Opinion Guest Voices



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Much has been written in the last few months about birth rates around the globe. Just a few weeks ago, the New Yorker published an essay calling the American decline "apocalyptic." A Newsweek article on the topic was released as I edit this essay. Each piece proffers reasons behind the decision to not have children.

My and my husband's reasons are complex and personal: I have polycystic ovary syndrome, we wish to prioritize other familial caregiving responsibilities, and we believe strongly that not having children is something concrete that we can do to reduce our ecological impact.

My husband and I are aligned and at peace, trusting that this is God's call for our lives. Should we find ourselves feeling differently, fostering or adopting one of the thousands of children already born and in need of loving care is a sacred choice.

But this is rarely talked about socially, especially in religious spaces. To many Catholics, not having children isn't just uncommon, it's sinful. For these, to prevent pregnancy is to reject God's plan for married persons.

This is especially true for women, for whom vocation is often presented as only two potential paths: You can be a religious sister, or you can be married. And if you are married, you are expected to be a mother. Mary is the archetype.

But women can be like Mary and still not be mothers, or even motherly. The feminine archetype of receptivity that many Catholics attribute to Mary has been reduced to mean receptive either to men's leadership, their semen, or both. The Mary we see in the Bible displays neither quality; rather, she demonstrates receptivity to the Creator's will for one's specific life. It is Marian to discern God's call, and to follow your gut. It is Marian to have a family that looks different from the social norm.

The church says that couples may avoid biological children only for a "grave reason." But the church does not define "grave," with intention: Everyone's "grave" is different. For my husband and me, my polycystic ovary syndrome is grave.

With my type of polycystic ovary syndrome, I don't ovulate. Conventional wisdom of natural family planning would say I'm in the clear. Every day is an infertile day. But I cannot tell when I ought to abstain from sex: My temperature does not predictably spike or fall, my cervical mucus is not cyclical, and I bleed only when I take enough bioidentical progesterone to induce a period, which helps prevent cervical cancer.

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What if the progesterone actually works, and I do start ovulating again? What if I ovulate just once, and that once is enough to fall pregnant while still being high-risk?

The Catholic Church has no response to this. In the Catch-22 of responsible family planning with a chronic illness, I am left with the prospect of never having sex with my spouse.

Ever since I nearly bled to death in college and was given the birth control pill, I have advocated against the blanket prescription of birth control for women with complex reproductive conditions. In many cases, the pill is a Band-Aid on a wound that stems from a deeper root cause.

Just as vehemently, I have written often about the difference between birth control and contraception. Contraception is an intention; birth control is a medication. The Catholic Church admits that you can take birth control pills or use intrauterine devices for noncontraceptive reasons. The church even permits certain reproductive surgeries to respond to cysts, cancers and other growths. This is the ethical principle of double effect: when a positive and intended moral consequence outweighs a secondary but foreseen immoral consequence.

These ethics get tricky when there's a baby involved. If a medical procedure poses a risk to a fetus in utero, even if not conducting the procedure would pose a risk to the mother, the procedure can be discouraged.

This is the thrust of total abortion bans in the United States. Not only do conservative Christians generally believe the act of abortion itself is a grave moral evil, they also generally prioritize the baby over the mother in ethical circumstances that pose risk to both and they can oppose procedures that nuance the meaning of "abortion" itself. This is how we end up with stories of hemorrhaging women turned away by clinics in Georgia and Texas, left to die of sepsis or blood loss.

This is the enormous black cloud under which I've lived in my body, for almost 10 years. We wanted to use natural family planning. But for a long time, I believed I had no options that protected both my health and my marriage.

Until one day two years ago, when I had dinner with three Catholic women, all of whom I've met through the online writing space. As we yapped over pasta and cocktails in a bookstore bar, we predictably turned to the position of women in our broken church. Our conversations often meander between mental health, physical health, selfhood vs. motherhood, and sexuality, because those are the things a complementarity-driven church neglects. As coolly as if it were obvious, more than one of the women revealed that their husbands had vasectomies.

I was aghast.

Now, these are women with multiple children. The church would look at them and assume they'd done nothing to violate the provisions of natural family planning. I certainly assumed as much.

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A vasectomy? I had never considered a vasectomy as an option. The Catholic Church is against vasectomies for the same reason it's against hysterectomies: Procedures of this kind eliminate the procreative possibilities crucial to an ethical sexual act.

But vasectomies pose almost zero risk to a man's health. They're often reversible, even. Every single option available to women, even those "legitimate medical procedures" sanctioned by the church, poses a risk. And every single pregnancy poses a risk to every single woman who falls pregnant, because pregnancy is itself a huge risk.

I came home bubbling over with excitement about this newfound possibility. My husband looked at me with wonder and said, "That's so weird, that just crossed my mind for the first time this weekend! I'm not sure why, but I literally just looked up urologists yesterday."

Some might call this a Holy Spirit moment, unless you truly believe the Holy Spirit only works to the ends of birthing.

From where we were sitting as a recently married couple struggling to feel they could responsibly have sex without potentially risking my health, our decision became a matter of intense discernment. I struggled with feelings of failure. I found myself having to deconstruct ideas around joint responsibility for our family planning. Wasn't my body the broken one?

After studious consideration, I found peace: The Catechism of the Catholic Church itself teaches that if you do not have freedom, "imputability and responsibility for an action can be diminished or even nullified by ignorance, inadvertence, duress, fear, habit, inordinate attachments, and other psychological or social factors." I did not choose to have polycystic ovary syndrome. I also did not choose the circumstances of my family, my country or even my talents.

We have reached the point in human history where the church's teachings on sex, for lack of contemporary scientific influence, must be expanded, to the sacred protection of all whose bodies are different. Chronically ill Catholic women in the United States now find themselves in a situation where the church's moral teachings, and the current presidential administration's priorities, about sex and pregnancy do not present a path forward that protects our human dignity and right to life.

The path has often felt lonely. My life was completely changed by the willingness of other women to be honest about their bodies and marriages. Now, it's my turn.

As the catechism says, under duress or fear, you make the best choice you can. For my husband and I, that choice is a vasectomy.