

THESIS APPROVAL FORM

MILITARY COUPLES' EXPERIENCES WITH NATURAL FAMILY PLANNING

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ABSTRACT

The lack of understanding and knowledge about couples' experiences with Natural Family Planning (NFP) establishes a potential deficiency in the health care system in meeting patient's needs. The purpose of this study is to describe military couples experiences with NFP methods. A descriptive qualitative research method was selected and military couples' experiences included: introduction to NFP, how they learned the method, what method they used, military and professional issues, reasons they used NFP, and their summary of NFP. A purposeful sample of six military couples was interviewed. Data were analyzed by clustering comments that helped describe couples' experiences with the NFP methods. Study conclusions were: couples liked NFP methods, and would recommend them to others. They found the methods easy to learn, but they required some commitment to use correctly, and required some abstinence. NFP allowed couples to be in control of their bodies and families. It was a means of family planning to avoid, achieve or space pregnancies without chemicals, devices, high cost, or in ways that compromised religious or personal beliefs. It was a builder of relationships and allowed couples to work together and to think more deeply about life issues. It allowed couples to feel good about themselves and their values. Providers supported NFP methods for couples with infertility problems more than couples using it to space or avoid pregnancy. And finally, education allowed couples to make decisions. It is hoped that the readers may use the information to think about, refine, develop, and to test practice or research.

Key Words: **natural family planning** **military couples** **qualitative research**

MILITARY COUPLES' EXPERIENCES WITH
NATURAL FAMILY PLANNING

by

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FORWARD

This research was conducted to provide information on the experiences of military couples' who use/used Natural Family Planning methods. It was designed to support military providers; to encourage them to think about, refine, develop, and to test practice or research.

DEDICATION AND ACKNOWLEDGMENT

“God does not love man because he is valuable, man is valuable because God loves him” (Archbishop Fulton Sheen). Thank you my Lord Jesus. This thesis is dedicated to Michael, my husband, and my life. I would like to thank my research committee for their help with this thesis, especially Col Turner and Dr. Sylvia. I would also like to thank Dr. Klaus for her support. And finally, thank you to my family and my classmates who supported me so much through this process.

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CHAPTER I: INTRODUCTION: AIM OF THE STUDY

Introduction

Natural family planning (NFP) methods have been used globally for decades to prevent, space, or achieve pregnancy. Approximately 4% of women of reproductive age in the United States use NFP to avoid pregnancy (Stanford, Lemaire, & Thurman, 1998). Many more may use NFP to achieve pregnancy. Geerling (1995), in a review of 33 articles from the 1960s to the mid 1990s explained that improved knowledge of reproductive anatomy and physiology led to modern NFP methods, to include the ovulation and symptothermal methods. Although NFP has been extensively researched, few studies have dealt with military issues. As military providers it is important to learn about military couples' experiences with NFP to support their health care needs. The development and history of NFP methods, along with current reports on effectiveness, is an important introduction to this qualitative study.

The calendar rhythm method was developed after a relationship between ovulation and the start of the next menstrual period was established in 1930. Although the calendar method was used for about 20 years it was not promoted as a viable NFP method. Lack of endorsement was due to its unreliability for women with irregular cycles, and during breastfeeding (Geerling, 1995).

It was known as early as the middle 1800's that conception was most probable when the cervical mucus was at its most fluid condition. John Billings and his wife Lyn Billings started researching the concept of cervical mucus as an indicator of fertility in the 1950s and 1960s in Australia. The ovulation, or Billings, method was described in the

1960s, and was introduced to the United States in 1972 as an accurate means to achieve or avoid pregnancy (Billings, 1994).

The lactational amenorrhea NFP method was studied in the 1980s. This method advocated the use of exclusive or nearly exclusive breastfeeding to remain amenorrheic and thus avoid pregnancy. The lactational amenorrhea method was reported to be up to 98% effective when exclusive breastfeeding and amenorrhea were present (Kennedy et al., 1991).

The basal body temperature method requires the woman to measure her body temperature every morning. A slight drop in body temperature is associated with ovulation followed by a postovulatory rise in temperature of about one degree Fahrenheit, above baseline, lasting approximately 72 hours. During this time coitus is avoided to help prevent pregnancy or encouraged to help achieve pregnancy (Baker, Burton, & Zieve, 1999). Currently, basal body temperature has been augmented by the symptothermal method in predicting ovulation. The symptothermal method uses cervical mucus signs along with daily basal body temperatures to predict fertility, thus avoiding or achieving pregnancy. Some symptothermal methods include other ovulatory signs in conjunction with temperature and cervical mucus. These signs, which help predict ovulation, include cervical changes, “Mittelschmerz” or ovulatory pain, low backache, abdominal bloating, vulvar swelling, and intermenstrual bleeding (Geerling, 1995).

The effectiveness of NFP methods has been repeatedly studied in the past five decades. Bhargava, Bhatia, Ramachandran, Rohatgi, and Sinha (1996) completed a multi-center study with 500 women, and found the ovulation method failure rate (when looking at method only) was as low as 1%-2% and use failure rate (when looking at less than

perfect use) was 15%-17% at 21 months. Continuation rates for this method were as high as 88% at 6 months and 52% at 21 months. The study advocated the ovulation method as a safe and effective option for couples with unmet family planning needs who do not use other methods.

A meta-analysis by Geerling (1995) established that the ovulation and symptothermal methods of NPF have a method-effective failure rate (unwanted pregnancy rate correlated with optimal method use) of approximately 1%. The use-effectiveness method failure rate (unwanted pregnancy rate with less than optimal method use) from 2% to 19% for couples who use the symptothermal method and from 3% to 28% for couples who use the ovulation method. The author reasoned that the different NPF methods and the way couples received instruction could have accounted for the inconsistent data seen in the past 15 years of research.

Justification for the Study

This study was done for the following reasons: (a) there is little information on NFP experience in the military population, (b) no NFP studies were found that used a qualitative framework, and (c) only a few studies have reported on couple, or man's point of view on NFP. With these three large gaps in the literature, health care professionals are not fully informed about the needs of couples who use NFP. Thus, it is important to conduct this qualitative study on military couples' experiences with NFP.

The military is composed of people from diverse cultures and religious backgrounds, including a large number of Catholics, who are high users of NFP (Stanford et al., 1998). The 1999 Catholic Directory lists 23% of the population in the United States as being Catholic. The Defense Equal Opportunity Management Institute (1995) shows the highest

religious preference in the United States Armed Forces is Catholic, at 23%. The current users of NFP methods are more often Catholic and of higher socioeconomic status in developed countries (Stanford et al., 1998).

The only literature found that addressed military issues and NFP was a thesis by Patrick Spencer (1996). The purpose of the study was to determine the knowledge level that military physicians and advanced practice nurses had of modern NFP at a military medical center. The researcher found 34% of the 42 respondents did not recommend NFP to patients when discussing contraception, and if they did it was the old Calendar Rhythm approach. Also, 32% did not assess the women's cultural values when prescribing family planning. Almost 50% did not know what NFP resources were available. Thus, the lack of research dealing with military couples and the cultural and religious mix of military couples that use NFP lends itself to conducting this study.

Only a few research studies have utilized couples as their sample. The NFP method requires cooperation, coordination, and communication by both partners. Thus, to adequately describe the NFP experience, it is imperative that we gain the insight of both partners. The proposed research will help fill in this literature gap, and help us gain a better understanding about NFP.

The current literature has not looked at NFP as a holistic phenomenon. This study will help fill this gap by using a phenomenological framework, and by using a qualitative methodology to gain better understanding of military couples' experiences with NFP. This study will provide increased understanding of NFP and will add to the nursing knowledge base.

Statement of the Problem

Health promotion is a central role of nursing. A major task of health promotion is educating patients about available contraceptive options. It is essential to understand what is important to patients, so better health maintenance and treatment plans can be developed. Katz and Green (1994) remind us that if true quality improvement is to occur we must know the customer, that quality is measured by the customer (patient) needs, not those of the supplier (provider).

The lack of understanding and knowledge about couples' experience with NFP establishes a potential deficiency in the conventional health care system in meeting the needs of these couples. Couples' experience with NFP has not been well explored using a qualitative research method. Also, NFP is a method requiring the support and effort of both the female and male partners, as opposed to many other methods of family planning in which the woman is usually responsible. The present literature frequently fails to address the couples or man's point of view in NFP. Finally, scant research has investigated NFP use among military couples.

Statement of the Purpose/Aim

It is important to understand military couples' experiences with NFP, so we can provide sound healthcare services. Hence, the purpose of this study was to describe from their perspective, military couples' experiences with NFP methods.

Theoretical Framework

The theoretical framework for this study was based on phenomenology. A phenomenon is defined as "any fact, circumstance, or experience that is apparent to the senses and that can be scientifically described or appraised" (Guralnik, 1984, p.1068).

Phenomenology is the science that allows description of the complexity of the human experience. Polit and Hungler (1999), define phenomenon as: “the abstract entity or concept under investigation in a study, most often used by qualitative researchers in lieu of the term ‘variable’” (p.75). Phenomenology can be an approach, method, and a philosophy.

Bishop (1996) states, the phenomenological traditions give us the notion that the nature of nursing is natural or essential. Bishop contends that if nurses only collect data, and use computers to interpret and dictate treatment, they become merely medical technicians and no longer nurses. We cannot become so engrossed in technological interventions that we lose our sense of care for patients. By using the framework of phenomenology the researcher gains a rich, holistic view of couples’ experiences with NFP.

According to Burns and Grove (1997), phenomenology describes the “lived experiences” of participants in a study. The methodology asks broad questions about the meaning of the individual’s experiences. The individual describes the experiences for the researcher and then the researcher interprets the narration given by the participants. The purpose of this study was to describe military couples’ experiences with NFP, and it was, therefore, appropriate to do a qualitative study using a phenomenological approach.

Definition of Terms

Lactational Amenorrhea Method (LAM)

The LAM uses the natural cessation of ovulation during full lactation and amenorrhea for up to 6 months after delivery to avoid unplanned pregnancies (Kennedy et al., 1991).

Natural Family Planning (NFP)

The World Health Organization [WHO] (1988) defines NFP as a method of family planning based on observation of naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle. Awareness of the fertile phase can allow a couple to plan intercourse, either to avoid or to achieve pregnancy. Natural family planning thus provides an alternative for those who, for any reason, cannot or do not wish to use pharmacological or mechanical contraceptives. This definition does not include the rhythm or calendar methods, as they are not naturally occurring signs and symptoms.

Modern Natural Family Planning

Modern NFP uses a variety of methods together, including the Ovulation Method (OM) or Billings method, and the Symptothermal Method (STM).

Ovulation Method (OM) or Billings Method

The OM is the observation of changes in the quantity and character of cervical mucus to predict ovulation during the menstrual cycle (Mosby, 1998).

Symptothermal Method (STM)

The STM is based on multiple predictors including cervical mucus, basal body temperature, and possible symptoms of breast tenderness, abdominal pain, cervical os changes, and mid-cycle bleeding (WHO, 1988).

Method Failure Rate (MFR)

The MFR is the unplanned pregnancy rate when using the full correct method under optimal circumstances (Geerling, 1995).

Use Failure Rate (UFR)

The UFR is the unplanned pregnancy rate when using the method with less than perfect use.

Military Couple

A military couple is defined as a male and female dyad where one or both members are or have been active duty members in the United States Armed Forces, Reserve or Guard.

Limitations and Assumptions

The investigation is limited to the descriptions and information provided by the interviews. The following assumption is made about the study methodology: Each participant will describe the experience completely and truthfully.

CHAPTER II: BACKGROUND: EVOLUTION OF THE STUDY

Introduction

The research, conducted on NFP, is varied but it does not answer the questions: what are the experiences of military couples' who use NFP, and what might they need and want from healthcare providers? This researcher's personal interest on the subject started eight years ago after taking a NFP course. Most of my family has used this type of family planning for prevention or spacing of pregnancies, or for conception, and in two cases, for sex selection. My knowledge and experience with this type of family planning made me want to learn more about the experiences and needs of others. This understanding could help direct future research and provide the healthcare community with guidance in quality family planning service to all patients.

Contributing Literature

Although some studies show modern NFP methods are effective (Bhargava et al., 1996; Geerling, 1995; Howard & Stanford, 1999; Hume, 1991), only approximately 4% of the women of reproductive age in the United States use NFP to avoid pregnancy (Stanford et al. 1998). Stanford and colleagues collected data from 484 women who were still potentially fertile, with 3% currently using a method of NFP. They reported that 23% of those women indicated they would likely or very likely use NFP in the future to avoid pregnancy, while 37% indicated they would be likely or very likely use NFP to become pregnant. The authors concluded that many women who did not currently use NFP showed an interest in the method to conceive or avoid pregnancy.

Another study (Guida, 1999) evaluated the efficacy in ovulation detection in NFP methods used by 40 healthy, motivated women in comparison with pelvic

ultrasonography. Urinary luteinizing hormone (LH) level determination showed 100% correlation with simultaneous ultrasonographic diagnosis of ovulation. Mucus characteristics and physical symptomatology yielded a 48% correlation, beta-glucuronidase levels yielded a 28% correlation, salivary ferning testing a 37% correlation (with 59% of those results uninterpretable), and body temperature measurements showed a 30% correlation with simultaneous ultrasonographic diagnosis of ovulation. This study concluded that urinary LH level measurements are an excellent method to determine ovulation.

Basal body temperature and mucus characteristics are somewhat correlated with ovulation, but the fertile period length is overestimated with these methods (Guida, 1999). Guida, also concludes that beta-glucuronidase levels and salivary ferning test are poor methods for home ovulation testing. The overestimated fertile period length and need for long abstinence during this time may explain why the mucus and temperature methods combined correlate only 39% of the time with simultaneous ultrasonographic diagnosis of ovulation, yet a research review of 33 articles report its effectiveness in avoiding pregnancy is as high as 98% (Geerling, 1995).

Howard and Stanford (1999) evaluated the pregnancy probabilities of 701 couples using the Creighton Model Fertility Care System (CrMS), which is a natural family planning service delivery program. This was an observational cohort study and pregnancy probabilities were calculated using net and gross life-table analysis for an 18-month period. Results showed that method-related pregnancies occurred 0.14% of the time, and pregnancies from user or teacher error, 3% of the time. Pregnancies caused by achieving-related behavior (intercourse during a known fertile time), occurred 13% of the time, and

total pregnancies, 17% of the time. The study's authors concluded CrMS pregnancy probabilities were comparable to other methods of family planning, with most of the pregnancies due to genital contact during a known fertile time.

Three lactational amenorrhea method studies were published in the late 1980s and early 1990s. Perez, Labbok, Barker, and Gray (1988) entered 419 urban middle-class postpartum women in Chile into a NFP program teaching the ovulation method. Failure rate to recognize mucus patterns was 2%. Unplanned pregnancies using breastfeeding and the ovulation method at the one year postpartum was 12%, with a Pearl Rate calculation of method-related failure of 2%. The results show the breastfeeding group had a significantly lower rate of unplanned pregnancies than the nonbreastfeeding group, $p < .05$. There was no significant increase in unplanned pregnancies at the time of menstruation of previously amenorrheic women as compared to later intervals. However, Kennedy and co-investigators (1991) reviewed data from 13 prospective studies in developed and developing countries and concluded that lactational amenorrhea alone was 98% protective for up to 6 months after delivery for women who fully breastfed. This method allows no unnecessary abstinence due to the use of NFP during this period, as some women may have experienced fertile mucus during this time that is unrelated to estrogen production.

Finally, Zinaman and Stevenson (1991) looked at the efficacy of the symptothermal method of NFP during lactation. They concluded that although the method reflected the fertility potential over time, the influences of lactation in ovulation suppression and delay of the luteal phase is profound. They recommend more investigation to identify mucus

signs and symptoms that help during the transition from lactation amenorrhea to normal cycling.

The possibility of spontaneous abortions, low birth weight, and preterm birth are always of great concern. Several authors studied the outcomes of planned and unplanned pregnancies among users of natural family planning. Bitto and colleagues (1997) analyzed 373 unplanned and 367 planned pregnancies from five centers worldwide. The risks of spontaneous abortion, low birth-weight, and preterm birth were analyzed by logistic regression. Results showed women with unplanned pregnancies had more age extremes, reported more medical problems before and during the pregnancy, and sought antenatal care later in gestation than the planned pregnancy women. However, there were no significant differences in spontaneous abortion rate, low birth weight, or preterm birth between the two groups. The planned pregnancy women did report a higher rate of spontaneous abortion in previous pregnancies, 29%, as opposed to the unplanned pregnancy group which had a spontaneous abortion rate of 13%.

Another study reported similar results after assessing 868 pregnancies with women using NFP. This study retrospectively reviewed women's charts in which they recorded day of intercourse and cervical mucus peak and/or basal body temperature. The investigators wanted to see if "optimally timed" conceptions, a day before or on the day of estimated ovulation, differed from "non-optimally timed" conceptions. The study found that a 9% rate of spontaneous abortion rate occurred for the optimally timed conceptions, and 11% for the non-optimally timed conceptions. Consistent with prior research, women with a prior history of spontaneous abortion showed significantly

increased risk of pregnancy loss with preovulatory or postovulatory delayed conceptions (23%) compared to optimally timed conceptions (7%) (Gray et al, 1995).

Sex preselection is another area of natural family planning research. Sr. Pauline Pittman taught this approach in the 1970s (McSweeney, 1993). The principles include timing intercourse after the peak mucus symptom to preselect a male child and have intercourse before peak symptoms, as the mucus becomes stretchy and slippery to preselect a female. Additionally, some researchers found that the Y-bearing sperm (male) is more motile and shorter-lived than the X-bearing sperm (female). Also, sperm-conducting mucus changes under ovarian hormone influences. McSweeney discussed using NFP for sex determination, and the ethics of sex preselection in a prospective study. Natural sex ratios were universally reported as being almost equal at marriage age. Today, concern about this topic stems from imbalance of the sexes in countries where a male child is highly desired. In these countries all-female families try to have children in quick succession until they have a male child. The author concluded that in these all-female families, using sex preselection may stabilize the marriage, avoid unhappiness, raise the status of the women, and try to restore balance of sexes. McSweeney's extended study of 99 couples, from 1968-1990, found a 95% success rate for male and female preselection if intercourse was carried out at appropriate times. These data are consistent with a meta-analysis by Gray (1991) of couples practicing NFP, use of basal body temperature shift and peak mucus markers of ovulation. The six studies in the analysis showed a significantly lower proportion of male births among conceptions that occurred during the most fertile time of the cycle.

Women's Satisfaction and Interests

Some research has focused directly on women's satisfaction and interests with natural family planning. Klaus and researchers (1979) conducted a study with 1139 women. Clients reported high satisfaction rates, but had combined method and user failure rates of 20%. They reported a need for in-depth exploration on the implications for apparent contradictions between a woman's desire to avoid pregnancy, and the deliberate coital use of fertile days. Heath and Sulik (1997) stated that women who were interested and motivated in their birth control would probably use NFP well, as demonstrated by the highly motivated women in India who use the Billings method of NFP and have undesired pregnancy rates of 2-4%. This article maintains women who are not satisfied with the form of birth control they choose will not use it, or more likely use it incorrectly. Stanford and co-investigators (1998) concluded that many women in the United States not currently using NFP indicate they would be interested in doing so at some future time to avoid pregnancy or become pregnant.

In Oddens' 1999 research on women's satisfaction with birth control, surveys were obtained from 1303 German women who used or had ever used birth control methods. Forty three percent had at one time used NFP, including symptothermal, the calendar method, or other periodic abstinence techniques methods of any type. Women indicated the reasons they were dissatisfied with NFP were, an unwanted pregnancy rate of about 30% with NPF, and feelings of being more tense, restless, anxiousness, and less relaxed. The dissatisfaction among women who have "ever used" NFP was 33%. NFP users had a mixed profile in this study, indicating an overall decreased frequency and spontaneity, but an increase in pleasure and sex drive. These women also indicated they were more

cheerful when using NFP. This study by Oddens did not calculate the statistical significance of the data.

Degree of satisfaction with the frequency of intercourse while using NFP was the subject of a five-center study of 869 subjects in Bangalore, Maila, San Miguel, Auckland, and Dublin. Most couples in Bangalore, Maila, and San Miguel were satisfied with the frequency of intercourse, while one-third of the subjects and half of their partners in Auckland and Dublin preferred more frequent intercourse. Probabilities of discontinuation of NFP due to pregnancy were 2% for couples in which the male partner's degree of satisfaction was marked as "no difficulty", 19%, if satisfaction was marked as "occasional difficulty", and 55% for couples in which the male partner's degree of satisfaction was selected as "always some difficulty" (Gibbons et al, 1987).

We can also assume an indirect method of measuring satisfaction of a contraceptive measure by determining the continuation rate of that method. One group of researchers did a non-comparative field trial in five states in India using 500 volunteers. Rates of continuation for the Billings ovulation method were 88% at 6 months, and 76% at 12 months. After one year the continuation rate dropped significantly in rural areas ($p < 0.01$.) as compared to the urban areas. Reasons women stopped using the NFP method were switching over to other methods of family planning (approximately 20%), and stopping use after pregnancy (16%) (Bhargava et al., 1996).

Advantages of Using NFP

The current theoretical and empirical literature listed many advantages and disadvantages to using natural family planning. The Twin Cities Natural Family Planning Center (1999), lists the following advantages to using NFP:

- Highly effective to avoid or achieve pregnancy
- Entirely free of health risks
- Easy to learn
- Inexpensive
- Acceptable to all cultures and religions
- No need for regular cycles
- Shared family planning responsibility between the man and woman
- Fosters tenderness and affection in the love relationship (p.1)

The Twin Cities Natural Family Planning Center (1999), states NFP allows men their rightful share in the area of sexual responsibility, where contraceptive family planning places responsibility, health risks, and negative side effects on one person, usually the woman. The Twin Cities Natural Family Planning Center also lists a decreased divorce rate, with only 5% for couples using NFP compared to almost 50% in the population at large an indication that NFP is consistent with an affectionate loving relationship.

According to Geerling (1995), natural family planning is a beneficial way to increase a couple's communication. Ryder and Campbell (1995) maintained, that NFP could foster marital harmony and enhance the relationship by increasing non-genital physical love that can help sexual responsiveness. They also feel that women should not be pressured into sex and that this feeling of being pressured requires counseling and not the pill.

Other literature confirmed the Twin Cities list of positives for using natural family planning. The majority of the studies on NFP addressed the issue of effectiveness.

Bhargava and colleagues (1996) completed a multi-center study and found the ovulation method failure rate to be as low as 1%-2% and use failure of 15%-17% at 21 months. The study advocated the use of the ovulation method as a safe and effective option for couples with unmet family planning needs who do not use modern methods. Other research studies have confirmed these findings (Bhargava et al., 1991; Geerling, 1995; Howard & Stanford, 1999). Finally, Hume (1991) found the method-related pregnancy rates

associated with NFP compare favorably with other contraceptive techniques, less than 1 per 100 women years in some trials.

Low cost and safety was another advantage noted by the Natural Family Planning Center. Ryder and Campbell (1995) stated that NFP is the only method of birth control that empowers a couple irrespective of economic status. After reviewing 33 journal articles on NFP, Geerling (1995) concluded that NFP is an inexpensive and safe way to determine peak fertility. Interestingly, NFP has been determined safe as far as pregnancy outcomes. Studies show no increased risk of adverse pregnancy outcomes in women who experience an unplanned pregnancy while using NFP (Bitto et al., 1997). Gray and colleagues (1995) researched 868 pregnancies and found a 9% rate of spontaneous abortion for optimally timed conceptions and 11% for non-optimally timed conceptions. It was concluded that there were no excessive risk of spontaneous abortion in pregnancies conceived during natural family planning.

The ease in which one can learn NFP is also an advantage. A study by Gibbons and others (1981) found only 1% of 869 women from five countries failed to learn the ovulation NFP method. Also, in a study by Perez and colleagues (1988), only 2% of 419 urban middle-class women were unable to learn how to recognize the mucus pattern of fertility in a NFP program that taught the ovulation or Billings method. Hume (1991) concluded that women readily understood natural family planning and they were able to teach other women what the mucus patterns mean.

Another NFP benefit is its' acceptability to all cultures and religions. Spector (1996) found Mormonism, Catholicism, and Orthodox Judaism are specific religious denominations that prohibit artificial means of birth control. Another source showed that

32% of 1,017 women using NFP were Hindu, Muslim, or Protestants, and 53% were Catholic (Klaus, Lobbok, & Barker, 1988). Bhargava and co-investigators (1996), found the Creighton Model of NFP to be behaviourally and culturally compatible.

Natural family planning does not require regular cycles to be used effectively. Howard and Stanford (1999) concluded in their study that women of all cycle types could use the Creighton Model of Natural Family Planning because the pregnancy probability was similar in all the following categories: long cycles, uncomplicated regular cycles, when discontinuing oral contraceptives, and breastfeeding. The use of NFP has been found to be adaptable to all phases of a women's reproductive life (Hume, 1991).

Other authors have listed a variety of benefits not listed by the Twin City Natural Family Planning Center. A study by Stanford and others (1998) found that the new mucus discharge methods could help patients who want to conceive a child. Also, the ability to select the sex of a child may be an advantage. This may be especially true in countries where a male child is sought at almost any cost, and some large all-female family mothers continue to get pregnant in hopes of having a male child (McSweeney, 1993).

Disadvantages in using NFP

The disadvantages in using NFP found in the review of the literature are listed below:

- Most physicians underestimate NFP effectiveness and do not educate patients on NFP
- Unwanted pregnancy and negative mood change
- Long abstinence periods
- Use failure rate and continuation rate
- Instructors must be experienced and qualified
- Requires motivation by users or it is unforgiving

Stanford, Thurman, and Lemaire (1999), stated most physicians, especially those not aware of instructor resources, underestimate the effectiveness of NFP and do not educate or give information about modern NFP. Only 11% of 375 physicians questioned mentioned NFP routinely when counseling women about contraception, although 47% reported that they mentioned this method in some cases. When NFP was discussed, physicians typically talked about older methods of NFP like the calendar rhythm or basal body temperature and not the new methods of cervical mucus testing. The study further reported that only one-fourth of physicians would refer a woman asking about NFP to an instructor. This is clearly a disadvantage for women who use modern NFP and may not be able to find family planning information or referral from medical clinics.

The importance of offering information to women about NFP counseling is supported by Stanford and colleagues (1998), who concluded that because a substantial number of women are potentially interested in NFP, clinicians should routinely include modern NFP methods in all of their discussions with women during family planning counseling. They found up to one-fifth of women who were interested in using NFP to avoid pregnancy had never previously used any method of NFP. They also reported that women who previously used old outdated calendar rhythm methods were likely to be interested in modern NFP, and therefore should be informed of this method.

Several other sources listed disadvantages of using NFP. Again, Oddens (1999), reported women's dissatisfaction with NFP was due to the fact that almost one in three had experienced unwanted pregnancy and 30% had experienced negative mood changes. Although the NFP users or past users reported 28% overall positive influence on sex life,

they also reported a decrease in frequency and spontaneity. Also, abstinence may be necessary for up to 10 days or longer.

Abstinence was a disadvantage found in an article by Fisher (1996). His study showed the length of abstinence when using NFP methods may be up to 17 days. Gibbons and colleagues (1981) surveyed 869 women in a five-country study and found the average abstinence was 17 days, as required by the rules of the cervical mucus method. The length of abstinence required may be explained by Guida's 1999 study. Guida did a prospective analysis of ovulation detection by NFP methods compared with pelvic ultrasonography on 40 women. Mucus characteristics yielded a 48% correlation with ovulation when simultaneously evaluated by ultrasonography. Body temperature measurement results yielded a 30% correlation with ovulation as determined by simultaneous ultrasonography. They concluded the length of the fertile period is overestimated when using these NFP methods due to the inexact correlation of the methods and ovulation.

Bhargava and co-investigators (1996) conducted a study on 500 healthy volunteers in five Indian states. They found the use-failure rates as high as 16 per 100 users, and the continuation rates at 42 per 100 users at 21 months. Klaus and others (1979) reported on 1139 women from six centers and found user failure rates were 16% at 12 months, and 23% at 24 months. Undesired pregnancy rates were higher when using ovulation method alone, as compared with using the ovulation method in combination with other fertility methods or with barrier methods. There was a 56% continuation rate reported at 24 months in this study.

Natural family planning does require good instruction and motivation on the part of the users. Mosby's Medical, Nursing, & Allied Health Dictionary (1998) lists detractors of NFP as being extensive teaching requirements and self-motivation, and that the effectiveness is limited by the user's abilities. Geerling (1995) reported that NFP methods are easy to learn and use, however instruction must be done by a well qualified and experienced person. Heath and Sulik (1997) reviewed women's acceptance and satisfaction with contraceptive methods. They stated that although the use effectiveness of the Billings method of NFP can be as effective as other forms of contraceptives, NFP needs motivated couples who have had detailed instruction in the use of this method. They state NFP methods must be strictly complied with and that it is unforgiving with imperfect use. Also, research of 701 couples in the Howard and Stanford study (1999) listed a 2% to 3% increase in unplanned pregnancies in the first year due to user or instructor errors.

Medical Communities View

A review of the literature would not be complete without looking at what the medical community thinks is important in contraceptive counseling for women. Women need effective, safe contraceptive choices. Heath and Sulik (1997) listed four topics of concern in terms of birth control issues and counseling. First, satisfaction and compliance most strongly effect contraception, with safety, including major illness and death, being the second issue surrounding contraception. Third, side effects often lead to patient dissatisfaction and discontinuation of birth control. And fourth, preconception counseling is important.

Identified Gaps in Knowledge

In summary, the current literature does not adequately address military couples that use NFP. The military is composed of people from a diverse mixture of cultures and religious backgrounds, including a large number of Catholics, who are high users of NFP (Stanford et al., 1998). The 1999 Catholic Directory lists 23% of the population in the United States as being Catholic. The Defense Equal Opportunity Management Institute (1995) shows the highest religious preference in the United States Armed Forces as being Catholic, at 23%. The cultural and religious mix of the military population who use NFP lends itself to this study.

A few articles in the review of literature investigated women or couples' satisfaction and interest in NFP. The rest of the information about women's or couples experiences with NFP is inferred by listed advantages and disadvantages found in a multitude of related articles. No qualitative or descriptive studies were found describing women's or couples experiences of NFP.

Stanford and colleagues (1998), state future research should find and define ways to overcome barriers to make modern NFP available to all women. Providers, whether nurse practitioners, physician assistants, or medical doctors, should know what users of NFP want and desire, so they can provide sound healthcare services to meet those needs.

Current literature has not looked at NFP as a holistic phenomenon. No qualitative studies were found on the subject, thus demonstrating a gap in the research. This research study will begin filling this gap by using a phenomenological approach to gain better understanding of couples experiences with NFP. Because this is a qualitative study it will provide increased depth to the findings and add to the nursing knowledge base.

This qualitative study will use a phenomenology framework and address the gaps in the literature by looking at military couples experiences with NFP. Burns and Grove (1997), note that the philosophical positions used by phenomenology are different than those of traditional nursing research, and using this approach has added to the nursing body of knowledge. Learning about couples experiences with NPF will help the role of the Advanced Nurse Practitioner as a patient advocate. With complete and accurate education for patients on all methods of family planning providers can enable couples to make educated decisions about methods of family planning that fit their lifestyle and meet their needs.

CHAPTER III: METHOD OF INQUIRY

Introduction/General

Research Problem

The lack of understanding and knowledge about military couples' experiences with NFP establishes a potential deficiency in the conventional health care system in meeting the needs and desires of all patients. The purpose of this study was to describe military couples' experiences with NFP methods.

Research Design

A qualitative research method was selected because it gives detailed insight into this phenomenon. "Qualitative research is a way to receive insights through discovering meanings" (Burns & Grove, 1997, p 67). Burns and Grove also explain that we gain knowledge not from establishing causality but by comprehension of the whole phenomenon. Thus, inductive reasoning, subjectivity, discovery, description, and process orienting characterize qualitative research (Reichart & Cook, 1979).

Qualitative researchers use stories as they investigate couples' experiences of diverse phenomena (Ayres & Poirier, 1996). As the qualitative researcher uses these stories, extreme vigilance in methodology must be used so that construction and interpretations of these phenomena are valid. Qualitative methods enable the researcher more room to explore areas of interest that can never be fully explained with other, more rigid or structured methodologies (Thorne, Kirkham, & MacDonald-Emes, 1997). The qualitative methodology used in this thesis enabled the researcher to obtain a more holistic view of this phenomenon.

Theoretical Framework

The theoretical framework for this qualitative study was based on phenomenology. A phenomenon is defined as “any fact, circumstance, or experience that is apparent to the senses and that can be scientifically described or appraised” (Guralnik, 1984, p.1068). According to Burns and Grove (1997), phenomenology is both a research method and a philosophy, with the researcher describing experiences of the study individuals as they are lived. Phenomenology’s methods assume the general philosophical stance that there is essential structure to human experience (Thorne et al, 1997).

Most phenomenologic approaches in nursing research have their foundations in the works of Husserl or Heidegger. The Husserlian or transcendental approach is descriptive, whereas the Heideggerian, or hermeneutic approach is interpretive (Ray, 1994). Hermeneutic phenomenology is both descriptive, letting things speak for themselves, and interpretive, stating there is no uninterpreted phenomenon (Van Manen, 1990). This study used the foundations of Hermeneutic phenomenology.

Bracketing

Bracketing is defined as “ a methodological device of phenomenological inquiry that requires deliberate identification and suspension of all judgments or ideas about the phenomenon under investigation or what one already knows about the subject prior to and throughout the phenomenological investigation” (Streubert & Carpenter, 1995). The investigator tried to identify and put aside all personal ideas and beliefs about the phenomenon being studied during the investigation. The investigator’s personal ideas about NFP included, having personally used NFP methods, knowing about the

experiences of my own family who use/used NFP methods, and having a common religious affiliation with this study's participants.

Lived Experience

The “lived experience of the world of everyday life is the central focus of phenomenological inquiry” (Streubert & Carpenter, 1995, p. 31). Streubert and Carpenter explain that the lived experience gives the individual a sense of what is true or real in life. It gives meaning to each person's perceptions of a phenomenon. The researcher's objective was to use the qualitative methodology correctly, and without prejudice or bias, to study this phenomenon of military couples' experiences with NFP.

Applied Methodology

Applied methodology can be defined as “putting into practical or specific use” (Guralnik, 1984). This section will describe, step by step, how this qualitative research was conducted.

Sample

The sample for this qualitative study on NFP was purposeful, or “directed toward a specific end” (Guralnik, 1984, p1154). Participants included military couples who currently use or have used NFP to prevent, space, or achieve pregnancy, or for other reasons. These reasons could include, but are not limited to, religious beliefs, sex selection of offspring, medical contraindication for using pharmacologic/mechanical methods of contraception, or strong personal preferences about using natural alternative methods.

The sample was obtained by advertising for participants on an Air Force Base. Flyers were placed in the Women's Health Clinic and the base chapel. An advertisement and

flyer was placed in the Chapel Bulletin, and an announcement was made after a Saturday and Sunday church service at the base chapel.

The couples who contacted the researcher had the purpose of the study explained to them, and they were asked to participate in the study. When the couples agreed to participate, a time and place to conduct the interview were selected by the couples and agreed upon by the researcher. Couples agreeing to participate were asked to read and sign a written consent form before the interview began (see Appendix A).

Sample Size

The sample size in qualitative research may be very different from that of quantitative research. A qualitative sample should be large enough to ensure credible results and yet small enough to gain understanding by informational rich cases (Sandelowski, 1995). This type of purposeful sample looks at a demographic homogeneity (military couples who use or have used NFP), and requires fewer subjects. However, when mixed with a purposeful sample type of maximum and phenomenal variation (getting a variety of couples that use NFP for different reasons or purposes), a study requires the largest minimum sample size of purposeful sampling. According to Sandelowski, maximum and phenomenal variation can ensure production of credible and clinically significant findings. The size of the sample of this study was the number of couples needed to gain a rich description. Saturation was reached when no more new information was obtained and additional information obtained became redundant. This study sample included six military couples or 12 participants.

Research Setting

The military couples who participated in this study selected the time and place for the interviews. Couples who agreed to participate were asked where they would like the interview to take place. Options given to them included their own homes, a private interview room at the base hospital, base chapel, or a Uniformed Services University of the Health Sciences conference or study room. The preferred setting was a quiet, private room with comfortable chairs and one that ensured no interruptions. The interviews were done with only the couple and researcher present. In three cases, the couples' small child or children were playing in the room, or a nearby room, during the interviews. The time of the interview was selected and agreed upon by the participants and the researcher.

Data Collection

The researcher collected pertinent demographic information about the couples (see Appendix B). This information was gathered after the interview so as not to bias the researcher or couples during the interview.

Interviews were recorded by audio tape, and field notes were taken during or after all interviews. The field notes helped the researcher capture and remember important verbal and nonverbal cues from the interviews and augmented the audio tape. The audio tapes were labeled with a code number known only by the researcher and given to a professional transcriptionist to type into manuscripts.

Interview Guide

The interview guide consisted of a series of open-ended questions to help the couples describe their experiences with respect to NFP. Asking open-ended questions allowed couples the freedom to answer in their own way, and to express themselves fully; it also

encouraged long verbal responses and spontaneous accounts; this is the purpose of open-ended questions (Jarvis, 1996). The questions included (a) tell me about your experiences with NFP, your story, (b) the reasons you use NFP, (c) how you learned to use it, (d) what you like about it, (e) what you don't like about it, (f) how being part of the military has affected your use of NFP, (g) your experiences with health care and your use of NFP, (h) would you like to add anything else, and what you would tell others about NFP (see Appendix C).

Data Analysis

The audio tape interviews were transcribed by a professional transcriptionist. The researcher's field notes were used to validate important verbal and nonverbal data. The data analysis was done by coding and categorizing the data collected (Burns & Grove, 1997). The researcher managed and interpreted the data while it was being collected, as recommended by Burns and Grove. Because data analysis can be complex in qualitative research, the researcher used the analytic techniques that promote repeated immersion in the data before coding, classifying, or creating links (Thorne et al, 1997). Thorne and colleagues state this method of analysis capitalizes on synthesizing, theorizing, and recontextualizing and not just sorting or coding. This method also allowed the researcher to refine the inquiry, as needed, to ensure it was complete and accurate.

Procedural Steps

The steps used to analyze the data were modified from Colaizzi (1978):

1. The transcripts were first read to acquire a feeling for them. The transcripts were then read and re-read in their entirety after listening to the recordings of the transcripts. This enabled the researcher to acquire a feeling for the meaning behind each statement in

the transcript. Notes were taken to ensure the non-verbal and verbal meanings were captured.

2. Each transcript was reviewed in order to extract significant statements pertaining to the phenomenon. Each sentence or paragraph was reviewed independently. If it illuminated the phenomenon, it was cut out of the transcript and readied for clustering of data.

3. Meaning was formulated using creative insight to get from what was said to what was meant. Care was taken to preserve the connection between the statements. Each statement marked as important was reviewed again, asking the question, what did the participant really mean when making the statement? After reading the individual statements, the researcher reviewed the entire transcript section to ensure statements were not being taken out of context.

4. Each transcript was reviewed in this manner. Then, the formulated meanings were organized into interpretive clusters. The ambiguity or contradictory nature of the clusters was acknowledged and accepted. Each statement was cut, after validation from the text, from the transcript and clustered with similar statements. Some statements fit into more than one cluster group.

5. The interpretive clusters were organized and validated by referring back to the original transcript. Another experienced qualitative researcher also reviewed the transcripts and data clusters to validate themes. When writing the study findings, each statement was again cut from the original typed transcript and placed into the themes to allow another review of each complete transcript.

6. Themes were integrated into a comprehensive description of the phenomenon. A summary of each cluster theme was described in the text with the theme being illustrated by statements of the participants. Existential themes were identified through deeper exploration into the structure of the lived experience as described by Van Manen (1990).

7. A statement that identified the fundamental structure of the experience was formulated. A comprehensive description of the experience was written with couples' statements used as lessons learned, their summation, or what they would tell others about the phenomenon.

8. The findings were validated with the participants. A letter with a stamped envelope and reply card was sent to each couple asking them to review study findings and the conclusions and recommendations of the findings. They were asked to comment on whether the description and findings reflected their experiences.

When the analysis of data was complete, newer and richer insight was gained about the phenomenon of military couples' experience with NFP.

Trustworthiness

Supporting evidence for trustworthiness was acquired by ongoing scrutiny by the researcher and, by seeking peer review, to look for flaws in construction, expanded interpretation, and gaps in internal consistency (Ayres & Poirier, 1996). Ayres and Poirier state that when the study is conducted properly, according to the selected methods and with responsible data collection, then conclusions must be accepted as a valid interpretation. Experienced researchers reviewed the design of this study and helped ensure the data collection, and analysis was conducted appropriately to accurately describe the military couples' experiences' with NFP.

Rigor

The term rigor is used to illustrate how well the researcher substantiates the discovered information. To support rigor in a qualitative study and to document trustworthiness, the following concepts are documented: credibility, dependability, confirmability, and transferability (Streubert & Carpenter, 1995).

Credibility

“Credibility is demonstrated when participants recognize the reported research findings as their own experiences” (Streubert & Carpenter, 1995, p. 314). The participants were given the opportunity to review the finding of this research to see if it accurately reflected their experiences with NFP (see Appendix D). This step helped lend credibility to the study.

Dependability

“Dependability is met through securing credibility of the findings” (Streubert & Carpenter, 1995, p. 314). Several experts reviewed the data collection tool, the interview guide, to establish some reliability in its ability to adequately guide the interview. One was a faculty member who teaches women’s health. The other expert was an obstetrician who directs a metropolitan NFP center and has conducted several studies on the subject. An experienced qualitative researcher reviewed the transcripts and field notes and discussed the themes. A re-analysis was completed and discussed again with the experienced qualitative researcher. This process continued until both agreed that the analysis was an accurate and complete interpretation.

Confirmability

Confirmability was achieved in this study by leaving a record of activities over time in which other researchers could follow the steps taken to conduct the study, record data, perform analysis, and reach conclusions. Also, the audio tapes, field notes, and transcripts were kept to leave an audit trail.

Transferability

Qualitative researchers use the term “transferability” when discussing what meaning others can receive from reading their investigation. According to Streubert and Carpenter (1995), transferability (fittingness) demonstrates the probability that the research findings have meaning to others in similar situations. It is hoped that readers may use the information in this study to think about, refine, develop, and test practice or research as suggested by Sandelowski (1996).

Data Presentation

In qualitative research the researcher describes the phenomenon by means of examples from the text (Burns & Grove, 1997). The demographic data, themes, and clusters are displayed in tables. Significant statements made by the couples are presented in narrative form under each theme, along with a synopsis.

Ethical Considerations

The potential participating couples were informed that the purpose of this study was to describe military couples’ experiences with NFP methods. Couples agreeing to participate were asked to read and sign a written consent form (see Appendix A). This consent form stated the purpose of the study, and that data collection would be via interviews documented on audio tape and field notes. The participants were informed that

they could drop out of the study at any time and without any explanation or repercussions. Only the researcher knew the participant's identity; the audio tapes, field notes, and transcripts were labeled with a code number instead of names. The subjects were informed that the consent forms, coded audio tapes, field notes, and transcripts would be kept for seven years in a locked home file cabinet by the researcher. The study participants would not be identified in a published thesis or potential articles, as only general demographic information would be published.

Given that some topics concerning family planning may be sensitive, especially if the couple has not been able to conceive a child after repeated attempts, the following strategies, as described by Kavanaugh and Ayres (1998), were used during these interviews to minimize the risks of harm to the individuals in this study. Each individual was advised of their right to re-negotiate the consent at any time during the study. Flexibility was used to change topics or direct the interview in and out of sensitive areas. Couples were allowed to direct the interview and to continue or stop the interview if discussion brought on an emotional response. The researcher tried to anticipate problems that might have occurred, had planned support and had arranged for appropriate subject self-referral to the base patient advocate if that had become necessary. A debriefing accrued immediately after the interviews, and all couples were asked to review the findings. A follow up letter was sent to each couple along with a copy of the study's findings and study recommendations for couples to review.

The couples were given the researcher's name, background, phone number, and the name and number of the researcher's thesis chairperson. Couples were encouraged to ask any questions or express concerns they may have before, during, or after the interviews.

A proposal for this research study on military couples' experiences with NFP was submitted to the Institutional Review Board of the 89th Medical Group at Andrews AFB, and the Uniformed Services University of the Health Sciences (USUHS). No data collection was conducted until the review boards approval was obtained.

CHAPTER IV: STUDY FINDINGS

Introduction

The purpose of this study was to describe military couples experiences with NFP methods. This chapter discusses the study participants and study findings. A comprehensive description of the experiences of military couples with NFP is separately clustered under lessons learned. And finally, the limitations of the study are discussed.

Max Van Manen (1990) writes, “Our lived experiences and the structures of meanings (themes), in terms of which these lived experiences can be described and interpreted, constitute the immense complexity of the lifeworld” (lived world) (p. 101). The procedural steps taken to analyze the data were based on steps developed by Colaizzi (1978), as discussed in Chapter Three. The study findings are grouped into two themes, the fundamental interpretive experience and fundamental existential experience. The examples of study participant’s significant statements help illustrate each of the themes, thus making up the fundamental structure of the phenomenon.

Description of the Sample

The participants were six military couples (twelve individuals) who now use, or in the past used NFP for any reason. Their ages ranged from 23-75 years, average of 44 years for the females, and a range of 32-75 years or 44.7 for the males. The couples had an average of two children, with a range of 0-4 children per couple. The participants all had some college education, with five having masters degrees. Three of the females had been in the military, one being in ROTC, with an average military time of 5.5 years. All have been or are military family members (dependents). All the males had been in the military with a range of 6-33 years, and all had at least 4 years of active duty. Presently one man

is in the Air National Guard, two are retired, and three are still active duty. All of the participants are Roman Catholic, with two having been converted from Protestant faiths. The couples had used a NFP method for 2-19 years, with an average of 9.5 years. Three other types of family planning, including the birth control pill, condom, and vasectomy had been used by three of the participants. One woman used the birth control pill for about a year before using NFP. One male had used condoms for a year before using NFP, and another male had a vasectomy after using NFP for eight years.

Fundamental Structure

The lived experience of military couples who use or have used NFP had seven fundamental themes. The seven themes were introduction to NFP, method of NFP used, learning NFP, using NFP, medical professional issues, military issues, and why they used the method (see Table 1).

Table 1

Interpretive Themes That Comprise the Fundamental Structure of Military Couples' Experiences with NFP

Interpretive Clusters	Themes
Introduction through the Church Introduction through engagement classes Introduction through other methods	Introduction to NFP
Billings method Symptothermal method Basal Body Temperature	Method of NFP used
Learned from a professional instructor Self learned Becoming an instructor	Learning NFP

Table 1. (continued)

Using NFP to avoid pregnancy	Using NFP
Using NFP to achieve pregnancy	
Using NFP and problems	
Using NFP and what couples like	
Interactions with medial providers	Professional issues and NFP
Perceptions of the drug companies	
Perceptions of the media	
Deployment and work issues	Military issues and NFP
Military compared to civilian	
Special military situations	
To avoid or achieve pregnancy	Reasons they use NFP
For spiritual reasons	
For other reasons	

Introduction of NFP

The couples described how they first were introduced to NFP. Most found out about NFP through the Catholic Church, the engagement-encounter premarital counseling classes, or through other methods.

Introduction of NFP through the church.

I grew up knowing about natural family planning, and so I wanted to pursue that as a method in our relationship and in our marriage. I called our director, the director of natural family planning, who lived in our area and I said, “I need a crash course because I’m getting ready to move!” That was my first experience.

In our church bulletins, there were little blips of information. I lived in a parish that was very good about having a contact.

I heard about it through talking with a priest. I have known about it through school because I went to Catholic school all my life. It is something that was always addressed in school.

Before I was married, I was given a pamphlet put out by the Catholic Church that went through the whole idea of Natural Family planning

Introduction of NFP through engagement encounter class.

When we attended an engagement encounter, they said, “This is part of our program and we introduce this as a natural means.”

We went through premarital Catholic counseling. One of the points was to meet with another couple doing Natural Family Planning and have them share with us how to do Natural Family Planning.

We took an engagement encounter weekend with the Pre-Cana a year before we got married. That was the first time that anyone put a name to it. Before that, the only thing I knew about was the rhythm method.

Introduction to NFP by other methods.

I had done a lot of research in high school on different contraceptives and different controversial issues.

I heard about the Billings method at the seminar or weekend. I didn't think anything much about it beyond that. Years later it appeared in the Washington Post

I medically had to know it. I was a teacher; I needed to know how to help clients that were using NFP.

Method of NFP Used

Couples discussed the methods of NFP they used. Two couples used the Billings method of NFP, and three couples used the symptothermal method to avoid and achieve pregnancy. One couple used the old rhythm method using a calendar device (“circular slide ruler”) that is not a modern NFP method, but this couple also used the basal body temperature to achieve pregnancy.

The Billings method.

She taught me the mucus-type natural family planning.

Just the mucus and then the change from the very fertile type mucus to nothing or a non-fertile mucus. We didn't use temperature or anything like that.

The symptothermal method.

The temperature and mucus. I'm trying to think. They were the main methods. I wasn't taking my temperature every month. I was watching just my mucus, which is not the right way to do it.

It was temperature and mucus.

Sometimes, I was able to tell a little bit of a tinge or a pain on the side that I think was releasing the egg but I never was able to correlate that very closely because sometimes I'd feel it more than others.

The basal body temperature.

My sister sent me a little kit. Inside there was a circular slide rule. We were able to clearly identify the fertile period and used it accordingly. I thought that was the biggest help because it made it so simple that every month we could just twist a dial and get the right date. Yeah, and the temperature.

We used temperature.

Learning NFP

The couples discussed how they learned the NFP method. A professional instructor taught most couples through group or individual training courses. Individual counselors helped couples to then analyze their temperatures and/or mucus charts. Another couple taught themselves the method by reading and completing a workbook. And, one couple re-enforced learning of NFP methods after becoming instructors.

Learned from a profession instructor.

I called our director of natural family planning. She sat down and showed me films, slides, and spent two or three hours going through different things with me. Normally, it is in a class but I was a special circumstance since I needed it right away. She showed me how to chart and how to look for different signs. From that, we knew, when we were engaging in activities, that there are certain times that conception could occur.

I sat down with a Natural Family Planning advisor and learned all about how natural family planning works. I also went to a group presentation too. Initially, for the first two times, it was individual and I always had the same counselor.

It was a meeting literally in our living room with a couple who came in and talked to us.

They had a general class. The women would go home and chart their month and then come back individually. There was a counselor that would go through it with each couple.

Went through the entire course on learning the newer method...just as individuals.

Self learned.

I've never been to a class or anything, I read the books, did the workbooks. I paid about sixty dollars and I got all the information and I started doing it based on what I had read. It actually was easy. I know there are some women who have difficulty but timing exactly when I ovulate was very easy for me.

I got the book and I read the book. There was a chart in it. I just kept keeping the chart. I never went to a class because I never heard about it and I never really checked into it just learned it from the book.

Becoming an instructor.

I am also involved in what's called the Star Program. It is a human sexuality course taught within the context of the Catholic Church to any age group. I work with high school freshmen and sophomore students. We go through the natural family planning and we teach the girls how to chart and how to watch for different things. That's a refresher course for me because it's back to the basics in teaching.

When I went to the classes to learn how to teach the teenagers, of course, I got it really intensified there. I realized going to a class is a very good thing. That's how I learned. Then I let my husband read a little bit and see the chart.

Using NFP

The couples discussed many issues surrounding the use of NFP methods. They talked about using the method when avoiding pregnancy, and its use when trying to achieve pregnancy. Couples discussed their problems when using the methods and also communicated what they liked about NFP.

Using NFP to avoid pregnancy.

At first, I was pretty faithful about charting. Since then, I have gotten away from that. I just know from watching my signs whether I'm fertile or not.

It is just now – she's almost ten months – and I'm just now starting to see my cycle return. So, there's going to be an adjustment period again of learning it and seeing what's going on and what's changed.

I don't know that this one was exactly planned. I think it was earlier than we expected. I think that's a consequence of, we haven't been as diligent.

Like I said before, when you know "is this a good time", there are times she would kid, "If we keep this up, you know what's going to happen, don't you?" "Okay, okay, honey." We do have a very good sense of humor about things. For the most part, it's education. If you know, you know. If you don't, then it's babies or no babies.

Using NFP to achieve pregnancy.

I know from my background too that it is a very excellent way for women to get pregnant when they want to get pregnant. It's easy to use.

Actually, that's when I got pregnant with [child's name] but we had decided that it was time to start trying. So, I was very lucky that we got pregnant on the first month.

I think we're very fortunate in that we decided with our first child to say, "Okay, we're ready now." We got pregnant very easily. It wasn't like we had to go out and calculate. We said, "Okay, we don't have to worry about finding the places where we have to abstain. We're just going to do what comes naturally and see what comes along. Boom. Right the first month it was that.

Every month they would go through and would always miss it. Then it got to a point where it was becoming more obvious of the timing. Once I was able to get the timing right, it really didn't take much long after that to be able to conceive.

It took me four years. There was a four-year gap between my daughter and son. I just did reversal. It didn't happen right away because my cycles were so different.

Of course, we were a little bit nervous about it from the viewpoint that sometimes her menstrual cycle was a little bit different. One month it might be 27. The next month it might be 29 and so forth. So, we always added an extra day on either side of the seclusion area to use it accordingly. That's all. Having used it that

way, I think we ended up having four children using the Natural Family Planning method to our advantage.

We wanted to have three and that was pretty much the path that we had planned. I really wanted to have a three-year gap but it took a little extra longer.

As I recall, you were on a low temperature then you jumped up to a high temperature. We would find that out, and my gosh, we would have intercourse within 12 hours to make sure that we took advantage of that. It didn't work month after month after month. We got discouraged by it, to tell you the truth. We kept using it and finally, I think, you did get pregnant using that.

She stayed right on schedule too for a long time. It was about two years that you kept the charts. Yeah. Until the doctor said there was maybe a three percent chance of getting pregnant.

Of course, when you go in and take your pregnancy test and they want to know if the pregnancy was planned, I have a very difficult time with that question. For our last daughter, I told the midwife, I said, "She wasn't planned down to the exact moment. We were intending and knowing that we were probably going to get pregnant but I can't say that we decided that in November we were going to get pregnant." There is a difference between planning and knowing. We knew that if we continued that it would occur.

Problems with using NFP.

I never had problems with the mucus. I always had a problem with the temperature. It was never real accurate. A lot of people just go by temperature and you really can't. I mean, God bless my mother-in-law. She did the temperature thing and she had seven kids. It's just you have to understand it using both methods.

You've got to commit to doing it.

It was everyday, everyday, everyday, because you just didn't do it that week. You had to do it from day one to day twenty-eight, for example. It was just something you had to do. I mean the charts are endless.

It's nerve-wracking at the beginning because when you initially become a couple sex is one of the easiest ways to get intimate. It felt a little bit limiting because we weren't ready to have children right off the bat. But, from the standpoint of religion, that it was the correct thing to do. It felt right but I wasn't one hundred percent sold on it.

As time went on, I got a little bit more confidence in it. Ultimately though, you have to accept the possibility of getting pregnant. It's true with any kind of birth control.

Granted, in all fairness, I have allowed it to be my wife's thing. I guess for the guy, initially they say "Yes. It's a "couple thing." It's easier that she's monitoring a lot of her things with her body. It takes a lot of effort for a guy to get involved with everything else going on in your life.

Using NFP and what couples like.

The nice thing was that the thermometer would stay at the temperature. I just put it on my nightstand and sometime during the day he would mark it.

The stricter you are with the method and the more experience you have with the method, the shorter that time frame of abstinence is...as long as you have a body that is regular, and I am very regular.

With both of our children, we had that discussion beforehand; we know that this is probably going to result in a child. It's nice to know. That was one thing I did enjoy - knowing that a child would probably come of it. I liked the fact of knowing that I was going to have him because we made the decision, not because it was an "oops" thing.

In the beginning, I was...it was very good for me because I was very naïve. I didn't know that there are only three or four days in a month that a woman can get pregnant. It was a whole learning experience for me.

Professionals and NFP

Couples using NFP discussed their interactions with medical professionals, perceptions of drug companies, and perceptions of the media. Overall the participants state their providers have asked about the type of family planning used but are not usually very supportive of NFP to avoid pregnancy, although couples have gotten support when trying to achieve pregnancy. Some couples feel the media has been unfair to NFP and that the money drug companies make is an incentive to keep women on chemical birth control.

Couples interactions with medial providers.

Of course, it's like "Would you like some birth control pills?" I said, "No. That's okay." "What are you going to use?" "I'm going to do natural family planning. I'm fine with that. I don't really want to put more drugs into my body." Sometimes you receive support and sometimes they're like, "Well, whatever."

I don't mean to be negative, but the medical profession is not really for Natural Family Planning. They always discourage you. The last doctor that I had, when I was using it for my third said, "Well there are other ways. We don't recommend that that's the best way." Especially when you're not trying to get pregnant, they really, really try to discourage you, especially after my third was born, and we still had used it. The medical profession is just, "We're not guaranteeing anything." They are just right up front. That's not even part of their little chart, (patient education handout) but you have your beliefs and you just have to feel strong about your beliefs.

My issue about going on birth control then were two reasons; one, I knew that eventually we would want to have a child, so I didn't want to be on birth control pills for six months, and the other thing was I, spiritually, just didn't want to do it. Their response to me was, "Do what you want." No. I haven't had support.

Of course, every time I go for my annual exam, they say, "Are you taking birth control?" "No. I'm not. I'm using Natural Family Planning." I normally say, "I really like that." Generally, the conversation ends there.

In any case, the one (military hospital) here is excellent. Okay, having trouble having children. Let's check out everything to make sure. Having children was not so much the problem but hanging onto the baby, the pregnancy. Medical support here has been excellent and responsive at any time.

The last time I went, I asked my OB/GYN if I could put some Natural Family Planning pamphlets out because it was something I really believed in and felt was good. She said, that would be an okay thing to do. I feel she was very positive towards the idea. It would have been nice if something was available in there; if there was maybe a more positive talk about that aspect. I think they just assume that everybody is using some sort of birth control (chemical, barrier type methods).

My primary care provider wanted to know if I wanted any preventative methods. I said no because we discussed it ahead of time. She referred me to the specialist then (for infertility).

Couples perceptions of the drug companies.

I have learned that drug companies make an awful lot of money off of women by promoting birth control pills.

I think it's just ignorance because when we have problems these days, the first thing we think of is "How can we fix it with something?" Quick, instead of just looking at the problem in the system and saying, "Is there a way to deal with this without drugs?"

Couples perception of the press.

It's (NFP) got a bad reputation because of the press. Now, I don't know what kind of agenda the press is on, other than being paid under the table by drug companies. One has to suspect that there's some money involved being passed back and forth here. Maybe it's just ignorance on their part.

As soon as you understand it, you realize for years you've been bilked by the media and by a lot of other things that "you've got to use these drugs at 30,000 a year" or "you've got to use this route", "rush right away and do this procedure. People who commit the sin of omission, who just don't tell you the truth. In this case, more information is better than none.

Military Issues and NFP

The couples talked about their experiences with NFP as military families. Couples discussed being deployed, stationed apart, working different shifts and making NFP work in a military family. Couples also discussed their perceptions of NFP from the military compared to civilian situations, along with special military situations.

Deployment and work issues.

We didn't have a lot of natural family planning after delivery and for about two years because my husband was deployed. So, that was natural! I got out of the practice of watching and charting because there was really no use. Diapers and other things became more of a priority than charting.

At times when you didn't want to become pregnant and you are on a deployment or so forth or TDY (temporary duty) – I came home, naturally – you wanted to do certain things and you knew you were in the wrong time frame. You just had to bite your lip and whatever else you had to do to get through the stressful period. Then, of course, when the time was available to you, then you could go back to doing whatever you wanted to do in lovemaking activities.

The first three years of marriage, we were at the same station and then I got sent up here and my husband stayed behind at the other base. We were both active duty. Four years separated by about 155 miles. Then you were deployed a couple of times.

Then, if say, "Well, maybe this is not such a good time to have a child," like when we were both in (active duty) and there was deployment. I was a Commander and my husband was working shift work in a command post. That could have been a

little tricky. This is okay these days, but this is when we hold back if you don't want to have a baby. It puts you in a whole different mentality.

I'd been in 12 years when we were married.

And, I had been in five.

If we were able to make it work with our crazy schedules – and we were both shift workers at one time, I think pretty much anybody can make it work.

You're looking at six, or nine-month deployments. Oh yeah. Husbands go off to the Mediterranean or somewhere and disappear for nine months and don't come home. You could effectively use this to plan because they don't run, "I'm at sea my entire career" business. You would want to be able to plan your children fairly carefully. That can be done, I think, easily and cheaply with minimal or no stress on the family at all. I don't think there's any stress at all unless you've got some kind of very strange ego.

If I was away on deployments, then, obviously, we couldn't use the method at all. That happened several times.

I was Strictly National Guard but still we did deployments.

Military compared to civilian.

We got married when I was in the military.... Natural Family Planning counselors are not military. I don't even think that there's really a difference (between military and civilian counseling).

I wouldn't say there has been anything unique about the military experience that has made Natural Family Planning in the forefront.

When I went for my first Pap smear that I ever did with the military, I didn't get support then. I think I was seen in this "guru" world of doing something "way over here". I didn't feel like it was in any medical discussion. I had one doctor say to me, "Well, you know that's not foolproof and the birth control pill is 99%." Now, outside the military, I got tremendous support but I also saw another doctor who specifically supports that (NFP). Then my follow-up doctor during my pregnancy, he and his wife practiced Natural Family Planning and supported that too.

The broad range, in the private sector, I could choose to go to a Catholic hospital. I could choose these doctors. In the military experience, I can't go and say, "Okay, I'm going to call Family Practice, 'Now, I'd really like to see a doctor who supports Natural Family Planning'." What are they going to say? Well call and get the next appointment with whatever doctor you get. You can't choose that kind of stuff in the military.

I don't know that it's fair to compare the military. The only difference, I think the military and civilian for me is that in the civilian, I had to seek out somebody who supported it, because I had a wider range of doctors. The civilian doctor that I chose who supported Natural Family Planning, was not on my private insurance plan. I had to pay ten percent more to see her than I did on my insurance plan. I think it would be very difficult for me to go outside the military and search for somebody who was supporting Natural Family Planning.

People come into the military from places of ignorance. America is famous for it's military being one of the great educating systems in the country and providing an awful lot of service in that regard. I'd like to see it expanded a lot more, at least one-hour of information. Maybe somebody will remember it. If you can save a few hundred, a few thousand lives and prevent people from having to use the medical facilities in expensive ways, then you've saved a lot of taxpayer money. I bet if classes were offered on base, people would go.

As for family planning and military families, yes, it's very effective.

Special military situations.

We had three children. I was assigned to go over to Japan. This was in 1955. I said, not jokingly, "Well, we can't have any children when we go to Japan because you've got to be a natural born citizen of the United States if you're going to be president. We don't want to ever want to inflict that on any of our children. I don't want to have one child say to the other, "You can never be president. You were born in Japan." So, we followed it overseas very religiously and didn't try to get pregnant until we got back to California. One child was born in 1954. We went overseas in 1955. Then, got back in 1958. So, those three years were extremely critical. And it worked.

For the military, if they're looking at their own resources and their spending dollars to prevent other health problems, this is certainly the cheapest.

I don't see any disadvantage to it at all. I wish that everybody was made aware of it as they came into the service.

Reasons They Use/Used NFP

And finally in this last fundamental theme, couples discussed the reasons they use or used NFP. Couples discussed if they used NFP to avoid or achieve pregnancy. Couples also used NFP because it fit into their spiritual beliefs, and for a variety of other miscellaneous reasons.

Using NFP to achieve or avoid pregnancy.

At the time that I started it, it was to prevent pregnancy. We did that for probably three years. Then I went back to talk to the advisor and asked if it was okay to use it to reverse it for pregnancy. Obviously, it was. We used it to get pregnant with my daughter... It worked.

Then, when we got married, of course, we used it opposite to try and have children.

I think we've used it much more diligently to avoid pregnancy than actually trying for pregnancy.

During the first few years of our marriage where we were apart and both with strange schedules and all, I honestly didn't know how we could handle having a child. So, we used it to avoid pregnancy. Then, when we decided, "It can't wait forever." I just took an early retirement. We said, "Okay. We have to catch this." In retrospect, we probably could have handled the child earlier. It was just, you learn and you grow.

Using NFP for spiritual reasons.

It has to do with raising a child, this is right and this is wrong, that I don't even discuss the birth control after it's said. I say that if we're going to be Catholic, we're going to be in the church then we're going to be in the church. We're not going to have one foot in and one foot out and decide what rules pertain and what rules we don't. I'm going to drive a car down the street and decide which rules I want and which I don't, driving in the middle of the road because I don't like that rule? That's what I want to teach my daughter, not just about faith, but about everything.

We were teaching Catholic Youth Ministry. I started looking at what we were teaching and what we were doing. It wasn't even just about sex or birth control, it was just the issue of being Catholic. That's what came out of it. I started reading about it again.

We felt that we were abiding by God's law to use the sexual relations in a proper manner.

For me, it was a matter of faith, the Catholic faith, for doing it. I guess that is really the main reason for doing it.

Our church approves of it, which is really wonderful.

My personal beliefs in abstinence and... basically, I believe in abstinence until you're married anyhow because of my religious beliefs.

I knew that in the next year we would want to have a child. My issue about going on birth control then were two reasons; one, I knew that eventually we would want to have a child, so I didn't want to be on birth control pills for six months, and the other thing was I, spiritually, just didn't want to do it.

I think our church has very good reasons for saying that this is a good thing to do, as opposed to everything else because it puts you in a whole different mentality when you approach looking at the size of your family. It's nice to know that you can do this and do it well and not have to potentially hurt your body with other things.

Well, it changed. Prior to having my child, when so many other things were more important like the clothes I've had, and the groups I've hung around with, and so forth, I was reluctant and uncomfortable (to talk about NFP). After having her and realizing that I either have to walk my talk or she's not going to see it – I'm talking about in anything and everything – as simple as I got a speeding ticket on base for three or four miles above the speed limit. He said I could argue. I said, "How am I going to argue this and tell my daughter it's bedtime at 7:00. I mean, I broke the law. Period. I feel the same right now. It doesn't even bother me. I said, "I just really feel that if we're going to be Catholic, we're going to be Catholic." They seemed to understand that and it puts me more in a discussion about faith and less than a discussion about "How can you do this real weirdo thing that you're doing?"

Using NFP for other reasons.

I knew that it had no side effects and that it was a really great way to get in tune with your body and know what was going on. That's why I pursued it; I didn't want to worry about putting drugs into my body that a lot of the contraceptives do.

It worked for us. Yeah. It worked perfectly for us.

All other things considered, it's cheaper and we hadn't had any children yet. So we thought, "Put our money where our mouth is."

It's not a difficult thing nor is it time consuming either.

One of the things we really liked about this is there's no chemicals involved, no devices.

I think when it comes down to it, why mess with something that isn't broken? If the system is working okay and it gives you these signals, use them to your advantage. I never felt there was a need to try anything else. This accomplished what we needed.

At the beginning of our marriage, we started Natural Family Planning. We never went to a doctor or anything like that. I think it only lasted about a year. The anxiety about constantly getting pregnant, that really...I just decided to go on birth control. That only lasted 18 months or 2 years. It started to play on me emotionally in two ways; one, medically, I didn't know what it was doing to my body and the second thing was the church. I came home and talked to my husband about it and redid all the workbooks and everything.

You're thinking about having another child. You think, "Well, this is a good time to have intercourse." You make the situation better for that, the environment better.

Fundamental Existential Cluster Group

The four existentials are lived space, lived body, lived time, and lived human relation.

They help guide the research process of understanding a phenomenon (Van Manen, 1990) (see Table 2). These existentials can be fundamental structures of any lived experience. For example, the experience of raising a child can affect how one person responds or how relationships can change, grow or diminish. Two of the existentials of lived body, and lived human relation help achieve a deeper understanding of the phenomenon of military couples experiences with NFP.

Table 2

Existential Themes Revealed in Military Couples' Experiences with NFP

Clusters	Themes
Knowing your body Learning your body	Lived body
Relationship with counselors Relationship with spouse Relationship with children	Lived Relationship

Lived Body

The physical body is always in this physical world and can reveal or conceal things about ourselves (Van Manen, 1990). The body may become clumsy under the watchful eye of an admirer or become radiant with rosy cheeks when a child dances for joy. The couples using NFP discussed the physical aspects of NFP. They talked about learning and knowing about their bodies.

Learning your body.

I'd have to say it's a fairly simple education in the medical background of your own body. It is something definitely worth listening to and understanding.

I understand the basic concepts of charting and, if this is occurring, are these symptoms or signs are then this is the result. This is what is occurring. It is not something else. It is not the flu. It's not something...it mostly boils down to the better educated you are to what is going on, the better decisions you can make.

And to me, it's very interesting that God puts those signs there in order for us to see them and plan our families in a natural way instead of using something unnatural.

In my case, I can say that learning that method taught me more about female biology more than my sex education classes at school and biology class at school. That taught me more about the female reproductive system than the schools themselves.

I think it's a wonderful thing to learn regardless if you put it in action. That's why we teach the high school girls. We don't want them to go out and use it but we want them to start watching their body and start knowing their body and the signs that it gives.

As you get older you get more and more aware of your body's signs whether you're male or female. You become more aware of what's going on so that small changes in diet or sleeping habit or anything else can affect what you are doing.

Knowing your body.

I knew that it had no side effects and that it was a really great way to get in tune with your body and know what was going on. That's why I pursued it; I didn't want to worry about putting drugs into my body that a lot of the contraceptives do.

I enjoyed it because I got to see patterns in my body and just getting to know myself better.

I knew that I was fertile. “Well, we’re going to have a baby nine months later.” It was time. We were okay with that.

Well, me personally, I know every day what part of the cycle I’m at. I know if I’m fertile. It’s not just the signs that you see. You notice other things about your body that tell you. You feel better generally. You just feel a lot differently. You say, “Okay. I’m fertile now.”

One thing I did find that was very interesting was it takes a lot of stress to change that cycle and to knock things off. Things are very repetitive and it’s nice to know that things are working well and you can watch that. I even used it when I was nursing him and the signs were all very clear when I became fertile again.

In your month, it’s like a season, a cycle. It’s not that many days that you’re looking for but the signs are just so clear, so easy. Then, you can always look forward to the time either when you’re not fertile or when you are fertile, depending on what you’re going to do.

Lived Human Relation

The lived human relation is the lived relation we have with others in interpersonal space (Van Manen, 1990). Relationships with others often give our lives meaning and purpose. The relationship with others can change as we get to know them better. For example, a mother’s relationship with her children can change dramatically as they become toddlers, teenagers, and then adults. The participants discussed NFP and their relationships with counselors, spouses, and children.

Relationships with counselors.

I don’t know if the woman was actually the president for the state or the national president at one time for the NFP. She was very resourceful and very encouraging.

It was nice because they were always there. I had a lot of questions and they were always there as far as helping me whenever I needed help (NFP counselors).

Whenever I needed to call or ask questions, I always spoke to that one individual who knew my case. I used to mail in all of my charts monthly. They kept a count because I was very irregular. It was nice to keep a continuity with one person.

Every month I would call and they were just really wonderful with me because I wasn't your normal case.

It's also nice to know that there is someone there if you have any questions. You didn't have to feel embarrassed about calling somebody and asking them, "What am I doing wrong?" Even though I did it to not get pregnant, when it's a reversal, it's different. It feels different. I was always so nervous to ask anybody. It was so nice having somebody there that knew me that said, "Okay, look. This is what we did you didn't do right this month."

I really think that if you have any doubt before you start, you need to have a total understanding of what you're doing and how it works. I think it's important to have a counselor that you trust.

Relationship with spouse.

I think it also brings us closer as far as preparing for a birth, more so using it to try to conceive. It's really different. We shared, he would check my temperature with me. It really made the two of us work together, I think.

It's very interesting, I chose the development of our relationship as a married couple, because the first year we were doing Natural Family Planning. My husband was extremely involved, I would take my temperature and he would chart it every single day. It really was a "couple thing". He's always been very supportive of me.

You have to be willing to abstain for a while. I think as our marriage has grown, we have become more comfortable with each other and more secure with each other. We can both support, and say, "it's okay. These one or two weeks that unless we really want to get pregnant, we shouldn't have sex." We can always find other ways to be intimate and not have to worry about that. The stricter you are with the method and the more experience you have with the method, the shorter that time frame of abstinence is.

Time to take your temperature, and I'll get the kids up.

It's very easy to do. It is something that a couple can share in. It doesn't have to be "just the woman" like some methods do. It's a joint decision every step of the way. It played on our discussions, even ahead of time. What we wanted to do once we were married. Did we want to start having a family right away? The pros and cons and even basic costs and different things like that.

Relationship with children.

I think that's one of the major things you have to overcome is that, although you are using this for a form of birth control, you still have to be willing to accept a child may come along. That was one of the big things – just getting that mindset of “Okay, if we do get pregnant, that's okay because we're willing to accept the child.”

Comprehensive Description

Lessons learned

Couples talked about their lessons learned and what they would tell others about NFP.

They summarized learning about NFP, and the support received when using NFP.

Finally, couples summarized their experiences with NFP.

Learning NFP.

Just to make sure you really do understand it. Try to have a good counselor who works well with you. I think a lot of people misunderstand the whole purpose or the understanding of how it works

I really think that it is an easy concept that anyone, provided the information and a little bit of education, can learn. They're teaching women in third world countries how to prevent pregnancy. If people who have never seen a TV or a radio or a telephone can learn it, then there's no reason why any American who has the desire to put forth a little bit of effort can't.

I would recommend it, both as a preventive method and to achieve a pregnancy. If they follow the charts and if they're capable medically, then it should work right.

It's not rocket science but it's been couched in deep mystery for so many years that it's refreshing to see that people are becoming more open with education

(You are) Mostly better educated and you can make better decisions.

I think men come to a better appreciation of women in general if they know this information. I would hope that. It's easy. This is not rocket science to figure out.

If you wanted to lose 25 pounds, you just couldn't go take a pill for it or just wish for it to happen. You would have to make a plan and work for it and it would have to be consistent daily. If you dropped off for a couple days, it would affect your total outcome. Natural Family Planning has to be the same way. You have

to be educated. You have to be efficient about it. You have to be consistent. It has to be a conscious effort; something that you do on a daily basis which is different than oral contraception or Depo-Provera or anything else out there.

Ignorance is not a good thing. The things from Charles Dickens were the ghost of Christmas present opens his arms. “The boy is ignorance. The girl is want. Beware most of the boy.” In that, I think this program (NFP) dispels ignorance. It’s probably the best thing that’s come up for us, especially when promoted from the medical community.

Support when using NFP.

You really have to feel convicted to do it or you’re not going to be able to do it. You also do have to be prepared for it. The medical slight of eye that I have gotten is nothing compared to sitting around with a group of girlfriends and they get into a discussion about contraception and you say you do Natural Family Planning. I don’t know of a single friend I’ve had in my age range that uses Natural Family Planning. For the most part, even my Catholic friends don’t support it.

That is a whole society thing with the new pill that’s out. Sex is a right. Sex has a whole different value in society as a whole. When you’re in a marriage and sex is something that you value and you know the power of it – that you can create a life – and you’re aware of that, it gives sex a different meaning. It seemed more as a gift that’s given to us between two people in the marriage than what general society sees it as. The look that I get from other women is, “how could you abstain for a certain amount of time, sex is a right”. That’s why, in the last years, I’ve gotten stronger.

Summary of experiences.

For me it has been a good experience. I enjoy being in control of my body and I enjoy being able to space our children and know when I’m fertile and when I’m not and when we can get pregnant and when we can’t. I think that it takes a little bit more effort to know and to watch your body signs, but in the long run the rewards are much greater. There are an awful lot of side effects to a lot of the birth control pills that women are on and there are enough things in our world to make us sick that I wouldn’t knowingly do another thing to increase that chance.

You really have to take a moral stand. A lot of it is wrapped around where you believe life begins. For me, the biggest selling point is that there are some abortive issues involved with any kind of birth control you use. What Natural Family Planning does for you is it lets you reset that and take a look at a bigger issue than just birth control. Otherwise, where do I think life begins? What do I think life means? What do I think is the value of life? So, it allows you to explore a lot of different issues within yourself and a lot within your marriage. It takes

more effort, especially in the beginning early on, but I think in the long run, just like anything else, if you put effort into it and you examine these things, you get a lot more out of it.

It's a wonderful thing. Everyone should learn about it and have the opportunity to take advantage of this method of having children, spacing children whenever.

As a woman, my first thing that I like about Natural Family Planning is that I'm not putting any hormones into my body. Second, it amazes me how little women understand about their cycle. I'll be around friends who have been trying to get pregnant for six months and they have no clue what ovulation is, when they ovulate. Those two reasons I love Natural Family Planning. I also like knowing that I am following my faith even if I think something else is easier or more understandable. I can come up with quite a few different things but the bottom line is, I said that I'm going to be Catholic and I'm going to be Catholic. It's just much more comfortable.

It is a very good, easy way to plan your pregnancies. I would say it's a very good, easy way to know your body and your fertility cycle and to plan your pregnancies.

I don't see where it should be hidden away or couched in secrecy, "We can't talk about this". Or people "pooh-pooh" it like it's not going to work because it does work.

If you can do it in a cheap, simple, and easy method and that's what you want – you want to have children and you're having trouble with it – this is probably the best system in the world, which isn't even a system. The system already exists within us, It's just knowing about it.

I would say to use it because you then have the choice of becoming pregnant or not, other than the few statistical errors. There wouldn't be things like abortions that I don't believe in if people would use this method. It doesn't cost money every month to go out and get a pill. People aren't going to get STDs because they're not doing anything on the side. It lets you take charge of you. No doctor intervention or method.

It's not the easiest route, but I think for the effort you put in you get a lot more out. From the overall standpoint of wellness of the whole person as far as the marriage, and everything else that's involved, Natural Family Planning offers a lot more than just birth control. I think it offers an opportunity for increased intimacy, this is something you have to discuss, and it's something that you have to work at together. Sex is an easy way to get intimacy, but sometimes you need to separate yourself from that, it causes you to look for other ways to get intimate.

I mean it all boils down to whether or not people are willing to accept life – a new life into their family. If they're not, I don't care what type of birth control they're

using, they just shouldn't be having any type of sexual relationship. If they are and are willing to learn and educate themselves, then I think this is a really great avenue to pursue.

CHAPTER V: CONCLUSIONS AND RECOMMENDATIONS

This chapter includes restatement of the problem, methodology used, and the main findings. The study findings are then compared with the literature. And finally, there is a discussion on transferability of the study findings, implementation of findings in practice and education, and recommendations for future study.

Statement of the Problem

The lack of understanding and knowledge about couples' experiences with NFP establishes a potential deficiency in the health care system in meeting the needs of these couples. Couples' experiences with NFP has not been well explored using a qualitative research method. Also, NFP is a method requiring the support and effort of both the female and male partner, as opposed to many other methods of family planning in which only one partner is usually responsible. The present literature frequently fails to address the couples' or male's point of view in NFP. And finally, scant research has investigated NFP use among military couples.

Research Design Methodology

A qualitative research method was used for this study to gain understanding of this phenomenon. The "lived experience of the world of everyday life is the central focus of phenomenological inquiry" (Streubert & Carpenter, 1995, p. 31).

A review of the literature was conducted to gain information and knowledge about this phenomenon of NFP. That review helped identify gaps in the literature and validated the need for this study.

The sample for this study on NFP was purposeful, or "directed toward a specific end" (Guralnik, 1984, p1154). Participants included six military couples, who currently use or

have used NFP to prevent, space, achieve pregnancy, or use it for any other reason. All of the men and some of the women had been active duty at one time. Now, the husband of one couple is in the Air National Guard, two couples are retired military, and three couples still have one spouse on active duty. The average time on military duty was 11 years, with a range of 0 to 33 years. The average age of the participants was 44 years. The average number of children was two, and the average number of years using NFP was 9.5 years. The volunteers were obtained after advertising at the base chapel and the base OB/GYN clinic. All six couples heard about the study from the base chapel. Volunteers read and signed an informed consent before being interviewed.

Interviews were conducted with each individual couple by the researcher in a quiet, private room, usually in the couples' home or in the base chapel. The researcher asked open-ended questions, directed by an interview guide, to help couples describe their experiences with NFP. Demographic information was obtained after the interview was completed. The audio taped interviews were transcribed by a professional medical transcriptionist to allow for easy analysis of the data using steps adapted from Colaizzi (1978). Statements made by the couples were read and reflected upon, then clustered into themes as described by Van Manen (1990). The cluster of data included seven fundamental themes and two existential themes.

Main Findings

The findings of this study were developed after reflecting on the experiences of these six couples as described in seven fundamental themes; of introduction to NFP, method used, learning NFP, using NFP, issues with medical professionals, military issues, and

why use NFP. The two existential themes of lived body, and lived relationship, and the data cluster of lessons learned were also revealed.

Fundamental Themes

Most couples found out about NFP through an engagement encounter or premarital counseling through the Catholic Church. Individuals also talked about other ways they found out about NFP, having done research on the subject in school, being an instructor and teaching the method, talking about it with family or a priest, and from a seminar weekend.

Two couples used the mucus method of NFP, two the temperature method (to try and achieve pregnancy), and two couples used both the mucus and temperature methods. One woman also monitored mid-cycle ovulatory pain along with the mucus. One couple used the old rhythm method of a circular calendar guide, which is not a modern NFP method, but this couple also used the temperature method to achieve pregnancy.

Most couples went through group training, class or course, and then had individual counselors to help with keeping their charts of temperatures and/or mucus data. One couple learned by reading and completing a workbook, while several other women or couples learned from individual, one on one counseling. Also, one couple had taken and taught a sexuality course that included NFP concepts and this has become a re-enforcement of learning.

They talked about using the method and being faithful or not faithful in charting, and the commitment, and adjustments needed in using NFP. They discussed the differences in using the methods to avoid and achieve pregnancy and if they had been successful. Some had problems with monitoring their symptoms or with charting. Some discussed how

using NFP as a couple strengthened their relationships. One participant stated, “the stricter you are with the method the less abstinence is required”.

Overall the participants stated their providers had asked about the type of family planning used, but were not usually very supportive of NFP to avoid pregnancy. Couples had gotten support when using NFP method to try and achieve pregnancy. Another woman was also allowed to put NFP pamphlets in a clinic waiting room after asking permission.

Some couples felt the media had been unfair to NFP. They said that the money drug companies’ make is an incentive to keep women on chemical birth control.

Couples discussed being deployed, stationed apart, working different shifts, and making NFP work in a military family. Several said NFP counselors could be found through the church on base or in the nearby civilian community. They believed there was not a big difference in learning about NFP in or out of the military. One couple talked about there being a limited selection of providers in the military and you might not find one who supports NFP. Another couple felt giving birth to a child overseas affected family planning and they talked about their experience with that issue. And yet, another participant noted the military was a large organization and suggested they should use NFP as a means of educating young troops about reproductive issues.

Couples discussed using NFP to avoid or achieve pregnancy and for other reasons that included: no side effects, no drugs or chemicals, no devices, NFP allowed you to be in tune with your body (reinforced cycle problems), it was not expensive, time consuming and it worked. They also used NFP to follow church teachings, to abide in God’s law and spiritual issues, and to teach one’s children what was right.

Existential Themes

The two fundamental existential themes of lived body and lived relationships were revealed, by looking more deeply into the phenomenon. The couples stated they liked knowing their bodies and cycles, and when they could get pregnant. They liked planning their families and liked the way it helped build relationships in the family.

Couples talked about lessons learned and what they would tell others about the NFP experience. Overall, couples liked NFP and would recommend it to others. Couples felt having a good counselor and learning how to use NFP properly was important. They believed it was easy to learn and use, but that it takes commitment. Most were strongly committed to using NFP and did not get much support outside of church and family. Couples said NFP could be used to avoid, space or achieve pregnancy. One participant indicated it was not the easiest method of family planning, but that the benefits were worth the effort. All the couples felt they would recommend the method to others. They stated it was important for couples to be informed to make good decisions.

Study Findings As Compared to the Literature

This section will compare these study findings to the literature. First the findings from the seven interpretive themes of introduction to NFP, method of NFP used, learning NFP, using NFP, medical professional issues, military issues, and why they used the method, were compared to the literature. Then, the findings from the two existential themes of lived body and lived human relation were compared to the literature.

Most of these military study couples were introduced to NFP through a Catholic Church's educational programs or engagement encounter. The literature shows that Catholics are high users of NFP (Stanford et al., 1998). The population of the United

States is 23% Catholic (Catholic Directory, 1999). The Defense Equal Opportunity Management Institute (1995) shows the highest religious preference in the United States Armed Forces as being Catholic, also 23%.

The methods of NFP used by couples in this study were mucus and temperature. In the literature, NFP is defined as a method of family planning based on naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle (WHO, 1988). The symptothermal method is based on cervical mucus, basal body temperature, and possible symptoms of breast tenderness, abdominal pain, cervical os changes, and mid-cycle bleeding (WHO, 1988). The ovulation method or Billings method is observing changes in the quantity and character of cervical mucus to predict ovulation (Mosby, 1998).

The couples in this study learned NFP through group or one on one counseling. Many stated a need for a trusting relationship between the counselor and the student, and the literature agrees. Geerling (1995) reported that NFP methods are easy to learn and use, however instruction must be done by a well qualified and experienced person. NFP can be as effective as other methods of family planning, but requires motivated couples who have had detailed instruction in the use of the methods (Heath & Sulik, 1997). Research of 701 couples in the Howard and Stanford study (1999) listed a 2% to 3% increase in unplanned pregnancies in the first year due to user or instructor errors. Mosby's Medical, Nursing, & Allied Health Dictionary (1998) lists detractors of NFP as extensive teaching requirements, self-motivation, and that the effectiveness is limited by the user's abilities.

These couples talked about their use of NFP and being faithful with charting, needing to be committed to it, the differences in using NFP to achieve and avoid pregnancies, and

the stricter you are with the method the less need for abstinence. Again, Heath and Sulik (1997) found couples who used NFP methods needed to be motivated. Stanford and others (1998) found that NFP methods can help patients who want to conceive a child. Guida (1999) concluded the length of the fertile period is overestimated when using the NFP methods due to inexact correlation of the methods and ovulation, thus causing a prolonged period of abstinence for some.

The study participants also discussed issues with medical professionals. Most couples stated a lack of support by medical professionals for those using NFP methods, that NFP was rarely mentioned in one participant's medical school classes, and then only when brought up by the students. Stanford and others (1999), state most physicians, especially those not aware of instructor resources, underestimate the effectiveness of NFP and do not educate or give information about modern NFP. Only 11% of 375 physicians questioned mentioned NFP routinely when counseling about contraception, although 47% reported that they mention this method in some cases. Stanford and colleagues (1998) concluded that clinicians should routinely include modern NFP methods in all discussions of family planning because one-fifth of women interested in NFP to avoid pregnancy had never previously used any method of NFP.

Couples in this study also discussed military issues and NFP, including deployment and abstinence, and finding military providers who support NFP. The only literature found that addressed military issues and NFP was a thesis by Patrick Spencer (1996). The purpose of the study was to determine the knowledge level that military physicians and advanced practice nurses had of modern NFP at a military medical center. The researcher found 34% of the 42 respondents did not recommend NFP to patients when discussing

contraception, and if they did it was the old Calendar Rhythm approach. Also, 32% did not assess the women's cultural values when prescribing family planning. Almost 50% did not know what NFP resources were available.

The couples talked about why they used NFP. They used NFP to achieve, space and avoid pregnancy. They used NFP because it helps them become in-tune with their bodies, reinforced menstrual cycle problems, did not have side effects, used no chemicals or drugs, no devices, was inexpensive. Also, using NFP felt right spiritually, it built relationships, was not difficult or time consuming, and it worked. The literature is in agreement with these findings. Studies did show that NFP methods are effective with a method failure rate of 1-2%, and use failure rate of 15-17% (Bhargava et al., 1996; Geerling, 1995; Howard & Stanford, 1999; Hume, 1991). Two studies found NFP methods to be safe and inexpensive (Geerling, 1995; Ryder & Campbell, 1995). Gray and others (1995) found NFP to be safe with no excessive risk of spontaneous abortion in pregnancies conceived with NFP methods. The literature also confirmed that NFP was easy to learn. A study by Gibbons and others (1981) found only 1% of 869 women from five countries failed to learn the ovulation NFP method. Perez and colleagues (1988) stated 2% of 419 urban middle-class women were unable to recognize the fertile mucus pattern in a NFP program. Hume (1991) concluded that women readily understood NFP. Also, Howard and Stanford (1999) found NFP does not require regular cycles to be used effectively. The literature states that a benefit of NFP is its' acceptability to all cultures and religions. Klaus and others (1988) found 32% of the 1,017 women using NFP in their study were Hindu, Muslim, or protestant, and 53% were Catholic. Spector (1996) found

Mormonism, Catholicism, and Orthodox Judaism as being specific religious denominations that prohibit artificial means of birth control.

The literature was reviewed to see if it supported this study's two existential themes of lived body and lived relationship. The couples stated they liked knowing their bodies, and cycles, and when they could get pregnant. One stated that it was nerve-racking at first in the marriage when they were unsure about the NFP method, but they soon liked planning their families and liked the way it helped build relationships between them.

These ideas are reflected in the review of the literature. Ryder and Campbell (1995) stated that NFP is the only method of birth control that empowers a couple irrespective of economic status. Several studies show modern NFP methods to be effective (Bhargava et al., 1996; Geerling, 1995; Howard & Stanford, 1999; Hume, 1991). One participant talked about being concerned with getting pregnant early in the marriage when using NFP. Interestingly, rates of continuation for the ovulation method were 88% at 6 months, and 76% at 12 months in a study of 500 by Bhargava and others (1996). Reasons women stopped using NFP methods were due to switching to another method of family planning (20%), and stopping NFP after a pregnancy (16%). This study's findings are supported by the findings in the literature that NFP can help build relationships. Geerling (1995) reviewed 33 articles and found NFP is a beneficial way to increase a couple's communication. Ryder and Campbell (1995) reported NFP can foster marital harmony and enhance the relationship by increasing non-genital physical love and help sexual responsiveness.

In summary, most of these couples' experiences with NFP are supported in the literature.

Conclusions and Transferability

Because this is a qualitative study, the findings are discussed in terms of transferability instead of generalizability. Qualitative researchers use the term “transferability” when discussing the meaning others can receive from reading the text. According to Streubert and Carpenter (1995), transferability or fittingness demonstrates the probability that the research findings have meaning to others in similar situations. It is hoped that readers may use the information in a study to think about, refine, develop, and test practice or research (Sandelowski, 1996).

The couples in this study liked using NFP methods and would recommend them to others. They found the methods easy to learn, although some women had trouble with using some of the methods. Couples found it required commitment to use the method correctly, and some abstinence was required. NFP allowed these couples to be in control of their bodies, and families. It allowed a means of family planning to avoid, achieve or space pregnancies without chemicals, devices, high cost, or in ways that compromised religious or personal beliefs. It was a builder of relationships and allowed couples to work together and to think more deeply about life issues. It allowed couples to feel good about themselves and their values. Providers, in this study, often supported the NFP methods more for couples with infertility problems than for those using it to space or avoid pregnancy. Also concluded from this study: it is always important for couples to be completely educated because that allows them to make good decisions. A quote from a participant sums up the educational importance of NFP:

“Ignorance is not a good thing. The things from Charles Dickens were the ghost of Christmas present opens his arms. “The boy is ignorance. The girl is want. Beware most of the boy.” I think this program dispels ignorance. It’s probably the best when promoted from the medical community.”

Implementation of Findings into Practice

It is recommended that military and civilian providers learn more about NFP methods so they can accurately educate their patients, using researched based data, about all family planning methods, including NFP. Providers should ask about a patient or couple's religious and cultural beliefs because it often affects their health care choices. Providers need to be aware of their own beliefs and how they affect the way they counsel couples. They need to be able to help a patient or couple choose the right type of family planning and support their decision, or find them the support they need.

The local hospitals or clinics can have referral or health finder services that include local instructors or programs like the couple to couple league that teach NFP methods. Printed resource information should be available to couples when coming in for medial appointments with accurate, study based data, on all family planning methods.

Administrators of health schools, and of hospitals/clinics, can provide information for staff and students on modern NFP methods. They can use research-based data to update old pamphlets and patient information sheets to provide accurate information to encourage informed decisions.

Lastly, it is recommended that the health care system continue to strive for research-based practice. Much of what is done in health care is still based on tradition and not research.

Recommendations for Future Study

The following research questions are recommended for future studies for the military or civilian population. What is the use of NFP for infertility problems? What is the best way to educate patients/couples about modern NFP methods? What is the best way to

educate providers (military and civilian) about modern NFP methods? What are the barriers to providers recommending NFP to couples? What are the experiences of civilian couples and NFP? What are the outcomes of: marriage, health, relationships in families, and family satisfaction with couples who use NFP?

In summary, NFP is a safe, cost effective, relationship friendly, way to plan a family, for those couples who can commit to the method. The couples who volunteered for this study came from the Catholic Chapel on a large Air Force Base. A more diverse sample might reveal additional themes or add depth to these findings. We must understand the needs of all couples who use or might use NFP methods. Our future research should help us understand how to educate couples and providers thus providing informed choices.

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APPENDICES

APPENDIX A - Informed Consent Document

APPENDIX B - Couple Profile

APPENDIX C - Couple Interview Guideline

APPENDIX D - Followup Letter

APPENDIX A

Informed Consent Document

INFORMED CONSENT DOCUMENT
Andrews AFB, MD, 20762

PRIVACY ISSUES: Records of my participation in this study may only be disclosed in accordance with federal law, including the Federal Privacy Act, 5 U.S.C. 552a, and its implementing regulations. DD Form 2005 contains the Privacy Act Statement for the records. I understand that records of this study may be inspected by the U.S. Food and Drug Administration (FDA), the sponsoring agency and/or their designee, if applicable.

(IRB Approval Dates 09 Aug 00 - 09 Aug 01)

TITLE OF STUDY

Military Couples Experiences with Natural Family Planning

INVESTIGATORS' NAMES, DEPARTMENTS, PHONE NUMBERS

Capt Annata Sullivan. (301) 592-1460. USUHS Graduate School of Nursing thesis committee members: Diane Padden, Patricia McMullen, Martha Turner, and Chair, Barbara Syliva. (301) 295-1023.

PURPOSE OF STUDY

I understand that I am being asked to participate in a research study to evaluate the experiences of military couples using a form of family planning known as Natural Family Planning. The purpose of the study is to describe the experiences of military couples who are currently using or have ever used Natural Family Planning methods.

Natural Family Planning is a method of family planning based on observation of naturally occurring signs and symptoms of the menstrual cycle. In Natural Family Planning, the female monitors her menstrual cycle and uses natural symptoms such as cervical mucous changes, daily temperature changes, or mid-cycle pain to predict if she is fertile (could become pregnant). Couples will time their sexual intercourse at phases in the menstrual cycle where the female will be more likely to become pregnant (fertile phase) if they are trying to achieve pregnancy. If the couples are trying to prevent pregnancy, they will time their sexual intercourse at phases in the menstrual cycle when the female will be less likely (infertile phase) to become pregnant. Couples may use natural family planning to prevent pregnancy, to help achieve pregnancy, to plan the timing of the pregnancies, or for a variety of other reasons.

The results of this study will hopefully provide better insight into the needs of couples using Natural Family Planning and improve health care methods to best meet those needs. It is anticipated that five couples will be enrolled in this study over the next four months. It will require that my spouse and I make one visit to an Andrews AFB conference room or to an agreed upon interview setting. I may also review the final typed research paper.

PROCEDURES

As a participant (Military couple who uses or have used Natural Family Planning methods), my spouse and I will be interviewed concerning our experiences with using Natural Family Planning. The interview will take place in a private room with only the researcher, my spouse, and myself in the room. The interview will be taped with an audio recorder, and the researcher will take notes. The audio tapes and notes will be labeled with a code number, and will not be labeled with names or other directly identifying data. A professional transcriptionist will type the interviews from the audio tapes into a manuscript form before analysis of the data is done. The coded audio tapes, notes, and typed manuscripts will be kept for seven years in a locked file cabinet in the home of the researcher. At the end of the seven years, these documents will be destroyed.

Confidentiality will be maintained at all times. My name and phone number will be known only to the researcher and will not be given to anyone else. I may review the final research paper to ensure it accurately reflects my experiences as I have related them in the interviews. Inherent in this research endeavor is the potential for publication of the study. I understand that only demographic data will be published, (i.e., age, race, education level), and I will not be identified in any publication.

BENEFITS

I understand the benefit of participating in this research study will be the knowledge that I am assisting in a scientific endeavor that may prove beneficial to me and couples using Natural Family Planning in obtaining health care that best meets our needs.

ALTERNATIVES

I understand that the alternative to participating in this study is not to participate in this study.

RISKS/INCONVENIENCES

I understand this research study imposes no physical risks to me. Discussing some areas of family planning may bring on an emotional response from me. I understand that counseling is available to me via my Primary Care Manager, Mental Health, or the Base Chapel. The presence of the audio recorder, my spouse, or the interviewer, during the interview may hinder free expression and communication on my part. The time necessary for the interview may be of inconvenience to me.

EVENT OF INJURY

I understand that my entitlement to medical and dental care and/or compensation in the event of injury is governed by federal laws and regulations, and if I have questions about my rights or if I believe I have received a research-related injury, I may contact the Patient Advocate at the 89th Medical Group at (240) 857-5817. This office can review the matter with me, can provide information about my rights as a subject, and may be able to identify resources available to me.

OCCURRENCE OF UNANTICIPATED ADVERSE EVENT

If an unanticipated adverse event occurs during participation in this study, I will be informed. If I am not competent at the time to understand the nature of the event, such information will be brought to the attention of my guardian or next of kin.

DECISION TO PARTICIPATE

The decision to participate in this study is completely voluntary on my part. No one has coerced or intimidated me into participating in this program. I am participating because I want to. Capt Annata Sullivan has adequately answered any and all questions I have about this study, my participation, and the procedures involved. I understand that Capt Sullivan will be available to answer any questions concerning procedures throughout this study. I understand that if significant new findings develop during the course of this study that may relate to my decision to continue participation, I will be informed. I further understand that I may withdraw this consent at any time, discontinue further participation in this study, or have excluded any information I have provided, without explanation, and I will continue to receive care. It is also

understood that the investigator may terminate my participation in this study at any time if she feels this to be in my best interest.

I have read all of the above. My questions have been answered concerning areas I did not understand. I am willing to take part in this study. After I sign this form, I will receive a copy.

(Subject's Printed Name and Signature)

(Subject's SSN)

(Subject's Printed Name and Signature)

() _____
(FMP & Sponsor's SSN)

(Date & Time)

(*if the subject is a minor, it is recommended that both parents/guardians sign this (if possible)
ICD

(Advising Investigator's Signature)

(Date)

(Witness's Signature)

(Date)

APPENDIX B

Couple Profile

Couple Profile: Data Collection Tool

Couple number: _____

<u>Profile Item</u>	<u>Female</u>	<u>Male</u>
Age:		
Race:		
Children:		
Employment:		
Number of Years in the U. S. Military		
Educational Level:		
Religious Affiliation:		
Health Problems:		
Number of Years using NFP		
Type of Other Family Planning Methods Used		
Number of Years using Other Methods		

APPENDIX C

Couple Interview Guideline

Couple Interview Guideline

There is no time limit to this interview and what you have to say is important, so please talk as much as you'd like to about your experiences with Natural Family Planning (NFP).

Tell me about your experiences with NFP, Your Story.

1. How did you first find out about NFP?
 - What made you decide to use NFP?
 - Why do you use NFP? (Your goals – achieve, prevent pregnancy etc)
2. Explain how you learned this method?
 - Who referred you to the classes, and where were they taught?
 - Who taught the method?
 - How many classes?
 - How long did it take to learn or use comfortably?
3. Tell me your experiences with using NFP.
 - Describe the method of NFP you use.
 - How long have you used it?
 - Have you ever stopped using it or used other methods?
 - Tell me about your experiences with its effectiveness.
 - What are the advantages with NFP? (What you like)
 - What are the disadvantages? (What you dislike)
4. How has being part of the military affected your use of NFP?
 - Tell me about deployments, temporary duty and frequent moves and your use of NFP.
 - If you have used NFP as a civilian couple how did that experience compare with the military experience?
5. What has been your experience with medical care and your use of NFP?
 - Where do you obtain your family planning information?
 - What would be helpful to you in regards to obtaining health care?
6. Is there anything else you'd like to tell me about your use or experiences with NFP?
 - What would you tell others about NFP?
 - How would you summarize your experiences?

APPENDIX D

Followup Letter

Followup Letter

Dear

Thank you for participating in my research thesis “Military Couples Experiences with Natural Family Planning.” I have enclosed a preliminary summary of the study findings, including a description of the fundamental structure of the experience and the essential themes. I have also sent conclusions and recommendations developed from the findings. I welcome your comments about whether the description and findings reflect your experiences. I have enclosed materials for mailing your response or you may phone, e-mail your comments.

Again, thank you for participating in this study.

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