

## RESEARCH ARTICLE

# Sexual Health Intervention for Couples with Difficulty in Sexual Abstinence

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## Abstract

**Purpose:** Nurses in the forefront of reproductive health services face the challenge of motivating clients to adapt fertility awareness-based methods, or making them continue with the method due to concerns about handling sexual abstinence. To assist nurses and other reproductive health providers, a sexual health intervention was developed. Thus, this study aimed to determine the effectiveness of the sexual health intervention called Kalabit-kalabit (sexual desire), Irap (abstinence), and Sanggang-dikit (shared behavioral plan) (KIS) on the sexual scripts, motivation, and behavior of couples with difficulty in sexual abstinence in natural family planning. Specifically, it aimed to identify the sexual scripts on pagkatao (personhood), pagkalalaki (manhood), pagiging lalaki (masculinity), pagkababae (womanhood), pagiging babae (femininity), pagtatalik (sexual intercourse), and pagpipigil (abstinence), as well as the sexual motivation and behavior of couples with difficulty in abstinence before and after KIS.

**Methods:** Embedded multiple-case study with purposive sampling using the replication logic was used to satisfy the inquiry. Four couples qualified using the assumption that difficulty with abstinence is caused by illogical sexual scripts, and inappropriate sexual motivation and behavior of either one or both spouses as a template to determine KIS's effectiveness. Pattern matching, cross-case synthesis, and logic model were used for analytic generalization. Prior to the conduct of the study, the research protocol underwent scrutiny by the Independent Ethics Committee of De La Salle Medical and Health Sciences Institute.

**Result:** KIS was found to be effective in (a) decoding and denouncing illogical sexual scripts and inappropriate sexual motivation and behavior, (b) reframing them to logical sexual scripts and appropriate sexual motivation and behavior, and (c) sharing mutual behavioral plans if accompanied with openness and full acceptance of self and spouse coupled with conviction, cooperation, commitment, and determination.

**Conclusions:** Decoding, challenging, reframing, and sharing mutual behavioral plans facilitate couples' competence in achieving sexual abstinence with ease.

**Keywords:** *Sexual scripts, motivation, behavior, abstinence, natural family planning.*

## Introduction

Modern natural family planning (NFP), also known as fertility awareness methods, was based on research. Couples observe and record signs of fertility while they adjust their sexual intercourse based on their intentions to postpone, stop or achieve pregnancy. Thus, abstinence is required during the fertile days if the couple intends not to have a child. Cooperation, communication, and shared commitment are necessary. If instructions are not carefully followed, natural family planning is less effective (Billings & Westmore, 2011; Kaiser Family Foundation [KFF], 2018; National Health Service United Kingdom [NHS UK], 2021; United States Conference of Catholic Bishops [USCCB], 2021). Polis, et al. (2016) reported that there were 13.9 pregnancies (method and user-related) in 100

episodes of use of periodic abstinence with emphasis on calendar method in 43 countries for a 12-month period.

Enhancing the sexual abstinence and intercourse experience of couples as they practice NFP is necessary in the practice of the fertility awareness method because sexuality is entwined in daily life. There may be situations that may lead to a degree of misunderstanding: "*Lalaki ako, may pangangailangan,*" (I am a man with a sexual needs) and/or "*Pag 'di napagbigyan, sasabihin, may pinaglalaanan ng iba o 'di naman kaya, mainit ang ulo,*" (Every time I don't feel like making love, my husband gets annoyed thinking I might have another man). Skeptic audience will often comment "*Imposible ang NFP sa mga*

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*lalaking mahihilig. May kilala ako,*" (NFP is not applicable to males with a high desire for sex. I know someone who is like that). These are examples of statements that a natural family planning teacher, like the researcher herself, hears from some NFP practitioners and skeptical audiences.

Reflected in the statements are common archetypes the society and culture have inculcated in the very fiber of the person's being. These paradigms become the ethos, which most probably are the by-products of the conventional knowledge on sexual urges suggesting that men are easily aroused, have very strong sex drives, and want sex more than women do. Enough sex keeps the relationship together (Baumeister, 2010; David & Webber, 2013). The researcher believes that these long-standing beliefs are the reasons why some couples and skeptics do not accept and endorse NFP. These even are the ascribed reasons for the difficulty in abstinence, which may eventually lead to disengagement from NFP practice.

In 2013, the Philippine statistics on NFP showed that there is 1.0% adherence to modern natural family planning methods, with 9.3% of them using the rhythm method (Marquez et al., 2017). Rivera (2009) reported that among the modern NFP, there is 0.1% usage of both Billings Ovulation Method and Standard Days Method but none for Sympto-thermal Method.

The researcher also found out that the available program that addresses the issue of abstinence both globally and locally are for adolescents' education. Nothing was found on changing the interplay of sexual scripts, motivation, and behavior that may assist couples in their abstinence practice while exercising natural family planning. In fact, Tandico (2007), in his study, suggested that by virtue of McDonaldization, males were left uninformed in the Philippine family planning program.

As such, to assist nurses and reproductive health workers providing NFP services as well as their clients, the researcher contemplated that by identifying, decoding, challenging, and reconstructing these sexual paradigms, both sexual intercourse and abstinence will be more meaningful and life-giving. The idea of sexual paradigm is apparent in the theory on the sexual script while the process of challenging and substituting illogical to logical supposition may be done using the principles of Rational Emotive Behavior Therapy. Simon and Gagnon (1984) contended that sexual script constructs the sexual conduct as dictated by the culture of the society since human sexuality is responsive to both socio-historical processes and necessary understandings that preserve a sense of an individual's experiences in life. Thus, the script is defined as a "metaphor for conceptualizing the production of behavior within social life" (p. 53). Kimmel (2007) furthered that sexual script is the heart of sexuality in identity formation. On the other hand, Ellis (n.d), Cormier and Hackney (2008), and Rosner (2011) explained that to change one's behavior, the treatment must focus on helping

the individual look into their feelings, and challenge the negative appraisals and substitute them with logical suppositions. Moreover, the Reticular Activating System (RAS) or the subconscious mind can be programmed and reprogrammed. The programming of the RAS, belief system, and commitment, when put together, result in achieving the goal (Pax, 2021; Goodyear, 2020; Hallbom & Hallbom, 2016; Innovateus.net, 2013; Sanders, 2012). Likewise, the concept of cognitive dissonance suggests that where two or more conflicting conditions exist, particularly when two options are both alluring, it can only be removed if the person reduces or eliminates the importance of the conflicting beliefs (Festinger, 2015; Travis, 2014).

The researcher, thus, proposed an intervention that will enable couples to appraise the interplay of the levels of scripting (cultural scenario, interpersonal scripting, and intrapsychic scripting) as logical (positive appraisal) or illogical (negative appraisal) and that negative appraisal will be replaced with logical suppositions, guided by the perspective that Reticular Activating System can be reprogrammed (See conceptual framework in figure 1).

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### Statement of Purpose

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The study determined the effectiveness of KIS on the sexual scripts, motivation, and behavior of couples with difficulty in abstinence. Specifically, it determined the: (1) sexual script on personhood, sexual intercourse, and abstinence, manhood, masculinity, womanhood, and femininity; (2) sexual motivation and behavior and; (3) chain of outcome namely, (a) change from illogical to logical sexual scripts (immediate outcome), (b) shared sexual behavioral plan (intermediate outcome), and (c) appropriate sexual motivation and behavior (ultimate outcome) of couples with difficulty in abstinence before and after employing the KIS intervention.

### Assumption of the Study

The assumption of the study was difficulty in sexual abstinence is caused by illogical sexual scripts and inappropriate sexual motivation and behavior of either one or both spouses.

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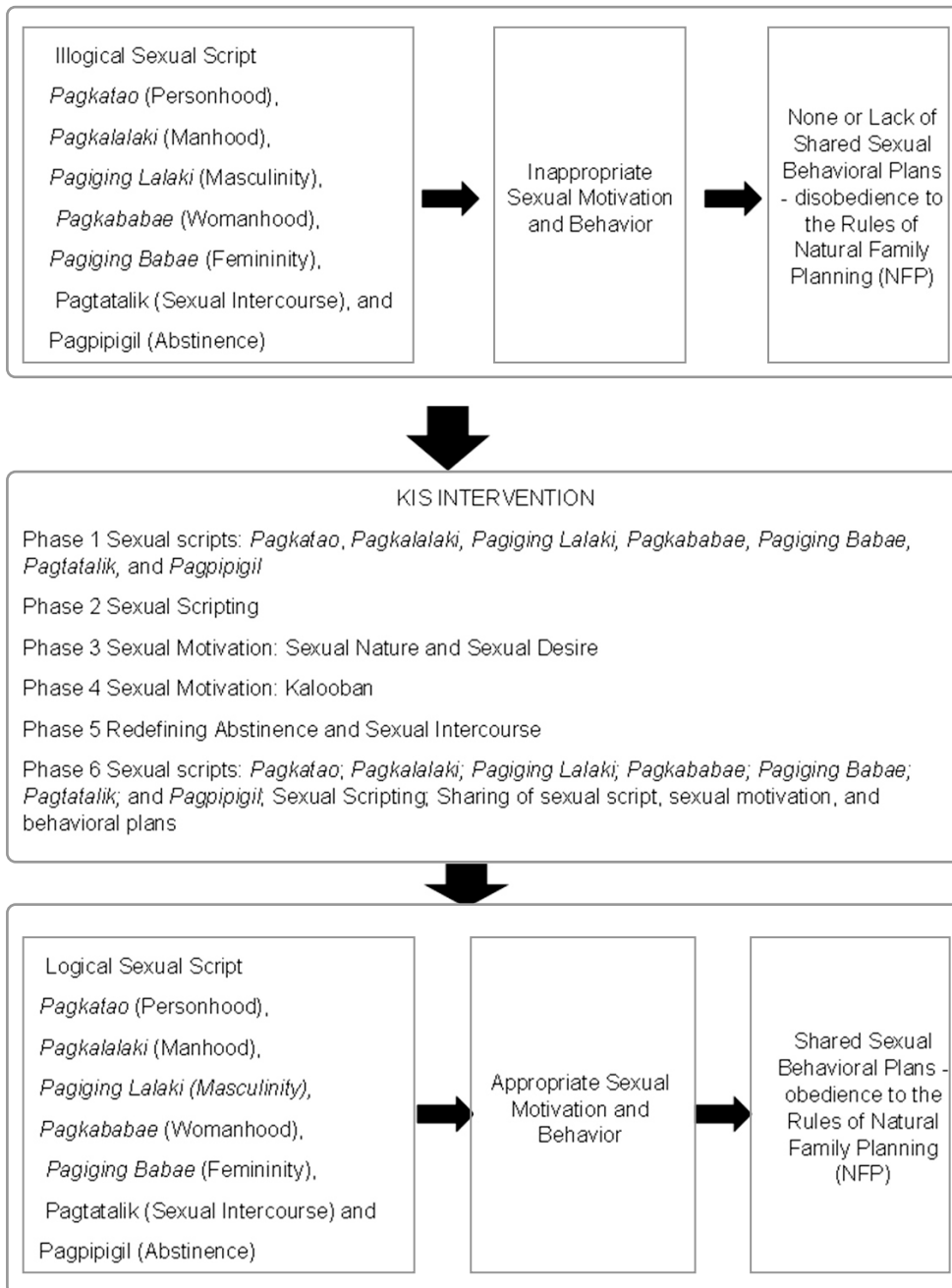
### Methodology

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An embedded multiple-case study by Yin (2009) was used to satisfy the inquiry.

The study contended that couples' conscious and/or unconscious pattern of negative beliefs about one's own and spouse's personhood, manhood/womanhood, sexual intercourse, abstinence, and masculinity/femininity (sexual script/s) brought difficulties/challenges either within the self or with his/her relationship, thus, resulting in illogical sexual scripts. Otherwise, couples have logical sexual scripts. Moreover,

Figure 1. Conceptual Framework



couples may have either (a) conscious or unconscious rejection of the need to examine the purpose of postponing pregnancy in reference to health, economic, socio-cultural, and moral aspects without losing sight of the accountability and responsibility to humanity as they exercise prudence and generosity; or (b) conscious or unconscious acceptance of the need to examine the purpose to postpone pregnancy in reference to health, economic, socio-cultural, and moral aspects but has lost sight on the accountability and responsibility to humanity, thus, failing to exercise prudence and generosity, which is categorized as

inappropriate sexual motivation. Otherwise, couples have appropriate sexual motivation.

Further, couples with any or a combination of the following: (1) negative description about sexual intercourse and sexual abstinence as reflected either in the *pagtatasa* (evaluation) and sexual meter stick or as part of the narrative during the processing of KIS or in their individual journal or all of them, (2) presence of violations of the rules of NFP, (3) inconsistency with the expressed sexual motivation, and (4) negative description or positive but inconsistent reflection on Discerning Applicable Sexual Behavior were classified with inappropriate sexual behavior. Otherwise, couples have appropriate sexual behavior (*kalabit-kalabit* – sexual desire and *irap*-abstinence).

KIS has three parts. The first part (Phase 1 to 2) is to decode the sexual scripts through various worksheets, interviews, journals, NFP charts, and reports of NFP teachers, as well as through activities like symbolic representation; sexual lifeline – a recollection and narration of their sexual history; sexual scripting process – a recollection of the most memorable sexual experiences (both happy and sad); and decoding which entails

identification of their sexual scripts which need change.

The second part (Phase 3 to 5) is to challenge the couples with illogical sexual scripts and inappropriate sexual motivation and behavior to denounce and reframe their sexual scripts, as well as to develop and implement the shared sexual behavioral plans.

The third part (Phase 6) is to decode once more the sexual scripts on personhood, manhood/womanhood, masculinity/femininity, sexual intercourse, and abstinence through the same

process in Phases 1 and 2. The couples were again classified whether to have logical or illogical scripts by identifying the sexual scripts and whether the sexual intercourse and abstinence experiences were appropriate or inappropriate. A group sharing is included in the last part of Phase 6.

Ethical considerations were reviewed by the Independent Ethics Committee of De La Salle Medical and Health Sciences Institute.

### Participants of the Study

Among the many couples practicing NFP, only four prequalified were able to finish the study due to problems with their schedule. The participants were all married, within the age range of 26-40, with 33 as the average. Except for one participant being Born Again Christian, the rest were Roman Catholic. Most of them graduated from high school except for Female 4 (F4); Female 3 (F3) graduated from college while Male 2 (M2) reached 3<sup>rd</sup> year college. Couples 3 (C3) and 4 (C4) have four children. Couple 1 (C1) has two, while Couple 2 (C2) has seven. The breadwinners among Couples 1, 2, and 4 are male, while Couple 3 is female. The length of NFP practice among the participants varies from at least three weeks to ten years at most with normal cycles. All four couples had difficulty in abstinence and had illogical sexual scripts, inappropriate sexual motivation, and behavior, specifically: Female 1 (F1), Male 2 (M2), Female 3 (F3), and Male 4 (M4). Meanwhile, Male 1 (M1), Female 2 (F2), and Male 3 (M3) were tolerant of their spouse's sexual behavior, while Female 4 (F4) was sometimes forced.

### Data Gathering Instruments

Instruments used were miniature toys for introspection, disclosure, and articulation of feelings and connection within the self as they target to represent the person's sexual script. Candles provided a stimulus for cultivating the senses and sensitivity of the person to describe how the body, mind, and motivation work together in relation to script and sexual script. Other forms are various worksheets, e.g., sentence completion, checklist, and questionnaires, namely, demographic profile, *pagtatasa* (evaluation), Scripts and Sexual Scripts (SSS), Sexual Intercourse Meter Stick (SIMS), Sexual Abstinence Meter Stick (SAMS), Decoding Sexual Script Guide (DSSG), Sensing, Feeling, Thinking (SFT), Discerning Applicable Sexual Behavior (DASB), and Scripting and Plans for Sexual Behavior (SPSB). Journal writing was also employed. All these were answered individually by both male and female participants.

### Data Collection

Selection of participants, consent signing, and administration of the worksheets for the first session marked the start of KIS. Almost all sessions were conducted on a one-to-one basis for more or less an hour depending upon the pacing of the

participant. The order of the session - whether male or female - depended on the readiness of each participant. The participant who finished first was instructed to keep silent about the activities to maintain the spontaneity of the partner who would undergo the same session in a separate room. The thoughts and feelings during the conduct of the session were elicited by the investigator. Then, a journal was handed to each participant every after the session for insights. After the individual sessions, the couple met for a sharing session. Sessions on Phase One to Two decoded the individual's sexual scripts and sexual scripting.

The Phase 3 session worked on the sensitivity of each spouse to one's own and to his/her partner's sexual nature and desire in relation to appropriate sexual motivation and with a short input about communicating and listening skills.

Phase 4 evaluated the couples' sexual motivation: *kalooban*. Couples looked into the reasons for sexual intercourse and sexual abstinence by reflecting on the basis for practicing natural family planning, and their accountability and responsibility to humanity as social beings with prudence and generosity.

Phase 5 guided the couples in denouncing old script and sexual scripts in session one and assisted in integrating the role of the new script and sexual scripts in their sexual behavioral plans in session two. They were tasked to develop a meaningful conjugal script and sexual behavioral plans to work on for the next three weeks.

Phase 6 was conducted after three weeks. To validate the effectiveness of the newly developed shared and meaningful sexual behavioral plans, all four couple participants accomplished the same worksheets and activities. The last session was the sharing of experiences including the process of implementation, its success, and failure.

## Findings

KIS's effectiveness was determined using the logic model from the cross-case analysis as a chain of outcomes, namely, (a) change from illogical sexual script to logical sexual script (immediate outcome), (b) shared sexual behavioral plan (intermediate outcome), and (c) appropriate sexual motivation and behavior (ultimate outcome).

### A. The Immediate Outcome

In terms of the first chain of evidence, immediate outcome, all the four couple participants had illogical sexual scripts prior to KIS. These sexual scripts were manifested as the interplay of cultural scenarios, interpersonal, and intrapsychic scripting. The interplay of these three shows the following: (a) the cultural scenario of sex as a stress reliever or *pampatulog* (sleep inducer), and obligation and abstinence as difficult; (b)

interpersonal scripting of being tough (negative light) and satisfier of the sexual need of the spouse; and (c) intrapsychic fear of impregnating the wife, compelling sexual desire, being selfish and being insensitive creating a couple scripting of *Challenge-abide* (C1), *Conform-nonchalant* (C2), *Pamper me-I will* (C3), and *Compelling husband-reluctant wife* (C4).

This interplay was challenged, reframed, and replaced by (a) the cultural scenario of sex as proper timing while abstinence as easy, if with communication and mind setting; (b) interpersonal scripting of being tough (positive light), being sensitive and with a sense of respect; and (c) intrapsychic scripting of being open to life, being sensitive, being good follower, being partners, and employing a wait-and-see approach. These changes in the cultural scenarios, interpersonal, and intrapsychic scripting created couple sexual scripts of *We are partners* (C3 and C4), *I started to trust - I started to adjust* (C1), and *Your goal could be my goal and I am starting to be sensible but wavering - He leads, I will follow* (C2).

After KIS, decoding, challenging, and reframing in terms of abstinence were effective to Couples 1, 3, and 4 but not in terms of enhanced sexual intercourse in Couple 1 where M1 was able to challenge the fear once but still needs more experience of the same essence. Meanwhile, Couple 2 was starting to digest the new couple script on abstinence.

#### B. The Intermediate Outcome

For the second chain of evidence, intermediate outcome, only Couples 3 and 4 had a coordinated and congruent intention of avoiding pregnancy, prior to KIS. Couples 1 and 2 had an individualized uncoordinated intention. Couple 2 had a different primary reason. Only F2 showed eagerness to avoid another pregnancy. The concept of the partnership was well verbalized by F3 but lacked execution as manifested in the adjustments made by M3. C4, on the other hand, had very good teamwork in terms of fulfilling the daily needs of the family. But in terms of avoiding another pregnancy, M4 showed inconsistency as a team player. After KIS, all four couples did their best to follow their plans. Couple 2 partially met their goal as manifested by the reduction in the frequency of sexual intercourse from three to five times per week to five times a month, though some days of abstinence were unintentional and were due to marital arguments. Sexual intercourse on a possible fertile day indicates non-adherence to their plan. Also, C2 lacked good communication aside from the fact that they still have illogical scripting. Moreover, M2 lacked ownership of and commitment to their own plan while F2 was tolerant of M2's behavior. Hence, inconsistency during the execution is a manifestation of a lack of determination and commitment. Couples 1, 3, and 4 were able to achieve a shared and well-executed behavioral plan. All three

couples show consistency, commitment, and determination to triumph the plan.

#### C. The Ultimate Outcome

For the third chain of evidence, the ultimate outcome is the appropriate sexual motivation and behavior leading to without difficulty in abstinence. Couples 1, 3, and 4 were able to immerse their sexual desire in their intention to avoid pregnancy and consciously communicated during abstinence, hence without difficulty in abstinence. However, the presence of fear of impregnating on M1's part, though conquered once, could possibly induce another episode of withdrawal during the marital act. Couple 1 needed time. Couple 2 failed to immerse their sexual desire in their intention to avoid pregnancy, hence still having difficulty in abstinence. Therefore, the assumption that difficulty in abstinence is caused by illogical sexual scripts, and inappropriate sexual motivation and behavior is indeed true.

Hence, the changes in sexual scripting paired with sensing, feeling, thinking, abdominal breathing, and adequate communication are the main elements in KIS that are responsible for its effectiveness in facilitating ease in sexual abstinence and enhanced sexual intercourse. Together with these aforesaid elements, conviction, cooperation, commitment, and determination of the participants contribute to KIS effectiveness. Lack of ownership and acceptance, coupled with inadequate conviction, commitment, cooperation, and determination, makes KIS less effective.

Simon and Gagnon (1984) contended that social meanings explain sexual behavior rather than physiological processes. This is because the inhibitory regions in the temporal lobes, anterior cingulate cortex (ACC), and ventromedial prefrontal cortex (vmPFC) make an individual behave appropriately (Clark, 2014). Furthermore, the reticular activating system works as a gatekeeper to help an individual to be more focused and achieve his/her set goals (Reticular Activating System: Definition & Function, 2016).

#### Analytic Generalization (Expanding the Theory of Simon and Gagnon)

Sexual scripting in the sexual abstinence and intercourse in the fertility cycle continuum in natural family planning practice can be best explained as the belief-in-action-interaction mode of each spouse which can either be reciprocated or rejected or sometimes tolerated by the spouse. This belief-in-action-interaction scripting of the husband-and-wife results in couple scripting that is either logical or illogical which influences their sexual motivation and behavior to be either appropriate or inappropriate, hence with or without difficulty in abstinence and enhanced sexual intercourse.

The couple's sexual scripting (belief-in-action-interaction) can be decoded, challenged, and reframed. Moreover, the couple's sexual scripts influence sexual motivation, and behavior. Based on the reprogrammed scripting, a couple can create a shared sexual behavioral plan that may facilitate sexual abstinence and enhanced sexual intercourse. However, the resulting sexual behavior depends on the degree of internalization of the emerging values and goals. (See analytic generalization in figure 2 below).

**Discussion**

Effective decoding, challenging, reframing, and sharing mutual behavioral plans can assist the couple to achieve sexual abstinence without difficulty, but not necessarily enhancing sexual intercourse. Mind setting and communication facilitate partnership and adherence leading to successful sexual abstinence. Meanwhile, enhancing sexual intercourse happens if there is acceptance and openness to life, full trust in the observation and recording of fertility, and full acceptance and respect to self and spouse. Moreover, conviction, cooperation, commitment, and determination must also be integrated on the part of the participants.

**Conclusions and Recommendations**

Decoding, challenging, reframing, and sharing mutual behavioral plans can assist couples to achieve sexual abstinence without difficulty. However, couples need support in enhancing their sexual intercourse, especially in the area of

handling extreme fear of pregnancy. Thus, reproductive health providers/NFP teachers are encouraged to be equipped with skills in surfacing the scripts and sexual scripts, motivation, and behavior and assist couples to create a shared mutual behavioral plan. Sexual health intervention may be used. Also, a phenomenological study on couple scripting on sexual intercourse as *pampatulog* or as a form of stress reliever might interest the researchers.

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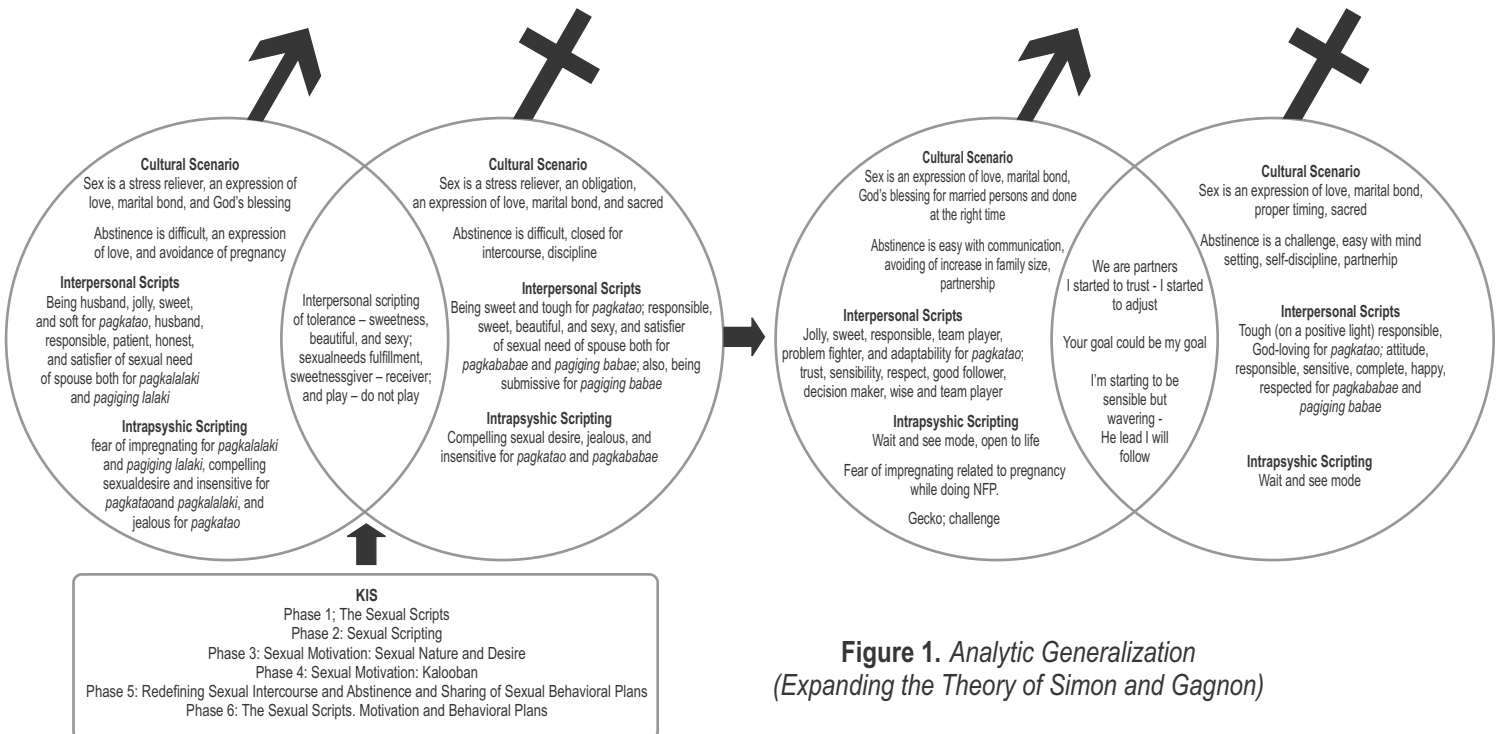
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**Figure 1. Analytic Generalization**  
(Expanding the Theory of Simon and Gagnon)

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