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Global Implications: Yes

See Social Principles, ¶ 161A.

2025. Responsible Parenthood-Amend and Readopt

1. Biblical Basis for Families

~~We affirm the principle of responsible parenthood. The family, in its varying forms, constitutes the primary focus of human love, acceptance, and nurture, bringing fulfillment to parents and child.~~
Healthful and whole personhood is a gift of God's grace that develops as one is loved, responds to love, and in that relationship, comes to wholeness as a child of God. Thus family life is a major aspect of the abundant life (John 10:10) that Jesus came to bring. The decision to have children is a decision to extend this grace to a new generation.

While the success of families at procreation has been essential to the survival of the human race, in our stories of human origin, we recall that Adam and Eve were created first for companionship with each other (Genesis 2:18). From this, we conclude that procreation is neither the sole nor primary reason for family relationships. We therefore affirm that while many men and women choose to be parents, decisions of if and when to be parents, as well as how many children to have, should be a matter of decision—a most momentous decision that each person is called to consider carefully.

The decision to have children is a decision to participate with God in the process of creation. Like the psalmist, we affirm that children are a gift from God (Psalms 127:3). Those bearing children therefore must take into account the future well-being of the child and their ability to provide for the child through stable parental relationships and material necessities. Freedom to choose parenthood can only exist when

the rights of women are respected and the woman is of age. We believe in the parents' Each couple has the right and the duty to prayerfully and responsibly to control conception, and to employ any safe and effective according to their circumstances. They are, in our view, free to use those means of birth control considered medically safe. As developing technologies have moved conception and reproduction more and more out of the category of a chance happening and more closely to the realm of responsible choice, the decision whether or not to give birth to children must include acceptance of the responsibility to provide for their mental, physical, and spiritual growth, and to treat all children equitably according to their individual needs, as well as consideration of the possible effect on quality of life for family and society.

2. Contraception

Human beings have always had some control over the number and spacing of their young through the frequency and timing of sexual intercourse. In the last century, however, new medical advancements that support decision making about desired family size have been developed, and we affirm these medically-safe technologies and medications as God's gracious gift to those making decisions regarding parenthood.

Pharmaceutical methods of family planning such as oral contraceptives prevent ovulation. These methods now include long-lasting injectable drugs and patches applied to the skin. Sterilization—including vasectomy in males and tubal ligation in females—prevents the sperm and egg from arriving at the point of union. Barrier methods such as condoms also prevent such a meeting. Other forms of contraception include intrauterine devices and the so-called “morning after” pills which prevent the fertilized ovum from implantation.

Use of family planning and access to contraception around the world has had a dramatic impact on empowering women, on women's economic development, and overall public health. Maternal and infant mortalities have been reduced. By controlling the number and spacing of their children, women have

greater opportunities for education and economic participation, resulting in an enhanced quality of life for everyone.

3. Barriers to Responsible Choice

When women are neither educated about family planning nor have unfettered access to methods of family planning, women and their families bear the consequences. There are numerous aspects that can become barriers and prevent women from exercising responsible parenthood choices. Prevalence of these factors may vary around the globe, but each causes pain, economic cost, and sometimes, even death. Factors include:

- Gender inequality in some populations often leaves a woman with little or no say in her own health care decisions. In India, only 40 percent of married women ages 15-19 reported having sole or joint say in decisions made regarding their health. Healthcare for the remaining 60 percent is controlled by the husbands. (Anderson, Panchaud, Singh, & Watson, 2013)
- Financial barriers for individuals are certainly problematic around the world but these same barriers apply to governments as well. Throughout Asia, there are widespread disparities between regions and people of various socioeconomic backgrounds. In some areas, as many as 75 percent of women do not have access to contraception. Meeting Asia's needs for modern contraception would cost \$4.2 billion annually with funds coming from national governments, individuals receiving services, international donors, and nongovernmental organizations (NGOs).” (Singh, Darroch, Ashford, & Vlassoff, 2014)
- Arranged marriages, which generally occur at a young age, limit female autonomy and therefore often result in a culture in which females do not feel in control of their own reproductive health. (Coale, 1992)

- Spousal disapproval is a significant barrier to access. In a 1996 study of postpartum women in Zambia who did not use birth control, “39 percent cited spousal disapproval as the reason.” In another study, as many as 20 percent “of women in Sub-Saharan Africa used injectable contraceptives covertly” because of spousal disapproval. (Sinding, 2005)
- Lack of access can often prevent family planning, even in developed countries. Employers and pharmacists in the United States have claimed religious reasons for refusing to provide insurance or fill a prescription. Lack of access has also shown that in Sub-Saharan Africa, “extreme poverty, lack of access to birth control, and restrictive abortion laws cause about 3 percent of women to have unsafe abortions. (Rasch, 2011)
- Legal restrictions in some countries prevent access to some forms of contraception. In 2012, the Honduran Supreme Court upheld the ban on emergency contraception. This, despite the fact that more than 40 percent of unmarried women and 25 percent of married women in the country experience an unmet need for legal contraception. (Anderson, Panchaud, Singh, & Watson, 2013)

4. Challenging Pregnancies

To support the sacred dimensions of personhood, all possible efforts should be made by parents and the community to ensure that each child enters the world ~~in with a healthy body and is born into~~ an environment conducive to the realization of his or her full potential. When these conditions are not present, a woman’s pregnancy is challenging to her and her loved ones. Challenging pregnancies can be the result of rape. The woman can be underage and the victim of child abuse. A pregnancy can be challenging when either the fetus’ or the mother’s life, health, or ability to provide for the family is threatened.

The creation of a child is an incremental process whose beginnings stretch back to the creation of earth's first life, and whose milestones include conception, implantation, quickening, viability, and live birth. The Bible affirms breath as the mark of a living human person. While respecting developing life at every stage, we reject the simplistic belief that the moment when egg and sperm unite is the sole marker of human existence.

A challenging pregnancy may dictate a number of responses, especially the need for prayerful choice about the pregnancy's outcome. Therefore, when a challenging ~~When an unacceptable~~ pregnancy occurs, we believe that a profound regard for unborn human life must be weighed alongside an equally profound regard for the fully developed woman personhood, particularly when the physical, mental, and emotional health of the pregnant woman and her family show reason to be seriously threatened if a birth should occur. by the new life just forming. We reject the simplistic answers surrounding to the issue ~~problem~~ of abortion: All that, on the one hand, regard all abortions are not murder, nor are they as murders, or, on the other hand, regard abortions as medical procedures without moral significance.

When a ~~challenging an unacceptable~~ pregnancy occurs, a family—and most of all, the pregnant woman—is confronted with the need to make a ~~difficult~~ decision. When a pregnancy occurs that appears to cause the parent or parents a hardship, we in the church should bring all our resources of compassion and support to their aid, including prayer and encouragement. We believe that continuance of a pregnancy that endangers the life or health of the mother, or poses other serious problems concerning the life, health, or mental capability of the child to be, is not a moral necessity. In order for women to have such cases, we believe the choices and healthcare they need, path of mature Christian judgment may indicate the advisability of abortion must be ~~We support the legal right to abortion~~ as it is in many nations today including Canada, Korea, Estonia, Germany, Latvia, Lithuania, Mongolia, South Africa, Turkey, and Tunisia; and as described in the U.S.—established by the 1973 Supreme Court decision, Roe v. Wade, which affirmed the right of a woman to control her own body. We encourage women in counsel with

loved ones husbands, doctors, and pastors to make their own responsible decisions concerning the personal and moral questions surrounding decision whether of not to continue a pregnancy. the issue of abortion (see ¶ 161.J).

5. Mandates

We call upon United Methodist families to support those making reproductive decisions, to be informed about options for family planning, and to support a woman's decisions.

We call upon United Methodists pastors and congregations to provide the following:

- Education of respect for women as equal partners in family leadership and decision making
- Counseling and educational ~~We therefore encourage our churches and common society to:~~
 1. provide to all education on human sexuality and family life in its varying forms, including means of marriage enrichment, rights of children, responsible and joyful expression of sexuality, and changing attitudes toward male and female roles in the home and the marketplace;
 2. provide counseling opportunities for married couples and those approaching marriage or those considering starting a family on issues such as reproductive health, fertility challenges, family planning, adoption, and foster care. the principles of responsible parenthood;

We call upon the United Methodist Seminaries, the General Board of Higher Education and Ministry, and the General Board of Discipleship to assist in the following ways:

- Provide theological basis for family responsibility in their course work and curriculum.

- Design and publish educational materials that are medically accurate, theologically informed, and developmentally appropriate.
- Promote the understanding that the family encompasses a wider range of options than that of the two-generational unit of parents and children; and
- Cultivate the development of socially responsible and life-enhancing expressions of extended families.

We call upon governments around the world to follow through with these family planning measures:

- Support 3. build understanding of the problems posed to society by the rapidly growing population of the world, and of the need to place personal decisions concerning childbearing in a context of the well being of the community; 4. provide to each pregnant woman accessibility to comprehensive health care and nutrition adequate public funding for family planning services to ensure healthy children;5.-make such services-including access to medicines, intrauterine devices, safe and effective barrier methods, and emergency contraception-- information and materials available so all can exercise responsible choice in the area of conception controls. We support the free flow of information about reputable, efficient, and safe nonprescription contraceptive techniques through educational programs and through periodicals, radio, television, and other advertising media. We support adequate public funding and increased participation in family planning services by public and private agencies, including church related institutions, with the goal of making such services accessible to all, regardless of economic status or geographic location.;

- Work through legal and social campaigns to end the practice of child marriage thereby helping delay conception and childbirth among the one in nine women in the developing world married before the age of fifteen. (Child Marriage Facts and Figures, 2014)
- Make 6. make provision in law and in practice for voluntary sterilization as an appropriate means, for some, for conception control and family planning.;
- Safeguard 7. safeguard the legal option of abortion where it already exists under standards of sound medical practice; 8. make abortions available to women without regard to economic standards of sound medical practice, and to create legislative support to respect a woman's right to decision-making regarding her own body. In places where abortion is not legal, we invite faith leaders to be in dialogue with their governments to change the law, ending harmful practices that endanger the lives and health of women who seek illegal and often unsafe abortion. At the same time we support sufficient safeguards to prevent the use of abortion as a means of gender selection. make abortions available to women without regard to economic status;9. monitor carefully the growing genetic and biomedical research, and be prepared to offer sound ethical counsel to those facing birth-planning decisions affected by such research;
- Be sensitive to the fears of many in poor and minority groups in developing nations about imposed birth-planning, to oppose any coercive use of such policies and services, and strive to see that family-planning programs respect the dignity of each individual person as well as the cultural diversities of groups.
- Make 10. assist the states to make provisions in law and in practice for not mandating parental consent when treating as adults minors who have, or think they have, venereal diseases, or female minors who are, or think they are, pregnant.; Eliminating thereby eliminating the legal necessity

for notifying parents or guardians removes and barriers prior to care and treatment. Parental support is crucially important and most desirable ~~on such occasions~~, but needed treatment ought not to be contingent on such support. ~~This statement shall not be used to assert or imply that The United Methodist Church opposes any requirements, with or without exceptions, of parental notification for abortion procedures performed on girls who have not yet reached the age of legal adulthood;~~

We call upon private and public health provider to take these steps:

- Provide each pregnant woman with access to comprehensive health care and adequate nutrition to ensure the healthiest possible pregnancy.
- Make information and materials available so everyone can exercise responsible choice in the area of contraception and to support the free flow of information about reputable, efficient, and safe prescription and nonprescription contraceptive techniques through educational programs, as well as through periodicals, radio, television, and other advertising media.
- Carefully monitor the growing genetic and biomedical research, and be prepared to offer sound, ethical counsel to those facing birth-planning decisions affected by such research.
- Make a full range of reproductive health services, including family planning, contraception, and abortion available to women consistent with their medical status and without regard to their economic status.
- Support fertility treatment for those who are unable to become parents without assistance.

We call upon private and public child welfare agencies to ~~11. understand the family as encompassing a wider range of options than that of the two-generational unit of parents and children (the nuclear family); and promote the development of all socially responsible and life-enhancing expressions of the extended family, including families with adopted children, single parents, those with no children, and those who choose to be single;~~ 12. view parenthood in the widest possible framework, recognizing that many children of the world today desperately need functioning parental figures, and also to promote understanding that adults can realize the choice and fulfillment of parenthood through adoption or foster care.

We call upon the United Methodist General Board of Global Ministries and United Methodist Women to act:

- Encourage ~~13. encourage~~ men and women to actively demonstrate their responsibility by creating a family context of nurture and growth in which the children will have the opportunity to share in the mutual love and concern of their parents. ~~;~~ and
- Strengthen United Methodist-related health care institutions around the world by offering a full range of programs that address the many needs of families for reproductive health services, especially populations with no other access.

We call upon the United Methodist General Board of Church and Society to be proactive:

- Push for laws and public programs in each country that support individual and family-decision making about becoming parents.
- Support strong families in which children can achieve adulthood.

- Build understanding of the issues accompanying the rapidly growing population of the world, and of the need to place all personal decisions in the context of the well-being of the community.

~~14. be aware of the fears of many in poor and minority groups and in developing nations about imposed birth planning, oppose any coercive use of such policies and services, and strive to see that family planning programs respect the dignity of each individual person as well as the cultural diversities of groups.~~

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See Social Principles, ¶ 161A, *F, G, J*.

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