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Standing on Principle

Reproductive Health and The United Methodist Church

Faithfully discussing controversial social issues in our families and faith communities can be challenging.

Concern regarding polarization and alienation often makes us hesitant to address such issues in public spaces. Many of the issues about which people do not want to speak are present in our families and congregations, and we need safe, loving and trusted spaces to discern how God calls us to address them.

United Methodists from around the world wrote, prayed over, and voted on the United Methodist Social Principles. Organized into six categories, these principles provide United Methodists with guidance on contemporary social issues from a Wesleyan perspective, rooted in scripture, reason, tradition and experience.

Ultimately, the Social Principles encourage followers of Jesus to live the fullness of Micah 6:8 and Matt 23:23, lives rooted in mercy *and* justice *and* faith.

Women's health, maternal survival and child mortality are all issues that impact families across the church and world. The goal of this guide is to encourage thoughtful, informed dialogue and action to promote maternal health within our communities of faith.

Social Principle Exercise

- The purpose of this exercise is to get people comfortable with the Social Principles and to understand their purpose, as a tool to help United Methodists discern a faithful response to different issues.

Dialogue Exercise: Wesleyan Quadrilateral

We are challenged to use scripture, tradition, experience and reason — the Wesleyan Quadrilateral — as tools for theological discernment and decision making by “Our Theological Task,” a section of The United Methodist Book of Discipline. (¶105)

Place two pieces of masking tape on the floor in the shape of a cross. Label the four quadrants with these four sources (or simply assign a source to each corner of the room). Then read a sentence from the Social Principles. Ask participants to consider their position on the issue and then to move toward the quadrant they believe most supports their point of view.

- Begin with less divisive examples, then move to more controversial issues. For example:
 - ¶161.I - Sexual Abuse
 - ¶162.C - Rights of Children
 - ¶162.I - Rights of Persons with Disabilities
 - ¶162.V - Right to Health Care



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Dialogue Exercise: What does the ideal community look like?

Engage the group in a conversation about how they understand community.

- What values are at the core of an ideal community?
 - Values are generated by participants, but some examples:
 - Support
 - Care
 - Compassion
 - Respect
 - Love
 - Grace
- Where have you seen this ideal community living out its values in your life?
 - Tangible, personal examples generated by participants, but some examples:
 - Church experiences
 - School/work experiences
 - Family experiences
 - Community experiences
- What prevents this ideal community from occurring everywhere?
 - When values (previously listed) are absent from the community or are not extended to everyone.
- What is keeping this ideal from occurring in our community? What do you worry about in your communities?
Note to facilitator:
 - *Tangible, personal examples*
 - *These examples might go outside the category of reproductive health / healthy families, and that is OK. We will narrow our focus to this category later. Right now, we want people thinking broadly about their own community. This will help participants start to realize the complexities of reproductive health and grasp how this broad community we talked about in this section plays into reproductive health and healthy families.*

Ideal Conditions for Maternal Health and Survival

- Pregnancy/motherhood is a choice that results in joy
- Women and girls are recognized as made in the image of God
- Everyone experiences abundant life
- However, this ideal is not a reality
 - 45 percent of pregnancies in the United States¹ and 40 percent of pregnancies globally² are unintended. This means in almost half of the pregnancies occurring in this world, women did not plan for this surprise responsibility. For some women and families, this surprise is joyous, and our role as a supportive church community is to celebrate with them. But for some women and families, this surprise does not bring joy. **So how do we as a church community support and care for those women and families?**

¹ <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>

² <https://www.guttmacher.org/article/2014/09/intended-and-unintended-pregnancies-worldwide-2012-and-recent-trends>



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- Globally, 1 woman every two minutes dies from causes related to pregnancy or childbirth³. Nationally, an increasing number of pregnant women have chronic conditions (high blood pressure, diabetes, etc.) that may put them at risk of pregnancy complications or death⁴. Despite medical advancement, the rate of pregnancy-related deaths in the U.S. has increased over the past 25 years⁵. Most of the deaths, injuries, infections, or disabilities caused by pregnancy or childbirth are entirely preventable⁶. Currently, we aren't doing enough to prevent them, nationally or globally.
How do we support women and families who live with this reality?
- Between 2000 and 2010, over 248,000 children have been married in the U.S., mostly to adult men⁷. 1/3 of girls in the developing world are married before age 18, while 1 in 9 girls are married before age 15⁸. Pregnancy is consistently among the leading causes of death for girls ages 15-19 worldwide⁹. **What can we do as a church community to support and care for these girls and make sure they experience our ideal?**
- In the United States, 1 in 4 women will be victims of severe violence by an intimate partner in their lifetimes¹⁰. 70 percent of women worldwide will experience physical or sexual abuse by an intimate partner in their lifetimes¹¹. These numbers are proof that not only are women and girls not recognized as made in the image of God, but they also do not experience abundant life due to this violence. This threat of violence increases during pregnancy. Intimate partner violence is the leading cause of female homicide and injury-related deaths during pregnancy¹². Therefore, for women experiencing domestic violence, planning the timing of a pregnancy or preventing a pregnancy could mean saving her life. **How are we as a church community caring for survivors of domestic violence and supporting their true, realistic needs?**

Note for facilitator: Watch the [“Growing Up Girl”](#) video

In this program, we are going to talk about big, global issues like gender-based violence and child marriage. We are going to talk about smaller, local issues, like how we show women and girls of our community that we respect them, value them, and recognize that they are made in the image of God. We are going to wrestle with ethical dilemmas that arise in pregnancy, when tragic conflicts of life with life occur. We are going to talk about adoption. We are going to talk about abortion.

Reproductive health is complex issue. Figuring out how to ensure healthy families are living in healthy communities is a complex issue. But rather than shy away from these complexities or attempt to place them on some clear cut, for/against, right/wrong binary,

³ <http://www.unfpa.org/maternal-health>

⁴ <https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm>

⁵ <https://www.cdc.gov/chronicdisease/resources/publications/aag/maternal.htm>

⁶ <http://www.unfpa.org/maternal-health>

⁷ <http://www.unchainedatlast.org/child-marriage-shocking-statistics/>

⁸ <https://www.icrw.org/child-marriage-facts-and-figures/>

⁹ <https://www.icrw.org/child-marriage-facts-and-figures/>

¹⁰ <http://www.thehotline.org/resources/statistics/>

¹¹ http://www.who.int/violence_injury_prevention/violence/global_campaign/16_days/en/

¹² <http://www.apa.org/topics/violence/partner.aspx?item=1>



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we are going to discuss these complex issues keeping in mind two things: care and compassion.

Invite group to listen to these texts and describe how Jesus responded to these women.

John 4: 4-26 and John 8: 1-11

- Jesus resisting cultural inclinations to blame and shame people, in particular women.
- Jesus responded to them with care and compassion, not blame and shame.

Ask: Why are we talking about reproductive health and healthy families? If it relates to the inner workings of a family, then shouldn't that remain private and within the family?

- It takes a village to raise a child
- When we baptize children, we enter into a covenant with them
- However, Jesus did not call us to only care for those in our church communities
- Jesus called us to be in community with everyone
- Care and compassion for others was the cornerstone of Jesus's teachings and therefore our faith

Dialogue Exercise: Stories of unintended pregnancies

Note to facilitator:

Before we begin talking about reproductive issues, we first want to identify who we are talking about. We have a tendency to equate unintended pregnancies with "promiscuity" or irresponsibility, essentially placing the sole blame on the woman. When we talk about unintended or unhealthy pregnancies, we must let go of this idea that the only women who find themselves in these situations are either promiscuous or irresponsible. The truth is that every woman capable of becoming pregnant could face an unintended or unhealthy pregnancy, but that risk increases based on your age, resources, environment and income. The risk of unintended or unhealthy pregnancy is not based on a woman's morals.

Destaye, Age 11

Sometimes, an unintended or unhealthy pregnancy is determined by one's physical and social environment, like with Destaye. At age 11, Destaye was forced to marry a priest 11 years older than her, due to her culture's fixation on priests marrying virgins. After giving birth to her son at age 15, Destaye had to be taken to the hospital a few days later because she did not stop bleeding. Both Destaye's physical life and emotional life was threatened because of her unintended pregnancy. Becoming a wife and mother while still of schooling age has completely hindered Destaye's chances of fulfilling her dreams and becoming a doctor. Her lack of child care support chains her to her house and prevents her from furthering her education as she desires.¹³

- Destaye's pregnancy was both unintended and unhealthy. What is the responsibility of the church to keep these girls and girls like them from bearing the shame and stigma?

¹³ For more information about Destaye, visit <http://tooyoungtowed.org/#/journeys/destaye>



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Ellen, High School Student

What about Ellen, a high school student who had had unprotected sex with her boyfriend once before and, thanks to very little sex education, assumed they could repeat this and avoid pregnancy again? Sex was a stigmatized topic in her house, so Ellen was in the dark about the real but preventable reality of unintended pregnancy. Ellen was a straight-A student, a member of the cheerleading squad, and a leader in her school.¹⁴ Should she be shamed for her actions, despite the community's failure to teach her the facts about her own body?

Because of the support she received at Delaware Adolescent Program Inc., Ellen was able to get her high school diploma and join DAPI's staff as a nurse and maternal educator. However, how different would Ellen's life be if she did not receive support after her unintended pregnancy, if she was treated with stigma and shame instead of care and compassion?

When we discover the real stories of women who have dealt with unintended or unhealthy pregnancies, do any of them reflect the promiscuous, irresponsible stereotype we often associate with these situations? Do they deserve the shame we are so quick to inflict upon them? Does anyone deserve that kind of shame?

Discussion Questions:

- In situations like Destaye's and Ellen's, what are we as United Methodists called to do?
- What is the responsibility of the church to keep these girls and girls like them from bearing the shame and stigma?
- What can we do immediately to help in these situations?
 - For instance, how different would each woman's life be if she would have been able to control when she had a baby?
- What can we do to help solve the bigger, systemic issues that caused her situation?

¹⁴ For more information about Ellen, visit <https://www.theatlantic.com/health/archive/2014/12/whats-behind-the-unintended-pregnancy-epidemic/383937/>



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Before Pregnancy

- Why aren't we meeting our goals of an ideal community? Revisit the goals listed at the beginning of the program. Why aren't we ensuring that pregnancy is a choice resulting in joy? Why aren't we recognizing women and girls as made in the image of God? Why doesn't everyone, and in particular women and girls, experience abundant life?
- This is an opportunity to think both globally and locally about our ideal community. Below are global examples of what is interrupting our ideal community, but participants can offer their own local examples.
- *Note for facilitators: place four pieces of paper in different parts of the room for each of the categories below. Create 3 columns. On the top of the left column, write "interrupting the ideal" and on the top of the right column, write "Nurturing the Ideal." Ask the group to divide into four groups and list factors/dynamics that interrupt maternal health and survival and concrete ways to promote/nurture maternal health and survival. (See lists below for examples if needed.)*
 - Social Life
 - Child marriage
 - Human trafficking
 - Domestic violence / Reproductive coercion
 - Child abuse / Incest
 - Sexual assault / Rape culture
 - Misinformation / Lack of education around issues of sexuality
 - Physical Life
 - Maternal health
 - Lack of knowledge about how to have a healthy pregnancy/baby (smoking cessation programs, drug/alcohol knowledge)
 - HIV epidemic
 - Emotional Life
 - Trauma caused by stressful, dangerous, or unwanted incidents (see Social Life)
 - Spiritual Life
 - Shame
 - Stigma
 - Systems of inequality
- Starting now, what can we do to begin meeting these goals?
 - Social Life
 - Comprehensive sex education
 - Gender equality in education
 - Social support systems
 - Access to health care
 - Economic agency / Financial ability to provide for their family
 - Physical Life
 - Contraceptives
 - Preventative care
 - Health education
 - Healthy lifestyles (access to nutritious food, clean environment, etc.)
 - Emotional Life
 - Support systems
 - Access to mental health care
 - Spiritual Life
 - Always respond with compassion / unconditional love



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- Pastoral care - supportive, nonjudgmental, and **resourceful**
 - Valuing women and girls in church and community
- How can the church provide care and compassion?
 - Comprehensive, age-appropriate sex education in children and youth ministries¹⁵
 - Body positivity
 - Respecting other bodies / consent
 - Healthy intimacy
 - Age-appropriate pastoral care
 - Discussing issues that affect women and girls and framing them as human issues that require action from everyone, not just women and girls
 - UMC SP language is still reactive whereas we need to be proactive. Right now in our Social Principles, we are mainly talking about what we support as a result of an unintended pregnancy. Because unintended pregnancy still occurs in our communities, this is an important conversation to have. However, we must also talk about how to prevent unintended pregnancy.

¹⁵ <http://www.pbs.org/newshour/updates/spring-fever/>, <http://www.unfpa.org/comprehensive-sexuality-education>



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During/After Unintended Pregnancy

These goals have not been achieved in our world, so unintended pregnancies continue to occur. So now how do we respond as United Methodists?

Mother Has Limited Options

- Adoption
- Abortion
- Birth and Raise / Support

Adoption

After an unintended pregnancy occurs, a woman has the option to place the child for adoption. If a woman in this scenario decides on adoption, how can the Church offer a loving, compassionate, supportive response to everyone impacted by this decision?

- Caring for each person impacted in this situation (child, birth parents, adoptive parents)
- How many children are placed for adoption domestically?
 - More than 111,000 U.S. children waiting to be adopted¹⁶ and even more international children, United Methodists need to emphasize maternal survival and prevention of pregnancy.
- People have false assumptions about how quickly a child gets adopted and how easy it is for that child to be adopted
- People also have false assumptions about the correlation between adoption and abortion. Turns out, there isn't really one.¹⁷ However, despite any position on abortion, we should still encourage adoption as ethical, efficient option for women who so choose.
- United Methodist Principles
 - Adoption in a Global Context - tabled at 2016 General Conference

Abortion

If we are serious about seeing women as made in the image of God, then that means we must trust in women to have agency over their own bodies and lives. We must understand that this decision is complicated and emotional. Therefore, we must ensure that women are able to rely on their emotional and spiritual support systems in order to come to their own conclusion about what happens to their bodies and to their lives. We have discussed these big, complex, societal issues like child marriage, domestic violence, or poor maternal health care that can cause an unintended pregnancy and prevent a woman from experiencing the abundant life promised by God. As long as these issues persist, we cannot shame a woman for her decision to have an abortion nor can we disrespect her decision and discourage her from having an abortion. Because we affirm women and girls as made in the image of God, because we respect their judgement, because we want them to have control of their bodies and lives, because “tragic conflicts of life with life” still occur, then we must care for and support women who decide to have an abortion.

¹⁶ <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf>

¹⁷ <https://www.americanprogress.org/issues/women/reports/2010/10/18/8460/the-adoption-option/>



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- Medically safe
 - As of Sept. 2015, 44 million women and girls around the globe had abortions. 22 million of those procedures were considered unsafe (performed by someone without adequate training or performed in unhygienic conditions)¹⁸
- How do women and girls find support when carrying the baby to term is not an option for them? Find doctors / medical facilities who support them?
 - Look at Parental Consent section of the Social Principles
 - The intention of this stance is to ensure young girls have an informed support system
 - Problematic when you consider... -- when conveying this, use examples. Ask questions like, "Let's say a young girl was raped by her father and became pregnant. Should she now have to go and seek her abuser's permission to get an abortion?"
 - Child marriage
 - Trafficking
 - Incest / child abuse
 - Delaying abortion, which could lead to possible health risks
 - Girl's health at risk but parents refuse consent

As people of faith, our values and intentions do not always align. However, disagreement should not deter us from wrestling with tough, complicated issues.

- When life begins
 - The United Methodist Church does not take a definitive stance on when life begins (Social Principles ¶161.K).
 - Theologians and people of faith do not all agree when life begins
 - Conception vs incrementalism
 - Note: the intention of including this debate is to show participants the official UMC stance on reproductive health issues. We do not want to start a debate on when life begins because it could derail our true intention which is to start a conversation about how we ensure an ideal community that includes all.

Birth and Raise / Support

Finally, another option for women who have unintended pregnancies is to birth and raise the child. However, this decision leads to drastic changes in this woman's and her family's lives. What is our role as a loving, caring community to support this family? For instance, pregnancy can be a dangerous process and takes a toll on a woman's health. As we mentioned earlier in the program, one woman every two minutes dies from a pregnancy-related illness or injury, like obstetric fistulas. That's 830 women a day. Issues like the opioid epidemic, drug/alcohol dependency, and cigarette smoking exacerbate these health issues. However, without comprehensive health and sex education programs, many women have not been taught how these actions can harm both themselves and their unborn child nor have they found support programs to end these habits.

A child affects a family's work flexibility, their budget, or a family member's decision to continue their education. If that child was a result of an unintended pregnancy, then that

¹⁸ <http://www.ccih.org/FP-Reduces-Abortions.pdf>



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family did not plan for these changes beforehand. They did not start saving for the medical bills. They did not start a conversation with their boss about their paid leave policy. So what can we do as a church community to support families in this situation? How can we help relieve the pressure associated with unexpectedly raising a child?

- Maternal health during/after pregnancy
 - Smoking cessation
 - HIV testing
 - Post exposure prophylaxis (an antiretroviral treatment that can prevent HIV from passing from mother to child)
 - Obstetric fistulas
- Mothers are more likely to survive childbirth if they wait two years in between pregnancies
- Paid maternity/paternity leave
- Access to child care/preschools
- Access to nutritious food, vitamins and healthy, clean environments
- Maternal survival
- Child survival to fifth birthday
- Opioid epidemic / Drug/Alcohol dependency

A Pregnancy that does not go as planned

While we have spent a lot of this program discussing unplanned pregnancies, they are not the only type of pregnancy that involve emotional decisions. Pregnancies that do not go as planned force families to make tough decisions over the child's and the mother's well-being, which are sometimes in conflict with each other. Sometimes, a family plans to get pregnant, but the resulting pregnancy puts the mother's health at risk. Sometimes, families must decide whether or not to carry a child full-term, even when they know their child will only live a few hours due to severe fetal anomalies. In this section, we will discuss some of these possible dilemmas that families in our communities face and we will try to determine how we can care for these families with compassion and without judgement.

- Ethical dilemmas
 - Fetal anomalies/disabilities
 - Do parents and families have the capacity to care for a child with disabilities?
 - Physical, emotional, financial requirements for caring for a child with disabilities, e.g., a flexible, well-paying job
 - How big is their family already?
 - What if they already have a child with disabilities?
 - Are we as a society doing everything we can to care for and support people with disabilities?
 - We are still debating whether we should ensure access to health care and education for people with disabilities.
 - Loss of income due to a difficult pregnancy
 - Can a family afford this loss of income?
 - Can a family then afford the resulting medical costs?
 - Jeopardizing a woman's health during a pregnancy
- How does abortion factor into these situations?
- How can the Church support families in these situations?
 - Raise this question to the participants



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Men's Role in the Caring, Supportive Community

Where do men fit into this discussion? As the UMC Social Principles state, the United Methodist Church “recognize[s] that men’s role in raising children is in equal importance to the women’s...” And since women cannot become unintentionally pregnant without men, they should not be the ones to bear the full responsibility. If we are adamant that men should have an equal role and responsibility in the parenting process, then what is their role in the pregnancy process, particularly when an unintended pregnancy occurs?

- Recognize women and girls as being made in the image of God
 - “We affirm with Scripture the common humanity of male and female, both having equal worth in the eyes of God. We reject the erroneous notion that one gender is superior to another, that one gender must strive against another, and that members of one gender may receive love, power, and esteem only at the expense of another” (Social Principles ¶161.F)
- Gender-based violence and its connection with unintended pregnancies
 - Earlier in this program, we discussed various types of gender-based violence like domestic violence, sexual assault or incest. The existence of gender-based violence is one of the causes of unintended pregnancies. Since men are typically the perpetrators of gender-based violence, they play a role in ending gender-based violence. Therefore, men also play a role in reducing unintended pregnancies.
- Healthy masculinity promotes strength without violence
 - Empathy with both the self and others
 - Emotional intelligence
 - Emphasize that violence does not equal masculinity.
 - Emphasize that men are not genetically predisposed to violence, so the violence men inflict on both women and themselves can be prevented.
- Challenge unhealthy masculine attitudes
 - http://www.mencanstoprape.org/counter_stories.html
- How does the Church encourage men to take on equal responsibility as parents?
 - Women do not get pregnant on their own, nor should they bear the sole responsibility of parenting. As Social Principle ¶162.G says, “We recognize that men’s role in raising children is in equal importance to the women’s...”
- Simultaneously, how does the Church support a woman who might choose to exclude the father from parenting choices?
 - For instance, cases of rape
- Finally, what can the Church do immediately to start promoting healthy masculinity?
 - Who are the decision-makers in your church? What do the finance committee, the SPRC, and other lay leadership groups look like? Are they predominantly male? Are the leaders of those groups predominantly male?
 - Be conscious of the stories (biblical and personal) that are told in churches. Are the protagonists primarily male? How do those characters express their emotion?
 - What issues are discussed during church? Does your church discuss gender-based issues? If these issues are discussed, how are they framed? For instance, is the issue of domestic violence typically brought up by a woman, addressed only to women, or in some other way framed as a “women’s issue?”



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Conclusion

This is a step in our attempt to understand how issues of reproduction intertwine and permeate every aspect of society. For instance, you can't talk about abortion without also talking about access to maternal health care. You can't argue contraceptives as the universal answer to our societal issue with reproductive health without addressing the reality of reproductive coercion and domestic violence.

We must recognize the complex and even individualistic nature of this societal issue. Because it is so personal and widespread, there is no way to prescribe a universal answer that can fix every single issue.

However, this program seeks to help communities identify concrete strategies for how they can start following UMC's call to live out its ideal where pregnancy and motherhood is a choice that results in joy; women and girls are seen as made in the image of God; and everyone experiences abundant life.

DRAFT