Intercourse during menses: adjusting to the use of fertility awareness-based methods of family planning

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Introduction

Fertility awareness-based methods of family planning help women identify their fertile window – the days each cycle when they are most likely to become pregnant. If they wish to prevent pregnancy they avoid unprotected intercourse on these days. Users of fertility awareness-based methods may not have unprotected sex whenever they wish, because for a part of each cycle they have to avoid intercourse or use a barrier method if they are trying to prevent pregnancy. By definition, then, using a fertility awareness-based method of family planning influences the timing of sexual activity.

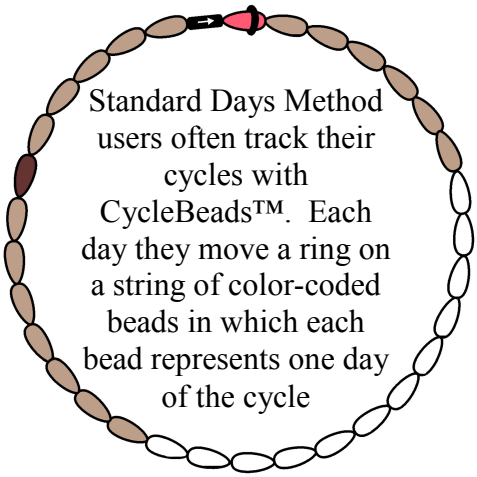
This paper examines patterns of intercourse during menses of couples who use fertility awareness-based methods of family planning. Many couples find sexual intercourse during menses unacceptable – either religion prohibits it, society discourage it (in some traditional societies it is taboo), or the couple does not like it. Couples often still perceive intercourse during menses to be unhealthy, unclean, or unpleasurable (Barnhard, Furman, and Devoto, 1995).

In the early 1980s the World Health Organization conducted a large survey on beliefs and behavior associated with menstruation in Egypt, India (high and low cast respondents), Indonesia, Jamaica, Korea, Mexico, Pakistan, the Philippines, the United Kingdom and Yugoslavia. In the United Kingdom 54% of women believed that intercourse should be avoided during menstruation. This proportion was much higher in all other surveyed countries (88%-98%) (Snowden and Christian, 1983). Also in the early 1980s, a study in the United States found

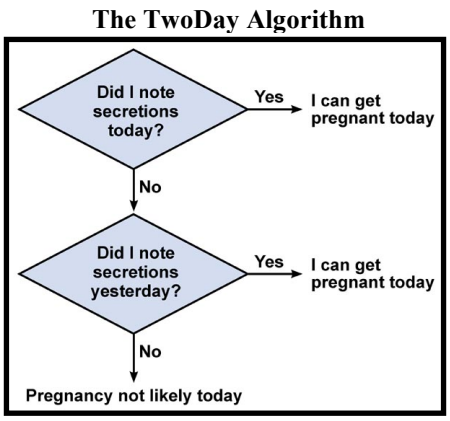
that 56% of women and 51% of men believed that women should not have intercourse while menstruating (Golub, 1992). While we can expect that these proportions may have reduced since, clearly a significant number of couples world wide still find it objectionable to have intercourse during menses.

For most users of fertility awareness-based method of family planning menses is a time in which they can have unprotected intercourse without fear of pregnancy. In this study we examine frequency of intercourse during menses for couples who use fertility awareness-based methods of family planning. To do so we analyze coital logs from efficacy trials of two simple fertility awareness-based methods of family planning – the Standard Days Method™ and the TwoDay Method™. These methods, which use very different approaches to determine the woman's fertile window, were developed by the Institute for Reproductive Health, Georgetown University, to meet the needs of women for simple accurate ways to identify their fertile window. Both methods are highly effective in preventing pregnancy.

The Standard Day method identifies the fertile window as days 8-19 of the cycle, for women with menstrual cycles that usually range between 26 and 32 days long. The same blanket rule is applied to all users in all cycles, provided that they meet the cycle regularity eligibility criteria (Arévalo et al., 1999).



The TwoDay Method uses a very different approach to identify the fertile window. Users determine whether they are fertile on any given day based on the presence or absence of cervical secretions (of any type, regardless of amount, texture, appearance, or other physical characteristics). A user of the TwoDay method asks



herself each day two simple questions: (1) "Did I note secretions today?", and (2) "Did I note secretions yesterday?". If she notices secretions of any type 'today' or 'yesterday', she should consider herself fertile today and avoid unprotected intercourse to prevent pregnancy. If the woman notices no secretions today, and she noticed no secretions yesterday, she is very unlikely to get pregnant from intercourse today

Both methods were tested in clinical trials, where women were followed for up to 13 cycles of method use. Results of these trials showed that both methods are highly effective when used correctly (life-table correct use failure rates of 4.8 and 3.5 respectively). Typical use rates also compare favorably to those of other user directed methods of family planning (life-table typical use failure rates of 12.0 and 13.7 respectively) (Arévalo et al., 2002; 2004).

Methodology

To examine patterns of coital frequency during menses we combine data from the clinical trials of the Standard Days Method and the TwoDay Method. The two studies were carried out with varied populations in different sites in four countries, and incorporated similar methodology and procedures.

Study participants were typical clients of public or NGO health programs. They were between the ages of 18 and 39 at admission, in union, and willing to follow their method's guidelines to prevent pregnancy. In all sites the Institute for Reproductive Health trained health providers in method provision and study procedures. Participants in both studies completed a coital log and were interviewed monthly (Arévalo et al., 2002, 2004).

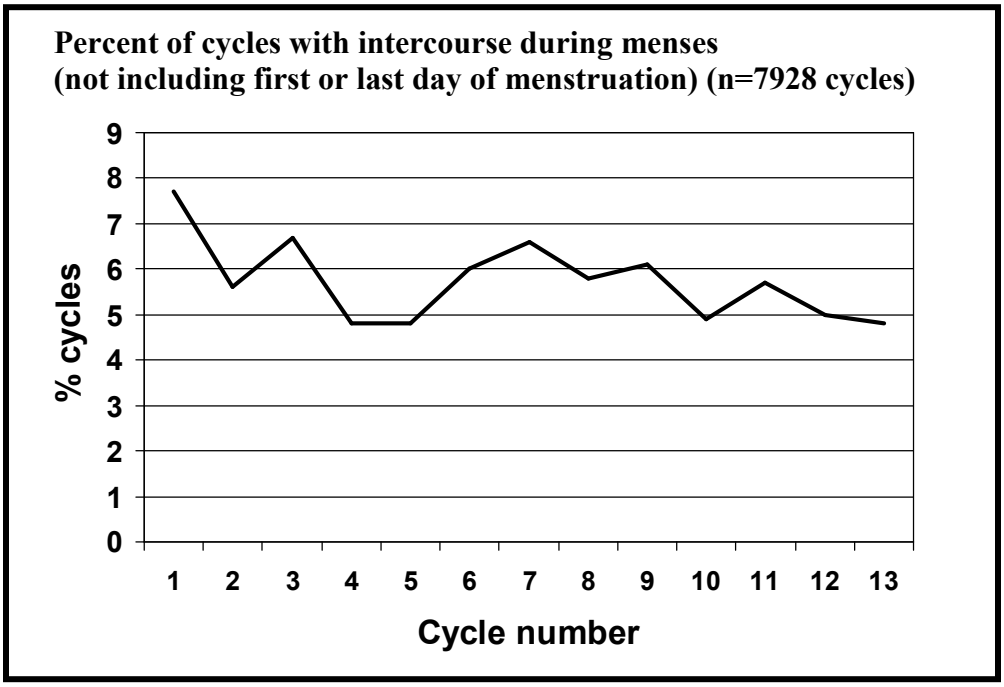
Some 928 clients participated in the studies. Participants resided in urban, mixed urban/rural, and rural sites. More than 90% had completed primary education and most were literate. All but five of the 928 participants had children, and about half had a child younger than two years old when admitted to the efficacy studies (Arévalo et al., 2002, 2004).

Of the 928 women who enrolled in the two studies 455 women (49%) completed 13 cycles of method used. There were a total of 90 pregnancies (9.7% of women); some 54 women (5.8%) were lost to follow-up; some women were removed from the study for study or method-related reasons (i.e., Standard Day Method users who had a second cycle out of the 26-32 days range during the study period); yet others left the study for voluntary reasons (Arévalo et al., 2002; 2004). Overall, participants contributed more than 8000 cycles to the combined data set.

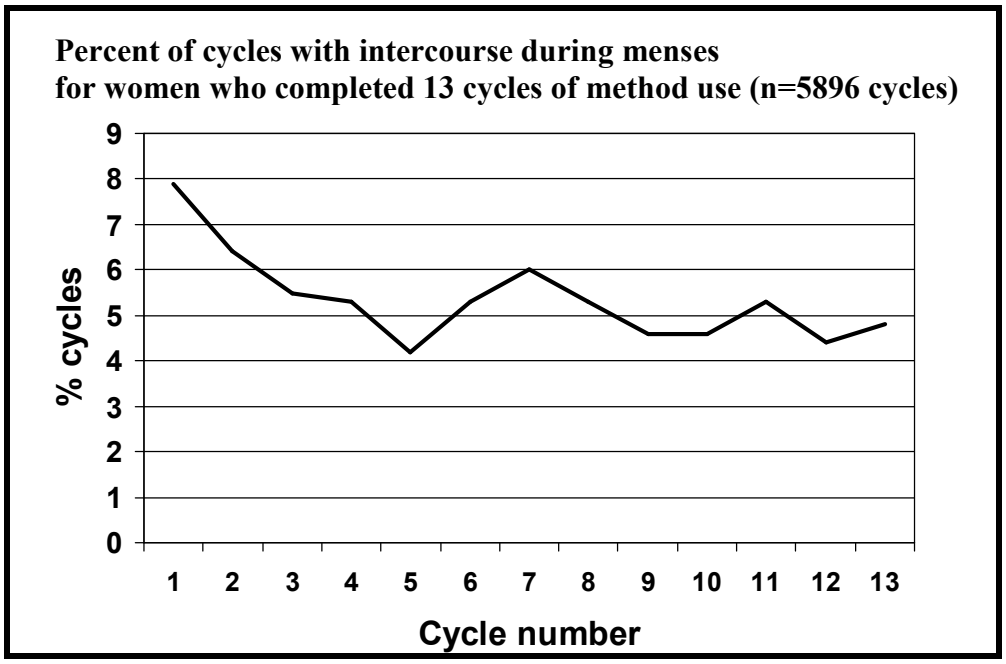
Results

The mean length of menstrual periods for cycles in the study was 4.37 (median 4). Study participants reported intercourse on at least one day with bleeding in 14.4% of cycles. Of these 2.1% had intercourse on the first day of menses. It is possible that they had intercourse early in the day, and got their period later that day, or had intercourse while bleeding was still very light. Most (64.6%) of the couples who had intercourse on a day with bleeding did so on the last day of their period. It is possible that bleeding stopped early in the day, and intercourse occurred that evening, or they had intercourse when bleeding was already light. However, in 5.8% of cycles participants reported that they had intercourse on at least one day with bleeding that was not the first or last day of menses (we can assume that bleeding was not too light and that it lasted the whole day).

The following figure shows the frequency of cycles with reported intercourse on intermediate (not first or last) days of bleeding, with continued method use. We can see that the frequency of having intercourse during menses declines somewhat, the longer couples use the Standard Days Method and the TwoDay Method.



Since by definition women who did not complete the studies did not contribute 13 cycles to the data, it is possible that this trend of reduced frequency of coitus during menses is unduly influenced by women who contributed more cycles to the study. Perhaps women who became pregnant or left the study for other reasons had more intercourse during menstruation, than those who stayed in the studies longer. To test this possibility, we repeated this analysis, including only cycles contributed by the 455 women who completed 13 cycles of method use in the studies. The results are shown in the following figure.



As the figure shows, the trend of reduced frequency of intercourse with longer use of the methods holds also when we include in the analysis only women who completed 13 cycles of method use. This suggests a possible behavioral change. As couples feel more comfortable and confident in their use of their fertility awareness-based they less often have intercourse during menses.

We also find that frequency of intercourse during menses differs by method. As the following table shows, users of the TwoDay Method reported having intercourse during menses in more cycles than users of the Standard Days Method.

Percent of cycles with reported intercourse on days with bleeding (excluding first and last day of menses)

	Standard Days Method users	TwoDay Method users
All study participants	4.1%	7.2%
Participants who completed 13 cycles of method use	3.8%	6.6%

Discussion

By definition, fertility awareness-based methods require some modification of sexual behavior. Users can only have unprotected sex spontaneously on days their methods do not identify as fertile. On their fertile days they have to use a barrier method or avoid intercourse to prevent pregnancy. Menstruation offers a period of several days that are outside of the fertile window. However, many couples do not like or do not wish to have intercourse during menstruation.

This article examined patterns of having intercourse during menses for users of two fertility awareness-based methods of family planning – the Standard Days Method and the TwoDay Method. We found that TwoDay Method users report more cycles with intercourse during menses than Standard Days Method users. We also found that users of both methods report more intercourse on days with menstruation in the first cycles of method use then later on. These results hold also when including in the analysis only those couples who survived in the study for the entire 13 cycle study period.

This suggests a possible behavioral change as the couple gets used to using the method. Most efficacy studies of fertility awareness-based family planning methods do not actually enroll women into the study until they have completed a "learning phase", typically a three-months period during which they receive instruction in the method (World Health Organization (WHO), 1981; Gray et al., 1993). Participants in our studies, on the other hand, were enrolled in the study from the very beginning, immediately following a 20-30 minute counseling session. We expect that they still experienced a learning period.

During the learning period – the first few cycles of method use – couples learn to adjust to the requirements of their method. Users of the Standard Days Method get in the habit of moving the ring on their CycleBeads daily, and determining by the color of the bead the ring is

on each day if they are on their fertile day before they have intercourse. Users of the TwoDay Method learn to identify the presence or absence of cervical secretions each day, and to use this information to determine their fertility status. This takes practice. Focus groups conducted with TwoDay Method users suggest that some users are not sure of themselves in the beginning, but after one or two cycles of method use they gain confidence in their ability to correctly identify their fertile days and make the connection between their observations, what they mark in their coital logs, and really understanding that they are fertile. Couples using either method learn to negotiate when they should or should not have sexual intercourse, and whether or not to use a barrier method as back-up protection.

Our results suggest the possibility that these couples have more intercourse on days with menses in earlier cycles even though they do not like it or believe it is not a good thing to do – perhaps because they are unsure of the opportunities for unprotected intercourse they would have later in the cycle – until their competence and confidence in method use increase.

The mean coital frequency was almost identical in the two studies – 5.5 days with intercourse per cycle for Standard Days Method uses; 5.6 days with intercourse per cycle for TwoDay Method users (Arévalo et al., 2002; 2004). However, users of the TwoDay Method report intercourse during menses in more cycles then users of the Standard Days Method.

There is an inherent difference between the two methods that may explain this trend. The Standard Days Method uses a fixed rule to identify the fertile days. All users follow the same rule – no unprotected intercourse on days 8-19 of the cycle – in all their cycles. The couple can then plan around it. As soon as the woman gets her period the couple knows exactly when they will or will not be able to have unprotected intercourse. The TwoDay Method, on the other hand, requires more flexibility. In most cycles the fertile period started between days 6 and 11

(mean day 8), and was usually 11-15 days long (mean 13). Couples using the method need to be prepared for secretions to start at any day, and have no definite knowledge of when the last days of secretions will be. The couple, then, can never plan in advance exactly when they can have unprotected intercourse. We found, for example, that some users of the Standard Days Method who worked night shifts planned their work schedule around the fertile days. This is harder to do for users of the TwoDay Method. It is possible that TwoDay Method users feel less confident of being able to have unprotected intercourse between menses and the onset of secretions, and therefore have intercourse during menses.

This information was gathered in the context of efficacy studies, with frequent provider-client interaction and intensive follow-up. Further study is needed to determine whether the trends reported here hold when the methods are offered in regular service delivery, if they are influenced by quality of counseling or type of method providers, and if intercourse during menses affects patterns of intercourse during the rest of the cycle, which may influence method efficacy.

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