

WOMEN'S REFLECTIONS ON LEARNING FERTILITY AWARENESS: BARRIERS, ENCOURAGING FACTORS, EFFECTS, AND MOTIVATIONS

By Rose Yewchuk

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Arts in Leadership and Training, Royal Roads University, April 2006

EXECUTIVE SUMMARY

Abstract

This study presents the experiences of women users of Fertility Awareness and Natural Family Planning (FA/NFP). Clients of three Edmonton-based organizations were surveyed by means of an anonymous online questionnaire. Respondents were asked about their learning strategies, motivations for using FA/NFP, the challenges or barriers they encountered, and the effects of FA/NFP on their lives. The questionnaire received a 9.3% response rate. Respondents encountered relatively few barriers and experienced significant benefits from using FA/NFP. The results showed a positive correlation between the length of time using FA/NFP and an increased capacity for positive self-care and personal empowerment. The study concludes with recommendations for disseminating FA/NFP information to a wider audience, including the importance of reconnecting women with their body knowing.

Purpose of study

Fertility Awareness is the generic term that describes a life skill a woman acquires by observing and interpreting her unique cycle of ovulation and menstruation. It enables women to accurately identify menstrual cycle events, including ovulation, in order to achieve or prevent pregnancy, monitor reproductive health, or reach a greater level of self-awareness.

Although most women are unaware of the existence of Fertility Awareness, a small percentage of women have successfully mastered this skill and are able to use it for a variety of purposes, including effective birth control. I became curious about how these women learned Fertility Awareness, what their experiences had been as they acquired this knowledge, and whether they had encountered any barriers in their efforts to learn it.

To conduct this study, I sent an online questionnaire to the instructors and clients of three Edmonton-based organizations that teach Fertility Awareness-based methods of birth control, such as Natural Family Planning. The participating organizations were Serena, Natural Family Planning Association Billings Centre, and my sponsor organization, Justisse Healthworks for Women. I explored two research questions: What are the educational, medical, and psychosocial barriers that prevent women from accessing information about Fertility Awareness? What are the encouraging factors that enable women to successfully discover, learn, and use Fertility Awareness?

Results

Twenty-one women filled out the questionnaire out of a total of 225 who were invited to participate, for a response rate of 9.3%. Relative to the number of women who were invited to participate, the response rate was 15% from Justisse Healthworks for Women, 40% from Natural Family Planning Association Billings Centre, and 5.2% from Serena.

The respondents ranged in age from 18 to 53. As a group, the seven instructors were older than the 14 non-instructors, with an average age of 44.1 years compared to 30.8 years. Respondents had been charting for an average of 10.2 years. 100% tracked their cervical mucus, 81% tracked their basal body temperature, and 52.4% monitored cervical changes. The most commonly reported use of FA/NFP was for birth control (either with or without the complementary use of barrier methods): all but two respondents (90.5%) reported that they used FA/NFP for birth control now or in the past. Respondents had also used FA/NFP to become pregnant (47.6%), to better understand their reproductive health (66.7%), to cultivate an intuitive awareness of their bodies (62.0%), and to deepen their understanding of what it means to be a woman (52.4%).

The barriers and encouraging factors reported by respondents were very consistent with what has already been reported in the literature. However, the responses to the questions about encouraging factors and positive effects were longer and more emphatic than the responses to the questions about barriers.

Barriers reported by respondents

The literature review revealed two major *educational* barriers: being ignorant of the existence of Fertility Awareness-based methods, or confusing them with the ineffective Calendar Rhythm Method. Did study respondents report evidence of these barriers? Yes. When discussing the reaction of friends and family, respondents said that other people are most likely to be skeptical about FA/NFP's effectiveness or to associate it with the Rhythm Method, showing that this confusion is common to people who aren't educated about Fertility Awareness-based methods. Respondents spoke about how the resources they consulted provided much needed information about the methods and how to use them – information they would not otherwise have had. Reduced access to instruction or learning resources may be a bigger barrier for women in rural or isolated areas.

The learning problems reported in the literature (finding FA/NFP difficult or time consuming, being challenged by irregular menstrual cycles, and having difficulty with an abstinence period to prevent pregnancy) were reported by a few respondents each, suggesting that they are likely to pose a problem for a certain percentage of women. One instructor also highlighted a learning barrier that is not unique to FA/NFP: feeling inadequate or impatient at having to learn something new.

The primary *medical* barrier reported in the literature was that doctors and other health care providers are skeptical about the methods' effectiveness and unwilling to recommend them. Some respondents experienced this skepticism, while others reported that health professionals had encouraged them to learn FA/NFP. These mixed results may reflect the uniqueness of the respondent sample, since women from the general population who are strongly discouraged by their doctors may never contact a teaching organization to learn more about Fertility Awareness-based methods. It's important to note that zero respondents selected birth control clinics as a

resource that had helped them in their learning – suggesting that the lack of support from these clinics is a significant barrier to accessing Fertility Awareness-based methods.

The literature revealed several *psychosocial* barriers to the transmission of information about Fertility Awareness, including cultural discomfort with bodily secretions, menstrual taboos, stereotypes of female sexual passivity, and cultural norms regarding sexuality and intercourse. In contrast, this study's respondents reported few psychosocial barriers, with the exception of a few women who mentioned an initial shyness or discomfort with checking their cervical signs or cervical mucus. This may be due to the nature of the sample, which was comprised entirely of women who have successfully learned to use FA/NFP and may be acting apart from psychosocial pressures. While no respondents spoke directly about menstrual taboos or shame in the barriers section of the questionnaire, one instructor addressed this issue in her responses. She mentioned as a barrier “the absolute body illiteracy experienced by so many young and older women and the mistrust, shame, and self-loathing this creates.”

Resources used by respondents to learn about FA/NFP

Teaching organizations were the resource most commonly used by respondents, 80.9% of whom said they consulted a teaching organization while they were learning. Respondents reported that the teaching organizations were effective providers of information, support, and encouragement.

Word of mouth emerged as a very effective promotion and learning support strategy. If the responses were combined from women who first heard about or learned to use FA/NFP from either a friend or relative, word of mouth was the second most commonly used resource. Mass media played a negligible role, with only one woman consulting media articles to learn FA/NFP.

Some women did use print materials, but this strategy was less common. The Internet was the most frequently used print resource, with a smaller proportion of users consulting library books or books from a bookstore. These women found the information in these print resources helpful to their learning.

Factors that motivated respondents to seek out information about FA/NFP

By far, the strongest motivating factor was a rejection of other methods of birth control and a desire for a natural alternative. Respondents spoke out most emphatically against hormonal contraception, but also expressed some reservations about the effectiveness and side effects of other artificial methods. This suggests that there may be a significant demand for Fertility Awareness-based methods from women who are unsatisfied with their current methods of birth control. Alternatively, some respondents were motivated to learn FA/NFP for moral or religious reasons; because they wanted to become pregnant; or because they were interested in learning more about their bodies or their reproductive health.

Effects reported by respondents

Most of the effects reported by respondents were consistent with what was reported in the literature. As in other studies, respondents appreciated their increased awareness of the menstrual cycle, the reassurance of being normal, the improved relationship dynamics with their husbands

or partners, the freedom from drugs and devices, and the naturalness and effectiveness of Fertility Awareness-based methods.

Five respondents reported that Fertility Awareness gave them an increased capacity for positive self-care. As one woman wrote, "Lately, it has become a spiritual journey to deepen my awareness of how to love and support my body through healthful and loving choices." Another woman wrote, "It has helped me understand my body and my womanhood, and helped me respect and honour both." This effect, with its dimensions of nurturing body, soul, and feminine well-being, goes beyond what other studies have found about Fertility Awareness-based methods contributing to increased awareness and a healthier sexuality. In addition, there was one negative effect, not shown in the literature: namely, that hyper-surveillance of an abnormal menstrual cycle created stress and anxiety in one respondent.

Respondents were highly satisfied with the effects of Fertility Awareness-based methods on their lives and with the instruction and support they received from the participating organizations. The positive reports were consistent across all three organizations, suggesting that the organizations are serving their current client bases very well.

Changes in motivation and use patterns over time

One of the most interesting findings of this survey was revealed when I compared women's initial motivations for using FA/NFP with the effects that it had on their lives. Most respondents said that they were initially motivated by a desire for an alternative method of birth control, and 19 out of 21 have used it for this purpose at some point in their lives, either with or without barrier methods. However, when asked about the effects, they did not simply say that they had succeeded in using an alternative method of birth control: instead, they talked about increased knowledge and understanding, personal empowerment, an enhanced capacity for self-care, improved relationships with their husbands or partners, and spiritual insights.

This suggests that the effects of FA/NFP on women's lives deepen over time. Women may be initially drawn to FA/NFP because they reject the alternatives, but they continue with it because it offers benefits that extend significantly beyond conception and contraception. As one woman wrote, "In the past, the primary reason I sought information was to avoid pregnancy without hormonal contraceptives. This focus quickly shifted.... In the last couple years, while I have still used FA to prevent pregnancy, the emphasis is more about reproductive health and developing a deeper awareness and relationship to my body."

Limitations

My conclusions are made on the assumption that the women who responded are representative of the total sample that received the request to participate. The 9.3% response rate is at the lower end of responses to questionnaires, but is within acceptable limits for internet-based research. The perspectives of this group may not be reflective of women who learned to use FA/NFP without consulting a teaching organization, such as teaching themselves from print media. It is also difficult to tell whether or not the minor themes reported by only one or two women would be more prominent in a larger group.

Seventeen out of 21 respondents reported that FA/NFP had had positive effects on their lives, and all 21 said that they either recommended FA or NFP to other women or had done so in the past. This indicates to me that the respondents were highly satisfied with their use of

FA/NFP, and may be a distinct group that has self-selected to answer a study questionnaire on a topic they are enthusiastic about. Their positive reports may not reflect the perspectives of all FA/NFP users, particularly those who may have tried it and rejected it as an option.

Expanding the reach of Fertility Awareness education

Instructors from the three teaching organizations are currently using a wide variety of strategies to promote FA/NFP education, such as advertising, providing marriage preparation courses in churches, doing information sessions for health professionals, and doing media interviews. The challenges reported by instructors included the lack of funding to support their work (and the accompanying need to fundraise), a lack of time, and the challenges of training new instructors.

A number of recommendations follow from the study. To extend the scope of Fertility Awareness education, the participating organizations might consider exploring partnerships with health providers and sex educators through initiatives such as networking, referrals, and information sessions. To undertake this expansion in programming, it may be necessary for the organizations to increase their capacity by recruiting and training more instructors.

Collaboration between the three participating organizations might be mutually beneficial, particularly in the areas of instructor networking, shared training programs, mutual referrals, and joint outreach projects. Before this can happen, the organizations may wish to consider ways of working together despite their philosophical differences, so that they can collaborate on their common goals of empowering women to make informed choices about their reproductive health.

Next steps

A future study could involve a pilot project with health professionals (such as school sex educators, or a birth control centre) to offer Fertility Awareness-based methods on a trial basis and explore the issues of cost, efficacy, and acceptability to providers and clients. It would also be instructive to study the effects of FA/NFP on women's lives over time by comparing a group of users to a control group of non-users.

The most critical direction that I see for future research is the question of *how to reconnect women with their bodies*. Many women are alienated from their bodies because of shame about their menstrual or sexual selves or unrealistic media images of the female body. Future research must address ways of overcoming women's alienation from their bodies and restoring the menstrual cycle to a position of sacredness and honour.

Acknowledgments

I would like to express my sincere thanks to the women who coordinated the distribution of the questionnaire to their respective organizations and provided valuable input into the study: Geraldine Matus and Andrea Corbin of Justisse Healthworks for Women, Melissa Lacroix of Serena and Patsy Hwong of Natural Family Planning Billings Centre. I am also grateful to the women who answered the questionnaire and contributed their wisdom and experience to this study.

For more information or for a copy of the full report, contact me at rose_yewchuk@yahoo.com