

It is Complicated: A Phenomenology of Using Natural Methods of Family Planning

Noel G. Asiones ♦

Abstract: National Demographic and Health Surveys have documented longitudinal data on the prevalence of family planning methods used by women of reproductive age in the Philippines. This article aims to contribute to the literature by documenting and exploring the lived experiences of women who decided to accept and use natural family planning methods to space births or achieve pregnancy. It used descriptive phenomenology, moving between an eidetic description of their ($N=15$) lived experiences to understand them. Warm and cool analyses of data yielded four significant themes labeled as tacks – *on the rebound*, *moving on*, *sticking on*, and *passing it on* – which collectively describe their natural family planning experience and perspectives. Liminal gaps separated the tacks, with one tack influencing and setting up the other towards the desired direction, suggesting the complicated experience that the women went through across time. This study contributes to the current literature on the prevalence of family planning methods by providing an insider perspective on why and how the women accepted and used natural family planning methods.

Keywords: Natural Family Planning Methods • Artificial Methods • Phenomenology • Reproductive Age • Tacks

Introduction

For almost four decades, demographic and health

♦ Dr. Noel G. Asiones holds a Ph.D. in Theology and MA in Psychology from the University of Santo Tomas, Manila, Philippines. He is an academic researcher with the Research Centre for Social Science and Education. His interests include religion and youth, organizational assessment and evaluation, and public theology. He has done commissioned and national research projects for the Catholic Bishops' Conference of the Philippines-Episcopal Commission on Youth and the Catholic Educational Association of the Philippines. Email address: noelasiones@gmail.com

surveys have documented longitudinal data on the prevalence of family planning methods used by women of reproductive age in the Philippines. Family Planning (FP) refers to a conscious effort by a couple to either postpone or space pregnancy using either natural or artificial methods.¹ Women of reproductive age who use either of the two methods have a met need for FP, thus preventing unplanned or unintended pregnancies. Conversely, women who are not using any method of FP but do not want any more children or prefer to space or limit births are said to have an unmet need for FP.² However, unlike the artificial methods (AMs), which use drugs, devices, or surgical procedures to prevent pregnancy, the natural family planning (NFP) methods rely on observing the changes in the woman's body to determine when she is fertile and might become pregnant. They require periodic abstinence from sexual intercourse during the woman's fertile period. The needed cooperation between the partners makes them comparatively more challenging and less acceptable than the AMs. However, studies showed that NFP methods

¹ See, Authority, Philippines Statistics, "Philippines National Demographic and Health Survey", <https://dhsprogram.com/pubs/pdf/FR294/FR294.pdf> (2017); Aniceto Orbeta, Jr., "Fertility Preferences, and FP Practice in the Philippines," *Philippine Journal of Development*, 129, https://ideas.repec.org/p/phd/dpaper/dp_2005-22.html.

² Richard Ferring, "Under the Microscope: A Brief History of Natural Family Planning," *Natural Family Planning, Current Medical Research* 25/3-4 (2014).; Alfredo Perez; "General Overview of Natural Family Planning," *Genus* (1998): 75-93; J.B. Casterline et al., "Factors underlying unmet need for FP in the Philippines," *Studies in FP* 28/3 (1997); Adenike Bitto et al., "Adverse outcomes of planned and unplanned pregnancies among users of natural family planning: a prospective study," *American Journal of Public Health* 87/3 (1997): 338-343; Ronald Gray et al., "Evaluation of natural family planning programs in Liberia and Zambia," *Journal of Biosocial Science* 25/2 (1993): 249-258.

would be at least 95 percent effective in preventing pregnancy if practiced consistently and correctly.³

In its latest Philippine National Demographic and Health Survey, the Philippine Statistical Authority reported that married women with an unmet need for FP are six percent for spacing and 11 percent for limiting.⁴ It also found that unmet needs showed a steady decline from 30 percent in 1993 to 17 percent in 2017. However, it pointed out that less than one percent (.3 percent) of currently married women used modern NFP, particularly the SDM and LAM. Researchers conducted several studies to determine or compare the efficacy of both methods.⁵ However, most studies on NFP found in the literature are flawed in design and do not correctly

³ Brian Smoley et al., "Natural Family Planning," *American Family Physician* 86/10 (2012): 924-928; Maurizio Guida et al., "Efficacy of methods for determining ovulation in a natural family planning program," *Fertility and Sterility* 72/5 (1999): 900-904.

⁴ See, "Philippines National Demographic and Health Survey, 2013 <https://dhsprogram.com/pubs/pdf/FR294/FR294.pdf>." (2017) (accessed 24 October 2020).

⁵ Jenna Mae L. Atun, "Religiosity and Contraceptive Use among Filipino Youth," *Philippine Center for Population and Development*, <http://www.pcpd.ph/.../religiosity-and-contraceptive-use-> (2008); Richard J. Fehring et al., "The efficacy of cervical mucus observations plus electronic hormonal fertility monitoring as a method of natural family planning," *Journal of Obstetric, Gynecologic & Neonatal Nursing* 36/2 (2007): 152-160; Irit Sinai, Rebecka Lundgren, Marcos Arévalo and Victoria Jennings, *International Family Planning Perspectives* 32/2 (Jun., 2006): 94-100; Maurizio Guida, et al., "An overview on the effectiveness of natural family planning," *Gynecological Endocrinology* 11/3 (1997): 203-219; Robert Ryder, "Natural Family Planning": Effective Birth Control Supported by the Catholic Church," *British Medical Journal* 307/6906 (1993): 723-726; Hermann Frank et al., "The effectiveness of a fertility awareness-based method to avoid pregnancy in relation to a couple's sexual behaviour during the fertile time: a prospective longitudinal study," *Human Reproduction* 22/5 (2007): 1310-1319. 1981.

calculate pregnancy rates.⁶ Moreover, although the surveys and studies have identified patterns and predictors in FP methods, they still cannot tell the whole story and put a human face in the numerical data and information.

This study aims to contribute to the social scientific efforts to understand NFP methods by exploring the phenomenology of accepting and using them.⁷ Eliciting data regarding their acceptance and use could enable NFP program implementers to offer more tailored advice, interventions, and family planning methods to women with unmet needs for family planning.⁸ It would become possible to respond to its challenges and issues with greater accuracy and significance. To address the perceived complexity of the lived experiences of the phenomenon, the study aimed to answer one central question: “What is it like for the women of reproductive age to accept and use NFP methods to address their need to limit the size of their families?”

Method

This study is based on face-to-face interviews with 15 women from one church territory in southern Mindanao, Philippines. The researchers invited them to participate based on the inclusion criterion set for the study (at least between 18-49 years old, acceptors, and users of NFP). Out of the 15 participants, eight (53.3%) were aged 18-28 years old, four (26.6%) were aged 29-39, and three

⁶ V. Lamprecht et al., “Natural family planning effectiveness: evaluating published reports,” *Advances in Contraception* 13/2 (1997): 155-165.

⁷ Raymond McVeigh, “Artificial and Natural Forms of Birth Control: A Comprehensive Analysis,” (2013), *Honors Projects* 292. <http://scholarworks.gvsu.edu/honorsprojects/292>.

⁸ Eileen Cheung et al., “Factors influencing young women's decision making regarding hormonal contraceptives: a qualitative study,” *Contraception* 71/6 (2005): 426-431.

(20.1%) were aged 40-49 years old. Thirteen women are everyday housewives with low income and low education; one works as a public health worker, and another teaches in a public school. Their husbands or partners work as drivers, laborers, farmers, carpenters, or construction workers. All the couples have children at the study time, averaging four children per family.

In-Depth Interviews

The interviews were conducted from June 14-18 and July 20-24, 2019, using a two-part instrument to gather relevant data. The first part contains a demographic sketch of the participants' personal information. The second part consisted of a semi-structured interview questionnaire. Upon securing their informed consent, the research team first scheduled the interview sessions based on the participants' availability and convenience. Then, at the outset, the research team also informed them of the nature and purpose of the research project, its potential benefits, and the importance of their participation.

Then, guided by an interview protocol, the research team conducted the interviews in a mix of Tagalog and Visayan dialects. The interviewers and interviewees mutually controlled the flow of the conversation, and, whenever needed, the former asked *how* and *why* questions to elicit additional and in-depth information. The interviews were generally cordial, relaxed, and even elicited bursts of laughter from the participants. The interviewers saw that all the interviews ranged from 45 to 60 minutes and were recorded and transcribed verbatim for cool and warm analyses. Finally, the principal researcher conducted correspondence with the interviewees and checked procedures with the research

team to ensure that the entire data set was truthful and trustworthy.

Descriptive Phenomenology

This study used phenomenology to move between an eidetic description of the phenomenon and an understanding of it from the women acceptors and users of the NFP methods. Descriptive phenomenology is a complex philosophical tradition and method of inquiry that calls for an exploration of phenomena through direct interaction between the researcher and the objects of the study.⁹ The lived experience itself, as described by the small sample size of participants, is employed to provide an accurate and universal description of the phenomenon so that anyone who has experienced that phenomenon would be able to identify their own experience in the description.¹⁰ The goal is to proffer lessons to individuals and groups to promote a broader acceptance and use of the NFP methods in policy-making and pastoral care for families.

The analysis followed the steps proposed to achieve the fundamental intention of accessing the consciousness of the participants and grasping what this consciousness can reveal regarding the phenomenon they experienced.¹¹ First, the research team read and subsequently reread the transcript of interviews to acquire a feeling for the participants' experience and familiarize themselves with

⁹ Danuta Wojnar, et al., "Phenomenology: an exploration," *Journal of Holistic Nursing* 25/3 (2007): 174; Kristen Swanson-Kauffman et al., "Phenomenology," *NLN publications* 15-2233 (1988): 97-105.

¹⁰ Wojnar, *Phenomenology*, 175.

¹¹ Paul F. Colaizzi, "Psychological research as the phenomenologist views it," in Ronald S. Valle, and Mark King (eds.), *Existential-phenomenological Alternatives for Psychology*, 48-71 (New York: Oxford University Press, 1978).

their accounts. Second, it extracted significant statements. Third, it formulated the meanings and categorized them into clusters with the original transcript of interviews. Fourth, it created a theoretical model to describe the phenomenon being studied. Finally, to validate the findings, the principal researcher returned to some participants, asked them how it compares with their experiences, and ultimately incorporated the few changes they offered to the final description of the phenomenon they experienced.

Findings

This study used descriptive phenomenology to describe the participants' experiences of accepting and using NFP methods and understanding them. Warm and cool analyses yielded four dominant themes or tacks that characterize the phenomenon of accepting and using NFP methods: *on the rebound*, *moving on*, *sticking on*, and *passing it on* tacks. Liminal gaps separate the tacks, but with one tack influencing and setting up the other, suggesting the complicated experience that the women went through across time.

Tacking is a sailing maneuver by which a sailing vessel, the whose desired course is to sail against the wind, turns its bow toward the wind so that the direction from which the wind blows changes from one side to the other, allowing progress in the desired direction.¹² The term *tack* encapsulates the four elements of the participants' lived experiences and acquired skills that have helped the couples, especially the women, to meet their need for FP.

¹² John Keegan, *The Price of Admiralty: The Evolution of Naval Warfare from Trafalgar to Midway* (London, Penguin Books, 1988), 281.

“On the Rebound” Tack

It is interesting to note how the women candidly reported why they initially tried AMs like pills, condoms, and implants to prevent unwanted pregnancies. Although they are more available and more convenient to use, many of the participants reported that in time they started to feel and fear their harmful side effects on their bodies, thus forcing them to shift to NFP. It was a bad romance: the participants realized that they were in a dangerous liaison with AMs. Thus, they admitted that they initially accepted and used NFP as a remediation-oriented and safe solution to address their urgent need for FP. As verbalized,

I did not like artificial, because I was scared. I know the many side effects of pills, ligation, vasectomy, and so forth. So, I changed to NFP.

I do not want artificial too. I know what might happen to me. I told my partner: “What do you want, kill me?” (Laughs).

However, some participants reported that they could hardly refuse the health workers' monetary incentives to use AMs.¹³ As expressed,

The government has a program for AMs, and they give incentives if we use them. That is why some of us would not use natural methods.

As members of the government's social protection and anti-poverty program, we are forced to use AMs. If we do not use them, we will not receive our social benefits.

¹³ Clarissa David and Jenna Mae Atun, “Exploring the Relationship Between Interpersonal Communication and Use of Modern Method Family Planning in the Philippines,” *Plaridel* 7/1 (2010): 32.

The acceptance of the method is also age-related. The younger couples would prefer the AMs. As expressed,

What is the difference between young couples? (Laughs) They prefer AMs. Because they are easy to use and accessible in the health center. The newly married couples are harder to convince because they still want children.

Young couples find it hard to control themselves, so they use pills. However, the elderly and the middle-aged want the natural because they have already experienced the side effects of the artificial. The IUD caused bleeding. Pills caused migraines. Because of these side effects, they decided to resort to natural methods.

Interestingly, some couples said that they used AMs because of the lack of information about NFP methods and that they were not yet aware of the side effects of AMs. More importantly, their economic conditions limit their choice of the preferred method. As expressed,

Yes, they had many children and used AMs. However, they stopped when they came to know about natural methods. Other than not knowing, they thought it was also not easy to use. At first, they did not believe that it would help them postpone or limit pregnancy. However, they started to try them when they heard otherwise and adjusted quickly.

Frankly, Sir, many are using AMs, especially those with low income.

The women soon found out that the NFP methods were safe, although challenging to use. Consequently, they reported having second thoughts on accepting and using NFP for good. As expressed,

I initially thought it would go wrong. There might still be children. However, when I applied it, it turned okay.

They do not want to use NFP because they are scared. They do not believe it. The couples want instant results.

As the couples continued to try using the NFP methods, they also noticed that they are, unlike the AMs, not instantly effective but require the need to wait for their infertile periods and the cooperation of their husbands. As verbalized,

Abstinence just to observe the mucus; that is not an easy job.

Sometimes, my husband would strongly insist (laughing) even on my fertile days. If I say no, he will stamp his feet. However, I try to make him understand that I am fertile. However, he does not listen at times. Moreover, he later would resort to withdrawal.

When they stopped using the AMs and shifted to NFP methods, it became evident that the latter is safe and effective when used with care. Summarily and for purposes of addressing their health concerns, the overall tendency of women to accept and use NFP, after they first used the AMs, at times through no fault of their own, is collectively called the *on the rebound* tack. A person *on the rebound* refers to someone entering a new relationship, almost immediately following the breakup of a previous relationship. It is understood to mean that the newly broken-hearted person is filling his/her emotional emptiness and smoothing over the pain of a breakup by immersing themselves in the romance of a new and

exciting relationship.¹⁴ They used the NFP methods to “unlove” the AMs. However, the rebound tack is built on shaky grounds and short-lived. Surprisingly, some women moved on to the next tack to address their need for a safe and effective FP method.

“Moving on” Tack

The couple usually shares the decision-making process.¹⁵ However, such collaboration does not quite happen when planning for the size of the family. The women seemed more determined to plan for the trajectory of their family size. They are also more aware that unplanned or unintended pregnancy has economic implications, impinging significantly on their capacity to provide for their children. As expressed,

Because if we do not limit our children, my health might suffer. It might also affect the family budget if we have many children.

We give more quality attention to our children when they are adequately spaced. It benefits me as a woman. I can say no to my partner when we should not engage in sex.

¹⁴ Sheryl Paul, “How to know if it is a Rebound or Real Love?” <https://www.mindbodygreen.com/0-14168/how-to-know-if-its-a-rebound-or-real-love.html> (2014) (accessed 08 October 2019).

¹⁵ See, Josephine Avila et al., “When fate and husbands prevail dynamics of decisions and behavior regarding family planning in Cebu, Philippines,” *Philippine Quarterly of Culture and Society* 29/1-2 (2001): 79; Sam Clark, Jr., et al., “The Role of Men in Family Planning in the Philippines: An Assessment,” *Asia-Pacific Social Science Review* 7/1 (2007); Linda Adair et al., “The Philippines: childbearing, women's work and household decision-making in Cebu,” *Summary of Final Report Prepared for The Women's Studies Project Family Health International* (1998).

Besides, given that it is not the men but them, who will, for the most part, suffer the harmful side-effects of AMs, it is not surprising at all that it is the women who were more bent on using NFP methods. As verbalized,

Maybe Ma'am, if I kept using pills, I might be already dead.

I do not want to have children anymore. However, after using the DEPO, I felt something terrible; then, I tried the IUD and suffered the same side effect. After that, I said to myself, "I want to try natural methods."

Summarily, the liminal gap, whether to accept and use NFP or not, is collectively called the *moving on* tack. Despite their initial reservations, the women eventually realized that NFP methods are safer and, likewise, effective alternatives to AMs. Having learned their lessons the hard way, the women decided to accept and use the NFP methods despite their lingering feelings towards the admittedly more accessible and convenient use of AMs, particularly the oral contraceptive pill.¹⁶ Although there were times that they might have possibly gravitated towards the AMs, and "breaking up is hard to do," the couples mutually decided to move on forward and use the NFP methods for their own sake and their children's future. The women whose husbands or partners agreed, albeit reluctantly at first, to accept and later use NFP methods for their sake felt grateful and loved. The finding confirms previous studies that found that natural family planning is associated with positive

¹⁶ Pamela V. Liao et al., "Half a century of the oral contraceptive pill: historical review and view to the future," *Canadian Family Physician* 58/12 (2012): e757-e760.

spousal relationships and family stability.¹⁷

“Sticking On” Tack

After continual and careful use of the NFP methods, the women's understanding and appreciation have deepened over time. Once they formed the right intention and had received adequate training in using these methods, they decided to ***stick*** to them for good. As verbalized,

I am now sure that NFP is safe and effective. When I was not yet using natural methods and used artificial, I felt many side effects. I did not like to have children anymore. However, after using DEPO, I felt terrible; then, when I tried the IUD, I had the same kind of side effects. Then I said to myself, “I want to try it. I can prove that it works. I do not feel anything in my body anymore.

Perhaps most importantly, the couples also realized that NFP methods helped enhance their relationship. As verbalized,

NFP methods made us closer, talk, and gain a mutual understanding of what to use and when to use it.

My husband will ask me if we may have sex. I also asked him if we could. Perhaps if everyone is like us, especially the newly married, population growth will not be much of a problem.

Summarily, the transition from the first two tacks is jointly called the ***sticking on tack***. Compared with the

¹⁷ See, Mercedes A. Wilson, “The Practice of Natural Family Planning versus the Use of Artificial Birth Control: Family, Sexual and Moral Issues,” *Catholic Social Science Review* 7 (2002): 185-211.

AMs, which seek to prevent pregnancy or conception, the NFP is now more firmly accepted and used as a trustworthy partner to space, limit, and achieve pregnancy.

“Passing it on” tack.

Some of the women acceptors and users of NFP methods answered the call from their parish priests to volunteer as NFP trainers or counselors. They said they wanted to help their neighbors, whom they know also have unmet needs for FP. As verbalized,

I volunteered to help other women in our village limit their children and not use artificial.

We do not get paid. However, we are happy to share our knowledge with the needy.

Summarily, the transition from the first three tacks to meet the felt need for FP is called ***passing it on***. Fuelled by their faith-based values and maternal traits, the volunteers were at the frontline of delivering essential NFP services—ranging from recruiting and counseling acceptors one-on-one at the household level to monitoring and collecting the empirical data that would help them evaluate the program's implementation process and outcomes.

Discussion

In the present study, we documented and explored the intricate lived experience of the women acceptors and users of the NFP methods from one church territory in the southern Philippines. Our findings show that their economic situations and desire to provide a better future for their children prompted them to plan for the size of

their families.¹⁸ We also identified four themes – *on the rebound, moving on, sticking on, and passing it on* – which collectively describe the reasons and inter-connecting steps they adapted to move towards the desired direction for their families and children. With one step influencing and setting up the other, the term *tack* describes the phenomenon of their lived experiences and the acquired skills that have enabled them across time to navigate the challenging waters of their conjugal and family life.

The women reported that they initially accepted the NFP methods as a remedial solution to assuage their concern about the side effects of AMs.¹⁹ However, their acute awareness of the economic implications of unplanned and unintended pregnancies to their families brought them into a dilemma. After discernment and dialogue with their husbands/partners, they experimented with the NFP methods that a church-based RP-ANFP Program implements in their villages.²⁰ (The identified *on the rebound tack* in this study suggests that

¹⁸ See, “Philippines National Demographic and Health Survey, 2013. <https://dhsprogram.com/pubs/pdf/FR294/FR294.pdf>. (2017) (accessed November 05, 2019; Robert E. Ryder, Natural family planning: effective birth control supported by the Catholic Church,” *British Medical Journal* 307/6906 (1993): 723-726.

¹⁹ Shenan J. Bosquet, “The Negative Effects of the Pill,” (2021), https://www.lifeissues.net/writers/boq/boq_40negativeeffectsofpill.html; Larissa R. Huber et al., “Contraceptive use and discontinuation: findings from the contraceptive history, initiation, and choice study,” *American Journal of Obstetrics and Gynecology* 194/5 (2006): 1290-1295.

²⁰ See, Brian A. Smoley et al., “Natural family planning,” *American Family Physician* 86/10 (2012): 924; Carolyn Moynihan, What Catholic Women Think about Faith, Conscience, and Contraception,” <https://www.catholiceducation.org/.../what-catholic-women-think-about-faith-conscience-an> (2012) (accessed 17 September 2019); Joseph Standford et al., “Women's interest in natural family planning,” *Journal of Family Practice* 46 (1998): 65-72.

the couples who have resorted to the NFP may not yet be fully committed to them since they have not yet dissociated themselves from their infatuations with the AMs. The women knew they could easily slide back to the AMs once the NFP experimentation failed to meet their expectations.²¹

Under the *moving on tack*, the couples remained torn between the two opposing methods and thus struggled in deciding. They hesitated from using AMs because of their known side effects but eventually resolved to accept and use NFP despite their requirements. However, side effects are less critical reasons for discontinuation than widely believed. The decision was not stress-free because they knew from experience that AMs are comparatively more effective and easier to use than the NFP methods. Fearful of the adverse and, at times, fatal side effects of AMs on their physical and psychological health, the couples, especially the women, finally decided to accept and use NFP. The only fly in the ointment is that their husbands/partners may not be at times willing to wait for their infertile periods and practice periodic abstinence for several days.²² Thus, upon the husband's strong insistence, there were times when the couples used AMs as backups to prevent unwanted pregnancy. It confirms previous studies that found that men's decisions and desire for children can affect women's FP methods.²³

²¹ Robert E. Ryder, "Natural family planning: effective birth control supported by the Catholic Church," *British Medical Journal* 307/6906 (1993): 723-726.

²² See, May S. Aung et al., "Predictors of modern contraceptive use and fertility preferences among men in Myanmar: further analysis of the 2015-16 demographic and health survey," *Int J Community Med Public Health* 6/10 (2019): 4209; Leela Visaria, "Unmet need for FP in Gujarat," *Economic and Political Weekly*, 29 <http://www.jstor.org/stable/4405341/> (accessed 28 January 2020).

²³ See, Clarissa C. David and Jenna Mae L. Atun. "Factors Affecting Fertility Desires in the Philippines." *Social Science*

During the *sticking on* tack, the couples finally made a firm decision to accept and use NFP for good. They begin to recognize that they are safe to use and improve communication between them. They are the most motivated couples who have mastered them.²⁴ David suggested that credit should mostly go to women.²⁵

The *passing it on* tack marks the apotheosis of a new and higher phase of accepting and using NFP methods. Inspired and committed to making a difference in their neighborhood, a significant number of women acceptor-users volunteered to engage as foot soldiers of NFP methods. The volunteers are more than “free labor” but are good-hearted, generous, committed people who come to their volunteer activities with energy and a positive attitude.²⁶ More importantly, the religious attitudes of the volunteers also play a very significant role in their desire to serve their communities.²⁷ Moreover, volunteer

Diliman 10/2 (2014): 100-119; John J. Carrol et al., “Lessons from failure: NFP in a poor urban community,” *Philippine Center for Population and Development*. Monograph Series No 2. <http://www.pcpd.ph/.../religiosity-and-contraceptive-use-/> (accessed 04 December 2019)

²⁴ Stephen R. Pallone et al., “Fertility awareness-based methods: another option for family planning,” *The Journal of the American Board of Family Medicine* 22/2 (2009): 147-157; Van de Vusse et al., “Couples' views of the effects of natural family planning on marital dynamics,” *Journal of Nursing Scholarship* 35/2 (2003): 171-176.

²⁵ Clarissa C. David, “Exploring reasons for the low level of use of modern FP methods. Philippine Center for Population and Development,” Monograph Series No. 3. <http://www.pcpd.ph/.../religiosity-and-contraceptive-use-/> (accessed 19 February 2020).

²⁶ A. C. Vidal, “Faith-based organizations in Community Development,” Report prepared for the US Department of Housing and Community Development Office of Policy Development and Research 2001 (accessed 22 August 2020).

²⁷ Hiromi Taniguchi et al., “The influences of religious attitudes on volunteering,” *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* 22/2 (2011): 335-355.

work provides opportunities to maintain self-esteem, social status, and higher life satisfaction.²⁸ It also creates social capital and support systems to contribute to the individual.²⁹ Most importantly, the volunteers assist their fellow women with their concerns about discontinuing AMs and switching to other effective methods to space and limit births.³⁰

The NFP leaders provide the volunteers with continuing value formation and skills training to prepare them for roles. However, only a few volunteers would eventually decide to stay and serve for the rest of their lives. The overall retention rate is poor, and most of them are aging. Economic considerations forced many of them to leave for the proverbial greener pastures—however, the few who decided to stay said that volunteering has given them a sense of fulfillment.

Conclusion

This study aimed to describe and understand the experiences of a select group of women of reproductive age who decided to accept and use NFP methods to meet

²⁸ See Hanna van Solinge et al., “Adjustment to and satisfaction with retirement: Two of a kind?,” *Psychology and Aging* 23/2 (2008): 422; Lorraine T. Dorfman et al., “Leisure and the retired professor: Occupation matters,” *Educational Gerontology* 31/5 (2005): 343-361; Deborah B. Smith et al., “Retirement satisfaction for retirees and their spouses: Do gender and the retirement decision-making process matter?,” *Journal of Family Issues* 25/2 (2004): 262-285; Marieke van Willigen, “Differential benefits of volunteering across the life course,” *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 55/5 (2000): S308-S318.

²⁹ Nan Lin, “Building a network theory of social capital,” in Nan Lin, Karen Cook, and Ronald, eds., *Social Capital: Theory and Research*, 3-28 (New York: Aldine De Gruyter, 2001).

³⁰ See Carolyn Moreau et al., “Contraceptive discontinuation attributed to method dissatisfaction in the United States,” *Contraception* 76/4 (2007): 267-272.

their FP needs. The four learned and acquired tactics, namely, on the rebound, moving on, sticking on, and passing it on, enabled them to address their needs for safe and effective FP methods, making them a bit more self-confident in achieving the good life they desire for their families and children. The study also reveals the internal (such as care and fear for their bodily and psychosocial wellbeing) and external factors (such as limited or inadequate economic resources) that significantly contributed to their decisions to accept and use NFP methods.

At the outset, the decision was motivated by the desire to avoid the harmful side effects of AMs on their physical health and wellbeing. However, when they learned that they are safe and, with proper use, can be as effective as their counterparts, the women accepted NFP methods and used them to space, limit, or achieve pregnancy. It was not an easy decision and transition to make at the outset. The struggle remained to resort back to the more accessible and much easier to use AMs. However, they eventually decided to move on and stick to the NFP methods, and they happily found them beneficial to their health and their husband-wife relationship.

The findings documented by this study should be understood in the context of two admitted limitations. First, the researchers based their analysis on the interviews with 15 women users of NFP from one church-based NFP program in the community. This sample was more than sufficient to achieve theoretical saturation to describe and understand the phenomenon. However, the experience of other women users from different situations might still vary from what another research has documented and analyzed. Second, the interviews were conducted many years after said NFP methods were accepted and used by the women-participants. Such

significant temporal distance might have affected how accurately they remembered the details of their experience and the insights that they gained from them.

However, the in-depth interviews enabled them to access their consciousness and grasp what it could reveal regarding the phenomenon they experienced. Despite these two limitations, this study still hopes to contribute to a more nuanced description and understanding of the phenomenon of accepting and using NFP methods. Other women of reproductive age who have an unmet need for FP may learn a lesson or two from the study at hand. NFP program leaders and implementers may take the study's findings as a reference to improve the program's performance and implementation. A one-size-fits-all approach may no longer be advisable given that meeting the women's felt-need for FP may not be as simple as it may seem from the outside looking in. However, when seen and understood from the perspectives of the acceptors and users, it is complicated.

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