

“IF I SAID NO TO SEX, IT WAS MY FAULT”: COMPARING THE INFLUENCES
OF METHOD CHOICE ON ROMANTIC RELATIONSHIPS

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ABSTRACT

This study asserts that a woman's contraceptive method of choice has an impact on the dynamics of her romantic relationship. Research today focuses mostly on the physical side effects of specific birth control methods. However, as this research shows, the psychosocial effects of contraceptive methods—both hormonal and non-hormonal, also need to be considered before a woman selects a method. This research specifically analyzes the influences of Hormonal Birth Control (HBC) as compared to Fertility Awareness Methods (FAM) on the dynamics of long-term monogamous relationships. Through qualitative analysis of interviews, themes were collected from each group. Themes of increased communication and unique dynamics of voluntary abstinence was found in the FAM group. The HBC group saw a shift in stress levels and a rise in self-consciousness. Finally, the two groups had contrasting perspectives in the areas of mutual understanding, supportiveness, decision-making and shared responsibilities. These findings demonstrate the weight contraceptive method choice has on the dynamics of a romantic relationship.

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INTRODUCTION

Safe and effective contraceptive methods are more accessible than ever before in the United States. However, as this number multiplies, so does the variety of options available to couples. It seems the problem lies, not in easy access to preventative methods, but in choosing the suitable technique to fit each woman individually. This is no easy task. In fact, a study done by Moreau, Cleland and Trussell found that 46% of women will discontinue use of at least one contraceptive method over the course of their lifetime due to dissatisfaction. Unfortunately, when a woman discontinues use of one method, she typically moves to a less effective method or utilizes no method at all (Moreau, Cleland, & Trussell, 2007). Almost half (48%) of all pregnancies in America are unintended (Finer & Zolna, 2016) and this very well could be why. Moreau et al. (2007) stress the importance that counseling systems be put into place to properly inform women on the effects of each method before they decide on one.

However, this concern leads to a new question altogether. What *are* the effects of each method? Countless studies battle with this question, yet there is still so much more to explore. This study investigates the effects two different methods – Hormonal Birth Control (HBC) and Fertility Awareness Methods (FAM) – have on long term monogamous relationships. First, an extensive literature review will be conducted that examines previously confirmed effects these methods have on behavior and mental health. Particularly, it will focus on behaviors that can, in turn, impact romantic relationships. Next, qualitative data will be drawn from interviews with women that are

currently using one of the two methods and are in a monogamous relationship that has lasted at least one year. Utilizing a biopsychosocial approach, this study will look for themes that reflect differences in relational dynamics of the couples between groups.

Before comparing the two methods, a firm definition of the types of methods being compared needs to be drawn. The first method to define is FAM. There are many different ways to practice FAM. The characteristic that puts a method under the FAM umbrella is their required self-awareness of the placement in the menstrual cycle the woman is currently in at all times (“Fertility Awareness Methods,” 2017). Therefore, it is important to note what FAM is *not*. The “rhythm method” does not fit under this term. That is because the rhythm method does not require knowledge of each woman’s unique personal cycle. A lecture by Dr. Jeremy Kalamarides states that the rhythm method functions under the premise that every woman’s cycle is exactly 28 days and follows the same patterns. He says this is simply not true. Each woman’s body goes about its monthly cycle at a different pace for a variety of reasons. Failing to recognize that leads to a lack of true awareness of a woman’s own fertility. Therefore, it cannot be considered a *fertility awareness* method (Kalamarides, 2017).

The true methods within FAM are different strategies of tracking that unique cycle. Because the woman’s body exhibits different signs that alert her of the placement of her cycle, there are different ways to practice this awareness. The two main signs that pinpoint the progression of the cycle are basal-body temperature and consistency of menstrual fluid. Therefore, some methods require consistent checking of body temperature immediately after waking up. Others require constant awareness of the consistency of menstrual fluids each day (Pallone & Bergus, 2009). The user then records

the data and uses their findings to pinpoint where they are in the monthly cycle. By tracking the signs of her own fertility each day, she is able to determine when she is fertile and infertile. The woman is only fertile during a small portion of her monthly cycle. Because the couple knows that they are fertile on a specific day, they can then choose to prevent pregnancy in one of three ways: abstinence, withdrawal, or barrier (condoms). Each fertility awareness method comes with its own set of requirements which can, in turn, effect the dynamics of a romantic relationship in a variety of ways (Borkman & Shivanandan, 1986).

Hormonal Birth Control too, consists of many different types of methods. As stated previously, the options for HBC are enormous and continuously growing. For the purposes of this study, all types of HBC are included. Each type of hormonal method varies in it's strategies to prevent pregnancy. Regardless, the idea is the same: use artificial hormones to prevent the woman's natural cycle from functioning properly. In one way or another, this prevents pregnancy. Each hormonal method comes with its own risks of side effects. These vary from weight gain to mood changes. These possible side effects will be discussed further later on as they pertain to interpersonal relationships. Rather than selecting one specific hormonal contraceptive to focus on, this study chooses to look at all hormonal methods inclusively in order to determine a fair average when comparing next to non-hormonal methods. It should be considered that not all hormonal methods will have the same weight on relationships due to their inconsistency in side effects.

Now that an understanding of what methods fall into the two overarching groups has been drawn, it is important to note what populations choose these two methods. The

Catholic church teaches that hormonal birth control is sinful (*Catechism of the Catholic Church*, 1994, para. 2399). Therefore, devout followers of the Catholic church will turn to FAM to prevent pregnancy. So, of people using FAM, most are Catholic. However, of Catholics, very few use FAM. According to a study done by Dreweke and Jones in 2011, only 2% of Catholics rely on FAM (p. 5). This just shows how uncommon of a practice it is. So who else chooses to practice this method? Actually, many women turn to FAM as a way to avoid the adverse side effects of HBC. One study found that 22.5% of women, religious or not, would be interested or very interested in practicing FAM in the future. (Stanford, Lemaire, & Thurman, 1998). Despite this, only 1-3% of US women use it (Pallone & Bergus, 2009). Although it is a small sect of the US population, it is critical to be aware that religion is not the only reason women select it as an option.

Although religion and morals play a large part in a woman's choice to use FAM. They play less of a factor in the choice to use HBC. Women in the United States of all backgrounds and religious beliefs use HBC. Among women at risk of pregnancy, the most common is the pill, with 28% of US women using it. The use of IUD's has increased to 5.6% in 2006-2010 (Jones, Mosher, & Daniels, 2012). Overall, among women at-risk of pregnancy, 36% are using some form of HBC ("Contraceptive Use," 2016). Clearly, this is not a unique choice. Many women find it to be a suitable option for them. The next question concerns how effective these options may be.

One of the most important considerations of a couple when selecting a method of contraception is its efficiency. Likewise, the efficiency of the two methods studied here should be mentioned.

Although there are many different kinds of hormonal contraception, they are known to be relatively effective altogether. The most important distinction is that between long-acting reversible contraception (intrauterine devices [IUDs] and implants) and other commonly prescribed contraceptive methods (oral contraceptive pills, the vaginal ring, or a depot medroxyprogesterone [DMPA] injection). Long-acting reversible contraception has much higher efficiency rates because it does not require patients' accurate use. The exact failure rates are the following: .27 per 100 participant-years for IUDs and implants, .22 for those who used DMPA, and 4.55 for the patch, pills, or ring. Also, younger age groups experience lower success using the pill, patch, or ring. This is likely due to less diligence in use (Winner, et al., 2012). "Participants younger than 21 years of age who used pills, patch or ring had almost twice the risk of unintended pregnancy as older women using the same methods" (p. 2004). This shows the recognizable difference that will take place due to human error of the users with any kind of contraceptive method.

The numbers for FAM aren't much different, depending on the type of study. Many studies still include the rhythm methods when examining FAM, which, as previously stated, is outdated and should no longer be considered a type of modern contraception. Including this form of FAM skews the data. For example, one study that includes rhythm in its calculations found that the effectiveness of FAM to be 86% (Medina, 1980). This study is often cited when comparing FAM with hormonal contraceptives, but shouldn't be. This is because rhythm itself has an efficiency rate of 53% (Jaramillo-Gomez & Londono, 1968). When the rhythm method is removed from the data pool, the failure rate drops significantly. The numbers are comparable

to that of the highly effective IUD. In fact, one study compared IUD with the Billings Ovulation Method (a form of FAM) and found the rate of pregnancy for FAM users to be lower than that of IUD. FAM had a rate of .5 and IUD had a rate of 2.0 (Qian, et al., 2007). So FAM can be as effective as the most effective form of HBC to prevent pregnancy. Although it can't be concluded that the efficiencies are completely equal between all HBC and FAM methods, they aren't as outweighed as one may initially assume. They are actually similar on the scale of efficiency. So what makes them different? Particularly, how have the two methods already been proven to impact aspects of relationships?

LITERATURE REVIEW

Few studies examine the effects of using FAM. This is likely due to the fact that this method is not nearly as commonly used and that there is simply less at play because it is a natural form of contraception. Described below are some of the few studies that contribute to this research.

A study done Bardwick in 1973 asserts the possible negative effects of FAM. This method requires daily attention to one's bodily secretions and ovulatory signs. Because it takes so much consistent devotion, constant motivation must be maintained. Failure while using this method is attributable only to the patient's own error which leads to feelings of guilt. Bardwick states "It is subject to mutual cooperation and also mutual blame" (p. 195). Also, most feel unsafe while using this method. This anxiety over possible pregnancy might reduce satisfactory sexual relationships.

A study which compares oral contraception (OC) with one type of FAM (The Creighton Model Ovulation Method) found that couples practicing FAM have higher ratings of self-esteem than those using OC (Fehring, Lawrence, & Sauvage, 1989). He states that, although basic self-esteem levels are typically established early on in life, it is still changeable from ongoing interactions with others. Because FAM requires constant communication and feedback between partners, self-esteem is likely to rise. They express that success and self-control are characteristic of self-esteem and these two characteristics must be in place for FAM to be efficient. The results of their study lend some evidence that this may be true.

Borkman and Shivanandan (1986) make other postulations about the benefits of the forced communication based on utilization of FAM. Based on a satisfaction survey, they conclude that this communication leads to significant increases in openness to intimate aspects of their relationship, especially from the husbands, that would otherwise be avoided. It also increased understanding of the woman's moods across the cycle which helps the couple adapt with understanding, rather than frustration. This leads to couple unification rather than causing tension between them. Important to note about this study is that their participant pool is made up of entirely satisfied and experienced FAM users. This means that they have no control group to prove that these ratings are due singularly to the participants use of FAM. The present study will seek to improve this by comparing natural and hormonal contraceptive users equally.

In another examination of the same results, Borkman and Shivanandan (1984) looked at how FAM effects sexual relationship and intimacy. Interestingly, they found only one couple that had negative attitudes towards having to remain abstinent at times during the month. An overwhelming 93% of the couples they interviewed were positive about their sexual relationship and 94% gave spontaneous positive comments about increased intimacy. Again, it must be mentioned that this participant pool is mostly made up of experienced and satisfied FAM users. Regardless, it still shows signs that FAM can have positive implications for a marital relationship, particularly sex and intimacy.

Data concerning the relational implication of using HBC are much less sparse. First, the oral contraceptive pill immediately affects the woman using it by

altering her mate choice. Mate preference varies across the menstrual cycle such that “women prefer cues of mate non-genetic material benefits and assistance during less fertile periods and cues reflecting mate genetic quality or compatibility during more fertile periods” (Alvergne & Lumma, 2009, p.171). Non-genetic material benefits are aspects of a mate that deem them a good father or life partner, such as empathy or attentiveness. Genetic compatibility are aspects of the man that would produce healthier offspring, such as dissimilar immune systems or competitiveness. This is important to note because the oral contraceptive pill works by convincing the woman’s body that it is pregnant and therefore, mimicking infertility. This has several repercussions. For example, women taking the pill prefer men whose immune systems are similar to theirs, rather than the evolutionarily beneficial choice of dissimilar genes. Also, men are less attracted to infertile women so they may be unable to attract a mate that they usually would if they were cycling normally.

Alvergne and Lumma (2009) ask the imperative question: What implications does this have for married couples since they may have chosen an otherwise less-preferred partner? It may “...influence satisfaction and stability of long-term relationships” (p. 176). Further studies find that, on a neurological level, oral contraceptives (OC) alter reward sensitivity such that OC users are less satisfied when looking at their partners face (Montoya & Bos, 2017, p. 132). Another study finds a significant decrease in sexual satisfaction of women who met their partner while using OCs and an increase in satisfaction of the non-sexual aspects of their

relationships (Roberts, et al., 2011, p. 5). This is likely due to the cyclical differences in women using OCs, as previously explained.

This is only the beginning of the influences hormonal contraception can have on those who use them. Once the couple is together, HBC then begins to increase relationship jealousy. A study performed by Cobey, Pollet, Roberts and Buunk (2010) examined this by particularly looking at how amounts of estrogen in OCs changes the self-reported rates of jealousy in young women aged 17-35. They used Buunk's typology for jealousy which distinguishes between three types of jealousy: reactive, possessive and anxious. Reactive jealousy is the degree to which the person feels negative emotions from their partner's infidelity. Possessive jealousy refers to the rate at which the person puts effort in preventing their partner from coming into contact with people of the opposite sex. Finally, anxious jealousy refers to how much the individual experiences anxiety, worry, and distrust in relation to their partner's infidelity. They found that, the more estrogen a hormonal contraceptive possessed, the higher rankings they had for all three types of jealousy. In discussion, they assert that it is important to look into psychodynamic effects of pill use, rather than exclusively the physiological side effects.

While jealousy is a type of affect, it is important to look at how emotions and affect are effected as a whole when using OCs. Oinen and Mazmanian (2001) knew that "change in mood, specifically depression, is one of the most common reasons given for discontinuing OC use" (p. 229), which led them to take a deeper look at the problem. What they found may be surprising for those that claim OCs alter their mood. They discovered that OC users simply experience less *variability* in affect

across the monthly cycle and experience *less* negative affect during menstruation. However, this depends on the emotional history of each woman in relation to the differing levels of progesterone and estrogen in the type of pill. If the woman has a history of premenstrual emotional symptoms, a lower ratio of progesterone to estrogen will result in a negative affect from the pill. Likewise, higher ratios of progesterone to estrogen will result in higher rates of negative affect in women without a history of premenstrual emotional symptoms. These results are important, not only because of an obvious adverse side effect, but because it is another confirmation that psychodynamic effects are worth looking into when choosing a method of contraception. For this case in particular, it is important that the woman knows to look into her personal emotional history before choosing a specific type of pill. The lasting emotional changes in a woman because of the HBC could certainly change the dynamics of her romantic relationship.

A crucial area to discuss is that of lowered sexual desire as a result of taking hormonal contraceptives. If it is true that they lower your desire for sex, it's worth taking into account as this can greatly effect a relationship. A cross-sectional analysis performed by Boozalis, Tutlam, Robbins, and Peiper (2016) examined exactly that. They found that more than 1 in 5 participants (23.9%) showed a lacking interest in sex after using a new form of hormonal contraceptive for at least 6 months. This was more prevalent in women who were married or living with a partner. Interestingly, though, this number is mostly due to specific types of hormonal contraception (depot medroxyprogesterone, the vaginal ring, and the implant) They found no significant correlation between the use of hormonal IUD,

oral contraceptive pill, or patch and lack of interest in sex. For example, of the women taking oral contraceptive pills 3.5% of women report a decrease in libido, 12% report an increase, and an overwhelming 84.6% of women report no change at all. Perhaps this is not, in fact, an area in which should receive as much concern as it does. However, the population this study is concerned with is, in fact, the women at higher risk of being affected by this change in libido: married or cohabiting partners. Therefore, it is still important to consider the risk of sexual satisfaction being altered by contraceptive method.

A study done by Montoya and Bos (2017) provides an excellent comprehensive review of these biopsychosocial concerns. The study introduces the risks of oral contraceptives effecting areas such as dysregulation of fear- and stress-related mechanisms of the brain. Next, they found a decrease in activity in the reward circuit of OC user's brains. This leads to the women being less attracted to their partners than those not using OCs and can have a profound impact on the partner's relationships. They also further enhance the concerns of OCs altering emotional regulating abilities and empathy from a neurological standpoint. They assert that this is not "...important only for mood, but also for the maintenance of social relations" (p.128). They say that empathy is crucial for the maintenance of romantic relationships and emotional regulation is important for the quality of those relationships. They are, however, troubled by the scarcity of studies concerning this. They would like to see an increase in studies examining the real world implications of OC use. Through interviewing users, this study promises to establish a more personalized, vivid look into the life of those who use hormonal contraceptives.

The data examining the effects of FAM are largely underwhelming when compared to the amount of studies that concern the effects of hormonal contraception on relationships. It is difficult to say with great surety that FAM greatly effects romantic relationships. However, studies examining HBC prove undoubtedly that it is making changes to a woman's behavior that can, in turn, easily effect the romantic relationships they're involved in. In fact, Lumma and Avergne (2009) raise this question: "If the effect of the pill is strong enough to modify actual mate choice, what are the consequences for marital stability..." (p. 176)? Despite great need, studies comparing HBC with FAM are sparse.

One study, performed by Fehring, Lawrence, and Sauvage (1989) exclusively compared FAM against OC. They found that couples practicing FAM had significantly higher ratings in self-esteem, spiritual well-being, and intellectual intimacy. Furthermore, they saw no differences in emotional, social, recreational, and sexual intimacy between the two groups. However, these results can be attributed to other causes, such as sampling bias.

Another study by Fehring (2015) sought to determine the influences of contraception, abortion and FAM on divorce rates of US women within the reproductive age group. They found that those who had ever used FAM had significantly lower divorce rates than those who hadn't. This was considered to be due to the positive marital dynamics formed through the use of FAM, such as "communication, self-control, and mutual motivation" (p. 281). However, this study had limitations and states that it can only explain for around 4-8% of the variability

in divorce rates. For example, religiosity of the woman or couple plays a role in these numbers.

Few studies compare FAM and HBC as they pertain to health of long-term relationships. Also, the 1989 study by Fehring et al. is outdated and “The ongoing development of new formulations has allowed for both physiological and behavioral side-effects associated with the use of [oral contraceptives] to greatly diminish” (Cobey, Pollet, Roberts, & Buunk, 2011, p. 315) This study will serve as an update their study as well as a contribution to an area of study which needs more attention. As previously stated, it is of utmost importance that women receive all knowledge about the possible consequences their choice of method can have on their life before they make a decision. This study will add to the information pool in order to help women factor in how HBC can affect their monogamous relationships as directly compared to FAM.

METHODS

Ultimately, this study sought to gain insight on the dynamics of romantic relationships that are impacted by contraceptive methods. I wanted to be able to encompass many different types of contraceptive methods under the hormonal and fertility awareness umbrellas. I also wanted to be able to gain insight from women at all different stage of their relationship from many different backgrounds and moral beliefs. Because of this diverse group of participants, semi-structured interviews were selected as the best method to be sure all participants had room to express their thoughts on the topic. Also, I wanted to allow for themes to arise that were unprecedented. Semi-structured interviews allow for the participants to volunteer topics that other methods of data collection wouldn't be able to process. Therefore, in-depth individual semi-structured interviews were performed between June and August 2017. Most of the interviews were conducted in person in Central Texas. However, due to time and distance constraints, a portion of the interviews were conducted using video calls.

Participants

In order to participate, the women had to be above 21 years of age; currently be in a relationship that is sexually active for at least one year, monogamous, and heterosexual; and have been exclusively using one of the following methods of contraception for the past year: Fertility Awareness Methods or Hormonal Birth Control. They were allowed to have switched among hormonal methods or fertility based methods within the past year, but they were not permitted to have switched between the two groups in the last year.

Participants were recruited using purposive sampling in order to collect relatively even demographics across the two groups. By word of mouth, I was able to collect a good variety of ages, religions, and length of relationships for the HBC group. However, because the percentage of the US population that practices FAM is much smaller, recruitment methods for this group were more strategic. First, I recruited participants by email through a teacher of FAM. All of the participants gained using this method identified as Catholic. In an attempt to mirror the demographics of the HBC group, participants were recruited via an online support group of non-religious FAM users. A total of 19 women were interviewed. 10 were collected from the HBC group and 9 belonged to the FAM group. The participant characteristics of each group are represented in Table 1.

Ethical Considerations

All procedures were in accordance with the ethical standards of the institutional research board (IRB). Participants were all provided an informed consent form before beginning the interview. It described the purpose of the study, the procedures involved, topics that will be addressed, benefits/risks, and the issue of confidentiality. It also included information for them on where they can receive help in the event that they feel discomfort after participation and where they can direct any questions they may have. All were free to leave the interview at any time if they did not want to continue. They were not required to answer any questions they did not feel comfortable with. They were made aware that their names would not be used in writing. Therefore, all names listed are pseudonyms for the confidentiality of the research participants. In order to maximize benefits and minimize cost, participants received compensation of \$10 for their time.

Table 1: Group Characteristics								
Pseudonym	Age	Ethnicity	Married?	Years Sexually Active with Partner	# of Kids	Current Method	Past Methods	Religious Affiliation
Fertility Awareness Methods								
Elizabeth	40	White	yes	20	7	Symptothermal/Withdrawal	Shot	None
Samantha	23	Hispanic	yes	1	0	Creighton/Abstinence	N/A	Catholic
Erin	31	White	yes	10	2	Symptothermal/Withdrawal	N/A	None
Paulina	27	White	yes	27	4	Symptothermal/Barrier	Symptothermal/Abstinence	None
Gabriella	28	White/Hispanic	yes	6	0	Creighton-Billings/Abstinence	HBC	Catholic
Claire	25	White	yes	7	1	Creighton/Abstinence	Billings	Catholic
Lauren	33	White	yes	6	3	Creighton/Abstinence	Pill, Ring	Catholic
Carla	26	Hispanic	yes	2	1	Creighton/Abstinence	N/A	Catholic
Taylor	25	Hispanic	yes	2	1	Creighton/Abstinence	Symptothermal	Catholic
Hormonal Birth Control								
Carina	41	Hispanic	yes	5	1	IUD	Pill	None
Veronica	23	White	no	3	0	Ring	Pill	None
Lesly	27	White	no	5	0	IUD	Pill	Christian
Demi	25	White/Hispanic	no	1	0	Pill	N/A	Catholic
Jennifer	21	White/Hispanic	yes	1	0	IUD	Shot, Pill	Christian
Christina	22	White/Hispanic	no	2	0	Pill	N/A	Catholic
Yesenia	23	Hispanic	no	1	0	Implant	N/A	Catholic
Angela	25	White	yes	2	0	Pill	N/A	Christian
Alyssa	21	Hispanic	no	1	0	Pill	N/A	Christian
Cynthia	22	White	yes	1	0	Pill	N/A	Christian

Interview Procedure

The questions were broad, open-ended, and nondirective. The questions were broken into four sections. The first section asked general questions about their decision to choose the method they use. The second section concerned the emotional dynamics they believe were impacted by their method of choice. The third section concerned the physical aspects of their relationship that may have been shaped by the method. The final

section provided an opportunity for the participants to volunteer any other areas of their relationship they believe were shaped by this method that were not previously asked. A copy of the questionnaire is included in Appendix A. The interviews were audio-recorded and lasted around 30 minutes on average. They were then transcribed verbatim and anonymized for further analysis.

Analysis

A thematic analysis was carried out by breaking the interviews into their two groups, performing initial open coding, categorizing experiences and perceptions, and identifying common themes. Analytical memos were kept throughout the process for later personal use. Common themes were identified for the HBC group and FAM group independently. Then common themes were identified across groups. Finally, a few themes were identified that called for further research in future studies. Focused coding was used after important themes were identified. This provided smoother access of key quotes during the writing process.

RESULTS AND DISCUSSION

As was previously mentioned, the women interviewed for the purposes of this study were broken up into two groups: FAM and HBC. In the same way, the themes found will be broken up into those sections for each group as well as a section for common themes across groups.

Before beginning, it is understandable to wonder what broke these two groups into their group in the first place? That is to say, what factors did they consider when selecting their method of choice. Interestingly enough, their considerations weren't entirely different. When asked, they most often brought up their desire to avoid side effects. Of the ten women using a certain form of HBC, eight included possible side effects in their decision process. They wanted a preventative measure that would come at the least cost physically. They did not include FAM as an option, however. They were looking specifically at the least amount of side effects a type of HBC could bring them. The FAM group also sought to avoid side effects. Every single one of the women interviewed brought up their desire to avoid adverse side effects. The main difference is that they were altogether against artificial hormones in general. They wanted a method of contraception that would be completely free of any possible side effects. Therefore, FAM was their choice to remain hormone-free.

There were, however, considerations unique to each group. The HBC group also highly considered effectiveness and advice from friends. Four of the ten women in this group spoke on their concern with the effectiveness of their method. In this case, they would sometimes be willing to choose a method that had more physical side effects in

order to be more certain that their method had higher rates of success. Five women also mentioned taking their friends' advice into consideration. They either heard negative reviews on a certain method and avoided it or were swayed into their choice from the positive experience their peers had. As for the FAM group, the main additional consideration was moral belief. Four of the nine women in this group included this in their consideration. Often, it was their faith that informed them that this method was even existent. Then they began to appreciate its benefits for other reasons, such as the one listed above: avoidance of hormonal side effects.

Fertility Awareness Methods

There were many different relationship dynamics women believed FAM had an impact on. The most prominent of which was their repetitive mention of the importance of communication and the influences of their voluntary abstinence.

Communication

Communication is a noteworthy theme to have found because it was an aspect not aforementioned in the interview questions. Even still, eight of the nine women volunteered it. Of those that did, they typically included it in their answers repetitively. This is because communication was key to them for a variety of reasons. I have culminated these reasons into 4 segments.

First, women commented on a general increase in their communication skills. Couples practicing FAM need to be on the same page as to whether or not they are trying to conceive. From there they have to stay in communication about fertility to be sure they

are only having sex on either fertile or non-fertile days, depending. This requires that the couple remain in consistent communication about their sexual patterns, desires, and goals. It is not difficult to imagine that excellent communication skills would be crucial to navigate these touchy topics. It makes sense that with regular practice, the skillset of these couples would see improvement.

So communication is a big thing because you really do have to communicate with your partner: what part of your cycle you're in, whether or not it's safe to have unprotected sex at that time, and what risks go into that. (Erin)

We have to talk about our intentions a lot so it definitely requires a lot of communication together. (Claire)

It's definitely improved our communication. Nothing gets left unsaid because if it gets left unsaid it turns into a fight down the road. (Samantha)

Secondly, they believed that the repetitive conversations about the same topics created an opportunity to delve deeper into the heart of the topic each time.

Being able to have conversations with each other on a regular basis... Sometimes there's conversations you can have once like, "Okay I feel like we got to the end of that conversation," but then somehow it comes back around, right? And you go a little bit deeper and a little bit deeper. (Carla)

Although the mandatory topics created by FAM are the same each time, women practicing this method believe the communication growth doesn't stop with those topics. Because sexuality is such a sensitive, delicate topic, women claimed to have grown comfortable with the uncomfortable. This, they believed, extended into other tough topics any relationship faces.

Sex is so intimate and so vulnerable that if we can talk about that and have a rational conversation about it, then I can talk to him about, I don't know, just any other stressful thing I'm going through or any other work related issue. We can talk about so many other things with that confidence and that trust because we've

been able to talk about one of the most vulnerable things with each other. I would say, in that way, it's helped a lot. That communication. That trust. (Taylor)

It's definitely forced us to have conversations that we probably wouldn't normally have... It's funny how talking about sex really makes you talk about different things... I think that having those conversations on a regular basis actually is helping us get deeper in other parts of our lives because we're getting to have deep conversations all the time. (Carla)

We communicate a lot more. That kind of overflows into other aspect of your life too. When you start talking about really difficult things to talk about like "If we have sex tonight, we probably will make a baby." That's a hard thing to talk about once a month, twice a month, sometimes more. So once you start talking about those kinds of things and once it becomes so norm to talk about that, other things get easier to talk about too. (Claire)

Finally, many of the women believe this focus on healthy communication in their relationship has led to increase unity. As previously stated, because of regular communication, they have grown together in strengths, figuring out the depth of issues, and comfortability with one another. It makes sense that they would ultimately feel more bonded as a unit because of increased communication.

Then communicating with your spouse, you know, even with withdrawal he has to communicate with me when it's time. So the nice thing about that is that it does bring you together in the relationship. (Erin)

Because we communicate more and we talk about things more, it's brought us closer together, I guess. The more of these type of discussions we have, the closer we get. (Claire)

Yeah I think it's very unifying. It's so unifying. If you don't talk to your spouse about this, then what are you doing?! You should have these conversations with your spouse. (Taylor)

It is extremely clear that this one area of high importance to FAM users.

Communication causes ripple effects to many aspects of the couple's relationship. One participant even brought this up herself. While on the topic of communication she stated:

It does effect... everything goes hand in hand. It's like a web. Everything does touch each other in different areas. (Taylor)

Abstinence

Because abstinence is necessary during certain portions of the month for FAM users that are not trying to conceive, it plays a large role in shifting the dynamics of the couples that practice it. While most of the participants in this study practiced true abstinence to avoid conception, there were participants that actually used either withdrawal or barrier instead. Still, their unique practices during fertile times of the month created a certain dynamic for their relationship. Of the seven participants that practiced true abstinence, five discussed it being a difficulty in their relationship.

So for a while that was kind of, not tearing us apart, but it was a real rift in our relationship. (Carla)

As aforementioned, even when not practicing complete abstinence, a monthly change can be difficult in its own way. The participant practicing the barrier method spoke on having her own hardship of having to use a condom during those times of the month. She believed the “fluid exchange” of unprotected sex actually played a role in her emotional health. Therefore, the time without fluid exchange would be considered a rift in that unity.

However, several of the women were okay with the difficulty of abstaining because of the excitement it created for sex. They claimed that it kept a healthy desire for sex because it would be so long-awaited after a period of abstinence.

I will say that after those long periods of abstinence, obviously you can't have sex, but whenever you can, you've been missing it forever. It's like "Oh wow! We're back! Yes! It's so great!" You kind of remind yourself what like: "Oh this is why everyone makes such a big deal about it." So those moments are really good. (Carla)

It's so exciting to teach your body discipline in order to appreciate and see the beauty of your sexual life. I feel like if we were on birth control and we could have sex anytime whenever then the excitement kind of dies out. (Taylor)

Besides excitement, five of the seven women practicing abstinence discussed another pro to this con. They found it provides an opportunity to love each other in non-sexual ways. Basically, putting a hold on sex forces the couple to think of other ways to display their love for one another.

It's sort of brought out different interests that we both have. It's sort of pushes us to not abandon the things that make us us and we can use that time to share our interests and dive into them. (Samantha)

We're not necessarily dissatisfied in frequency because we can still be intimate. I think that takes a lot of the pressure off of "Well we don't have sex enough," because we're still communicating and we're still together and we're still intimate. We can still find ways to be physically connected without intercourse. (Lauren)

I want other things to happen in our relationship like communication, like bonding, like romance. I want all of that stuff to still happen and develop because then that also uplifts the beauty of sex... "Okay we can't have sex this week. Then what are we going to do? How else are we going to know each other? How else are we going to develop that beauty of our relationship? How else are we going to date each other or court each other?" If the only thing that's bringing you together is sex sex sex all the time, then it starts to become really superficial. It starts to become about your body and not about your heart or your will and all of these other things that help strengthen that bodily desire to be with your spouse. (Taylor)

In conclusion, while abstinence appears to be a negative thing, most of the women who have chosen to implement it in their relationships have actually found it to be something that strengthens their relationship. Perhaps it is the strength of their

communication that makes the toughest areas something bearable. Because they are able and, to an extent, *required* to discuss the sexuality of their relationship, they are able to find ways to make the best of periods of abstinence.

Hormonal Birth Control

Women using HBC were more likely to say they saw no change in the dynamics of their relationship due to their choice of contraceptive method. Even still, there were several common themes seen across participants that weren't seen in the women practicing FAM. The two themes to be discussed are stress levels and self-consciousness.

Stress Levels

Every single woman interviewed using some form of HBC spoke on their change in stress-levels because of using HBC. Eight out of ten women brought up that it decreased stress and six of the ten saw an increase in their stress levels for a variety of reasons.

One of the reasons women saw an increase in stress-levels was due to side effects as a result of using HBC. As discussed earlier, most of the women using HBC chose their method in order to avoid side effects. Even still, many of them gave side effects as the reason for strain on the relationship.

In the beginning it was really hard because I was going through, not only emotional changes, but also physical changes. So it was really hard on our relationship in the beginning. I would even go as far as to say it was at least a year long struggle. (Carina)

At first you're trying to figure it all out. So I would say the changes the pill brought honestly would interfere with unity because I'm still trying to figure it out and it makes me kind of put some more distance between him and I because I'm trying to feel like myself, I guess. (Angela)

Besides side effects, each HBC methods has the possibility for some complications. This definitely caused some distress to the participants. Often, these complications resulted in involuntary abstinence. Unlike the FAM users, this forced abstinence was unwelcomed by the women and caused its own strain.

When you miss a pill you have to wait a week and there was one time that I missed it right before my period and I had to wait two weeks. So we had to abstain and that just sucks because it happened about a month after we got married. (Cynthia)

We couldn't be intimate sometimes because it would hurt him, especially in the beginning. So it caused some problems with that too. (Carina)

Another complication a couple of women encountered was pregnancy scares. Although, many women believed they were using an effective method, nothing is fool proof. Typically, if they have chosen to use HBC, they don't believe they're in the right place to have a child. An unwanted pregnancy is one of the greatest stressors that could be put on a couple.

That was hard because I had no job lined up after college. I was going into about 15,000 dollars of debt. We could barely make ends meet as it is. We hadn't even been married a year and that wasn't the plan. It really just put a strain on our marriage for about two weeks while we were in the unknown. (Cynthia)

Most of all, participants were distressed from the added requirements of the method. This ranged from having to go to regular doctor check up to switch methods out of dissatisfaction, to simply having to remember to take the pill everyday.

I think with birth control just taking the pill every night. It is a high level of commitment to your birth control method. So it is a lot of effort – I say a lot – it's not that much effort, but it's a consistent responsibility and commitment to do every night: taking your pill... It's like, "Does this really give me peace of mind? Does this really help me feel free?" Because that was the line of thought in choosing it. (Angela)

It kind of just adds these little stressors that just pile up. (Cynthia)

I guess some people would argue "It's a small annoyance. It's not that big of a deal." Well, if you're someone that's forgetful, it's a big deal. (Lesly)

Clearly, HBC can cause stress levels to rise in its users. As they have said, this, in turn, causes strain on their relationships with their partners. However, while there are certainly valid reasons for an increase in stress, most participants also explained two very prevalent reasons for a decrease in stress that allowed for easy communion as a couple. First, the side effects of birth control are not always negative ones. Some participants were gladdened by less painful periods and a more leveled out mood.

I think that if I weren't on the pill, my cramps would be as bad as they were which would interfere with our ability to be intimate. My cramps were a lot better after I started taking the pill. So that's a really positive thing for our sex life. (Angela)

Finally, most women mentioned their appreciation at the ability to have worry free sex. Again, they often chose this method while in search for the most effective method. Their belief that they were using the most effective method decreased their stress levels greatly.

We don't have the additional stress and anxiety of something that was unplanned or something that we didn't want to happen. (Demi)

It is nice to bond and be able to connect through sex whenever we want. That does make a difference. (Angela)

I don't have to worry about getting pregnant and that's not something he has to worry about. So everyone's a little bit happier. (Christina)

Obviously, if you are bothered by worry, stress, or physical pain, whilst trying to engage in one of the most unitive activities in a romantic relationship, there will certainly be a strain on the relationship. Ability to have worry free sex is crucial. In conclusion, some women saw stress levels increase and were distanced by this strain, others were drawn closer from a decrease of stress in their relationship. It seems to go both ways in this area.

Self-Consciousness

Seven of the women interviewed in the HBC group brought up their own self-consciousness. Most, although not all, attributed their self consciousness to their contraceptive method. However, this topic was unique to the HBC group. None of the women using FAM expressed feelings of insecurity. Therefore, even for those who didn't connect it to HBC, it may in part, be due to that method. The participants either expressed general feelings of self consciousness, or specifically lack of sexual confidence with their partner.

Those who saw an increase in in general insecurity blamed it on the physical or emotional side effects of their method.

So for me, always being tiny and this being the biggest I've ever been its, oh my god, so many self-confidence issues. So many! (Yesenia)

Oh this has really made me gain some weight. So it caused me some unhappiness. So I was reflecting my unhappiness on him and on my family. I believe honestly that I may have even gone through a little bit of depression during that process. So I feel like it did effect the way that we interacted with each other. (Carina)

As Carina mentioned, this self-consciousness seemed to bleed into the interactions with their significant other. Most importantly, it began to effect their confidence for sex.

So I didn't fit into any lingerie anymore. I didn't want to make myself feel sexy because in my mind, I put it on and I looked in the mirror. I was like "Who would think this looks cute? It doesn't. It doesn't look cute." So I kind of just fell into this rut of, "Okay lets just have sex and then go to bed." There was nothing fun about it anymore and I think that that was a huge thing that impacted our relationship. (Jennifer)

I feel really self conscious now sometimes, as opposed to before. I mean we still have the same amount of sex as we did, but sometimes I feel a little bit more self-conscious about myself. (Christina)

So that's been a struggle: Me even feeling good enough about myself to have sex, because I just don't feel pretty nine times out of ten. I just don't feel pretty and I don't want sex because I feel vulnerable and I feel like he can see everything wrong with me and that effects the intimacy of sex for me. (Cynthia)

It was very interesting to see so many of the women struggling with self-consciousness in the HBC group and yet none of the women in the FAM group struggled with it. This could be due to the lack of side effects with FAM. Women on FAM weren't going through any physical or emotional changes so they didn't have to work through not feeling like themselves. However, there are several other themes that FAM and HBC differ on including self-awareness and partner understanding that may be a reason for this dichotomy. These themes will be discussed further in the following section.

Common Themes

There were several areas in which the two groups seemed to fall on opposite ends of the spectrum. That is to say, they brought up the same topics, but they had very different perspectives on them. These themes have been consolidated into two sections:

understanding and support; and decision making and shared responsibilities. Each may seem like it contains two independent themes, but while analyzing, I discovered that they cannot be separated from each other. They work hand in hand.

Understanding and Support

Originally, the topics of understanding and support were introduced in the interview because of two different questions regarding them. However, after culminating the finding, the two were so intertwined and existence of one led to the results of the other. Therefore, they have been lumped into one category. Each participant commented on these concepts because every participant from both groups was asked how they believed understanding and support in their relationships was impacted by their method of choice. Their answers seemed to have consistent themes that opposed each other. Those in the FAM group commented on their partners increased understanding and their own self-awareness, which they believed led to their partners knowing how to practically support them well. The HBC group, on the other hand, seemed to have opposite findings.

The FAM group consistently brought up that practicing this method provided an opportunity for their partners to understand more fully the inter-workings of a woman's natural cycle.

He can tell when I'm fertile. Also it's nice that he knows that "Oh I'm about to start. I'm probably grumpy because I'm about to start." (Paulina)

This is most likely due to the fact that many partners learn the process together. In fact, the Catholic church teaches that it should be a process the partner goes through

together. According to the participants, this learning process gave their partners a new respect for women.

He always says that: “I can’t believe you can tell what is going on with your body.” So he is very much in awe of it all... It was a complete 180 view for him of just seeing “Dang, women are powerful. They’re awesome. And that respect of, not just me as a woman, but all other women...” So through fertility awareness and all this he’s been able to see the beauty of women. (Taylor)

Well we’re a lot more aware of each other than I feel like we would be if we were using a hormonal method. Particularly he has a really good grasp on my ups and downs throughout the month and it gives him a respect for my body that he might not have otherwise. (Paulina)

The women felt held in high esteem by their partners because of this. Perhaps this is part of the reason women using NFP didn’t express feelings of low self-esteem with their partners. In fact, they did note feeling empowered by having more self-awareness because of learning the method. As the name states, FAM requires awareness of one’s own fertility. The women noted feelings of confidence and freedom because of this awareness.

I’ve also appreciated myself so much more. I can’t stress that enough. It’s so freeing. (Taylor)

I have gained a greater understanding of my body which I think is very fascinating. I’ve told him about a lot of this stuff and he learned a lot too. (Erin)

Many of the women explained that this mutual understanding of the woman’s cycle helped their partners figure out how to support them. The man often became just as aware of where the woman was in her cycle. Because they understood more scientifically why she might be acting moodier or more tired during certain times of the month, they were more supportive during those times both emotionally and logistically.

He knows what my body is doing. So he knows “Okay I understand why you’re tired because I know what your... like, your body just worked really hard for a month.” So I think he gets it. (Taylor)

There’s also a time of the month when I’m very tired and he usually tries to give me a little more time to sleep in... Which means that he got up and gave the kids a little something to eat while I was still in bed. And at other times of the month I get up with him but at this time of the month he lets me rest. (Paulina)

Unanimously FAM users agree that FAM has been a positive impact on increased understanding and support from their partners. Those using HBC did not see the same results. They often raised concerns about their partners lack of understanding of the different hassles they faced because of HBC.

If they only knew what we had to go through. Wishing that they had an understanding in what women have to do, especially if kids aren’t in the picture... If that’s not your lifestyle: having kids around, you have to be very careful. You have to do your research. You have to go to the doctors a lot more than they do. (Lesly)

I don’t think he realized how the pill has an impact on the daily routine of a woman because to him nothings changed. He just gets to have sex now. But, for me, I have to take it at the same time everyday or we don’t get to have sex for a week... There were a few conversations that we had that I was like “I feel like you don’t understand the burden that this can be sometimes.” (Cynthia)

Because of this lack of understanding, the men often couldn’t figure out how to support their partners.

So he would always ask “What can I do, what can I do?” and I’d be like “There isn’t really anything you can do. You could maybe make me some tea or bring me the heating pad,” but I think after a certain point of telling someone “There isn’t anything you can do about it,” they stop asking. (Jennifer)

That being said, it wasn’t impossible for the man to catch up. If the couple practiced good communication skills, he was able to find ways to support his partner. Several participants explained that, through discussion, they were able to help their

partner understand the difficulties and figure out a plan for him to be supportive. If communication is the key to establishing this support, this could be why the FAM group didn't have as much trouble in this area. As initially presented, communication is a key part in all of their relationships already because of the method. Not all members of the HBC group had this established communication so they had more difficulty in this area.

In addition, the HBC participants also brought up self-awareness. However, again, their view was the opposite of the FAM participants. They weren't aware of their own fertility or what was going on in their body due to the artificial hormones. This was a concern for them.

I mean you never know how it's going to effect your fertility at the end of it.
(Veronica)

You almost feel like a guinea pig when you go about doing this. I'm going through this and is it worth it? So now I wonder "Do I have to have these [cysts] on my body, or are they associated with what's going on hormonally with this medication?" You just never know. (Carina)

Overall there is a clear separation between HBC and FAM in the area of understanding and support. It is important to note that no couple is certain experience a lack of support or understanding because of choosing HBC. In fact, our participants experienced this at varying degrees and sometimes only for a period of time. If a couple is aware of the risks, they can certainly strengthen these areas. This study only shows what couples are prone to in this area.

Decision Making and Shared Responsibilities

Again, one might consider this section to be two separate themes. They were combined because of their close relationship to one another. Basically, if you have a certain mindset about responsibilities, that will show in who makes the decisions about contraceptive method. The FAM group expressed a more even split of responsibilities with contraceptive method use so their partner was more likely to be involved. Five of the nine openly expressed their partner's high involvement. Alternatively, with HBC, the woman tended to make this decision herself and responsibilities of the method fell more on her shoulders. When making the decision to choose a certain method, six out of the ten had little to no discussion with their partner at all. However, seven discussed in detail their decision making process with their doctor. They seemed to value the doctor's involvement more than their partner's.

As previously mentioned, the Catholic Church encourages couples to walk through the learning process of FAM together. Many of the Catholic participants spoke on this. One of the women even brought the book from her faith-based FAM classes and showed me the techniques it gave to walk through the process together. Most of our participants identified as Catholic, but even those who didn't found their partner understood and valued them more. The shared experience doesn't stop at learning the method. They also often seek to practice the method together and split the responsibilities. Many of the women commented that they felt this led to team building.

It definitely has us working more as a team. More than somebody asking "Can we?" and the other one saying no. That seems a little separate to do it that way. (Lauren)

We've always had to approach it as a team. We're on the same team and we want the same things so we just have to work together to use the method. (Samantha)

We're both responsible for it. We're both making the decisions together... because my husband and I are a team. I just can't imagine going through life and carrying the burden yourself. (Taylor)

As Taylor touched on, the women believed this shared responsibility keeps there from being too much pressure on solely the woman. The pressure they saw relief from was not just about the logistics of practicing the method accurately. They also felt less pressure to be the one choosing whether or not to have sex and take care of a baby.

We have to work together to prevent [pregnancy] and that seems like it levels the playing field. If it was just me having to wake up every morning and remember to take a pill and all that then it would put it more on me. (Paulina)

When I was on birth control, if I said no to sex, it was my fault. I was being mean or I was being the one that was rejecting or I was apparently "Not loving him enough" to give him sex. So I was the bad guy... The guilt factor isn't just on me anymore. It's both of us. We're both choosing to either abstain or have intimacy. (Taylor)

Because they were working through this facet of their life together as a team and the pressure weighed on both of them equally, the burden of having a child, which can sometimes culturally be exclusively woman's responsibility, became both of their responsibilities.

It's not whether or not *I'm* gonna have a baby that month. It's also whether or not *he's* gonna have a baby that month. Having his support is totally crucial just for the sake of being able to say that our marriage is strong because whatever happens to me happens to him. So, of course with a child it's literally half mine half his. (Carla)

He does support whatever happens. If we don't get pregnant or if we do it's not your fault. It's not just on you. We're both in this together. We're both doing this together. It's really cool. It's really freeing, I would say. (Taylor)

So women using FAM saw many shared mindsets of equal responsibility. They believed they were functioning as a team and this prevented most of the weight from resting on the woman's shoulders in this facet of their life. Women practicing HBC didn't typically split their responsibilities in the same way. In fact, some they seemed not to want to.

When selecting their method, HBC users had a mindset that that this is a personal area of their life that their partners shouldn't have much say in. This mindset seemed to overflow into actually practicing the method. Although the women were okay with selecting the method on their own, they may or may not have been happy that their partner doesn't equally partake in the everyday responsibilities of practicing the method. Some were quite happy to take on full responsibility and even got frustrated at their partner's desire to help.

At first my husband's constant reminders were an unwelcomed thing. They were not fun for me. So yeah, that cause just some misunderstanding. (Angela)

However, most of these women were very dissatisfied with the imbalance in responsibilities. They thought it unfair that the the woman has so much on her plate in this area. They felt like if they failed in meeting all these expectations, the blame would be on them.

Sometimes I think I get a little annoyed that I have to be the sole person, even though I don't express that to him at all. But I'm like, "I have to take the pill every single day. I have to remember and if I don't remember and if something happens then that's on me." (Demi)

It sometimes makes me feel alone because as a woman you're gonna have to carry the child and It makes me feel like I have to do something pretty significant to make sure I don't have a child and then when we're ready to have a child I carry

the child. It makes me feel solely responsible for the effects of our sex life which makes me feel alone. (Cynthia)

These feelings of pressure and responsibility with the effects of their sex life are exactly what the NFP users were explaining that they are able to avoid by splitting up the everyday responsibilities. Interestingly, the women on HBC don't like that the roles are uneven, but they typically think that aspect of their life is the woman's business and tend not to consult their partner when making decisions in that area. This wasn't true for all the members of the HBC group, however. Several actually desired collaboration and found that facing these challenges helped them grow in decision making and teamwork.

It helped us realize we're really good at making decisions together. Knowing that he is as involved as he is just kind of... I don't know. I mean it just kind of balances out. (Yesenia)

It took about three conversations a few months in between for him to really understand that I do need his help, that it's not all on me, because he would tell me "Oh it's not all on you." But I was like "But it is in a way and I need the smallest help that I can get" and that's when he asked me "Okay what can I do to help you with this?" and I really appreciated him asking. (Cynthia)

Overall, the methods these women chose seemed to have obvious impacts on the dynamics of their relationships. These impacts aren't guaranteed and they didn't effect all couples in exactly the same way. It can't be determined that choosing a specific method, HBC or FAM, is going to juristic the makeup of a relationship. However, there are definite themes that its users are prone to. It is incredibly important to consider these tendencies when selecting a method. Also, couples need to keep continual awareness while practicing to avoid falling into any unwanted mindsets or habits that their method tends towards.

CONCLUSION

The purpose of this study was to examine the impacts contraceptive method use may be having on long-term, monogamous, romantic relationships. Specifically, it was seeking to understand the possible implications of choosing between a hormonal birth control of any kind, or a fertility awareness method of any kind. To do so, I examined qualitative data from interviews conducted with women who fit into either group. Using their own belief about how the method impacted the dynamics of relationship, I gathered themes between the two groups.

The results showed that there was, in fact, unique dynamics between each group. Often women had opposite experiences in the same area. For example, they had contrasting experiences with their perceived reproductive obligations in the relationship. The FAM group showed an increase in inter-communication skills with their partner. This had such a profound effect on them as a couple that the increased communication may have been the reason for other positive effects in their relationship. For example, most faced hardships with practicing abstinence, but claimed that by staying communicative, they were able to turn it into something that unified them as a couple. They also felt more supported and understood by their partner because of being able to communicate their needs and split the responsibilities the method requires. Ultimately, the FAM group seemed to experience mostly beneficial results with the exception of negative affect from practicing abstinence in those that chose to do so. The HBC group saw different themes. They experienced a change in stress levels. This was either an increase because of complications, side effects, or hassles as a result of the method or a

decrease in stress levels because of less worry about the possibility of conceiving a child. This group also frequently mentioned struggling with self-confidence that interfered with their sex life with their partners. Finally, in opposition to the FAM group, they felt less understood or well supported by their partners. Ultimately, this group faced mostly negative impacts with the exception of a decrease in stress because of less worry about unplanned pregnancy.

The goal of this study was not to come to a mathematical consensus over which method was more beneficial, but to gain more insight about possible consequences for each contraceptive method. Women should be aware of their options and the possible effects of their choice before selecting a contraceptive method that is right for them. While the physical side effects are often researched before choosing, the behavioral side effects are not. If women are selecting their contraceptive method in order to be intimate with a long-term partner, it would be wise to consider the effects it may have on the very relationship they are seeking to benefit.

Hopefully these findings will contribute to more awareness of women's options and risks of choosing birth control or using fertility awareness methods. Currently, most doctors don't present fertility awareness as an option. Furthermore, they don't alert women to the possible ramifications birth control could have on the dynamics of their relationships. Although it wasn't included in findings, several women interviewed from both groups listed concerns about the trustworthiness of their doctors. They didn't feel well prepared to begin using their method and they didn't trust that they were making them fully aware of all of their options.

So then what is the point of taking the birth control if you're not even enjoying the relationship that you're in? It's another one of those things that doctors want to give it out like it's tic-tacs. They don't discuss any of the potential downfalls of it. (Elizabeth)

So you almost feel like a guinea pig when you go about doing this. (Carina)

Drawing insight from these comments, I believe a more holistic understanding of the biological, psychological, *and* social implications of each birth control method could help health care provider better prepare patients when selecting the method that is right for them. Also, it is important they make patients more aware of the resources they have if they do experience negative psychological or social experiences from their method.

I think that would've been really helpful had I known I had a resource to go to and talk to about some of the things that I was feeling because sometimes you don't want to talk to your doctor about it. (Carina)

Future research should continue to examine the psychosocial effects these methods may be having on women and their relationships. As previously stated, HBC is more accessible than ever before. Are we prepared for the side effects, both mental and physical? Additionally, hormonal methods are not the only option. Are women aware of that? These are all questions today's society needs to be able answer. Hopefully this study sheds light on this importance topic. However, it alone is not able to fully answer these questions.

Because of time and monetary restraints, this study was only able to collect a small pool of participants. Additionally, while I attempted to find a representative sample for each group, possible confounding variables still exist because of the demographics of the sample of women collected. Women in the FAM group tended to be older and have more children than the HBC group. While both groups were equally religious, the FAM

group had mostly Catholics. Also, the sample size is relatively small. These are all variables that could have had an impact on the validity of the results. For this reason, future studies should look at increasing validity by narrowing the demographics to more similar populations. Another possible threat to validity in this study is that analysis was performed by one person alone. Human error could have possibly warped the data. Future studies should create a committee that collectively analyzes and codes the data as a board.

In conclusion, this study introduces the need for more awareness of the psychosocial implication of contraceptive method use in long-term relationships. It raises the issue that method choice does, indeed impact the dynamics of these relationships. Women should be made more aware of their options and select their method with a more holistic knowledge of the possible impacts of their choice. Further research should be conducted to gain more insight into an altogether lacking body of knowledge in this area.

APPENDIX A – QUESTIONNAIRE

Thank you again for participating in our study. As a reminder, anything you tell us will be kept confidential. You can end participation at any time, and you do not have to answer any question that you do not wish to answer.

- When you and your partner chose this method of contraception...
 1. What factors did you consider?
 2. Did you consider any alternatives?
 3. Why or why not?
 4. How involved was your partner in this decision?
 5. How involved are each of you in practicing this method?
- Can you think of any ways your method of choice has impacted your relationship in the area of...
 6. Collaboration? How?
 7. Mutual understanding? In what ways?
 8. Support? How does he demonstrate this support, or lack thereof?
 9. Unity?
- Can you think of any ways this method had impacted the physical aspects of your relationship?
 10. Are there any periods of time when sex is significantly different? In what way?
 11. How important is sexuality in your relationship?
 12. How often do you have sex? Are you satisfied with that?
 13. What struggles do you face in your physical relationship?
 14. Does sex ever feel like a chore or an exchange?
- What other dynamics of your relationship do you feel have been shaped by this method?
 15. Overall, how has this method negatively impacted your relationship?
Positively?
 16. Tell me about your partner.
 17. Do you have any other comments?

Name:

Method of Contraception:

How long have you used it?:

Where do you live?:

Age:

Marital Status:

Race-ethnicity:

Education Level:

Work/Employment status:

How long have you been with your partner?:

How long have you been sexually active with this partner?:

of Kids:

Religious Affiliation

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