POTENTIAL BARRIERS IN NATURAL FAMILY PLANNING: A LOOK AT SOME OF THE PSYCHOLOGICAL ISSUES

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Natural family planning (NFP), a basic human right, is more than a way to avoid or achieve pregnancy, it is thought by many to be a way of life. The World Health Organization defines it as, "methods for planning and preventing pregnancies by observation of the naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle, with the avoidance of intercourse during the fertile phase if pregnancy is to be avoided," (World Health Organization, 1993, 2). This couples-oriented approach to family planning requires a strong relationship as well as open and honest communication between partners if it is to work effectively. With proper instruction on method use and education on fertility and basic human reproduction, NFP can be used by anyone with proficiency. NFP is promoted by followers and instructors as a healthy and ecologically safe form of family planning, a way to strengthen relationships, and by the Catholic Church as a morally and spiritually sound way to space children. Regardless of the reason it is used, many are finding benefits from this holistic approach to reproductive health.

In order for NFP to be followed correctly and therefore reach its full capacity for effectiveness, with about ninety-five to ninety-eight percent accuracy rates (WHO, 1986), a healthy relationship between sexual partners is both vital and necessary. In many less developed countries around the world, there is no real sense of partnership within the relationship and many decisions are one-sided, including those relating to sexual and reproductive health issues. For instance, it is not uncommon for men to hold supreme authority within a couple; in doing so, the woman is relegated to an inferior and submissive position in which she lacks the authority to express her own opinions or desires. In these circumstances woman feel the ability to have any say in the reproductive decisions with less frequency than in populations where women enjoy a greater autonomy. The objective of this research was to identify potential barriers preventing effective use of NFP. This includes involving men in a more active and positive role within the use of NFP. Once these issues have been identified, it will then become easier to incorporate changes into counseling and teaching guidelines which will then help couples handle relationship problems surrounding NFP use more effectively.

NFP requires the involvement of both men and women, each playing a crucial role and having a large effect on its outcome as a method by which one is able to naturally avoid or achieve pregnancy. The more aware and knowledgeable both partners are concerning matters of reproductive health, the more likely it is that this method of family planning will be used effectively and have a high continuation rate after the initial training. The motivation for this particular research stems from an interest in current methods of NFP and the counseling they provide as well as a concern over gender inequity and violence against women. The choice, or use of, family planning is often linked not only to reproductive health but also to the overall societal view of women. In order to make NFP more effective for a given community; it is necessary to understand the undertones, beliefs, and attitudes of the particular culture.

Background Information On NFP

Natural family planning can be used as a way to either achieve or avoid pregnancy; it is a method that emphasizes fertility awareness and a greater understanding of the importance of both sexual and reproductive health, as well as including changing the dynamic of the overall lifestyle and behavior. As such, no artificial chemicals are needed and thus no side effects are experienced. This form of family planning targets couples through the reliance on cooperation to identify fertile signs, and allows the relationship to grow stronger through a new and more open form of communication. Some of the goals of NFP include the building of love, respect, and understanding between the partners. NFP adds to self-awareness and understanding through the fact that it relies on looking at signs from the body to determine fertile and infertile periods of a woman's cycle. The increased knowledge that the woman gains often leads to more self-respect and an increased sense of autonomy as she begins to feel some control over her fertility.

NFP, also known as a 'fertility awareness method,' incorporates an understanding of the body and self-awareness. In order to observe the natural fertility signs and symptoms of the body, it is necessary to understand how the body works. For instance, it is important to realize that men are always fertile and sperm can live anywhere from three to five days inside of a woman. On the other hand, women are only fertile for a small amount of time each month and the egg can only live for a day or two. Couples must be willing and motivated to observe the woman's fertility signs (Family Health International, 1998, online), as well as to remain abstinent during the fertile times. While several methods of NFP are taught, they are based on either the cervical mucus secretions, or a combination of the secretions and the basal body

temperature (BBT). Both the Billings Method and the Creighton Model of NFP are based on the monitoring of cervical mucus to determine the fertile phase. A series of codes or colors is used to keep track of the different types of mucus. For instance, red is often designated to menses; green can be used to designate dry days; yellow can be used to designate sticky, white, cloudy, infertile mucus; and white can be used to indicate wet, clear, slippery, fertile mucus. By using these techniques to keep track of secretions, both the man and the woman are able to clearly see when the woman is entering her fertile phase and abstinence is required. The Sympto-Thermal Method combines the observation of cervical secretion with the BBT.

Sexual Health/Rights and Gender Roles

Natural family planning involves more than just recognizing infertile and fertile days of a woman's cycle; it entails general sexual health, a basic right for all humans. "Sexual health should aim at the enhancement of life and personal relations," (Family Care International, 1995, 16). The International Women's Health Coalition has written the following concerning this subject: "Sexual health means having a responsible, satisfying, and safe sex life. Achieving sexual health requires a positive approach to human sexuality and mutual respect between partners," (IWHC, online). Sexual health goes further than the physical to the spiritual, emotional, and psychological issues that men and women must grapple with in their relationships; to live a healthy sexual life depends on the cooperation between men and women. Women need to be more empowered in their sexual life in order to have more say in family planning decisions; fertility awareness can serve as a starting point. The social context and societal view of sexuality can influence an individual's decisions and understanding of his/her body as much, if not more so, than any other factor. In this way, one must attempt to understand the gender, power, and sexual dynamics within a culture before beginning any sweeping reform in family planning.

Gender roles vary greatly around the world, but the term itself refers to socially determined characteristics created by the community and found within a particular culture (Williams et. al.) Because these roles are socially proscribed, they are subject to change rapidly. Individuals are born men or women in the biological sense, but the terms female/feminine and male/masculine are learned over time, passed on from generation to the next. The attributes and behaviors that are deemed appropriate for each particular gender become the gender identity and roles that the individual is expected to follow (WHO, 1998, on line). "Women and men are defined as different types of beings, each with their own opportunities, roles, and responsibili-

ties," (WHO, 1996, online). Creating and sustaining a family planning program of any type relies upon the knowledge of the influence that gender roles play on the lives of men and women, especially in terms of reproductive issues.

In the past, few family planning programs have acknowledged the role of men in contraceptive decisions, yet this ignores half of the equation. The different roles that men and women play in societies around the world have a large impact on the overall health of the individual. Social conditions, especially diseases and sexually transmitted diseases (STDs), impact men and women differently. This is due in part to the different levels of access to health care. "Patterns of health and illness in women and men show marked differences," (WHO, 1996, online). Several United Nations documents refer to access to family planning as a universal human right, yet many of those who need it the most lack access. "Having access to safe, effective, affordable and acceptable contraceptive choices can influence nearly all...aspects in a woman's life," (FHI, 1999, online). Family planning has the ability to improve the overall health of women through child-spacing, reducing mortality rates of women giving birth and their infants, as well as increasing women's empowerment and control over their own body. Family planning falls with sexual rights in that it is a human right of women to "have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence," (FCI, 1995, 17). The more recent Beijing and Cairo conferences have recognized that women's reproductive needs and overall sexual health are a matter of human rights, and must be treated as such.

Violence Against Women

Violence against women is not a concern that can be limited to the private sphere; it is a matter that reflects the general health of a population and thus needs to be addressed as a public health issue. Nor is this a problem that is limited to one particular group of women; instead, it reaches across all social, racial, and age lines. "Violence against women is a public health issue that must be negotiated on a global and local scale," (IWHC, online). This line of thinking, that family planning, reproductive health, and domestic violence are often intimately linked is fairly recent. Physical, verbal, economic, and psychological abuse act to diminish women's control over their own sexuality and decrease protection from STDs and unwanted pregnancies. "Sexual abuse...has significant effects on women's reproductive health," (United Nations Population Fund, online). Psychological/mental abuse can be more damaging that the physical, and can have a lasting impact on the lives of

women increasing suicide rates and other self-harming behaviors. In many societies violence against women is deeply imbedded in the culture; because of this, it makes it hard fight. For instance, some cultural norms socialize women into submissive roles; any who stray from these traditional roles risk violence and/or punishment," (UNFPA, online). "Deeply imbedded attitudes about male-female relations, social taboos against discussing 'private matters' in public, and the lack of a 'technological fix' all work against a solution," (Heise et al., 1994, 1). Educated health care providers can play a vital role in preventing violence in the home, acting as a link between the private and the public sectors and challenging gender roles and power relations within a community.

"Stereotypes about 'appropriate' male and female sexual behavior operate at the individual level to fuel sexual coercion," (Population Council, online). Not only can psychological forces affect a person's sexual behaviors, but so can social structures and larger cultural values. In many cases, violence has been accepted and tolerated to such a degree that it often appears natural and normal (Cabaraban, 1995). Stereotyped gender roles, socioeconomic differences between men and women, and societal gender-biases against women can add to this growing problem; "Authority is legitimated and culturally prescribed," (Cabaraban, 20). Many women learn not to fight back against their husbands for fear of a greater amount or severity of abuse. "All societies have forms of sexual violence that are socially proscribed and others that are tolerated, or in fact encouraged, by social customs and norms," (Heise et al., 1995, 20). There is a certain amount of social acceptance of male violence stemming from the [false] belief that men are more naturally aggressive and violent than women; this traditional view ignores the role of culture and socialization and the immense impact that can have on adult behavior. "Significantly, sexual conquest and potency appear as repeated themes in many cultural definitions of manhood, placing women at increased risk of coercive sex," (Heise et al., 1995, 27-28). Until men no longer feel the need to control women and their fertility to ensure their own 'manhood,' violence against women, often related to reproductive issues, will continue to be a problem around the world. To begin to eradicate the problem, sexuality and violence need to be examined together.

"Violence against women is an extremely complex phenomenon, deeply rooted in gender-based power relations, sexuality, self-identity, and social institutions," (Heise et al., 1994, 29). Many women are afraid to mention any form of contraception to their partner for fear of abuse, abandonment, or accusation of infidelity. Add to already present problems alcohol abuse, and what was already a bad situation can escalate into a disaster. Under the influence of drugs or alcohol, aggressive tendencies can increase dramatically. If

a woman has little control of her sex life when both partners are sober, her controls over her partner's actions if he is drunk are none. In some ways, NFP places women in this category at risk for more violence. The requirement to abstain during the fertile time, when she is most likely to conceive, may create problems between the sexual partners. Her refusal to have sex is likely to anger someone under the influence of alcohol much faster than otherwise; it is then that she is at a higher risk for rape, violence, and abuse. "Studies have found that domestic violence and nonconsensual sex are realities in the lives of many women," (Gupta and Weiss, 8). The underlying problems, particularly in regards to domestic abuse and alcohol abuse, must be addressed prior to any counseling on NFP. The ultimate goal must be voluntary and safe sexuality for women and a more positive role in reproduction for men.

Male Involvement

Cultural factors influence the varying relationships that men have with the private, family sector. Men's roles, often vague at best, need to become more concrete and proactive in order for women to gain the empowerment that they need to become more autonomous. "Women's empowerment begins in the household with equality, autonomy and respect. Achieving equality between men and women in the family is the foundation on which empowerment in other areas is based," (UNFPA, on line). Cultural barriers that emphasize the traditional belief that only the woman belongs in the home must be confronted on a large scale. Both parents play a critical role in the family, and this need to be understood by a broader audience. "Reinforcing the parent-child link us critical to efforts to empower women and promote gender equity," (UNFPA, online). Family policies need to include sexual responsibility in messages that promote gender equity. By reaching a younger, adolescent, audience it becomes easier to change the traditional beliefs that presently keep men from actively participating in home life on a daily basis; from this, a new idea of fatherhood would emerge.

Data shows that while men represent roughly half of the world's population, they account for, at the highest, one-third of contraceptive use, (AVSC International, 1999, online). Both men and women need to be educated about reproductive issues in order for family planning decisions to be made effectively. "Numerous studies have shown that a supportive and informed male partner can greatly improve the use of safe and effective family planning methods," (AVSC, 1999, online). Most health clinics and family planning services typically exclude men from their service-delivery. In order for men to assume a greater responsibility in reproductive health it is necessary to de-

velop programs that seek men as a larger audience, instead of a side note to women. Men should be viewed as important targets for family planning services, (Danielson et al., 138-144). Programs aimed exclusively at men or women tend to be less effective than those that cater to both; bringing men and women together comfortably in family planning clinics is of high importance. "Men's and women's needs should not be dealt with in isolation, since most sexual, family planning and child-bearing decisions should ideally be a joint affair," (International Planned Parenthood Federation, 1998, online). The realization must be made that men can have a positive effect on women's health, particularly through preventative efforts, support and encouragement.

Counseling

Implementing changes in an area where tradition rules cannot be done quickly or easily. Perhaps central to increasing the awareness and understanding of sexuality and fertility are the health workers who also serve as educators. With the proper instruction and patience, NFP can be taught to any willing individual, regardless of economic or educational level. The first step involves finding qualified and enthusiastic individuals who are committed to the issues involved with reproductive health. Counselors and instructors need to know the technical aspects of human reproduction, which includes basic physiology, and knowledge of all contraceptive forms. They must also, however, be understanding, caring, good listeners, good communicators, unbiased, and respectful of their clients needs and concerns. Clients have a basic right to make a free and informed choice based upon balanced information that they are given by the instructor. A counselor/instructor must be careful not to inflict their own values or judgements upon a client and must be able to talk comfortably about all issues in a simple language. Privacy/confidentiality and trust must be emphasized between the instructor and client in order to build an open and effective relationship that will best meet the needs of the client.

Family planning counselors/instructors need to be well educated about sensitive issues that include sexual health and domestic violence. They must understand non-verbal as well as verbal communication, and be able to recognize situations that would place a woman in a dangerous situation. The quality of the care that the client receives is crucial to helping end precarious situations and ensuring better sexual health. Being aware of cultural needs, beliefs, and practices is primary before effective and efficient treatment/ counseling can begin. Family planning is a continuous life process that involves more than just reproduction, but also indicates approached to general life. "The only realistic way to treat family planning education is with the

context of the whole range of new skills and attitudes relating to all aspects of daily life," (El-Bushra and Perl, 15). Health workers have "a responsibility as practitioners to be cognizant of issues around women's safety and to be aware of the role that abuse may play in the etiology of certain reproductive health complaints," (Population Council, online). Providers must be able to provide support, lend an understanding ear, and to give referrals when necessary. Instructors/counselors can act as avenues for to create or improve communication and open the doors for the education of the larger community.

One of the barriers to family planning, particularly natural family planning, is the lack of access for those who need it most. There is an unmet need for family planning in developing countries around the world. In order to reach a larger majority of the people within a community, certain steps need to be taken. Firstly, mobile clinics are able to travel to places where community members have no easy form of transportation by which to reach the larger health centers. Secondly, respected community leaders can be trained as NFP instructors as a way to gain the ear of more people in the community and ease the burden on the medical community. Thirdly, support from public officials and community/religious leaders can serve to create a path of access for health practitioners to the larger and more isolated public.

Various forms of communication can serve to spread the messages of sexual and reproductive health while reaching broader audiences. Mass media and public advertisements have proven to be effective ways of getting reproductive health information to a wider and more diverse range of people within a society, especially when those ads are targeted towards specific groups. For instance, it has been found that family planning and sexual health information with messages targeted at men can be shown during sporting events to reach this specialized audience more effectively. There are several communication channels that have been shown to work in different circumstances. They include interpersonal, mass media, small media, traditional media, and new communication technology (WHO, 1997, xix). In addition to physical, economic, cognitive, and administrative access being improved, it is also important to improve psychosocial access. This can be improved by "making family planning and reproductive health services socially and culturally acceptable within a society, among policymakers, community and religious leaders, and extended families," (FHI, 1998, online). By maximizing access to and quality of family planning and other health services, all levels of society can reap the benefits.

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