensured that children were not part of the bargain. Yet, Akerlof theorized, some women, willing to engage in non-marital sex in order to attract mates, were unwilling to abort pregnancies that resulted from non-use, mis-use or failed

contraception. Thus, as sex outside of marriage increased, so did nonmarital child-bearing (Akerlof et al. 1996).

Akerlof's theory garnered considerable interest across disciplines, but was difficult to test rigorously since the demographic transition he wrote of had already taken shape across all sectors of society.viii But it did set in motion an increasingly popular interest among economists seeking to understand “unintended consequences” just how the advent of relatively efficacious contraception with the Pill and secondarily, abortion, influenced male-female relationships, as well as marital and non-marital child-bearing. Akerlof's work, alongside some of these other studies, help us to understand, first, why the availability of both contraception and abortion may actually increase rather than decrease both unwanted pregnancy and abortion rates, and second, how this phenomenon has exacerbated sexual asymmetry between men and women. These economic studies also point to a more authentically feminist resolution (Pakaluk and Burke 2010).

1. Increases in Rates of Unwanted Pregnancy and Abortion

That the availability of contraception and abortion would increase demand for both marital and non-marital sex is not surprising. Indeed, this was among the hopes of those who fought for their legalization: decrease the risk and expectation of pregnancy, increase the opportunity for sexual pleasure. But increased confidence in contraception and the willingness to use abortion in the case of contraceptive failure led not only to more sexual freedom, but also to greater sexual risk-taking. If the risk of pregnancy was reduced, after all, sex need not be confined to marriage which, common-sense then held, was the proper place for raising children. Indeed, with the decreased risk of pregnancy, and thus, the decreased “cost” of sex, sexual activity need not be confined to committed relationships at all.

Economists have analogized the introduction of contraception and abortion in the mating market to the availability of accident coverage in the insurance market (Levine 2004. Klick and Stratmann 2008). Wellesley College economist Phillip Levine writes that just as car insurance provides drivers protection against the risk of accident, abortion protects sexual partners against the risk of child-bearing, lowering the “cost” pregnancy would otherwise entail the partners. But, Levine argues, complete protection against risk may lead to riskier behavior (Levine 2004, 3). When there is no deductible or co-pay, the driver has less incentive to avoid an accident, and we see more accidents. When the “cost” of pregnancy is low due to easy access to abortion, sexual partners take more risks, and thus we see more unexpected pregnancy. Levine concludes that while outlawing abortion would likely lead to an

increase in unwanted childbearing (Levine 2004, 4), liberal access to abortion (as we have in the U.S.) generates an increase in unintentional pregnancies, and so also more abortion and a greater number of unwanted births (Levine 2004, 186). Readily available abortion, Levine writes, “may bring about behavioral changes (Levine 2004, 3)” that lead to riskier sexual behavior, and riskier behavior means more pregnancy across the board.

Levine's theory that liberal access to abortion may induce behavioral changes that lead to riskier sexual activity and thus a greater number of unintentional pregnancies, helps to explain a new study by Duke economist Peter Arcidiacono and his colleagues regarding teen access to contraception (Arcidiacono et al 2012). The study shows that, in the short run, increased access to contraception decreases teen pregnancies, because it provides greater potential protection against pregnancy to those teens that were already sexually active. But, the very availability of contraception to teens who were otherwise abstaining so alters teen sexual behavior that teen pregnancies increase in the long run. That is, the confidence contraception offers teens to avoid pregnancy leads teens to alter their sexual behavior and take more risks (e.g., becoming sexually active when they hadn't before, increasing sexual activity with a single partner, increasing the number of sexual partners). Arcidiacono points specifically to the contraception-induced phenomenon among teens that he calls “habit persistence.” That is, once a teenager has had sex because she trusts contraception has lowered her pregnancy risk, she then assumes that subsequent romantic relationships necessarily entail having sex. Over time, the increase in sexual activity coupled with contraceptive failure, mis-use or non-use leads to increases in teen pregnancy. ix Studies in California, Spain and the UK have found similar kinds of results.x

While Levine speaks to abortion, and Arcidiacono to contraception, economist Timothy Reichert explains the two working in tandem, also making use of the insurance analogy. Contraception and abortion, Reichert tells us, are “complementary forms of insurance that resemble primary insurance and reinsurance (Reichert 2010).” If the first form of insurance does not offer enough coverage, the second form kicks in, offering contraceptive users who are willing to resort to abortion in the case of contraceptive-failure, complete risk coverage. Complete risk coverage, or at least the perception of complete risk coverage, Arcidiacono and Levine respectively report, translates into changed behavior through greater sexual risk-taking, and thus increased rates of unintentional pregnancy, nonmarital child-bearing, and abortion over the long term. Though one must take care to avoid drawing hasty conclusions from social science data, the correlations do not favor the popular theory that

widespread contraception use reduces pregnancy, unwanted births and abortion. Rather, however counter-intuitive: dramatic increases in nonmarital childbearing and abortion have accompanied widespread contraceptive use and liberal abortion policy over the last forty to fifty years (Brady, Martin and Ventura 2007. Guttmacher Institute 2011).

2. Women Disproportionally Affected

Women on the whole have disproportionately borne the negative consequences of this new sexual ethic.^{xi} One might say that, in practice, the sexual insurance policy putatively taken out to insure both sexes in reality insures only men, leaving women, in many cases, worse off. Not only have sexual norms shifted toward male-oriented, low commitment sex and away from the “higher cost” sex that research indicates is preferred by most women.^{xii} But, the increased rates of unexpected pregnancy, nonmarital births and abortion that accompany this new ethic disproportionately impact women. After all, women—not men—are the ones who have endured the uptick in unexpected nonmarital pregnancies due to the insurance-guaranteed increase in low commitment sex. And since children were negotiated out of the bargain by the availability of contraception and abortion—not necessarily by particular women—men have secured an even stronger rationale to simply ignore or reject pregnancies that result from uncommitted sexual relations. The now common mentality that contraceptive sex has no consequences, and thus entails no responsibilities, often leaves women alone with their pregnancies--to procure abortions or to rear their children on their own, both of which portend great and various harms in themselves.

Nonmarital childbearing has risen precipitously since 1970, with the latest data reporting that 41 percent of all births (approximately 1.7 million) occurred outside of marriage (Childtrends 2011). The vast majority of children born out of wedlock are raised by women—alone. (Childstats 2011). Single mothers not only face the obstacle of raising children with little emotional and financial support from the fathers (Roback Morse 2010); they often have to contend single-handedly with the effects of the fathers' absence on their children: aggression (Vaden-Kiernan 1995), criminal behavior and incarceration (Harper and McLanahan 2004) in their sons, early sexual activity and teenage pregnancy and childbearing in their daughters (Ellis et al 2003), and psychiatric disease, suicide attempts, and substance abuse in both (Weitof et al 2003, 289-95). It's no wonder that single mothers are far more likely to report

struggles with depression and other health issues than their married (and even cohabiting) peers (Wilcox 2011. Williams et al 2011. Cairney et al. 2003).

Abortion itself provides no free and easy alternative for women. Abortion increases the risk of placenta previa in later pregnancies by fifty percent and doubles the risk of preterm birth (Thorp et al 2003). Pregnancies complicated by placenta previa are associated with higher risks of life-threatening hemorrhaging and hysterectomy for the mother, and preterm birth, low birth weight and perinatal death for the child. Preterm birth itself is associated with low birth weight babies who are at a greater risk for cerebral palsy and other medical conditions, including perinatal death (Escobar 1991). A 2007 article in the *Journal of Reproductive Medicine* attributed 31.5 percent of early preterm deliveries to induced abortion (Calhoun 2007).

Research on the psychological harms of abortion is far more controversial, with the American Psychological Association denying that single abortions cause psychological trauma. (Their view of the mental health impact of multiple abortions is more nuanced)(APA 2012). A recent meta-analysis of existing psychological literature on the mental health risks of abortion, however, found methodological shortcomings with several of the studies denying mental health risks (Coleman 2011). This meta-analysis, published in the *British Journal of Psychiatry* in 2011, reported that, according to objective scientific standards, current epidemiological literature on the whole indicates that “abortion is a statistically validated risk factor for the development of various psychological disorders (Coleman 2001, 185).” Substance abuse and suicidal behavior were those most closely associated mental risks, though anxiety and depression were also indicated (Coleman 2001, 183). Other medical harms associated with abortion include an increased risk of breast cancer, and short term risks such as hemorrhaging, uterine perforation and infection (Bachiochi 2004).

It is no longer stereotypical caricature to suggest that women and men simply experience sex—and especially the inevitable separation after casual sex—differently. Overwhelming empirical evidence now shows that whereas the vast majority of men remain emotionally unaffected by the low-cost sex that the sexual insurance scheme of contraception and abortion has allowed (Regnerus and Uecker 2011, chap. 5), women, by virtue of their distinct physiological make-up, are far more vulnerable to its emotional and physical health risks (Hough 2010).

Oxytocin, that same hormone that is released by a woman's body during pregnancy and breastfeeding to help her bond with her baby, is released in large quantities when a woman has sex (Hough 2010, 68. Grossman 2007, 7). Thus, by no fault of their own and regardless of their intentions or desires to remain emotionally detached,

women become far more emotionally connected than men do after sex. This emotional connectedness, especially if unwarranted by the status of the relationship, can lead to emotional vulnerability and even depression and suicidality (Hallfors et al 2005. Hough 2010, 67-8. Regnerus and Uecker 2011, chap. 5). Sociologists Mark Regnerus and Jeremy Uecker write in their 2011 book, *Premarital Sex in America*, There's a linear association between both lifetime and recent partners and indicators of poorer emotional health, and women who report the greatest number of partners display the clearest symptoms of depression....It's not just the high-end category of sexual partners that exhibits emotional-health problems, though. Women who report having had 2–5 or 6–10 partners—either in their lifetime or in the past year—also reveal poorer emotional health than do women who report zero or one partner (Regnerus and Uecker 2011, chap. 5).

“Sex without security,” as Regnerus and Uecker call it, can also affect women's marital happiness later in life (Regnerus and Uecker 2011, chap. 5).^{xiii} In addition, women have a far greater risk than men do of contracting sexually transmitted infections (STI) (National Institute of Allergy and Infectious Diseases 2003, 2. Grossman 2007, 27. Hough 2010, 63). These infections also affect women more profoundly, including an increased risk to women's future fertility and the health of future offspring (Hough 2010, 64). Moreover, the diagnosis of an STI is itself associated with increased risk of depressive symptoms within a year following diagnosis (Shrier, Harris and Beardslee 2002) It's no wonder that anti-depressants are the most prescribed medication on college campuses (Grossman 2007, 46), and among adult women generally, the rate of psychiatric medication use tops twenty-five percent (Medco 2011).

While barrier methods of birth control provide some, if inadequate, protection against the physical risks of sex, hormonal methods, used by tens of millions of American women each year, are themselves associated with various physical and emotional side-effects (Franks 2010, 107). Still, it is undeniable that some segment of the female population--elite, highly educated, career-minded women--benefit in some way from access to relatively effective forms of contraception (and, to a lesser extent, abortion) (Goldin and Katz 2002). These forms of sexual insurance have encouraged elite women to be sexually active but detached from commitment in order to pursue educational and career goals. Perhaps this just as feminist crusaders for contraception and abortion had hoped (Rosin, 2012). Data shows that elite women are also less likely than teenage and low income women to become unintentionally pregnant (Guttmacher 2011), or to suffer from poverty were they to bear children alone (Hertz 2006). The data is less positive, however, about their ability to rebound

psychologically from serial sexual encounters—and abortion (Regnerus and Uecker 2011, chap. 5). Still, if less privileged women, with fewer educational and professional prospects and more interest in child-bearing are surely the losers of the sexual insurance scheme (Bachiochi 2010, 181-5), elite women—those following a more traditionally-male, career-minded track—are, after men, surely the winners. Or so it may seem.

For all their professional successes and economic advantages, elite, career-minded women can nonetheless find themselves struggling with infertility or without suitable marriage partners as their window of fertility begins to close (Hymowitz 2011). Though inculcated throughout their formative years that marriage and motherhood are to be subordinated to (and even sacrificed for) educational and professional ambitions, the prospect of remaining single, and especially childless, can be agonizing—even for career-minded women (Domar, Zuttermeister and Friedman 1993. Roback Morse 1996). While various factors are likely responsible for the decline of marriageable men for this demographic (Whitehead 2003. Hymowitz 2011. osin 2012), as well as for women in low income communities (Edin and Kefalas, 005), the insurance scheme detailed above must bear some of the blame. Why should men bother to marry, or become the mature, responsible men marriage requires, if more and more attractive and desirable women are willing to engage in sex without asking for much in return. As Regnerus and Uecker put it: “What motivation exists for men to be anything, then, besides the stereotypic 'take what you can get' kind of man? Not a lot, unless a man already wishes to be something different than that (Regnerus and Uecker 2011, chap. 3).”

Thus, even elite women have to contend with the sexual asymmetry that flows from biological difference. Pro-choice feminist law professor Shari Motro, an elite woman in her own right, recently articulated some of the biological realities that persist despite decades of contraception and abortion: By trivializing the asymmetry in sexual risk—celebrating the pill as the great equalizer and framing abortion as a privilege—the current paradigm creates a cognitive dissonance of sorts in women's lived experience. The slogans tell women they are free, but they are still vomiting through their pregnancies, hemorrhaging through their abortions, losing their libido under the pill. Sex is complicated. Men and women who don't want babies choose to have sex anyway for a variety of reasons...The critical difference is that when women choose sex they are choosing something fundamentally different from what men are choosing when they choose sex. Women are choosing something that, along with whatever benefits they hope to gain from it, has a much higher chance of hurting their

bodies. Men and women are unequal in sex because for women, sex is tinged with something else, a biological difference that adds a sacrificial layer (Motro 2010, 970).

Perhaps there is another way.

The Catholic—Pro-Woman—Alternative

If women's distinctive reproductive capacities make them more vulnerable to male exploits, the cultural response ought not be to alter women's bodies and reject women's capacities. A more equitable cultural response, one that seeks to authentically mitigate the feminine vulnerability that accompanies sexual asymmetry, would be to take biology seriously—and expect more from men. It is Catholic teaching on abortion, sex, marriage—and even contraception—that enunciates an authentically pro-woman cultural response.

Sex makes babies. Not always, of course, but not always according to our plans either. To ignore or reject this biological fact, especially in light of the vast increase in nonmarital births and abortion in the United States since advent of the Pill, is to disregard women's experience. This leads to another unavoidable biological fact: women get pregnant; men do not. This reality should not serve to impair women's equality or definitively determine women's roles; but it does, as philosopher Sarah Borden puts it, “point to differing conditions for the development of common human capacities (Borden 2011).” A society which respects and honors the inherent value and dignity of women would see this difference as privileging, not hindering, women (Bachiochi 2011, 942). But ours is not such a society.

The final biological reality that must be taken seriously, if we are to authentically respond to sexual asymmetry and the feminine vulnerability that accompanies it, is the fact that when sex makes a baby, and that baby (or zygote, embryo or fetus) resides in the womb of a woman, its very existence has transformed intimate (or casual) sexual partners into a mother and a father (Bachiochi 2011, 948-9). Any decent society makes demands upon parents commensurate with the vulnerability of their children (Alvare 2008, 151. Bachiochi 2011, 938-9). Thus, any decent society would repudiate the horrifying idea that the nascent and utterly dependent life of an unborn child could be snuffed out by its own mother, often at the bidding of its own father (Bachiochi 2010, 49). Thus, not only does concern for the sanctity of each unique and precious human life vitiate against abortion rights; authentic sexual equality demands that persons engaging in potentially procreative sexual activity recognize that the potential consequences of their act are immediately more profound

for women, but also place serious paternal duties upon men as well. Whereas abortion allows men to definitively escape the duties that come with siring offspring, a truly egalitarian society would hold men to task (Bachiochi 2011, 944-5). Said differently, just as nature has both gifted and burdened women with the capacity to bear children, culture ought to both gift and burden men with the duties that come with begetting them.

First, the law must step in to protect vulnerable unborn children and, in so doing, educate men and women to recognize the very serious consequences that may flow from their sexual activity. But other cultural actors, particularly women, hold a powerful key to shifting the sexual imbalance in their favor by calling upon men to master their sexual appetites (raising them up from their often animalistic impulses to something that is more human, something motivated by self-giving love).xiv Sexual pleasure is surely a human good, but like the often insatiable human desire for food and drink, it must be disciplined and directed by reason's embrace of higher human goods, in this case, respect and love for the good of other, the woman.xv This is certainly not to advocate that women ought to be held to a higher sexual standard than men or that men are not responsible for developing self-mastery on their own. They most surely are, and men who work to develop such virtue are deserve much praise. It is to say, however, that women are far more cognizant of, because more directly affected by, the life-giving and union-forming qualities of sex than men are. Women are also, research tells us, the “sexual gatekeepers” within their relationships, more often than not determining at which point sexual intercourse will occur (Regnerus and Uecker 2011, chap. 3). Thus, women are the primary actors who, in demanding a “higher price” for sex--a “co-pay” or “deductible” to return to the crude insurance analogy--can shift the sexual imbalance toward relationships in which serious commitment pre-dates sex.xvi And though sex within long-term commitment is surely better than casual sex relationships, women (and men) benefit most when sex is confined to marriage.xvii

In the first place, marriage serves to mitigate the vulnerabilities that flow disproportionately to women from unintentional pregnancy. Marriage connects fathers to their children, and makes it far more likely that women will have a partner in the demanding task of raising children (Institute for American Values 2006, 7).xviii Sex within marriage also creates a protective space for the powerful emotional connection inherent in the sexual act—a connection that makes women especially vulnerable when a sexual relationship is casually (or not so casually) severed (Regnerus and Uecker 2011, chap. 5. Hough 2010. Paul, McManus and Hayes 2000). That powerful emotional connection and vulnerability is that which makes committed

sexual activity, the data tells us, far more enjoyable, indeed, pleasurable for women (Regnerus and Uecker 2011, chap. 5. Campbell 2008). As Cassandra Hough, co-founder of Princeton's Anscombe Society, writes, "In marriage, [a woman] is free to be vulnerable." She does not "worry about her partner's intentions and whether or not he is taking advantage of her vulnerability....In a healthy marriage, [a woman] entrust[s] herself to [her husband's] love...[and is] truly free to let her body respond to sex in the way it was designed to respond."(73) "For most women," Regnerus and Uecker's research on pre-marital sex concludes, "the strings are what makes sex good (Regnerus and Uecker 2011, chap. 5)."

Married women are not only more sexually satisfied than their single or cohabiting peers; they are happier, healthier, and far more supported emotionally and financially when they become mothers (Wilcox 2011. Roback-Morse 2010, 80). Marriage also has a transformative effect on men, requiring them to put aside antisocial, self-centered, and risky behaviors (Akerlof 1998. Gilder 1986). And though men tend to want to put off marriage, especially when it is not required as an "exchange rate" for sex, men also tend to find themselves happy, productive, and even sexually satisfied when they marry (Rogers and Amato 2000. Waite and Gallagher 2000). This too is why women ought to exert their influence over men to call them to something that, in the end, benefits both sexes beyond their expectations.

The real solution to the problem of sexual asymmetry is not to rid women's bodies of that which makes them more vulnerable, but to call upon men to master their sexual appetites. Thus, rather than exploit women's reproductive and emotional vulnerability, men will be better able to subordinate their desires, and become more sensitive, to that vulnerability. An authentically pro-woman sexuality, a sexuality of equals, would, therefore, advocate women practicing sexual restraint, and demanding men to do the same. Indeed, some of the 19th century suffragists linked women's equality with male chastity: "Votes for women and chastity for men" was a slogan coined by English suffragist Christable Pankhurst (Introduction to Sylvia Pankhurst).

An essential component to making the benefits and burdens of sex more equitable is getting men to fully understand with their bodies (as women do) the procreative potential of the sexual act, a potential that, as it is, disproportionately impacts women more than men. But this is exactly what natural methods—Catholic methods—of family planning do. If contraception gives sexual partners a false confidence that their acts will be definitively sterile, ushering in a mentality of risk-taking that is often unwarranted by the couple's level of commitment and ability to assume parental duties, natural methods require sexual partners to acknowledge sex's procreative potential and abstain during the woman's fertile periods to avoid actualizing that

potential. The legitimate intention to avoid pregnancy may be the same in both cases, but the latter couple so respects the procreative potentials of sex—and the childbearing capacity of the woman—that their response to their sexual appetites is conditioned by, rather than oblivious to, those biological facts.

Because NFP requires not a technical control of woman's fertility from without, as with contraceptives, but the exercise of self-control, a mastering of the appetites from within, the method is usually much more challenging for men who, research and experience tell us, have far greater sex drives than do women (Arcidiacono, Beauchamp, McElroy 2011. Regnerus, Uecker 2011. Rhoads 2004). That is, once

a couple determines that responsibility requires them to avoid conceiving a child at the time, much of the burden falls not on the woman, as with most contraceptives, but on the man.^{xix} He especially sacrifices the fulfillment of sexual desire during her fertile period in the knowledge that the woman he loves is not able to care for a child in the most intimate and sacrificial of ways. As his self-mastery grows throughout the marriage, so does his ability to redirect his instincts in order to give of himself freely, in love, rather than in response to a sexual urge that must be satiated at all costs.^{xx} NFP users report that its use tends to make husbands far more sensitive to the sexual and relational needs and desires of their wives—an emotional sensitivity that women have long found wanting among the male sex (Doyle 2006. Grabowski 2003, 152. Shivanandan 1979). Theologian Angela Franks writes that, “men learn [with NFP] to measure their sexual desires by the rhythms of the female body. Such a request is unheard of in a society in which male desire appears to set the guidelines... Indeed, such a reorientation of [male] desire is more revolutionary than any secular feminist project... (Franks 2010, 118).”

Catholic psychiatrist Sidney Callahan comments upon how the ethic of commitment and self-discipline, so esteemed in the world of work, is nowadays repudiated in the sphere of sexuality. Yet, Callahan writes, such an ethic would benefit women in every stage of their lives: While the ideal has never been universally obtained, a culturally dominant demand for monogamy, self-control, and emotionally bonded and committed sex works well for women in every stage of their sexual life cycles. When love, chastity, fidelity, and commitment for better or worse are the ascendant cultural prerequisites for sexual functions, young girls [are protected], adult women justifiably demand male support in childrearing, and older women are more protected from abandonment as their biological attractions wane...(Callahan 1989, 175)

Individual women have the ability in their particular relationships to call men to commitment and self-mastery—for the good of the individuals and the good of the relationship. But sexual economics tells us that only a movement of like-minded, self-possessed, bold women will truly transform the current cultural ethos away from that “low cost” sex that damages women, coarsens relationships, and expects so little of men. Such a movement is emerging on college campuses, among lay Catholic and Evangelical groups, and in the blogosphere (Alvare 2011). And though the current coterie representing feminism in the mainstream would find the suggestion repulsive, such a movement—this “new feminist” movement—would truly be the authentic completion of the cause for sexual equality which began over a century ago.

i“Rape, incest and the life of the mother” is the catch-phrase used to describe those “exceptions” to full abortion prohibition that some pro-life legislators would allow. Of course, with abortion permissible throughout all nine months of pregnancy (albeit statutorily restricted state by state), debating the exceptions to full prohibition is, for now, purely academic. But these “exceptions”, though always mentioned together, are conceptually important to distinguish from one another, so I'll take each in turn.

First, rape (and incest). As a matter of pro-life principle, the manner in which pregnancy occurs, no matter how offensive, is not itself reason to abrogate the inherent rights of the unborn human being. As a matter of prudence, however, legislators often wish to allow for these exceptions in light of the heinous offense perpetrated on the violated woman. Allowing for such exceptions also often facilitates efforts to form broad political coalitions. (For a discussion of the interplay of principle and prudence in politics, see Clarke Forsythe. 2009. *Politics for the Greatest Good: The Case for Prudence in the Public Square*. IVP Books. For a discussion of Catholic teaching on abortion in the case of rape, see Bachiochi 2010, 50.)

The Catholic Church does not understand “life of the mother” to be, properly speaking, an “exception” to a law prohibiting abortion. Catholic teaching does not require that a pregnant woman sacrifice her very life for the life of her unborn child, even if to do so would be regarded as an act of heroic self-sacrifice. There is much misunderstanding on this point. The Church teaches that it is permissible for doctors who have been unsuccessful in their attempts to save both mother and child to prioritize saving the life of the mother, even if, by doing so, her unborn child does not survive. This instantiation of the “principle of double effect” is a distinct act from direct abortion when the mother's life might be at stake (Bachiochi 2010, 50-1).

ii

The Catholic Church and other groups have been particularly critical, on 1st Amendment grounds, of the Health and Human Services mandate requiring all employers—including Catholic colleges and hospitals--to cover contraceptives, abortifacents and sterilization in their employee health plans. See, for example, <http://www.usccb.org/issues-and-action/religious-liberty/consciencerotection/upload/Twelve-Things-Everyone-Should-Know-About-the-Contraceptive-Mandate.pdf>

Though I argue in this essay that abortion and contraception are intimately related, and that widespread contraception may plausibly increase the rate of abortion, it is nonetheless critical at the outset to ensure that readers understand that I do not mean to equate the two, morally or legally. While both acts are understood in the Catholic tradition to be in violation of the natural law (i.e., their contravention of the moral law can be known by the use of reason alone), abortion is an act whose moral gravity far surpasses that of contraception, and whose intrinsic harm is far easier to recognize. The impact of abortion on women, the relations between the sexes, and society at large is without a doubt more injurious and caustic. It is important, then, to underscore that I am in no way arguing for any type of legal restriction on access to contraception; I seek only to persuade.

Though the Church is usually understood to enumerate the ends or purposes of sexual intercourse as a normative matter, her teaching is more basically true as a phenomenological insight. That is, putting aside questions of normativity (“oughts”), human experience teaches us that, whether we like it or not, sex has as its natural, if potential, ends both “babies and bonding” (as theologian Janet Smith famously put it). The modern enterprise has been to use both technological and cultural forces to suppress or reject these given ends. The Church stands in opposition to such suppression.

Pope Paul VI presciently warned of the consequences that would follow widespread use of contraception in the 1968 encyclical that reaffirmed the Church’s teaching on contraception, *Humanae Vitae*. There the Pope wrote that such use would encourage infidelity, increased degradation and objectification of women, a general lowering of moral standards, and potential government coercion in reproductive matters (*Humanae Vitae* 1968, no. 17). As for abortion, John Paul II consistently made clear the Church’s love and compassion for women who have had abortions, pointing to the myriad pressures pregnant women often face to abort, especially from the father of the child, but also from family, friends, and society at large. In 1995, he wrote: “As

well as the mother, there are often other people too who decide upon the death of the child in the womb.... the father of the child may be to blame, not only when he directly pressures the woman to have an abortion, but also when he indirectly encourages such a decision on her part by leaving her alone to face the problems of pregnancy. ... Nor can one overlook the pressures which sometimes come from the wider family circle and from friends. Sometimes the woman is subjected to such strong pressure that she feels psychologically forced to have an abortion: certainly in this case the moral responsibility lies particularly with those who have directly or indirectly obliged her to have an abortion. (Evangelium Vitae 1995, no.59).”

vi

As I have written elsewhere, “For the law to treat women and men equally...it must not ignore the biological reality that men and women’s bodies differ with regard to reproduction, a difference whose consequences are varied and significant. Men’s reproductive design makes them distant from the physical, emotional, and social complexity of pregnancy. It also enables them to shirk the responsibilities that come with siring offspring. Women are not so designed. The life-giving consequences of the potentially procreative sexual act confront them with immediacy and gravity, a vulnerability that callous men have exploited throughout human history (Bachiochi 2011, 916).”

vii

Pro-choice Georgetown law professor Robin West is among the few secular feminists who have given voice to the pressure women feel to engage in consensual, but not necessarily desired, sex: “[A] powerful array of societal forces still pushes heterosexual women and girls to have sex that they patently do not desire, some of which leads to unwanted pregnancies... [Consensual but] unwanted sex that is not enjoyed is alienating to the woman who experiences it: she gives her body over—willfully, but still she gives it over—for use by a man, as part of a bargain she has struck that gives her no pleasure... From this, I would argue that a girl or young woman owes a moral duty to not just herself but also to her future self not to engage in sex she does not want... (West 2009, 1429-30).”

viii

Using shifts in state funding for abortion, Boston College economist Andrew Beauchamp has found evidence that similar incentive structures govern modern mating and marriage markets (Beauchamp 2011).

ix

Data from the Guttmacher Institute tells us that half of all women were using contraception in the month they became unintentionally pregnant (Guttmacher Institute 2011).

x

A Spanish study published in *Contraception* in January 2011 found that over a ten year period, a 63 percent increase in contraceptive use was accompanied by a 108 percent increase in the abortion rate (Duenas 2011). A 2002 study published in the *Journal of Health Economics* reported that “no evidence [was] found that the provision of family planning reduces either underage conception or abortion rates” (Paton 2002). A California study published in *Contraception* in 2005 evaluated whether direct access to emergency contraception would reduce unintended pregnancy. No decrease in the rate of pregnancy was found (Raine 2005). Other studies show similar results. However, a recent and well-publicized 2012 study published in *Obstetrics and Gynecology* seems to show the opposite: free contraception provided to over 9000 women in the St. Louis area over a two year period resulted in sizable reductions in abortion and teen births (Peipert 2012). The study has been criticized as lacking an adequate control group (i.e., comparing those who volunteer to take contraception—thus actively desire to avoid pregnancy—with national averages) (<http://www.nationalreview.com/corner/331648/how-dare-pro-lifers-criticize-contraception-study-michael-j-new>).

xi

As radical feminist Catherine MacKinnon wrote, “[A]bortion facilitates women’s heterosexual availability. In other words, under conditions of gender inequality, sexual liberation...does not liberate women; it frees male sexual aggression... Virtually every ounce of control that women got out of this [abortion] legislation has gone directly into the hands of men (MacKinnon 1987, 99-101).”

xii

“Using data on current high school relationships, we present strong evidence that, compared to women, men have a much stronger preference for relationships with sex (Arcidiacono, Beauchamp, McElroy 2011).” Sociologists Mark Regnerus and Jeremy Uecker write that in presuming that male and female preference for sex is unequal is not at all to claim that women do not like sex; it is to claim, however, that “the vast majority of them seem to like it less than men do and prefer to have it in a committed relationship (Regnerus, Uecker 2011).” There are, of course, women who are exceptions to this rule.

xiii

“While no association with depressive symptoms is apparent among now-married young women who've had up to four sex partners in their lifetime, problems appear among those who've had 5-10, and even more among those who've had more than 10 partners (Regnerus, Uecker 2011, chap. 5).”

xiv

Economist Steven Rhoads writes: “The libidos of perfectly ordinary men, when fully understood by women, seem deformed or disreputable to them. Many women strongly resist an accurate presentation of male sexuality (Rhoads 2004, 115).”

xv

“Self-discipline...far from being a hindrance to their love of one another, transforms it by giving it a more truly human character...It fosters...thoughtfulness and loving consideration for one another. It helps them to repel inordinate self-love, which is the opposite of charity [and] arouses in them a consciousness of their responsibilities (Humanae Vitae 1968, no 21).”

xvi

Economist Timothy Reichert writes that because the contraceptive revolution has “redistribut[ed] wealth and power from women and children to men,” equality would require legal restrictions or social mores to “‘tax’ men and ‘subsidize’ women and children (Reichert 2010).” Though Reichert and I both use this economic language analogously, others have taken the idea of a tax on men more literally. Pro-choice law professor Shari Motro notes: “Studies show...that adolescent men who expect to pay child support should their partner become pregnant have fewer partners, less frequent intercourse, and are more likely to use contraceptives... It's only logical that one way to reduce unintended pregnancies might be to raise the stakes for men, to make sure all pregnancies have concrete consequences for both parties involved (Motro 2011, 940).” To ensure such concrete consequences for both parties, Motro suggests a tax scheme--“preglimony”--that subjects men who impregnate women with financial consequences akin to alimony, regardless of whether the woman elects to keep or abort their child.

xvii

Helen Alvare insightfully notes the pervasive “tendency [among feminists] to conflate the concept of indissoluble marriage with the concept of ‘traditional’ breadwinner/homemaker marriage.” She responds: “there is not, and need not logically or practically be, any necessary connection today between marriage and limited roles for women (Alvare 2006, 540).”

xviii

“Because women are connected to their children naturally, through the process of gestation and birth, marriage is especially important for effectively connecting children to fathers, not only satisfying more children’s longing for a loving father, but creating more equal distribution of parenting burdens between men and women.” (Institute for American Values 2006, 7)

xix

Women continue to take the lead in this method by making and recording daily observations of fertility, but the abstinence that is required by the couple (usually 7-10 days per month during menses cycles) is generally more burdensome for men.

“Man is precisely a person [rather than an animal] because he is master of himself and has self-control. Indeed, insofar as he is master of himself he can give himself to the other.”(Pope John Paul II 1997, 398).

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