

The Freyja Study



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LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



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Conflicts of interest

The Frejya study is funded by a research grant from Natural Cycles.



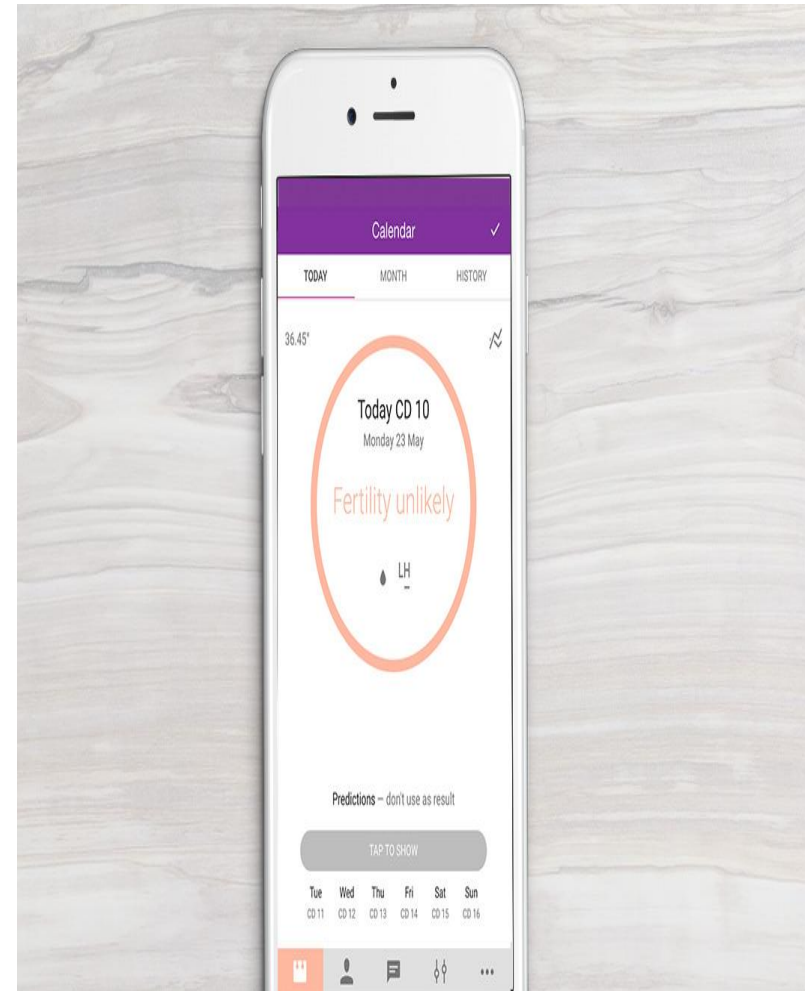
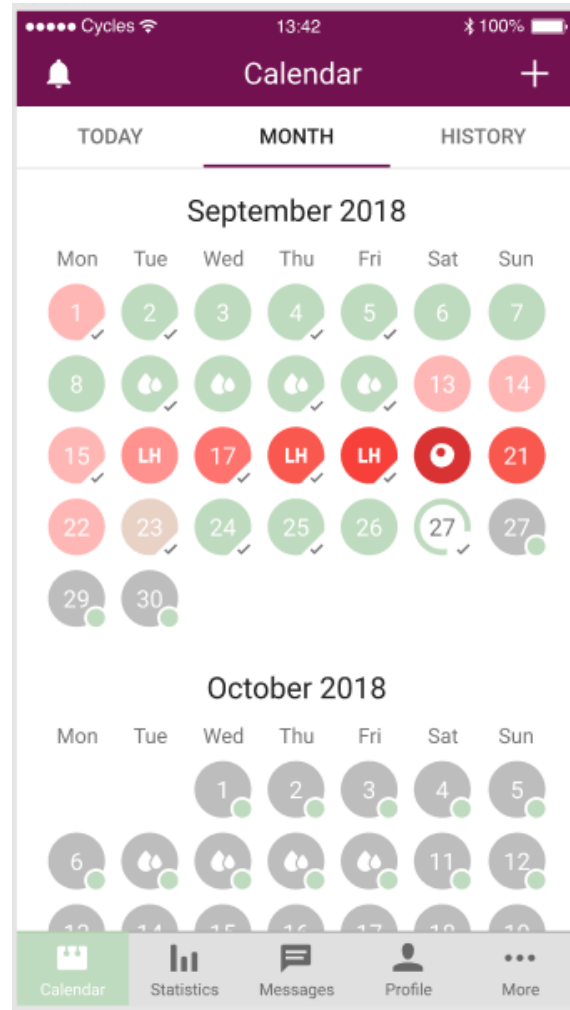
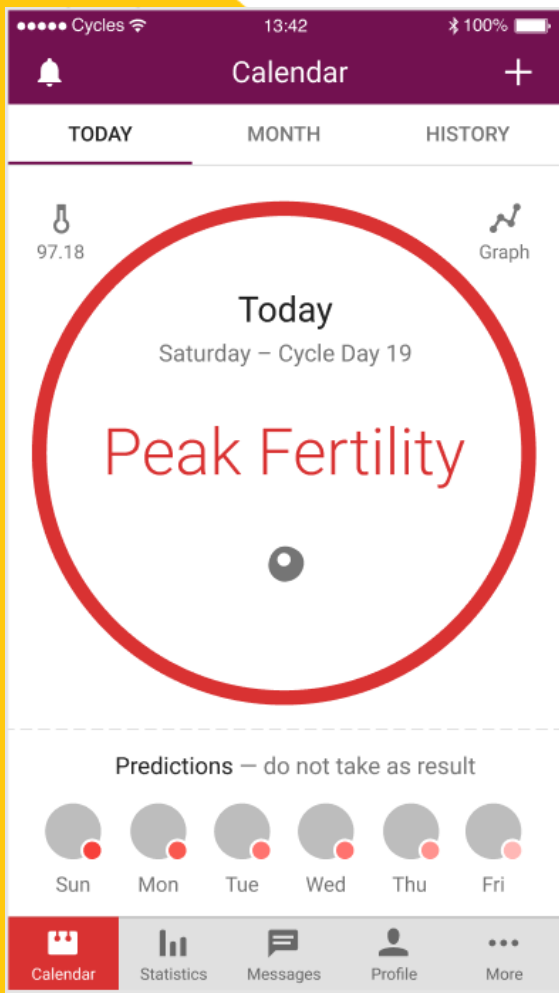
Aim

“To explore the role of a fertility awareness app (Natural Cycles) in relation to users’ and their partners’ conception-related practices and experiences”

i.e. to explore:

- how people use Natural Cycles and other methods
- how they feel about them
- how these methods fits in with everyday life and plans





Selecting participants: eligibility

- **Users:**

- 18-44
- Ever used NC in 'plan a pregnancy' mode
- Living in UK
- Not advised to avoid pregnancy for health reasons
- English language speakers

- **Partners:**

- Aged 18+
- Current partner of NC user meeting above criteria



Recruitment, data generation and analysis

- **In-app message / social media / snowballing / website**
- **Individual, in-depth interviews**
 - conducted over Skype/zoom, private space
 - topic guide
 - fieldnotes, audio-recorded and transcribed verbatim
 - lasted 25-72 minutes long (average 48m)
- **Thematic analysis, inductive and iterative**



Demographics

Women n=24

- 24 - 43 years old (1 <25, 6: 25-29, 10: 30-34, 6: 35-39, 1: 40+)
- 2 Asian/Asian British; 2 black/black British; 2 mixed/multiple ethnic groups; 2 other white, 16 white British
- All have current partner - 1 female, 23 male
- 17 had used 'prevent' before
- Duration of 'plan' use: 4 <1 month; 13 1-6 months; 7 >6 months
- 18 currently using plan
- 7 pregnant before; 6 currently pregnant

Partners n=6

- All male, White British, aged 30-39 years old



Nature and science, technology and the body

- App considered both 'natural' and 'scientific' – trust and credibility
- Means of 'getting to know' body and cycle better, and validating embodied feelings
- 'Seeing' & 'doing' science, (shared) project → app as part of conception process & relationship

*"I just didn't like the idea of pumping myself full of, you know, chemicals...I wanted to use something **as natural as possible**, and I've never kind of wanted to use the rhythm method per se because I **didn't really trust it**, but I thought **this seemed a bit more scientific** in terms of, you know, being able to check your temperatures and all of that stuff."* (RF01, Woman, Age 30-34)

*"I was the kind of person that **didn't really pay any attention to when my period would be...** I think **it's like shown me sort of how long my cycle is, when I'm likely to ovulate...** it's actually made me a **lot more in-tune with myself...** now I generally know roughly when I've ovulated, whether or not I've been using the app consistently or not."* (PG02, Woman, Age 30-34)

*"[Using Natural Cycles] made it feel more like a **science**, so like a challenge. We're very good at **tackling problems together**, you know, we're quite **good problem solvers** when we work together, so I think it was a, 'right well this is a tool to get, you know, **a tool to do a job** and this is the job that needs doing'."* (PG01, Woman, Age 35-39)



Structure and routine, time and place

- Switching to 'plan' at "right time" but (hypothetical) pregnancy in 'prevent' "not the end of the world"
- Importance of structure, "strict regime", measuring becoming "habit" – emphasis on using it "properly"
- Slight disruption reduce precision – some questioned science/technology, but more often their own use

*"I knew that we were going to be planning a pregnancy within about six months, and I thought, well, we'll give that a go... I don't necessarily trust it to be 100% as contraception, but if it were to happen and I **were to fall pregnant, it wouldn't have been the end of the world**, that's why I went with that one."* (NT01, Woman, Age 18-24)

*"I do use it every day and **now I've got into the habit it's easier to do**. But there is the **odd occasion**, especially at the **weekends when you're laying in, you just forget...** you think, "I'll get up in a minute" and then you notice the thermometer laying there and go, "Oh yeah, I haven't done that yet". For the most part, though, **I think I use it pretty well.**"* (NT02, Woman, Age 35-39)

*"It just was completely, like up and down all the time, **it seemed to depend where I put it in my mouth, when I woke up... I wake up between half-six and seven every day, but my partner lives half the week in [a different city] ... so that affects... my body temperature... I just think that it expects you to have a very, very... I still get up between half-six and seven, I wasn't particularly, like moving... I don't know what it's to do with it... maybe I kind of move too much or something... you're not really supposed to move before you take your temperature.**"* (PG12, Woman, Age 35-39)

Reassurance, anxiety and adapting use

- For some, greater knowledge of “what’s happening” in their bodies offered reassurance and control
- For those using for longer, “constant reminder... that you’re still trying” → source of stress/anxiety
- Some adapted use, taking breaks during/between cycles → reworking technology to manage wellbeing

*“A lot of women in my family right now are trying for babies, and they say things like, “Oh, you should **just relax and you shouldn’t stress about it...** but I actually find the opposite, I’ve always been one of those people that likes to know what’s going on, you know, I hate being out of the loop and I like to know what’s **happening**. And even though, I suppose it is a bit of effort to take the treatment and take the LH tests ... I think knowing that I’ve done everything that’s possible makes it, you know, a bit, **a bit easier for me to bear.**” (NT02, Woman, Age 35-39)*

*“**Sometimes I think using the app has made me more stressed** about trying to conceive because I’m **constantly waiting for that temperature to go up...** before my period comes I’m literally thinking “Don’t drop, like really don’t drop today...” and then it does and you’re like “urgh!” ... More recently I’ve **switched to just measuring from about Day 10 until I’ve ovulated** and then I stop because I feel like any information it’s going to give me after that I don’t really need to know... sometimes I can find it more stressful to see the temperature every day and kind of read into... whether that means I’m pregnant or not.” (PG02, Woman, Age 30-34)*



(Gendered) autonomy vs. responsibility

- Sense of (women's) greater control over fertility
- But also reinforced responsibility (often on women) to use “properly”/“responsibly”, and assess credibility

*“If you’re starting to **calculate your body to be able to become more in control of yourself** then I imagine it’s quite worrying for some people, you know, that that’s giving quite a lot of **power over to the female body.**” (PG01, Woman, Age 35-39)*

*“At that time I **was quite happy for her to take on that responsibility**, because **it was her body**, and we’d had that conversation about her coming off the pill and it was like, “Yeah, no, I think you should”... I still thought, “you know what, **she’s probably in the best position to know anything about this**” and so left it, you know, when she said, “Look, there’s this app, it’s done by the WHO,” I was initially quite sceptical, but just thought, “well okay, fair enough, let’s go”, you know? She wouldn’t have chosen it if she didn’t have full faith in it.” (RF02, Male, Age 35-39)*

Silences and support around fertility

- Talking about fertility fraught with difficulties – “modern”, technological nature of app could facilitate
- However, many did not discuss with GPs – “no need”, dismissed, unjustified given “overstretched”
- Some felt app could offer emotional control; others urged link to “human support”, reassurance and advice

*“There was a [pregnancy test] brand... putting out loads of false positives... I went in [to GP] and I did another pregnancy test [after initial positive], and it came back negative, and that was a really hard situation for me, I was very, very upset... they dealt with it... just as if you’re a person on a conveyer belt, there’s **no emotional attachment there**. So I do think that **if the NHS were to offer you something like an app that can help you in your planning process, so you can deal with your emotions on your own...** that might be better going forward. I know they’re **really stretched and I understand that.**” (PG07, Woman, Age 25-29)*

*“[it] is helpful to have that **indicative information to feed the natural process along...** But... there’s a **huge amount of limitation** for what this [apps] can do... **if it’s not combined with some kind of meaningful support...** if you... had used this meticulously for months on end and were not sort of seeing any results... and you’re not using some other kind of **human basis support to complement and supplement that data**, are you **possibly creating a difficult situation** for yourself where you think something should be happening and you’re not understanding why?” (RF01, Woman, Age 30-34)*



Equity, inclusivity and relatability

- **Cost** – reasonable, inspiring “trust”; but less affordable for women on low incomes
- **NHS** – some support for subsidisation and/or endorsement; but concerns re. required structure/stability (contraception) and competing costs (conception)
- **Advertising**
 - Generally relatable and credible, but not especially memorable
 - Some felt could better reflect diversity (racial, sexual, disabilities); importance of seeing self in imagery
- **Language, look and features**
 - Understandable, but could be more specific/less euphemistic at times
 - ‘Achievements’ variously “motivating”, “gimmicky” and reinforcing responsibility for fertility
 - Clear and appealing look; some counterintuition (colours designed for contraception) but easy to adapt



Emerging recommendations

- Technology has potential to empower, inform and disrupt silence around fertility, but can also generate anxiety, pressurise relationships and place (gendered) responsibility on individual → need for human support and reassurance
- Natural Cycles and other app developers
 - Including information/links on conception, including when/how to seek further advice or care
 - Using specific and sensitive language (versus slang/euphemisms); allowing users to tailor info. received
 - Making easily accessible to partner, if user wishes
 - Involving diverse range of (potential) users in development
- Healthcare providers
 - Engaging in discussions on fertility awareness and patients' concerns
- Education and media
 - Balanced focus on contraception, conception and fertility in curricula
 - Dispelling myths and break silence surrounding conception & fertility



Research Team

LSHTM: Pippa Grenfell, Nerissa Tilouche, Rebecca French

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Advisory Group: Sarah Earle, Open University; Sesh Sunkara, King's College London, Suzanne Basnett, Community representative

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The views expressed in the presentation are those of the research team and not necessarily those of the study funders, Natural Cycles.

Further information about the study can be found on the Freyja Study website

<https://www.lshtm.ac.uk/research/centres-projects-groups/freyja-study>

