

Ethical Issues Paper: Contraception

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Issue: Contraception

Contraception is widely debated issue as it is considered a political, ethical and moral issue. The use of contraception is seen by some as a fundamental right of women's healthcare and seen by others as an unnatural interference with the biological intention of sexual reproduction. As methods of birth control have advanced, the debate about them has also become more complex and grown beyond personal choice and become a political debate about morals, religion, and the extent of access. This paper will examine both the arguments for and against contraception with the intention of presenting well balanced information to women debating the use of birth control, with a large focus on oral contraceptive pills.

Against:

Society has a long history of different methods of contraception, but the first FDA approved contraceptive pill wasn't until 1960 and within 1 year of its approval 400,000 women were taking the pill for birth control and by 1965 that number increased to almost 6.5 million (Britannica, 2000). This was only the start of various developed methods of birth control and now there are many types of contraception from the IUD to patches, to vaginal rings and rod implantation just to name a few. In 2010 President Barack Obama signed the Patient Protection and Affordable Care Act, which named birth control as preventative care and made more readily available as most women with insurance could access it for free now (Britannica, 2000). Some would define this as the start of the issue, in that having this much access to birth control can create a mentality among women, and young unmarried couples, that they are in control of their reproduction and lessen the weight of sexual activity and its potential consequences. People of particular religious viewpoints like Christianity especially see it as an attack on the way sexual

reproduction was intended by God, that it weakens the intention of sex which is to bring life into the world out of love and commitment to each other and God and instead turns sex into an act about sexual satisfaction (Griffin, 2022). They advocate instead for family planning to determine when the appropriate time to have sex, and saving sex for when you're intending to reproduce, and instead connect in other ways when that's not your intention. Not all religions view this equally, for instance in the religion of Islam, though sex is intended to only be between husband and wife, among married couple the use of contraception is permitted in 8 of the 9 classic schools of Islam (BBC, 2009). However, they are clear that the use of permanent methods of contraception like sterilization aren't permitted because children are viewed as a gift from God.

When this concept reaches the national level and laws are being made there's also the argument that the wording used to make birth control more widely accessible could also be turned to impose laws that conflict with the freedom of religion at institutes founded in religion by forcing them to provide coverage for birth control despite it conflicting with their beliefs (ACE, 2024). The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) agrees that no person, including the nurses providing care, should have to provide care that conflicts with their religious beliefs or morals and therefore should not have to provide emergency contraception or things like that (AWHONN, 2024). Therefore, the attempt to force all parties to comply with the distribution of contraception or coverage for it by certain employers or institutions is impeding the religious freedom of those institutions.

Other arguments against the use of contraception and federal regulated access, especially oral birth control pills, is the health risks associated with taking those medications. Taking oral contraceptives puts you at a high risk for some very serious medical complications such as cardiovascular disease, blood clots, heart attack and stroke. They can also increase the risk of

cancer and gall bladder disease (National Research Council (US) Committee on Population, 2011). These are significant health risks that shouldn't be taken lightly and are argued to greatly outweigh the potential benefit of preventing pregnancy.

Finally, contraception, especially emergency contraception, is feared by some to blur the lines between family planning and loose abortion laws. In many religions it's believed that life begins at conception and that the use of emergency contraception is still an abortion and therefore shouldn't be something the public has access to. So, making laws that mandate access to contraception would be making laws that mandate they support abortion (ACE, 2024).

For:

Arguments in favor of contraception view it as a fundamental part of women's healthcare. The AWHONN's position is that women should have thorough evidence-based information to make their own autonomous decisions with, and in that should come with the choice to use contraception if they so desire (AWHONN, 2024). They point out that lack of access to contraception not only limits personal autonomy but has real consequences on health and economic disparities, especially among racial minorities and the LGBTQ+ community and that universal access to contraception is "critical to society because it reduces rates of unintended pregnancies, preterm births, maternal mortality, and abortions," (AWHONN, 2024). They also argue that contraception should be a choice left to the individual and not for insurance companies to dictate. In regard to emergency contraception their stance, and a widely held viewpoint is that access to it should be easy so that women using it can actually use it in the window of time that it's applicable and effective, because it is in fact not an abortion. They also point out that the role of the nurse is to provide care, support, and advocacy for patients seeking these services, but that if you have religious or moral issues with this type of care you should not abandon your patients

but should make sure they receive proper care from people who aren't at issue with it (AWHONN, 2024).

Another argument in favor of oral contraceptives is that they're safe medications to take and have other health benefits such as decreased risk of iron deficiency, ovarian cysts, pelvic inflammatory disease, ectopic pregnancy, and endometrial and ovarian cancer (National Research Council (US) Committee on Population, 2011). Among these health benefits is also the reduction in need for an abortion, as an increase in the availability of contraception would result in less unintended pregnancies. This can even be argued to be saving the public money that would be associated with dealing with the unwanted pregnancy (ACE, 2024). According to ACE research, "unsafe abortions are one of the leading causes of maternal mortality, some argue that contraceptive access is crucial for safeguarding women's health," demonstrating that the implementation of policy to allow for safe access to contraception could prevent the need for abortions or unwanted pregnancies altogether (ACE, 2024).

The main argument in favor of access to contraception is that it should not be a decision made by policy but instead one made by the individual in consultation with their healthcare provider because it's a personal choice not one dictated by political policy.

Summarization/Reflection:

In the argument for contraception, an interesting point the AWHONN made in their article was that the language used to describe contraception, emergency contraception, and abortion are critical to people's understanding and viewpoints. They point out that terms that aren't medical but common place like "late term abortion" or "morning after pill" can create confusion and be misleading and instead point to the need for standardized language, especially

among nursing and other healthcare professionals. I hadn't previously considered how important those distinctions can be, especially with terms like spontaneous abortion and induced abortion, I don't think a lot of people arguing in the public sphere about this really understand the distinction. More specifically the term emergency contraception is a huge source of misinformation I feel, because people think it's an "abortion pill" and this could be a critical distinction especially for people who are in favor of contraception but not abortion.

In the argument against contraception, I hadn't considered how regulating access to contraception would force institutions whose religious affiliation disagreed with contraception fundamentally to provide it anyway. I also feel conflicted on whether the information provided in this paper makes me feel like oral contraception is safe or not, it seems there's a lot of potential health benefits but also a large cardiovascular risk that's alarming to me.

Conclusion:

Both arguments for and against contraception have valid arguments and perspectives; the argument for comes from a health promotion perspective that emphasizes women's ability to dictate their own health care and the potential benefits of using oral contraceptives. The Argument against leans more on the morality of intercourse and nature's intention as well as the potential health risks. Ultimately the decision to use contraception should be based on a woman's personal values, health considerations and the guidance of healthcare professionals she trusts whether that be those affiliated with a religious institution or not should be up to them.

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