

The Family Planning Method of the Kalenjin

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Family planning is an important issue in Kenya. Surprisingly traditional Kalenjin culture had effective family planning that was eventually displaced by Christian teaching. The artificial methods that replaced the older methods have some serious drawbacks. The ovulation method practiced by advocates of natural family planning may be the best available method to fill the void and to restore once again some of the strengths of traditional fertility management. There is a need for the Christian community today, particularly Christian men, to teach the importance of natural family planning to the younger generation of Christian couples.

In this paper I intend to look at the traditional family planning methodology of the Kalenjin people among whom my husband, Peter, and I worked over a period of 22 years. This is a typical example of the fertility management systems that have been used by many other tribes here in Kenya, in Zaire and in Tanzania. We will look at why these traditional methods are no longer being used and the consequences. We will also look at how the ovulation method of natural fertility management would have been more culturally relevant than the artificial methods if it had been offered when the traditional methods began to be abandoned. I will conclude with a word on the role of the Christian community in training its young people to manage their fertility responsibly.

In our early years in Kenya, in Kericho, I realized that the young Kalenjin women of my age were bearing their children close together. If I mentioned to one of my missionary friends that so and so had just had a baby and her older child was less than 2 years old, maybe even less than 1 year old, the response was usually, "Oh, Africans love children. They want to have large families." I also became aware that the older women that I knew had large families of eight, ten, or even 11 children. I thought that my friends had children close together because it's their culture to do so.

But as I got to know the younger women better, they told me that this was definitely not what they would have desired and that it was a big problem to them. They shared their concern about the number of children they already had, close together, and how they were having a hard time coping. They wondered how they could possibly manage with more children, but they knew that it was inevitable that they would have more. I encouraged these women to use the methods of family planning that I was familiar with, some of which I had also used; and which were readily available in both the government and the mission hospitals and dispensaries.

When I suggested using condoms, the response was usually, "My husband won't use it." When I suggested the birth control pill, a typical kind of response was, "Do you see that house across the valley? The woman who lives there used to take that pill and she bled very heavily and now she's a very sickly person. I won't take a chance that that will happen to me." When I suggested the coil (the IUD) to one woman, she said, "My brother's wife had a coil and it cut right through the wall of the uterus and ended up in the abdominal cavity." Now this sounded bizarre at the time but I have since learned that that does happen, and that it's not that uncommon. So the coil was not very acceptable either.

There was a lot of distrust about these methods. Some things they said seemed to be unreal and exaggerated, but I have since realized that they do all happen.

Meanwhile, the husbands of these young women, who were also my very good friends, started accusing me of "westernizing" their wives by encouraging them to use family planning. I thought, "Well, I guess it is western to have few children and to space these children farther apart but this seems to be such a felt need that maybe it's all right to westernize in this one situation." All these conversations were taking place in the Kalenjin language and I was learning some very useful vocabulary.

When we went to Kalenjin in 1965, missionaries had already been there for about 40 years. Hospitals and schools had been established. Churches were there. A lot of changes had taken place during that time so sometimes I was confused as to what was traditional Kalenjin culture, what was new Kalenjin culture and what was westernized Kalenjin culture.

As I got to know the older women they taught me about the culture that they had grown up in and I learned some very interesting things about their traditional family, and family size. I was amazed to learn that responsible fertility management had been a very critical part of Kalenjin culture, and that it was strictly enforced by the whole community. It was definitely not western to space

children. It was definitely Kalenjin culture to space children. What was very definitely western (or at least new, if not western) was to have children born closer than about four years apart. And this is exactly what those young husbands were doing. They were not spacing their children as Kalenjin culture required. They were following western culture which did not require them to space their children.

Traditional Family Planning Methodology of the Kalenjin

Traditionally, the Kalenjin had a very strict method of family planning that was regulated by the community, which required them to space their children about 4 years apart. This was accomplished by sexual abstinence. The couple did not have intercourse from the time a woman knew she had conceived until the community determined that a proper period of time had passed after that child had been born.

After a child was born his mother wore a leather girdle around her hips¹ and she also let her hair grow. When the community decided that the child was developed enough that they, the community, could manage the nurturing of another child by that couple, the couple was permitted to have intercourse again. We could call the leather girdle a chastity belt². The long hair was another sign that the couple was not allowed to have intercourse. The Kalenjin were very aware of their interdependence, especially in the area of child nurturing and it was the community that regulated the conception of children.

The Kalenjin were very aware of their interdependence, particularly in the area of child nurturing. Thus it was the community that regulated the conception of children so that, first of all, there was some equality in the distribution of children and especially so that each child had access to all the care that he needed to develop fully.

Social Conditions for Subsequent Conceptions

Traditionally there were a number of conditions that had to be met by a child before his parents would be allowed to conceive again. First, the child had to be able to take care of himself in the face of danger. If a wild animal or raiders threatened, a pregnant woman would not have to pick up her child and run with him, thereby putting three people in danger: the child, the woman and the unborn baby. Second, the child also had to be able to contribute to the ongoing welfare of the community. The way this was decided was that he had to be able to follow

instructions to catch a goat and then to take it to wherever it was required; and among some of the Kalenjin sub-tribes he even had to be skilled enough to tie that goat to a tree. Third, the child had to be approximately as tall as the chastity belt his mother was wearing was long. Fourth, the child had to be responsible enough to be sent, by himself, to bring his father something when he was in the field or somewhere some distance away. When these conditions were met there was a feast at which the woman's head was ceremoniously shaved and the chastity belt was removed. After this the couple could once more have intercourse.

Social Penalties for Disobedience

It needs to be pointed out that in this traditional system it was the husbands who were held responsible for conception control. If a couple was found to be pregnant before the community gave them permission to be, the husband had to pay some very heavy fines.

First of all, his peers, the men he had been initiated into adulthood with, would take his prize bull, or his prize cow - slaughter it and eat it without inviting him to the feast. Besides being a very expensive fine, he was being punished and humiliated by his friends, not by some remote police body.

The second fine was worse. If a couple was pregnant before the community gave them permission to be so, it was usually one of the younger men who had behaved so irresponsibly (according to Kalenjin mores). Young men were warriors. Warriors were self-controlled. They were disciplined. If a man could not be self-controlled in the sexual relationship he had shown that he also could not be depended upon to behave responsibly in battle. Who would put his life into the hands of someone who could not even control himself sexually? He had disqualified himself as a warrior and he lost his job. His manhood was directly measured by his ability to manage his libido for the good of the whole community.

The third fine was even more severe. If a couple was pregnant without the permission of the community, it was as though the husband had stolen that child from the community. He was a thief. He had stolen a child that did not belong to him. It was someone else's turn to have a baby, not his. Because the resources of the community now had to go into his child, some other couple would have to postpone their right to conceive, or everyone in the community would have to have less. That man had stolen the child from that couple. He had also stolen that child from the community by putting a heavier burden on the community.

Among the Kalenjin, a thief was killed. While they didn't kill this man, he might as well have been dead. He had lost his credibility. He was no longer respected. He no longer had a voice in the community and because of this he would never again be allowed to address a baraza (any public meeting, let alone a men's meeting). This was the ultimate humiliation. This was like death to a Kalenjin man.³ My Swahili teacher, a Teriki, said, "That man had become like a woman."

Kalenjin Practices and Missionary Response

The traditional Kalenjin method of family planning was facilitated by three cultural practices which were seen by the early missionaries to be physically, emotionally, socially and biblically objectionable.

1. Clitorectomy. The first practice that facilitated this method was the cutting out of the clitoris gland: clitorectomy. When a girl was initiated into adulthood her clitoris gland was surgically removed. This cut down her libido and made it easier for her to abstain from having intercourse for that long period of time. Early medical missionaries were aware of the problems these women experienced in childbirth because of the scarring that resulted from that operation. For this, and other, reasons they encouraged the Christians to not allow their daughters to be clitorectomized. Some also provided "safe houses" where girls, whose families would not protect them, could hide during the "initiation" time so that they would not be clitorectomized.

2. Separation of husband from wife and child. Secondly, the husband-father was kept totally outside of the child-nurturing structure. He was very much a peripheral member of the child-nurturing community. A father could not hold his newborn child. He could not even hand food to his crawling child. The closest he could come to that crawling child was to put some food on his foot and stick it out to him. Putting distance between children and father also put distance between wife and husband. This distance made it easier to abstain from intercourse and so also facilitated conception control.

In the Christian context we think that fathers have an important role to play in the nurturing of children right from birth so we encourage a close relationship between fathers and their children. To facilitate this close relationship between father and child we encouraged a close relationship between husband and wife. This lessened the effectiveness of the traditional method.

3. Polygamy (specifically polygyny). A third practice that facilitated this method of conception control was polygyny (multiple wives). In Kalenjin society

men had a high risk occupation. They were warriors and many of them lost their lives in tribal fighting so there were more women than men. The fact that women outnumbered men is what actually made polygyny possible.

Although polygyny was practiced, few young men could ever have more than one wife because wives were bought and they were expensive. A man's first wife was bought for him by his family but he had to build up his own personal wealth before he could invest in a second wife. In traditional Kalenjin society, it was the young married men who were required to be very self-controlled sexually inside of the couple relationship, as well as outside of it.

When a man got older, when he had accumulated his own wealth, then he could afford to buy other wives. But not even all older men could buy other wives because there were not that many women to go around. The influential men, chiefs and others, would have many wives but other men might have only one.

Another way a man acquired wives was through the death of a brother, a cousin, a nephew (the levirate system). When a man died, one of his male relatives became responsible for the care of his children. The dead man's wife then became the wife of the relative who assumed the responsibility of taking care of her children.

But, even if a man did have three or more wives, those wives could have been at some point in the abstinence phase at the same time since as soon as a woman knew she had conceived she would not have intercourse until that child could take care of himself in the face of danger. One wife might have a two year old child, another one might just have delivered and the third wife might just have realized that she was pregnant. So even though polygyny was practiced a Kalenjin married man was still required to be very self-controlled sexually.

In traditional Kalenjin society a woman did not have many children. She had perhaps five to seven conceptions. Because of the many health hazards maybe only three of those conceptions became adults. But a man could have many children because he could have more than one wife. If a man had three wives and each one had five children who reached adulthood, he had 15 children but each of his wives had only five.

From the woman's position in society, polygyny facilitated family planning because it was one of the factors that allowed her to space her conceptions. It wasn't one of the major factors but it did somewhat facilitate the spacing of children. From the man's position in society, as well, polygyny facilitated

family planning because it allowed him to plan to have many children by having more than one wife.

Community Education of the Tribe

At their initiation into adulthood, during puberty, both girls and boys were thoroughly taught what their roles were in responsible conception, and they also were taught thoroughly what the consequences would be if they behaved irresponsibly.

The only way to protect girls from being clitorectomized was to keep them out of this initiation program. Other harmful, and unbiblical practices took place during the initiation program so, eventually, the church had its boys circumcised separately from the traditional group and in this way both the girls and the boys bypassed the traditional initiation program where the basic teaching about responsible fertility management, according to Kalenjin mores, took place.

Traditionally there were other communal education programs, which took place after initiation, at which both the unmarried women and the unmarried men received continuing instruction on responsible fertility management. For example, when a young man was preparing to marry, the older respected men in the community would gather together with him all the young men who had already been initiated into adulthood, and would further instruct them about their responsibility in conception control, as well as other things. By the time they actually got married both women and men knew very well what their respective responsibilities were in controlling conception as well as the consequences if they behaved irresponsibly. These other functions were also not attended by the young people of the church.

Effects of Christian Teaching on this Traditional System

The Christian community did not enforce the traditional method of spacing children. It discouraged the practices that facilitated the method. Christian husbands escaped paying the fines a non-Christian husband would have had to pay if he had broken the law regulating conception.

In the Kalenjin world view, a man's wealth was primarily measured by the number of children he had. Since in the Christian context a man was limited to only one wife, maybe a Christian man felt that his one wife should give him at

least as many children as two wives would have given him. This might be the main reason that Christian women had so many children born close together.

The Christian community encouraged a close relationship between husband and wife, even apart from a close relationship between father and child. The physical union of intercourse is considered to be a critical component of a close couple relationship. To abstain from having intercourse from the time a woman knew she had conceived a baby until that child was approximately as tall as his mother's chastity belt was long, was seen to be detrimental to a close husband-wife relationship, so the method itself was also discouraged.

Results of Christian Teaching on Rate of Conception

Christian couples were soon outside the Kalenjin conception control system. Three primary reasons for this can be seen. First, Christians discouraged the three practices that facilitated the method (clitorectomy, keeping fathers outside of the child-nurturing structure, and polygamy). Secondly, a Christian man did not have to pay any fines if he impregnated his wife before he had permission from the Kalenjin community to do so (in the Christian community, it was considered a man's own business when he impregnated his wife and how many times. The Christian community had no say in the matter, nor did the Kalenjin community.). Thirdly, Christians rejected the practice of sexual abstinence (after the birth) for the traditional period of about four years.

What conception control methods did the Christians put in the place of the traditional methods? The Christian couple received no communal teaching or controls regarding responsibility in conception from the Christian community. Christian women began conceiving many children (often eight or more) close together.

In the past, because of the many health hazards, especially mother and child health problems, sometimes up to half, or even more, of their mothers and grandmothers children had died. Some died because of miscarriage, others after birth, from childhood diseases, from malaria, from dysentery, or from any number of diseases.

The Christian women were the ones who had confidence in the medical expertise of the missionaries. If there were complications during pregnancy, or if one of their children got sick, they quickly got help from the medical missionaries, so most, if not all, of their many conceptions lived to adulthood.

Eventually the traditional method of family planning was used less and less in the non-Christian context as well.

The population in Kenya before Independence had remained fairly stable but mushroomed since then due to better health care, especially better mother and child health care (which missionaries had a big part in establishing) and the increased conception rate (again, which missionaries had a part in causing). In addition fewer deaths occurred because of the cessation of tribal fighting. From a nation of about seven million people, Kenya has become a land of about 25 million.

In addition to undermining the practices that facilitated fertility management, the mission/church undermined the community education of the tribe in this critical area of family living without introducing a viable alternative.

By the time I arrived on the scene the young people I was involved with in the church had not had the same teaching about conception control that their parents had had, and they had come to consider family planning as a western innovation that had been introduced by us white people, whereas in actuality family planning was an integral part of the Kalenjin culture. What was foreign were the methods that were currently available: the birth control pill, condoms, the coil, vasectomies, tubal ligations. What could be done?

My Discovery of the Ovulation Method

About ten years into my ministry I came across a book that described the Ovulation Method of natural fertility management. After I read it I thought, "This is really amazing - if it works." I looked for other books on that topic and got as knowledgeable as I could. The more research I did the more convinced I became about the value of this method. As I became more confident in the method I started sharing what I had learned with my friends.

The women I told about the Ovulation Method (OM) liked the idea of it, but it does require a lot of teaching and a woman has to be committed to observing for her sign of fertility. And it also requires knowledge and cooperation on the part of her husband.

Over the years at different women's meetings I would present a rationale for the spacing of children. I would also present the different methods of family planning that were available. I would remind them that their Kalenjin culture required them to space their children; and that there was a traditional method that

they were free to use, or that they could use the artificial methods; or that they could use natural family planning, but that they did have a responsibility to use some method.

The OM (Ovulation Method), which requires sexual abstinence for a short period of time each month seemed to be more acceptable than the artificial methods and also more compatible with the traditional method of abstinence for a long period of time.

In the Christian community I was a woman who was teaching women about family planning. And I was expecting the women to be able to communicate this to their husbands. The only problem was that women did not have a lot of credibility with men in that society and there was no man in the Christian community, that I knew of, who was teaching the men about responsible fertility management. And besides that, there were no consequences in the Christian community for a man who impregnated his wife soon after she had delivered a baby. Eventually I got in contact with a group of couples who were teaching the Ovulation Method to wives and husbands, as units. We were working in Kapropita at the time and I invited two of those couples to come from Nakuru to present this method to our pastors and their wives. The response was much better than when I had worked with only women.

After that I also started instructing wives together with their husbands - with varying results. Maybe it wasn't as well accepted as it could have been because I was still only a woman, instead of one of the older respected men in the community. Nevertheless it was encouraging to see what could be done.

This seemed to be a more acceptable method of family planning than the artificial methods and it seemed as though, if it was available and well taught, it could meet a very critical need. I had not had any formal training in teaching it.

When we went to Canada in 1987 for our home assignment I started looking for somewhere that I could get some training in teaching the OM. The best course I found was at the Creighton University in Omaha Nebraska in the United States. This was a 1 year post graduate course. I took it and when we came back to Kenya in 1991, I came as a Natural Family Planning Practitioner (NFPP) assigned to teach the Ovulation Method within the Africa Inland Church.

Comparisons of Modern Birth Control Methods and the Traditional Kalenjin Method

Natural family planning (NFP) is more compatible with the traditional Kalenjin method than artificial methods in that both NFP and the traditional method

require some form of sexual abstinence. NFP is also more compatible with the traditional method than are artificial methods because men have to take more responsibility in the use of both the traditional method and the natural method than they have to with most artificial methods.

There are, however, some important ways in which the traditional method is more similar to some artificial methods than it is to NFP. Clitorectomy was an external, obvious mutilation of women that facilitated the traditional Kalenjin method of family planning. I'm not sure if the Kalenjin consciously associated clitorectomy with family planning or not. The way I heard them describe clitorectomy was that it was the female counterpart of male circumcision. But, whether they consciously associated the two together or not, clitorectomy was a very important factor in their traditional family planning methodology. It was an external, obvious, mutilation of women. It was a debilitating and harmful operation.

Yet many of the artificial methods seemed also to be harmful. Tampering with a woman's delicate balance of hormones as the BCP (birth control pill) or the negative effects of spermicides on a woman's cervix might be equally as debilitating as a clitorectomy.

Some of the common side effects of the birth control pill include: breakthrough intermenstrual bleeding; weight gain; nausea and vomiting; a diabetic like state; and a decreased menstrual flow. Some of the uncommon side effects are: heart attack; cervical cancer; gall bladder disease; and infertility. The birth control pill affects over 130 metabolic processes within a woman's body. The external mutilation of women by clitorectomy is a significant alteration. It is permanent. But pills and other medications tamper with the basic hormonal structure of a woman daily. There is even evidence that the BCP lessens a wife's sexual desire.⁵

Tubal Ligation

A Kenyan high school student, a woman, who was in one of my seminars asked me if it was all right for a Christian woman to have her tubes tied. I responded that many Christian women had had their tubes tied, myself included, but that with my present knowledge I wouldn't do it and neither do I recommend it but that each couple should make their own educated decision. She said that she and her friends had been taught that if you were clitorectomized you would not go

to heaven and in her eyes tubal ligation and clitorodectomy were equal. Tubal ligation and clitorodectomy are very different from each other, but they are both operations that facilitate family planning.

So we saved women from having to be clitorodectomized to space their children and now we encourage them to take the pill and use other methods, which might be just as harmful and repulsive although unseen. The OM is more compatible with the traditional method and it is not harmful.

Intrauterine Device (IUD, Coil)

If abortion is wrong, and, if life begins at conception, then, for a man to agree that his wife should have a coil is not responsible conception control on his part. It is irresponsible birth control, not conception control, because it does not prevent conception, it does not stop a couple from conceiving a new human being. It stops them from giving birth to that baby by causing a spontaneous abortion as early as 9-17 days after conception has taken place. That is, the above is true if life begins at conception, and if abortion is wrong.

The OM is only one method of conception control, but it is conception control, not birth control. The condom, with or without spermicide, is another method of preventing conception. Most BCPs prevent ovulation about 75% of the time, so most of the time they do prevent conception, but not 100% of the time. When the BCP is used and conception does take place, most of these conceptions are spontaneously aborted because the BCP keeps the lining of the uterus from building up properly.

The OM is a very effective method of conception control and every woman can confidently, and easily, know, every month, when she has the potential to conceive a baby. God has put a sign in every woman's body that tells her when she has this potential. Every woman has seen this sign, has been aware of it but very few know what it means. Every married couple deserves the opportunity to be educated on how to use this method. Then they can make an informed decision as to whether they want to use it or not.

Shift of Responsibility from Men to Women

Another result of using artificial birth control methods is that we shift the responsibility for conception control from the husband to the wife. We thus rob men of their cultural heritage of community involvement.

What are some of the ways a man can take responsibility in the area of conception control: 1) He could use a condom; 2) He could have a vasectomy; 3) He could use the traditional method of abstinence; or 4) He could use natural family planning, which encourages communication and joint decision making by the couple.

From my perspective, because of the many side effects of the birth control pill, the patch, the injection, a man would not be taking his responsibility in conception control by letting, or encouraging, his wife to use these things.

In Kalenjin society, men were held responsible for conception control, not women although both had a role to play in responsible fertility management. Grandfathers trained their grandsons to know their role while grandmothers also trained their granddaughters in this area. All older women and men had this function. They had all been educated to do this job, as they had also been educated to do many other jobs.

Remember, too, that they were very community oriented so these grandfathers and grandmothers would not limit their instruction to their own grandchildren. In today's Kenya we need men who are trained to teach the young men how to be responsible in this area as much as we need women to teach the young women.

A New Proposal: Educating in Community

It was in the Christian context that the traditional method was first thrown out so it seems to me that it would be good for the Christian community to shoulder the responsibility for teaching responsible fertility management. First of all, though, we need to have dialogue to see if we can determine what responsible conception is in the Christian context.

Consider some of the groups who would benefit by learning about the ovulation method. 1) Older couples who are no longer fertile, possibly having gone through menopause, or having had a vasectomy or a tubal ligation. Older men and women have children who need guidance. Traditionally parents did not teach their own children in this area, but today the grandparents may not be equipped, or want, to do this job. So, since there is this vacuum, maybe parents need to fill that vacuum.

2) Couples might benefit from knowledge of the OM who have the number of children they want, who consider their families complete or who don't want to have any more children but who do not want to have a vasectomy or a tubal ligation or use any apparatus or medication.

3). Couples who are just starting out their marriages and would like to know how to space their children. Engaged couples would also benefit from this education.

4). Single men and single women, separately. This might include young people who are not in a relationship but who would like to understand their fertility to prepare themselves well ahead for marriage.

Conclusion: Taking Control Again

I have spoken to Christian leaders about my views on this issue and their response has been: "It's not my job. My job is ..." In response to them we can say that in Kalenjin society it was the job of every grandfather to counsel his own grandsons, as well as the grandsons of all his peers, on many subjects but especially on responsible conception. These men all had other jobs as well, but this was every man's job.

"No one asks me about family planning." Even ministers who are marrying people say, "No one asks me about family planning." We would raise the question that if a minister cannot initiate the subject of family planning and give Christian guidelines in this critical area of marriage for the people he's marrying, then there's something wrong. In Kalenjin society the elders in the community didn't wait for the couple who were getting married to ask them about family planning. It was their job to teach responsible fertility management to all. They counseled the young men over and over about their responsibility in this area right from puberty until marriage. They didn't wait to be asked. It was their job. In our churches the need is so great that we need men who are not going to wait to be asked. We need men who are prepared to meet that need.

Today's job is big enough that maybe it should be every mature man's job to teach the younger men what their responsibility as Christian men is in the area of family planning.

Sources

1. I absorbed all of the material in this paper about the family planning methodology of the Kalenjin people from the Kalenjin people among whom I lived and worked for 18 years. During those years my intention was not to write a research paper. My friends would tell me various things and gradually I started to record them in my presentations about family planning. I do appreciate the Kalenjin people and the wisdom they showed in their management of fertility although there were very negative aspects to their methodology. And I thank them for enriching my life through letting me into their lives.

2. At a couples fellowship in Ossen in Baringo Region between 1980 and 1987, when I was talking about family planning, an old man stood up and said, (in Kalenjin) "In the old days we didn't abuse our women like they do these days. We didn't impregnate our wife until the child that she had delivered was as tall as the chastity belt his mother is wearing is long."

3. Some time after we had returned to Kenya in 1991, four pastors from Baringo Region came to welcome us back. As I was serving them tea I was asking how their families were. The youngest pastor said, "My wife is in the hospital. She has just delivered our last child." I perked up my ears and said, "How do you know it is your last child?" He said, "You know, nowadays we can't have many children like they used to have in the old days." I asked, "When you say, 'The old days ...', do you mean the old days like 10, 15 years ago, or like 50 years ago?" The oldest pastor said, "Oh, in the old, old days the Kalenjin spaced their children about 4 years apart ...". Then he went on to tell me what I have recorded on page 3 and 4.

5. During the one year practicum of the course on teaching the OM, which I did in my home town of Edmonton, Alberta, Canada, I had to teach 27 couples how to use the OM. I actually taught 32 couples during that year. Four of those 32 women, all 4 of whom had started their marriages using the (BCP), told me that they were amazed at how much they enjoyed having intercourse after they had stopped using the BCP and started using natural family planning. They had all thought that there was something wrong with them because they had not really enjoyed having intercourse. And there was something wrong, but not with them. It was what the BCP had done to them. These 4 women out of the 32 that I had taught had felt free to tell me this. I did not ask them. So I wonder if there were others who had had the same experience but who had not felt free to discuss it.

I was teaching one couple who lived in a city 200 miles away from where I was living so I had to do some follow-ups with them by phone. One time the wife was not there when I phoned so I talked to only the husband. One of the

things we discuss at our follow-ups is how satisfied the couple is with the OM. This man said they were very satisfied with the method, particularly because his wife was now enjoying having intercourse.

Not all women are affected by the BCP in this way. One of our doctors told me that some women don't enjoy having intercourse until they do use the BCP because they're always worried about becoming pregnant. He said that after they start taking the BCP, when the fear of pregnancy is gone, then they begin to enjoy intercourse. But 4 out of 32 women that I taught during that year told me that they had had a suppressed libido when taking the birth control pill. This is about 12%, quite a high percentage. The fear of pregnancy can be better removed by learning the ovulation method.