A Cross-Cultural Exploration: Global Methods of Contraception and Family Planning

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A Cross-Cultural Exploration:

Global Methods of Contraception and Family Planning

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A Cross-Cultural Exploration: Global Methods of Contraception and Family Planning

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Abstract

In today's world, women are attempting to take control of their reproductive choices. Some have been met with roadblocks that may prohibit or limit access to women's healthcare centers and family planning services. This research explores women’s reproductive health and contraception usage and the impact of cultural influences globally. Cultural adversities may overshadow the benefits of having access to healthcare facilities along with contributing to the circulation of inaccurate information. This may prevent or deter women from accessing healthcare facilities and methods of family planning. Understanding variation in the United States and in other cultures will contribute to the global understanding of women's reproductive healthcare, and how different societies view family planning. This is an opportunity to explore the global processes and methods that are implemented cross-culturally that contribute to women's reproductive health and family planning techniques.

Introduction

The purpose of this research is to elucidate the various circumstantial elements that contribute to women's reproductive health. The recent political events early in 2022 regarding Roe vs. Wade have stirred up misinformation and turmoil in women's healthcare and family planning (Shinkman, 2023). Various States now have the right to choose if women's healthcare practices such as providing contraception and abortion will be available or illegal. Regional variations in perceptions are one reason why states will either terminate or continue to provide family planning services. Contraception has been used in cultures such as the Greeks, Egyptians, and many more during history (Riddle, 1992), (Haimov-Kochman, 2016). My research has allowed for an examination and the discussion of cultural connections between ancient practices, and current cultural influences on use of family planning methods around the world.

Cross-cultural experiences of cultural variation can elucidate how women view family planning and how it influences choices regarding their healthcare. The key components that influence these choices are women’s accessibility to online support, barriers and adversities, religion, and the influence of relationships. Each of these can influence a woman’s choices and
will be introduced sequentially, followed by an examination of how they intersect during a woman’s reproductive years. Elucidating these intersecting elements provides a platform to improve accessibility, and initiate conversations we need to have about women’s reproductive health.

In this thesis, I will be discussing the methodology used, some historical aspects of reproductive health and contraception, how some women today experience reproductive health care, and the religious influences on these aspects of women’s health. I conclude with discussion on the intersectionality of these various influences on women’s reproductive health care.

**Methodology and Framework**

This research was carried out with representational literary analysis, women’s public forum contributions, and cross-cultural analysis. The design included interviews with women’s health practitioners, and was approved by the IRB. This research was based on qualitative methods used to make connections between women’s experiences. Interviews were originally planned but practitioners did not respond to contact letters.

In place of interviews, individual anonymous posts from a reproductive health forum named Eve have been included to highlight the complexity of women’s family planning experiences. Eve is a mobile app that serves as a support center, uses fertility tracking technology, and connects women in a public forum to answer each other's questions in specialized groups based on subject matter. I chose Eve as a resource for discovering connections and shared experiences women chose to share and voice with others. Eve contributed experiences from women that were missing without my interviews.
The framework used for research used a mixed-paradigm approach. The two paradigms I most closely used in my design were the ecological and social network paradigm. Using these frameworks provided the means to integrate the context and connections from different sources.

**Reproductive Health and Contraception in the Ancient World**

Contraception has long been used in women’s reproductive health. Examples are historical societies such as Ancient Egypt, Greece, and Rome (Riddle, 1992), (Haimov-Kochman, 2005). This is significant because many methods were brought forward from the ancient world and influence the methods available to women around the globe today. Cultures have yielded different methods due to the local environment, trade routes, and colonization. Specific cultural practices and religions such as Christianity influenced the availability of methods. Well known methods used prior to modern birth control are discussed by Riddle in his book *Contraception in the Ancient World to the Renaissance* (1992). He discusses the cultural methods used by different ancient civilizations not only for population control, but for freedoms of reproductive choices. Examples discussed here bring to light many oral contraceptive recipes and methods such as herbs and tonics, *coitus interruptus*, condoms, rhythm method, vaginal suppositories, infanticide and abortion (Riddle, 1992). These methods were used around the globe and each culture had their own factors that contributed to methods available for use. The information in this book gave substantial evidence and context for the modernization of birth control from its humble beginnings. It also touches on the first recognized gynecologists in different cultures such as a writer under the name of Cleopatra in the Late Antiquity Period, and Dame Trotula of Salerno, Italy during the late twelfth century (Riddle 1992). The significance of this resource is the recognition of early-stage contraceptive methods and practices that led to the methods prioritized in current society.
Contraception in Ancient Egypt is another important example of contraception in the ancient world. The main written source of gynecological methods in Egypt is the Kahun Papyrus dated during the Middle Kingdom under Pharaoh Amenemhat I. “The gynecological text is divided into 34 paragraphs, of which half deal with women medicine, e.g., infertility diagnosis, pregnancy diagnosis, methods to improve conception, contraception methods, complications of vaginal delivery and reproductive disorders” (Haimov-Kochman, 2005:4). By this date gynecological methods were practiced and loosely understood in the ancient world far before the common era.

Like in Riddle’s book, Egyptians used numerous methods practiced by physicians called swnw, but the various papyri mention the practice of midwifery in the field of women’s reproductive health. Additionally, there is mention of midwives in the Bible who disobeyed Pharaoh’s order to kill male newborns (Haimov-Kochman, 2005)- therefore resisting infanticide- another method of contraception. This method is a sensitive topic as the child has already been born rather than being aborted in utero. Many methods including techniques for contraception, pregnancy, childbirth, and preventing complications were recorded in the Kahun Papyrus and influence the world of women’s health today. The major contribution of the Kahun Papyrus and historical Egyptian Knowledge is the discussion of reproductive herbs that can be evaluated today for medicinal uses in women’s health.

**Colonization and Herbal Methods:**

A continuation of the previous section brings us to herbs and environmental methods used in ancient Egypt. The Kahun Papyrus describes several methods of herb use and preparation for various aspects of women’s health. One example is the use of plants in a marsh. A woman would be placed on a marsh of beer and date. The strong odors of the marsh would cause the
woman to become nauseous or vomit. The presence of nausea and/or vomit was seen as an early indicator of pregnancy (Haimov-Kochman, 2005).

In connection to this, contraception was also carried out with herbs mainly by women and midwives. This knowledge was passed down as an oral tradition as a part of their culture. Many methods were carried out intra-vaginally. One common recipe from the Ebers Papyrus is described in the quote below.

The recipe of linen soaked with honey steeped in acacia spikes described in the Ebers papyrus and later adopted by Soranus of Ephesus (1st century A.D.), as probably used as today’s modern sponge and diaphragm. Modern researchers have found acacia to be spermicidal [21]. Triterpene saponins from *Acacia auriculiformis* were found to have sperm immobilizing effect in vitro. This acacia derivative successfully prevented sperm entry into the cervical mucus, disrupted spermatozoa plasma membrane and disintegrated the acrosomal cap (Haimov-Kochman, 2005:7).

The recipe above is an example of how the knowledge of local plants and herbs was successfully used to prevent pregnancy in ancient Egypt. These recipes would have been orally transmitted from midwives to women in order to control pregnancy and the population. The exploration of these methods and herbs by modern scientists can provide new knowledge and insight into holistic methods of contraception to be used in our current time period.

Other historical examples show how knowledge and methods used for women’s health were utilized during Caribbean colonization. Women in this region used many herbs and plants to control reproductive choices (O’Donnell, 2016). O’Donnell goes into depth about the historical influences of colonization in the Caribbean, and how the methods of contraception in the Americas was shaped by Caribbean influences, particularly during the slave trade. The slave trade was enforced in Antigua after colonization of the Caribbean by the Spaniards in the fifteenth century (O’Donnell, 2016). This context of historical colonization is important because it influenced African women’s reproductive choices during this time. In the Caribbean, women
used various methods. This was a way of refusing to provide more slaves for plantations. Examples of methods used were “late weaning of infants, self-induced sterility through mechanical or medicinal means, infanticide, and a variety of abortifacient plants, such as yam, papaya, lime, and the roots and barks of cotton trees” (O’Donnell, 2016:1).

This led to the description of the oral tradition of contraceptive methods that are passed down from mother to child. The following statement from one of her informants describes how oral tradition influenced enculturation of cultural knowledge for future generations. “This is how to make bread pudding; this is how to make doukona; this is how to make pepper pot; this is how to make good medicine for a cold; this is how to make a good medicine to throw away a child before it even becomes a child…” (O’Donnell, 2016: 59). This statement provides context for reproductive health in culture, and how reproductive cultural knowledge is incorporated into the daily lives of women. The grouping of reproductive health with other daily cultural traditions highlights the importance of women’s reproductive autonomy and how this knowledge is passed down.

The lessons learned through female relatives in society are a part of the interconnected relationships that shape a culture. Women not only learn reproductive knowledge, but build relationships in the community from this shared web of knowledge. The traditional practice of “Obeah,” which includes local knowledge and medicinal plants, is derived from West African holistic practices (O’Donnell, 2016); these Caribbean women have brought these practices with them. Local knowledge guides methods needed to prepare certain herbs to rid toxicity from plants before use, such as guinea hen weed. Many plants such as this were used for reproductive control after colonization by European nations.
Western colonizers created their own records of Caribbean herbs, and various
gynecological methods used by locals were withheld from Western missionaries outside their
culture. This makes the record of reproductive herbs difficult to locate outside of Western
collections due to incomplete records of cultural uses of herbs and methods. Historical context
elucidates the use range of different methods and elements of society that intersect, and this can
influence women’s control over their reproductive health.

**Women Today**

Women are globally connected through reproductive experiences throughout their lives.
Social media has created a platform where women with access can seek out knowledge and
support from other women without fear of judgment. One platform is the fertility tracking app
Eve. Eve allows women to track their daily reproductive experiences, while also providing
forums and groups for women to build an online community.

**Women’s Voices and Experiences**

Forum posts are an essential part of my research; it spotlights the voices of women.
Women use this platform when faced with uncertainty, and this is what stuck out to me as a main
theme while reading their concerns. Uncertainty was the prevailing theme, because women who
reached out on Eve did not have the answer. Women choose to reach out to other women with
similar reproductive experiences to navigate their reproductive lives.

**Contraceptive Uncertainty**

Contraception is a large part of family planning and for reproductive health. With many
different types, effectiveness statistics, and instructions, there are many areas for confusion.
These women chose to voice their concerns about contraception because of uncertainty in their
own reproductive lives.
Period after IUD Removal

Hi, just looking for some relatable experiences and if I should be worried. I got my Paraguard IUD removed on January 18th... Did anyone experience irregular periods after copper IUD removal... (I’m so paranoid to get pregnant again because of financials). (Anonymous, 2023)

Depo Birth Control Shot

I had gained a ton of weight after being on the depo for 9 months! I have tried eating right, exercising and such to drop the weight since I stopped getting the shot. Is there anything I can do? I’m miserable (Anonymous, 2023).

Best Birth Control that Doesn’t cause Weight Gain

Hi, I really want to get back on the pill. I used to take Junel Fe and I completely blew up in weight. Any suggestions on a pill that doesn’t cause weight gain! (Anonymous, 2023).

Ovulation and Birth Control

When did you ovulate after stopping birth control? Just wondering when ovulation goes back to normal (Anonymous, 2023).

Emergency Contraception Uncertainty

Contraception is the first defense against unwanted reproduction, but when this fails, women may rely on emergency contraception. This can range from Plan B pills, to IUD insertion, or herbal remedies (Riddle, 1992). Emergency contraception is time sensitive, and the pressure of time constraints and unknown variables contribute to uncertainty.

Plan B

I’ve noticed that when taking plan b that it says that it delays ovulation, but if i’m already ovulating will plan b still work? (Anonymous, 2023)

Plan B or no Plan B?

I need help with no judgment. I am not on birth control currently because I hated it. I have already taken two plan B’s in this past year and really want to avoid taking another because I know it’s only to be used in emergencies. I had sex with my boyfriend on the last day of my period, and he used a spermicide condom...the condom ended up breaking. He wasn’t close to finishing so therefore there was no sperm in the condom. I’m just wondering if I should take a plan b to be safe. I just wanted yalls opinion because I really don’t want
Abortion Uncertainty

Abortion can be a troubling decision for some women. Some may be deciding to have one, or wish not to, but the influence of their partner can be the deciding factor. This decision can be a daunting one, and the uncertainty created from it can create a need for external support from other women. The experiences of one woman can be the deciding factor for another.

Unwanted Abortion

_I recently found out that I’m pregnant. I’m 8 weeks, and I’ve scheduled an appointment for my first ultrasound. He’s still asking me for an abortion to start our relationship over and thinks we won’t regret it. I will. He won’t carry that guilt, but I’ll feel empty everyday. I don’t want to leave him, and I don’t want to be alone during my pregnancy. I don’t know what to do_ (Anonymous, 2023).

I’m 19 and Pregnant ADVICE

_He doesn’t want the baby and wants me to get an abortion, but that’s against my self beliefs. It’s so hard right now. I need advice, I’m nervous to tell my mom. I’m depressed. This is tough. I don’t want an abortion. I told him I wasn’t on birth control. Thanks for the advice_ (Anonymous, 2023).

Uncertainty, Anxiety, and Guilt

Women voice the pressures and anxiety that can come from their experience during their reproductive years. These can be emotions and experiences that start in adolescence, and carry on into adulthood. Feelings of uncertainty of their actions within their own culture and from their own personal beliefs can influence their need for external support.

Anxious

_Is it normal to have so much anxiety about being pregnant? We’ve always used a condom correctly, but sometimes I get so scared that I might be pregnant and it gives me so much anxiety and I don’t know how to stop it or control it_ (Anonymous, 2023).

MIL Opinions on Family Size
We have a 7 year old, 5 year old, and a 2 year old. We just found out we are expecting again. My mother-in-law has made comments in the past... "you have two of each, why do you want to have another one?". Today we were in the car together and she told me I should start getting rid of our baby items that we have stored away. Then she said, “Unless you have another one. GOD, I hope not! But you know...it’s up to you”. She has no idea that I’m pregnant right now. After she said that, I couldn't help but feel a bit upset. The only thing I can think of is that she has a different view on raising children and she doesn’t agree with ours. Any Advice? Sincerely A sad and nervous mom (Anonymous, 2023).

Do You Feel Bad Sleeping with Other People

So, I’m 23 and have had some one-night stands, but I was in a 4 year relationship, so I was only having sex with one person. However, anytime I sleep with someone that I’m not in a relationship with, I feel guilt. I don’t regret it when it happens or anything, I just feel guilty, like I’m doing something wrong or dirty. I don’t understand. I was raised Christian (I’m not anymore). So I was thinking thats why? I want to be able to have sex with someone and not feel bad about it. I envy the people who just have sex and don’t feel any remorse. I don’t understand. I want to be like that. I want to simply feel good about it. Anyone else? If so, why do you think this happens to you? (Anonymous, 2023).

Religion

I’m 14 and my hormones are crazy right now...I’ve never had a boyfriend or done anything...but I’m Christian and go to church and I’m scared that when I masturbate it’s not like okay? Or like against my religion.....and I feel so guilty (Anonymous, 2023).

Parental Uncertainty

Women enter their reproductive lives before adulthood, and for many mothers, the decision to educate and provide birth control for their daughter can be a difficult decision. Younger daughters in particular can be a tough decision, as contraceptive implementation can influence their hormones, emotions, and view of sex and fertility. A mother feels a responsibility to pass down reproductive knowledge, and influences the next generations reproductive perspectives.

Should I Put My Daughter on Birth Control

She started her period this past October and got a boyfriend. She’s 12. Anyway, she literally doesn’t go anywhere but school. I’m a stay at home mother, so all 7 kids are either at school, or home with me, or at church on Sundays. I don’t want to do that to her body so young, but I think carrying a baby so young would be harder on it than birth control.
Wouldn’t I be irresponsible if I didn’t? I dunno. I just want to be a good mom (Anonymous, 2023).

Barriers and Adversity

Women’s choices are determined by the various barriers that prevent accessibility. One barrier seen in many cultures is the choices women wish to make are controlled by their spouses (Fortier, 2013). If a husband does not want his wife using birth control, and his word holds more value, a woman may not gain access to family planning methods. He may decide he does not want a child, such as the voiced experiences women contributed above. Several men wanted their partner to have an abortion, even when women voiced their opinions against it.

One culture specific example of barriers is the view of family planning in the DRC. The number of children women contribute to the community raises their social status (Fortier, 2013). This is seen as a way to repay dowry. Simultaneously, the role of Christianity contributes to the negative stigma of contraceptive use in the DRC (Fortier, 2013). These are examples of the many different elements in a culture that may prevent women from accessing family planning.

Modern Contraception used in the US:

Women’s contraception in the United States differs from contraception in other countries around the world. The circumstances that dictate the funding, accessibility, and education of modern contraceptives are interconnected by many different socio-cultural factors. This includes but is not limited to, religion, marriage, economics, politics, and warfare.

With so many factors needed to understand complex interrelationships, I would first like to define what birth control and contraceptives are. Sundstrom’s book Birth Control: What Everyone Needs to Know, published in 2020 describes birth control as “any method that intended to prevent or regulate reproduction, including behavioral methods”, while contraception is
described as “the use of something artificial, usually a device, hormone, or medication, to prevent pregnancy during or after penile-vaginal intercourse.” (Sundstrom, 2020:8). It is important to distinguish between these two terms as this understanding can be a deciding factor for women in their decision to implement an artificial method. These two terms today in the United States are used interchangeably to describe “actions taken by humans to prevent or space pregnancies” (2020:8).

The website for Planned Parenthood lists the different types of birth control, their upkeep, and how effective they are. The low maintenance methods include the arm implant commonly known in the United States as Nexplanon and an Intrauterine Device (IUD). Both are 99% effective. The next category of birth control includes scheduled methods that require maintenance. Examples are the Birth Control Shot (96%), Birth Control Vaginal Ring (93%), Birth Control Patch (93%), and Birth Control Pill (93%). Following these, Planned Parenthood lists methods that must be implemented at every act of penetration such as Condoms (87%), Internal Condoms (79%), Diaphragms (87%), Birth Control Sponge (78-86%), Spermicide and Gel (79-86%), and Cervical Cap (71-86%) (Planned Parenthood, 2023).

According to Sundstrom’s definitions, the methods above are contraceptive methods. The following lifestyle methods are recognized as behavioral changes and fall under birth control. They are listed as Fertility Awareness Methods (77-98%), Withdrawal/Pull out Methods (78%), Breastfeeding as Birth Control (98%), and Outercourse and Abstinence (100%) (Planned Parenthood, 2023). These methods are important to recognize due to economic reasons. These can be implemented by sexual partners for little to no cost. The final methods on the Planned Parenthood website mentioned are permanent methods that are provided through surgery. For males this is a vasectomy (99%), and females’ sterilization (99%). Various methods have been
used for ‘birth control’ as a general term, and each has its own pros and cons based on the cultural perspectives of women.

Intersectionality between different elements in an individual’s life can influence how women and their partners view ‘birth control’ and choose to implement it. One example of this is Sundstrom's book where she describes the potential negative perspective of women in the United States. “Immigrants, women of color, and people with disabilities sometimes view contraception as a negative that some providers may force on them….”. Women from different backgrounds in their historical ancestry or own lives may perceive ‘birth control’ to coerce them into forced sterilization. This perception comes from historical events in which women of undesired backgrounds or circumstances were forcibly sterilized and coerced in US history (Sundstrom, 2020). This example also applies to the forced sterilization of Native American women without their knowledge during surgeries (Maguire, 2001).

Modern birth control is important to include in women’s reproductive health because of the effects it can have on a woman’s life. Birth control and contraception are a large aspect of the female experience in the United States. Sundstrom states that “99% of women have used contraception at some point in their potential childbearing years” (2020:11). Birth control is a large determinant of how a woman structures her life. The choice to start a family is one that influences the educational, economic, personal, and social structures in her life. Her fertility choices intersect with many elements in the everyday experience of a female, not just in the United States, but around the world.

**International Contraception**

Women in other countries may have differentiating experiences when it comes to viewing and using family planning methods. Culture will have a profound influence on how they perceive
the morality and circumstances of using family planning methods. Many influences come from enculturation passed down generation-to-generation, but some come from other medical systems. Each culture has its own perception of contraceptive methods. In 2019, 922 million women of reproductive age (or their partners) were contraceptive users (Fig 1) (United Nations, 2019). The chart shows 44% of women using modern methods such as contraception technologies, and 4% using traditional methods such as herbal, rhythm, and pull out methods. However, a little over 50% of the chart shows an unmet need, or no need. These categories can be influenced by many factors such as education, access, or marriage. Are women who report “no need”, actually have no need, or are they unaware or separated from making reproductive choices?

![Figure 1: World Contraception Statistics Provided by the UN in 2019]

Women use particular methods of contraception based on their needs, safety, perception, and accessibility. Many women will have a preference between various methods. A second data table provides the rates of different contraceptive practices in the major geographic regions of the
world during their reproductive years (figure 2).

(Figure 2: Contraceptive Prevalence by Method of Women of Reproductive Age by Region (United Nations, 2019).

The United Nations provides data on what methods are primarily used on each major continent. Figure 2 provides a snapshot of what women are using with their partners, but is not an indication of their preference. Percentages preferred methods may change when women are provided more access to various methods. Women in Sub-Saharan Africa and Europe commonly use short-acting contraceptive methods such as condoms, while in Latin America, Asia, and the Caribbean, more permanent and long-acting methods such as sterilization and IUDs are utilized (2019).

Women’s reproductive decisions can be influenced by a multitude of factors, and according to the United Nations, 190 million women had unmet contraceptive needs (Fig 1). This is one example of how women struggle to make reproductive choices, as they lack the resources
to do so (United Nations, 2019). Other barriers, in addition to accessibility, determine the number of choices women have. The many different types of contraception shown above demonstrate the range of options that may be available to women from which to choose.

Abortion

Abortion is a choice women may choose when contraceptive methods fail (Joyce, 2014). Abortion is defined as termination of a pregnancy that follows with the expulsion of an embryo or fetus. An abortion is a choice, and differentiates from a miscarriage. A miscarriage is a naturally occurring event in which the embryo or fetus is spontaneously expelled from the body (Medlineplus.gov, 2023). Two main types of abortions are described on MedlinePlus, (1) Medical Abortion, and (2) Surgical Abortion. Medical abortions use pills such as Mifepristone followed by Misoprostol to terminate a pregnancy, while surgical abortions require a procedure to terminate the pregnancy, and remove the embryo or fetus (MedlinePlus, 2023)(Shinkman, 2023).

Religious Influences

Religion, Contraception, and Abortion are related because influence on religion may exercise over family planning. Religions and their views of contraception and abortion can provide preconceptions and stereotypes. One pre-existing notion is that religions are firm and absolute in their ruling of abortion and contraception, this is false. Perspectives in this world lie on a spectrum (Maguire, 2001). Religion and family planning are, therefore, heavily intertwined (Srikanthan, 2008). “Religious traditions are never seamless garments, though the faithful like to think of them that way. They are patchwork quilts, and not all the patches match” (2001:53). The influences of religion and personal autonomy of family planning do not require the sacrifice of the other.
Catholicism

Catholicism is known stereotypically to be “anti-choice” when it comes to family planning techniques. The stem of this misconception has both historic and recent roots. Infanticide before the Middle Ages was widely practiced, and the catholic church grew alongside cultures that practiced contraception and abortion such as the Greeks, Romans, and Egypt (Haimove-Kochman, 2005)(Riddle, 1992)(Maguire, 2001). To say that Catholicism is strictly against abortion is to abandon several figures of the past that believed in women’s reproductive health.

Abortions were widely practiced and seen as moral with the concept of delayed ensoulment. This concept imposed the idea that the soul did not enter a fetus until after three months of pregnancy. Catholicism even sainted an archbishop named Antoninus for his work on abortion in the fifteenth century (Maguire, 2001).

The premonition that Catholics prohibit abortion comes from the Vatican Roman Catholic branch rather than the roots of Catholicism itself (Srikaanthan, 2008)(Joyce, 2014)(Maguire, 2001). This prohibition mainly comes from the decrees of Pope Gregory IX, Pope Pius XI in the Casti Connubii (1930). It was prohibited because of links to witchcraft and sorcery, and the idea of abortion as homicide (Maguire, 2001). This view was reaffirmed in 1968 with Pope Paul VI in connection to mechanical and chemical contraception (Sundstrom, 2020) in addition to abortion. Bishops from fourteen different countries disagreed and declared they were not morally defaced for declining to follow his decree (Maguire, 2001).

It is here we see the dichotomy, with some Catholics believing that family planning is sinful, while others welcome it with open arms. Maguire’s informant on Catholicism and abortion named Gudorf claims that teachings on abortions are underdeveloped, and the catholic
religion’s view is also in development. How does this relate to culture? Catholicism is one of the many well-known religions that shaped the Euro-American world, and as a popular religion, its influence is paramount from its spread during colonization.

**Hinduism**

Hinduism is another prominent religion in the world and has its own unique view of family planning and abortion. The concepts of dharma and karma are important. *Dharma* “that which supports right living” is applied to morality as it must be consistent, yet malleable as situations change (Maguire, 2001). *Karma* is the concept that your actions have consequences in this life and the next (Srikanthan, 2008). Hinduism prohibits abortion as one of the atrocious acts, but it is still practiced. It is seen as an atrocious act due to the disrespect of the *atman* or “the life principle or spirit” (Maguire, 2001:50). The religion deems abortion as a karmic act that will affect your reincarnation into the next life.

Despite this religious ideology, abortion is legal and practiced in India because women may have need of an abortion after being raped, acts of incest, or for mental health (Maguire, 2001)(Joyce, 2014)(Srikanthan, 2008). Women were practicing abortion with or without legal acts, and therefore asserted this need into the medical treatises (Maguire, 2001). This is one prime example of how religion can be independently followed, but women’s rights and access don’t need to be torn away in the process. Women will practice abortions and contraception without legal decrees, but this sacrifices safety (Joyce, 2014).

**Buddhism**

Buddhism follows the wisdom and teachings of Buddha, in following the four noble truths, and escaping suffering through the eightfold path. This includes the idea that excess greed and consumption leads to suffering. This principle to some Buddhists applies to contraception
and abortion. They support reproduction, but also understand that excess children can cause hardship, and support the use of contraceptive use (Molitoris, 2019)(Srikanthan, 2008).

Abortion is more difficult as Buddhists believe in reincarnation, and that life begins at conception due to the presence of “a being to be born” or gandhabba (Maguire, 2001). The rule of Right Action in the eightfold path also forbids killing, as this will have karmic retribution (Maguire, 2001). There are clauses, however, that may allow abortion, such in the cases of a mother with HIV, or to save a mother’s life. It is important to note that this is true for some Buddhists but is illegal in some areas such as Thailand (Maguire, 2001).

There is however solace for Buddhist women who decide to have an abortion, and those who provide abortions. Maguire’s informant for the Buddhist perspective, Suwanbabbha claims that a good woman or person that has built up good karma, can outweigh the effects of bad karma. This provides emotional support for women who undergo an abortion procedure, along with the practitioner. Suwanbubbha clarifies the intentions of the abortion determine its seriousness and the moral retributions (Maguire, 2001).

Japanese Buddhism differs, they are familiar with family planning and had been carrying out abortions and infanticide in history (Maguire, 2001). Abortion however was still a serious topic, as children were still treasured. The fetus removed during an abortion is seen to be put on hold, rather than terminated. The families do not forget the fetus, but instead the life of the fetus called a Mizuko is prayed for, and rituals are carried out by the family for the Mizuko in the sacred realm where it resides or has returned to (Maguire, 2001). The aborted or miscarried children are then protected by a savior-figure named Jizo, who gives them comfort in the realm of the Buddha (Maguire, 2001). This provides comfort for the parents and is partnered with a sex positive view of intimacy. Sex in Buddhism is encouraged not strictly for reproduction, but for
pleasure leaving the use of contraception and abortion as an option for families in Japanese Buddhism.

**Confucianism and Taoism**

China has a history in family planning during the communist movement with its well-known “one child” policy (Maguire, 2002). This can be perceived with a negative stigma by Western societies, but in fact was used as a temporary emergency measure due to population pressures on the economy (Maguire, 2001). Confucianism and Taoism have played a large role in shaping the culture of China and created an environment where family planning was tolerated. The main idea supported by these two religions is the idea that the peace and harmony of the universe should be the goal of human life (Srikanthan, 2008). (Maguire, 2001). The way of the universe is called *Tao* and conforming to *Tao* is named The Mandate of Heaven. This is noted to be like dharma in Hinduism (Maguire, 2001).

The mandate of heaven is important when applied to family planning, as it calls for humility, self-restraint, and unselfishness. This is combined with the term *Jen*, or respect and compassion. Maguire’s informant Shang explains that the Chinese were practicing family planning prior to the first records. This was due to the idea that reproduction can affect the balance and harmony of the universe. Confucianism and Taoism believe they are all interconnected and made up of the same substance called Ch’i, and that their individual actions can affect their family, community, nation, and then the whole world (Maguire, 2001).

How does this relate to family planning? The view that we are all connected deemed social obligation as a duty to provide and keep harmony and balance. This allowed malleability with government policies for family planning. There was not much restraint by families because it was seen as a duty to balance the universe. The government due to this ideology was heavily
involved in family matters. Confucianism rewarded their society for having children, and even had a welfare system to provide for families with more than one child (Hardee, 2004) (Maguire, 2001). The government would take care of orphaned children with a welfare system, so children were wanted and taken care of to prevent having too few people to help the nation's family, and when resources were scarce, the communist party enacted the one child policy to reduce stress on resources and expand economic growth (Hardee, 2004). Chinese culture also wanted quality over quantity when it came to children, so family planning was encouraged.

Taoism differs slightly as the main idea was to keep competition for resources down so fertility was monitored (Maguire, 2001). Taoism has a main difference with the idea that sex is part of health and happiness required for balance, so sex positivity other than reproduction was widely encouraged (Srikanthan, 2008).

Abortion however was not prohibited in Chinese culture. Shang described abortion taking place since ancient times by midwives (Maguire, 2001). Abortion played a part in the one child policy because it was for the greater good of the society and rebalanced the universe. It is an action accepted with compassion or Jen, as it is for the benefit of not only the family, but of the community, nation, and world. Abortion is only looked upon unfavorably when it is done unnecessarily (Maguire, 2001)(Srikanthan, 2008).

**Judaism**

The next major religion is Judaism. Judaism is stated by Maguire to be a parental religion to both Christianity and Islam, and therefore had a large influence on the Western culture (2001). Judaism itself is like the others above, pluralistic in its perspectives of contraceptive usage and abortions. This is linked again much like the other religions above, to a sense of community. To have children is a gift bestowed by God, to produce the next generation to continue the vision of
the Torah (Maguire, 2001). A woman has an important role in this, as she keeps the vision of the Torah from crumbling away with children, which Maguire’s informant Zoloth describes “child-making as worldmaking” (2001: 99).

Women and caregivers in the Jewish community hold themselves to the duty of *Tzedaqah* or Justice, and to create a household of justice (Srikanthan, 2008). To care for the poor and destitute is one part justice, and childbearing, rearing, teaching, etc. is also seen as a fulfillment of justice (Maguire, 2001). It is important to note here that family planning to some members of the Jewish community is seen as planning to create more children, rather than plan to withhold or put-off reproduction. Maguire describes that like other religions, quality is still seen over quantity. To create the next generation, teaching the essence of *Tzedaqah* is seen as more important than excessive child-rearing, as the time can be taken to fully teach the Jewish faith.

Historically Jewish communities have used birth control and are historically called *Mokh*. This is a soft cotton pad seated against the cervix (Maguire, 2001). This was especially used along with nursing as the current living child deserved to have primary care, and pregnancy during nursing was prohibited (Maguire, 2001). This is also observed in child spacing to reduce harm to future offspring and prevent complications (Molitoris, 2019).

Contraception is therefore allowed, and abortion has limits but is also allowed. The fetus is not seen to have a soul until the head passes through the vaginal canal and is then known as a *Nefesh* or person. A fetus however can be aborted based on the principle of duty or *Mitzvah*. Abortion for the sake of abortion is not allowed, but with each religion there are exceptions. Maguire lists a few as to avoid disgrace, for the health of the woman (Srikanthan, 2008), and if a woman becomes pregnant from another man that is not her husband (2001).
Duty plays a role for the religious community that individual members and families play a part of. Historic events in relation to the Jewish community have created an atmosphere where reproduction is encouraged. Such events are those of Jewish persecution such as the Holocaust. The community lost many families, and members of the community that shared their vision of the Torah and the concept of Tzedaqah. Directly after this major event, the mitzvah of progeneration was encouraged to rebuild the community, and contributed to the family's motivation for reproduction (Maguire, 2001).

Islam

Islam is a religion that is stereotyped to be extremely strict, and against women and their rights. This is not the case, and again has a pluralistic view like the many religions’ perspectives described above. For Muslim members, duty is to the Umma, or all people in the one family in combination with justice, peace, and compassion (Maguire, 2001). Combined with the term Zakat, Muslims believe their moral duty is to distribute their wealth to the community so all people can live a comfortable life, and is one of the five pillars of Islam (Maguire, 2001). Every person created by God is a good person, and deserves to live in comfort. This applies to family planning based on the principle that over reproduction and consumption of resources is detrimental to the Umma, or the family.

Contraception and abortion are decided based on the principle of the Ijithad (Maguire, 2001). This term means that a logical answer based on the morals principles of the Qur'an given the specifics of the situation are considered. This comes from the idea that the principles can guide you in deciding morally, but you must come to a reasonable solution based on your own thinking. Contraception has been used in Islam and is allowed based on the use of Azl, or withdrawal (Srikanthan, 2008). Any contraception that does not create permanent sterilization is
permitted based on similarity to the historic use of Azl (Maguire, 2001). The logic that also determines this is again for the best of the Umma, and Maguire describes it as sickly, underdeveloped, or undereducated children who are not of the best interest to the Umma.

The informant for this section named Hassan describes abortion again as pluralistic. Some in Islam are completely against it, while others believe over reproduction deprives the children who are already born- and by extension, the Umma, and allows abortion up to the fourth month of pregnancy (Maguire, 2001). This varies as there are several branches of Islam, and every community may have differentiating beliefs much like other religions.

**Protestantism**

Protestantism was born from reformations against Papal authority, and later reforms clerical celibacy, to the allowance of marriage as one of the most holy acts (Maguire, 2001). These reforms were driven by tolerance, a perspective in which there are many views in this world that differ from one another, but those with a different worldview can still be good people. Like every religion there are fundamentalists, or those who follow extremism, such as the right-wing Catholics and Protestants in the United States (Srikanthan, 2008)(Maguire, 2001).

Extremists can influence the government, legislature, and rights of others, but these make up a small portion of the religious community. However, many stereotypes come from views of extremists. Protestantism is pluralistic, but overall allows family planning and abortion due to the ideas that started the reformations against the catholic hierarchy.

**Native Religions**

Native religions and perspectives are important to understanding that a patriarchal view is not innate to human nature. Like the persecution of Jewish populations, Native Americans have also been subject to assault and force born of persecution. Their view of family planning is one
of non-European perspectives. There are many Native groups in North America and their views may differ from Maguire’s summary of their beliefs.

The Natives believe in a story of the Land, in which all things are interconnected. This connection does not only extend to living things, but everything in the cosmos. From my understanding they believe that everything is equal, and no being, or thing, is greater than another. This is based on Maguire’s explanation of Native respect for all they use, such as animals, plants, rocks, the list is endless, and their morals stem from gratitude. How does this apply to family planning?

Native Americans are Pro-choice. They are pro-choice due to the worldview that women are unique in their ability to create and sustain life (Maguire, 2001). So much so that a woman has autonomy in her own reproductive choices. Women were seen as equals to men, and although there was a division of labor, these did not determine status. That is because of a communal perspective. Like other religions such as Buddhism, Confucianism, Taoism, Islam, and many more, members must act in the best interests of the community. In this case for Native Americans, what is best for the Land/Cosmos. Reproductive freedom therefore lies upon the woman and is further strengthened in some groups by matrilineal social structure in which the woman is the head of the household, and the father figure is the mother’s brother (Maguire, 2001).

A society where women are given reproductive autonomy provides full freedom in terms of contraceptive usage and abortion. Maguire names a few groups in which a woman's reproductive choices are her own are seen in the Dakota, Lakota, Papago, Iroquois, Ojibwe, and Cherokee (2001). It is here we fully see the difference between the influence of I-self and We-self views. I-self communities are based on the needs of the individual, and each choice is based on
what the individual deems best for themselves rather than the community, or the larger picture. We-self is a view in which the community does what’s best for the community. This may seem like a small distinction but is a large factor in women’s reproductive autonomy. There are many perspectives from Native People that can be significant for shaping the path of women’s health, but intersectionality makes this process complex.

Discussion

Intersectionality and Women’s Reproductive Autonomy

There are many factors that influence the degree of freedom women have when making reproductive choices. Family Planning, contraceptives, and abortion are only some of the choices a woman must make in her reproductive years. These choices then determine her education, marriage, social status, and health both physical and mental. The choices she makes in these years determine her status not only now, but when she can no longer reproduce (Bledsoe, 1998). These choices however are determined by the many elements of her culture, and her perspective.

Religion

Religion as discussed is a large indicator not only of her beliefs, but the beliefs of the community she resides in. To go against one’s culture- to defy a worldview you were raised in and surrounded by, can be alienating and detrimental to a woman’s perception of her own self value. Religion is one of the many elements that create what we know as culture. Each religion has its own particulars based on the community, country, region, and leaders (Maguire, 2001). Like humans, religion is an ever changing form that takes in all that is around it, and this is what causes pluralistic views in women’s reproductive health.

What however causes the plurality in religion? Religion is meant to be a unifying entity of the human experience. Religion is not the enemy of women’s reproductive autonomy, it is
greed. Greed is born of a need to overpower and control others, and this is seen throughout history in every culture. Colonialism, militarism, and capitalism are only some of the major components that have shaped religion, and simultaneously, culture.

We see this in many world events such as Columbus and his attack on Native Peoples, the persecution of the Jews prior to and after the Holocaust, every world war, every act of colonialism, and the enforcement of European concepts and ideals from missionaries in Africa (Maguire, 2001). We see this repeated throughout history with the slave trade, colonization of the Caribbean (O’Donnell, 2016), and the impact of warfare in Renk, Sudan (Elmusharaf, 2017). These are only fragments of the historical timeline of our planet, and each has influenced religion, culture, economics, politics, and leaves nothing untouched.

Religion is one element that women all over the world may be affected by, and the support of her social network and community, shape her choices. Women in the Catholic faith may view contraception and abortion as a negative choice because of the influence of the Pope on reproductive prohibitions (Maguire, 2001). One woman from the Eve forum posts discusses her feelings of guilt because of her religion during one night stands. Christianity was a cultural element in her upbringing, and influenced her view of sex. On the other end of the spectrum, Native American women have full autonomy in their culture to make their own reproductive choices for the benefit of the community. Religion is a cultural particular that can affect not only a woman’s voice, but the tone and volume of her voice. Reproductive health is a personal experience in each woman’s life, and can be influenced by many factors.

**Sex Attitudes and Perspectives**

The spectrum of which women have authority over their reproductive choices is interconnected to sexual attitudes shared by her culture. Maguire brings up one of the most
important influences of reproductive perspectives for both men and women, the view of sex. Sex is an innate act, seen beyond humankind, so why is the perspective of sex influential? Children in their culture will have a spectrum of attitudes on sex after coming of age. Much like Margaret Mead’s work in Samoa, women will make choices influenced by either sexual positivism, or sexual negativity.

A young teen on Eve reached out to other women because she had a negative view of masturbation, which is part of a woman’s reproductive life. She was influenced by religion as she is Christian, and consequently felt prohibited or shamed to explore her own sexuality and body. This is one modern example of how culture, religion, and sex attitudes can influence a woman about her reproductive choices. This can be seen in our day-to-day lives.

Cultural norms we may have parted from can still affect a woman’s cognition, and sense of worth sexually. The Catholic faith, in which sex is seen in some cases as purely for reproduction, and demonizes pleasure (Maguire, 2001). A community that chastises a woman for sexual acts will cause a negative view of sex as an act, and her reproductive choices. This can shape her choices such as abortion due to cultural shame such as the assumption that a woman is a mistress or promiscuous. Other examples can be seen such as Hinduism and Karmic accumulation. Worldviews of spirituality and invisible forces can deter women from seeking out contraceptives and abortions based on religious creeds.

On the other hand, some cultures combined with religion have a sex positive view that can create an environment of support and comfort. This not only affects literal reproduction, but how women view their menstrual cycle. In Native groups a menstrual hut visit was not viewed as banishment for possible pollution, but to get in touch with their own spiritual power (Maguire, 2001). Native American groups are an example of this, but also can be applied to other religions
on a lesser scale such as Confucianism. Women make decisions for the benefit of their society, and that in its entirety is reason enough for her choices. It is here we can see a dichotomy between religions based on individualism and those based on community. This dichotomy however is not as simple as this and is influenced by the prospect of power.

**Perspectives and Power**

Religion is blamed for discourse in reproductive health but is directed by greed and enriched by the wielders of power. Usually, this power is seated in the ruling government. Government on its own is to govern the people, and create order for prosperous living, but intersectionality with economics and religion can be the main cause of discourse in women’s reproductive health.

Religious extremists in positions of power, seek to reassert the male monopoly over women (Maguire, 2001). We can see this with the gradual disappearance of midwifery. As men started to take over the medical field in the 19th century, women practitioners were seen as competition. Women began to be contained in some cultures to the domestic sphere of the home and was later romanticized with the advertisement of the “nuclear family” in patrilineal societies descended from European influences.

We still see this today, such as the current discourse in the United States due to the overturning of Roe v Wade (Shinkman, 2023). These decisions are not being made by the female populace of America, but by extremists in the government body. The governing bodies in some cases then use religion to enforce reproductive perspectives and prohibit use of contraceptives and abortion services such as Planned Parenthood, the Plan B pill, and many others. The justification of prohibiting these services with religion, is unethical, and demoralizing. Religion is not a concrete rule book in which there are no exceptions, and to hold one woman to the
standards of a religion she doesn’t follow is cruel. Must she throw her own upbringing and worldview aside for another religion or culture?

For some women this has been the case. Such is the case for Native American women who were forcibly sterilized without their knowledge, and the prohibition by the United States until 1978. They were only able to become women in their culture traditionally after the American Indian Religious Freedom Act, which publicly allowed a Dakota coming of age ceremony called *Ishna Ti Awica Dowan*. This is a practice where girls become women by living alone. They gain control of their reproductive freedoms, and are celebrated as adults, while being mentored by the elders of their community (Maguire, 2001). Dakota girls were losing a sense of identity due to the enforcement of colonial ideals up until almost the 2000’s. From this example we can see the significant impacts of government and legislature on cultural communities and groups because of the promise of power.

Governments simultaneously influence the construction and availability of family planning services all over the world. Some examples known globally are the Cairo Convention of 1994, and due to the misconception that family planning was only for wealthy societies to deal with overpopulation, less family planning resulted (Gillespie, 2004). Other countries around the world have been attempting to implement accessible family planning services such as the Static Clinic System implementation in Bangladesh (Mercer, 2005), and the acts of Peruvian women to integrate ideas and goals from the Cairo convention, and the following convention in Beijing (Ewig, 2006), and the Use of Contraceptive Technologies in Gambia (Bledsoe, 1994). Governments influence not only healthcare, but funds, accessibility, perspectives, religions, but also infrastructure and scaffolding such as support for growing families.

**Influence of Relationships**
Influences from around the globe influence the perspectives and actions of women, but internal relationships inside the home are another determinant. A woman’s spouse or husband can be a place of comfort and support, or a cause of pressure and anxiety. Women from Eve voiced their uncertainty within their relationships in connection to reproductive choices. The support or lack of support from a spouse can influence the entire pregnancy along with child rearing. Each culture has their own customs that determine a woman’s value regarding child rearing. Such as in Renk, a region of Sudan, where a woman's husband will be pleased when she contributes many children to the community, and the DRC has a similar view. (Elmusharaf, 2017)(Fortier, 2013). A woman’s stability can be altered if her partner is displeased or wants to abort the child, or on the other hand, forces her to bear children. These women represent a common experience in the reproductive life of a woman. They feel trapped between appeasing their partner’s wishes or choosing for themselves. For some women a sense of duty may sway their reasoning, but the choice is almost never without collateral damage.

Women look to other women, family members, and friends for support. The support of other women such as midwives, other mothers, and family members can also determine the medical and cultural knowledge passed down from other parents and help make decisions for the upcoming women in the community (O’Donnell, 2016). This can be a roadmap to improve women’s reproductive health and experiences for the future.

Conclusion

Why does all this matter? Why do cultural particulars need to be considered in relation to women’s reproductive choices? Women create and are a product of their culture. They have the amazing gift to create life and strengthen the community they are a part of. Some women are
supported and celebrated, but others must survive the turmoil that is imposed by their 
surroundings.

Choices are made in every aspect of life, and in this case, the unborn and born alike. 
Family Planning, Contraceptives, and Abortions are tools and skills that can be used when 
available, not only for prevention, but for reproduction. Negative events have shamed some 
women away from these practices, such as forced sterilization. However, all women should have 
the autonomy, educational resources, and accessibility to confidently make these choices. The 
world is constantly changing on every front, Religion, Government, Economics, Warfare, and 
now our environment. The time has passed for light conversations about women’s healthcare, 
and ethnography must be conducted to truly understand the reproductive experiences of women, 
and to hear their voices.
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