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AN ACCELERATED PLAN OF ACTION
FOR NATURAL FAMILY PLANNING
PROGRAM DEVELOPMENT

Directorate for Health and Population
Agency for International Development
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I. Natural Family Planning (NFP) Methods

NFP is a complex subject. There are discrete forms of NFP that differ markedly. Here, no attempt has been made to discuss comprehensively all the varied aspects of NFP. A recent A.I.D.-sponsored report provides a detailed review of NFP.¹ This document was used extensively in preparing this paper.

The definition of NFP assumes a prohibition against ingesting or using any substance or device to prevent fertilization. Because breastfeeding inhibits ovulation "naturally", it is considered a "natural" method of family planning under this definition.² The contraceptive effect of breastfeeding has been the principal regulator of human fertility for millions of years and constitutes perhaps the most important method of child spacing in the developing world. While breastfeeding is included herein as a "natural" form of family planning, an extensive discussion of breastfeeding is beyond the scope of this paper. Nevertheless, its nearly universal importance for women and children of the developing world merits continued emphasis by the Agency. Therefore, some discussion of breastfeeding is included.

A. Types of Natural Family Planning (NFP), Including Breastfeeding and Various Forms of Periodic Abstinence

1. Breastfeeding and Various Forms of Periodic Abstinence

Voluntary abstinence from sexual intercourse during menstruation, pregnancy, the postpartum period, and on certain ceremonial and religious occasions has been practiced by many cultures for centuries. Social taboos, folk beliefs or the desire to space the births are the major reasons for these types of traditional abstinence. The most common form of prolonged voluntary abstinence is the postpartum one associated with extended breastfeeding. In many societies, notably in Africa, social taboos prohibit intercourse for nursing women. However, extended breastfeeding by itself provides significant contraceptive protection and lowers birth rates.

2. The Calendar Rhythm Method

The identification of the fertile phase in relation to the menstrual cycle during the 1930s led to the development of formulas which involve numerical calculations of a woman's fertile and infertile days based on the duration of her past cycles. Following one of various formulas, a woman must subtract 18 days from the shortest of her previous six to 12 cycles to estimate the beginning of her fertile period. To estimate the end of the fertile period, she must subtract 11 days from the longest cycle. This method became known as the Calendar Rhythm Method. Because the length of the menstrual cycle can vary greatly in successive cycles and among individual women, especially among the very young and those nearing menopause, estimates of the fertile period are often broad, requiring extended abstinence.

3. The Basal Body Temperature (BBT) Method

Beginning in the 1950's, new ways were found to monitor the endocrinologic events of the woman's menstrual cycle. One of the important observations was that one or two days after ovulation there was a rise in basal body temperature responding to rising levels of the hormone progesterone. A woman using this method takes her daily temperature and records it on a chart. Because this method cannot predict when ovulation will occur, but only the probable end of the fertile period, intercourse must be limited to the 10 to 12 days after ovulation and she must abstain for approximately one-half of her cycle. This deficiency is particularly serious for women who have long, irregular or anovulatory cycles, common after the onset of menstruation (menarche), during lactation, and around menopause. Thus, few women use the BBT method alone.

4. The Cervical Mucus Method or Ovulation Method (OM)

Another identifiable hormonal change in a woman's menstrual cycle is found in cervical mucus secretions. Dr. John Billings of Melbourne, Australia, during the 1960s, developed a method by which a woman is taught to identify the fertile period solely on the cyclical changes in the cervical mucus. This method is often called the Billings Ovulation Method or the cervical mucus method. A woman must be taught, during periods of mucus flow, to distinguish between different types of mucus--the sparse sticky secretions indicating the initial rise in estrogen levels, identified by a feeling of moistness, and the more abundant lubricative mucus that occurs close to ovulation, identified by a feeling of wetness. To confirm her judgment based on sensations, she can wipe her vulva with a tissue before urinating, or remove mucus from the vulva with her finger and check its appearance and stretchiness.

Mucus patterns and the extent of abstinence required to follow this method is subject to great individual variability. The average abstinence required appears to be about 17 days.

5. Sympto-Thermal Method (STM)

This method is a combination of all the techniques for identifying the fertile period--cervical mucus changes, calendar calculations, and rises in body basal temperature. Symptoms associated with menstruation that are taken into consideration are breast sensitivity, abdominal pain, intermenstrual bleeding, and several other. However, the method relies heavily on cervical mucus changes and/or calendar calculations to estimate the beginning of ovulation, and mucus changes or rises in basal body temperature to estimate its end. For STM, a woman must be taught to monitor several indicators, thus the method tends to be more difficult to learn. Furthermore, it is complicated by the fact that the peak day mucus* and the temperature rises do not often occur at the same time. Most rules for abstinence are similar to those previously presented under the individual method.

*Peak day mucus is the last day of wet, slippery mucus, after which mucus thickens and disappears. The fertile period is presumed to last until four days after the peak day.

B. Effectiveness

Many complex and interrelated factors must be considered when attempting to measure the effectiveness of family planning methods. Therefore, researchers have developed a number of quantitative measures to assess effectiveness. So-called "theoretical effectiveness" measures the effectiveness of the method under the very best or ideal circumstances. For programmatic purposes, "use-effectiveness" or the effectiveness of the method actually used is generally most helpful. We will focus on two measures--use-effectiveness and cost-effectiveness of NFP methods.

1. Use-Effectiveness of NFP Methods

Information has been compiled by the Johns Hopkins University, Population Information Program ¹, of extensive numbers of studies that have looked at the use-effectiveness of various NFP methods as well as of comparison studies of NFP methods with or without the use of other barrier methods. The several most recent of these which studied the ovulation or sympto-thermal methods and which are well documented and published in scientific, peer-review journals report pregnancy rates generally in the range of 20 to 25 per 100 woman-years of use.* This compares with a pregnancy rate per 100 woman-years of use of perhaps two with the pill and roughly 60 to 70 if no method were used. It is important to note, however, that "user failure" (which usually means intercourse during periods when abstinence is called for) accounts for almost all the pregnancies.

Some of the behavioral factors which might contribute to the high "user failure" rates of NFP methods are the need to abstain from intercourse for long periods and the reliance on the woman's ability to identify the signs and symptoms of the fertile period--particularly difficult in time of illness and emotional tension, or if they have vaginal infections, are breastfeeding or nearing menopause. Thus, the effectiveness of the NFP methods depends heavily on the degree of motivation of the couple, the quality of the instructions, and the extent of follow-up the women receive.

Two main studies conducted by the World Health Organization (WHO) on the use effectiveness of the cervical mucus method (OM) and the sympto-thermal method (STM) with application to the developing world were reported in 1979.³ The results published in their eighth and ninth annual reports were as follows:

a. Comparison Study of OM and STM

"Of the 10,000 women who attended the orientation lectures, only about 500 (5%) were sufficiently interested and complied with the

*A calculation based on the number of pregnancies per 100 women per year (100 woman years).

selection criteria to be admitted to the study. Only 100 of these completed the one-year study. The one-year cumulative life table pregnancy rates were 22.2 per 100 women for the OM and 19.1 for the SIM from the beginning of training, and 24.2 and 19.8 respectively from the time of entry into the study after the three-month training period. The differences between the two methods are not statistically significant."

b. Study of OM Only

"The study was conducted in 725 subjects in five centers in El Salvador, India, Ireland, New Zealand and the Philippines. Of the original sample of 870, 15% had dropped out during the teaching phase. In the remaining 725 subjects, the discontinuation rate over 13 cycles was 35%, the major reason being the occurrence of pregnancy (20%). . . ."

"When the data from the teaching phase were added to these results, over a 16 month period the discontinuation rate was 44% and pregnancy 24%. Almost all women were able to recognize and record the cervical mucus symptom characteristic of the fertile period. The major reason for the occurrence of pregnancy was failure to abstain from intercourse during periods identified as fertile by the woman, this in spite of the fact that the study was carried out in centers that actively promote NFP and that the subjects received support from motivated teachers at monthly intervals, as required by the study, an intensity greater than could be provided in national family planning programmes."

c. Studies Utilizing Survey Data

Another technique measuring the use-effectiveness of contraceptive methods besides clinical trials is using survey data.

Data from a recent study of contraceptive failure among U.S. married women age 15-44 (see Table 1) show that, in general, periodic abstinence methods are less effective in preventing pregnancy than are other methods of family planning, i.e., 19% of the users of any periodic abstinence method conceived within the first year of use. In contrast, only 3% of pill users, 5% of IUD users, and 10% of condom users had unplanned pregnancies.

While periodic abstinence generally compares relatively poorly to other methods of family planning, studies of program acceptors in the Philippines (see Table 2) indicate that women who specify periodic abstinence (primarily calendar rhythm) as their method, experience pregnancy rates comparable to those specifying the condom as their method.⁴ More recent community outreach studies in the Philippines actually indicate markedly better pregnancy rates for women specifying periodic abstinence than those naming the condom as their method. 5

2. Cost-Effectiveness of NFP Methods

A complex but useful technique to determine the cost-effectiveness of a contraceptive method is to examine the cost of a unit of output, i.e., the cost per acceptor, per continuing acceptor, per birth averted, etc. Proponents of NFP generally assert that the practice of NFP is cost-effective since it does not require equipment or a continuing source of supplies inherent in other family planning methods. This seems to hold true for couples who are experienced in the practice of NFP since very little contact is needed with health workers and, at most, the costs involved might be the purchase of thermometers or charts. However, it appears that the costs of training NFP teachers and of instruction and follow-up of couples are higher for NFP than for other methods.

One of the few cost-effectiveness studies in the developing world which looked at the cost per unit and output for NFP methods, mainly calendar rhythm, was conducted in 1976 in the Philippines.⁶ Findings from the study of government clinics are shown in Table 3. Data from this table show that the cost per beginning and continuing users practicing rhythm cost as much per acceptor as providing pills, IUDs or condoms, and that the cost per birth averted was 41% higher than for IUDs, and 38% higher than orals, but only 7% higher than for condoms.

It must be pointed out that, because of the many variables that affect the cost-effectiveness of a method, it is difficult and unwise to compare cost per acceptor among different countries. For example, time and training cost can vary considerably and is greater in countries where there are no qualified instructors. However, there is some evidence that NFP methods can be provided at a lower cost if teachers are volunteers or if staff and overhead are covered by a supporting institution such as the Catholic church.

3. Breastfeeding Effectiveness

Although fertility is significantly depressed among breastfeeding women as a group, individual women cannot be considered to be adequately protected just because they are breastfeeding. However, because the ovulation suppression effect of breastfeeding is directly related both to the frequency and extent of nipple stimulation from suckling and to the length of time since giving birth, it may be possible to determine for individual women, a definite period during which breastfeeding provides reliable contraception.

Because of the great importance of the aggregate contraceptive effect of breastfeeding, any reduction in traditional breastfeeding practices carries the risk of increasing overall fertility rates. Thus, the Agency objective of promoting infant health and nutrition by encouraging breastfeeding can have the complementary effect of lowering fertility as well as improving maternal and child health through better child spacing.

C. Utilization Levels

Data from World Fertility Survey (WFS) and other recent survey data have shown that utilization levels of periodic abstinence in the developing world are low and have declined concomitant with the introduction of oral contraceptives, IUDs and improved techniques of voluntary sterilization.

Data from 27 developing countries, for which mostly information on the use of calendar rhythm was obtained, show that only in six countries--Haiti, South Korea, Peru, the Philippines, Sri Lanka, Mauritius--more than 5% of the women of reproductive age practice periodic abstinence. The highest utilization level occurs in Peru--the WFS survey conducted in 1977-78 found that 11% of women of reproductive age were using the calendar rhythm method. There is also evidence that the more traditional form of postpartum abstinence is disappearing as the length of breastfeeding declines throughout the developing world--fewer women initiate breastfeeding, and those who breastfeed continue for shorter periods.

II. Current NFP Activities - Non-A.I.D.

A. NFP Programs in the Developing Countries

There are few family planning programs in the developing world which offer natural family planning methods. Organized programs with government support are found in Mauritius, the Philippines, Liberia, Rwanda and Brazil. In Mauritius, Action Familiale, a private agency with government support, taught the temperature method and STM to roughly 15% of all the women served by all family planning programs. In the Philippines, the government, through their health centers, taught primarily calendar rhythm to about 7% of all the women enrolled in their program. In Liberia and Rwanda, periodic abstinence methods are taught in their government programs. In Brazil, MOBRAL, a government funded organization under the Ministry of Education and Culture, recently expanded its health education activities to include the provision of NFP education in 28 states. About 2,000 persons have been taught the ovulation method. Active privately supported NFP programs are found in South Korea, Sri Lanka, Haiti, Tonga, Samoa, Kiribati, and in at least 14 Latin American countries. In addition, the Roman Catholic Church supports a number of NFP programs in more than 30 countries in the developing world. Most of the church-affiliated programs are small in scale with one exception--India. In 1980, there were about 60 NFP centers throughout India teaching approximately 18,000 to 100,000 users. Church affiliated programs in Africa are found in Ghana, Kenya, Nigeria, Sierra Leone, Tanzania, Tonga and Zambia.

Regarding breastfeeding, in the past decade, over 15 countries have adopted policies or programs to encourage breastfeeding. Most of these national programs are in the very early stages; thus, their activities cannot be easily assessed.

B. NFP Organizations

The following are the primary organizations in the United States involved in the promotion of NFP methods in the developing world.

1. The International Federation for Family Life Promotion (IFFLP)
Executive Director - Dr. Claude A. Lanctot

Founded in 1974 as a non governmental international organization, the IFFLP helps to establish national organizations that teach and promote

family life education and various forms of periodic abstinence. The Federation's First General Assembly was held in Colombia in 1977, and the first major project of NFP development was implemented in Africa in July 1978. Other activities have included an NFP Scientific Congress and Trainer's Workshop held in Ireland in 1980, publication of the Colombian Congress Proceedings, and NFP training workshop in Africa.

2. The World Organization of the Ovulation Method - Billings (WOOMB)
 President - Dr. John Billings
 Washington Representative - Dr. Hanna Klaus

WOOMB, established in 1977 by Dr. John Billings, is an international voluntary organization of teachers of the ovulation method of NFP. The organization has affiliated centers in Australia, Nigeria, South Korea, the U. S., and several Latin American countries. All WOOMB members are committed to teach the ovulation method of NFP in the context of family life and reject other methods of family planning, including contraception and abortion.

3. Human Life Center (HLC)
 President - Father Arnold Weber

HLC is primarily dedicated to the "Enrichment of marriage and family through educational programs on marriage preparation and enrichment, birthright counseling, parenting, sexuality and love, and natural family planning" The center was founded in the early 1970s by Father Paul Marx, international lecturer and author of books on abortion and euthanasia. The HLC sponsors national and international training courses and seminars on NFP, publishes a newsletter, journal, and other material for dissemination around the world, and acts as a catalyst, linking international pro-life/pro-family activities.

4. The Human Life and Natural Family Planning Foundation
 Executive Director - Lawrence J. Kane

The Foundation, established in 1969 in the Washington, DC area, develops research on NFP methods and teaching curriculum models for NFP trainers, sponsors NFP seminars, and fosters U. S. Government support for services.

C. Research Activities

In recent years, the World Health Organization (WHO) has given major emphasis to research on the safety and efficacy of current contraceptive methods in the developing world. As part of this effort, WHO has spent \$3.3 million since 1973 supporting research on periodic abstinence methods. Programs have included conducting two major clinical trials, developing a curriculum outline for training non physicians to teach the cervical mucus method, STM, fertility awareness, and sexual responsibility, and organizing an international conference in Ireland in 1980. Recent use-effectiveness studies of the cervical mucus method and the sympto-thermal method have been conducted in Australia, India, United States, Chile, France, Mauritius, El Salvador, Tonga, United Kingdom, and Canada. NIH has recently concluded support for studies of the ovulation

method and sympto-thermal method and we understand has no current plans to support further studies of these methods.

In 1979 after reviewing the relatively high pregnancy rates of recent studies of NFP methods, the WHO advisory group concluded that the cervical mucus and sympto-thermal methods had very limited application, particularly in developing countries, and recommended that the (WHO) Programme devote no further research to measuring their effectiveness. WHO focus of present research in NFP is in developing new methods for the prediction and detection of the fertile period.³

There have been a number of research efforts to improve the ability to identify the fertile period. WHO has been particularly active in this area. WHO's current efforts include: 1) an electronic thermometer and calculator for more simple identification of the temperature changes surrounding ovulation, 2) a relatively complex urine test for predicting ovulation, and 3) a urine test for detecting ovulation once it has occurred and thereby help a couple to know better when it is safe to resume intercourse. NIH has also funded a similar ovulation detection test, but has abandoned this approach as not being practicable. Other approaches have included saliva and cervical mucus tests, as well as various other measurements such as electropotential of the skin, vaginal blood flow, and breast temperature.

In the opinion of Agency staff (shared by a number of experts in the field⁷) these alternative approaches currently have very limited potential to provide the accuracy, the reliability and the simplicity required for widespread use in developing countries. A method such as a simple urine "dipstick" test for ovulation would provide a significant improvement over current methods. Although current scientific knowledge suggests it is unlikely that such a method will be available anytime in the near or intermediate future, we believe an investment in this area is warranted.

III. A.I.D.'s Support for NFP

A. Policy

Section 104b of the Foreign Assistance Act was amended by Section 302a of the International Security and Development Cooperation Act of 1980 to insure the inclusion of information and services which relate to and support natural family planning methods among the activities supported in A.I.D.'s population program. As a follow-up to this Congressional mandate, a cable (State 040906) was sent to A.I.D. Missions in February 1981, outlining the Agency's policy regarding natural family planning.

The Agency policy regarding natural family planning stated in the cable is as follows:

- It is appropriate to include NFP as part of family planning information training and service programs when requested by developing countries.
- The Agency does not support family planning programs which offer only a single method of family planning to the exclusion of other methods.

- As with other methods of family planning A.I.D. will only support natural family planning programs which include a description of the effectiveness and risks of NFP, a description of the effectiveness and risks of other major methods of contraception, and an agreement to either provide other family planning methods or refer couples desiring other methods to programs offering other methods.

B. Estimated Obligations, FY 1980, FY 1981, and FY 1982

A.I.D. has and is supporting the provision of NFP through a variety of mechanisms. Most frequently NFP is offered as a part of larger comprehensive family planning service programs. Therefore, it is extremely difficult to determine the exact amount of support allocated directly to NFP.

1. Central Funds

The following is a list of estimated obligations for FY 1980 through FY 1982, including funding for services/training, research, and information/dissemination of NFP methods.

<u>Area of Support</u>	<u>FY 1980</u>	<u>FY 1981</u>	<u>FY 1982</u> (planned)	<u>Ratio Between</u> <u>1980-82</u>
Services/Training	\$ 43,599	\$ 59,533	\$112,749	2.6
Research	62,111	155,645	267,267	4.3
Information/Dissemination	3,250	122,785	302,000	92.9
TOTAL	\$108,960	\$337,963	\$682,016	6.3

2. Bilateral Funds

A.I.D. also supports and promotes NFP methods through the use of bilateral funds. Regional Bureaus have estimated obligations for FY 1981 for NFP services/training as follows:

<u>Regions</u>	<u>FY 1981</u>
Africa	\$ 94,250*
Asia	125,000*
Near East	0
Latin America	243,000**
Total	\$462,250

Under its bilateral population and health programs, the Agency provides funds to the promotion of breastfeeding. However, it is beyond the scope of this paper to collect data necessary for estimating the amount of funds spent on breastfeeding.

C. Areas of Central Support - Current Program

1. Services/Training

In FY 1980 through 1981, the Agency has obligated \$103,132

*Does not include support for breastfeeding

**Includes some support for breastfeeding.

toward the provision of NFP services and in the training of NFP instructors.

These activities have been carried out mainly through the use of intermediaries such as Family Planning International Assistance (FPIA); the Pathfinder Fund; University of North Carolina's Program for International Training in Health (INTRAH); and others, in over 15 countries in the developing world.

Activities during the last two years have included the provision of NFP services through clinics, Community Based Distribution projects, health units, and MCH centers; training and workshops of NFP tutors; and sponsoring participants to NFP seminars.

2. Research

The Agency support for FY 1980 through 1981 for research on NFP amounts to \$217,756.

Research activities have been mainly devoted to gathering information on contraceptive knowledge and use and identifying the number of women who practice periodic abstinence. Other activities have included analysis of breastfeeding patterns, trends, and interrelated factors such as ovulation and lactational amenorrhea, as well as the impact of breastfeeding on child spacing.

3. Information/Dissemination

Obligations in 1981 have been the highest in the area of information/dissemination of NFP methods. The amount allocated in FY 1981, \$122,785, represents a dramatic change over the funds obligated in 1980. Total amount of support for the two years amounts to \$126,035.

Major activities have included the promotion and dissemination of reports on NFP research for the scientific community such as the Johns Hopkins Population Information Program reports on periodic abstinence. Other Information and Education activities have been carried out through FPIA in several developing countries.

IV. Plan of Action - FY 1982 and Future

A.I.D.'s NFP activities have increased during the last several years, but still represent a very small percent of the Agency's total population effort. In this section, the planned future direction of the Agency NFP activities for FY 1982-83 is presented.

The Agency will take a number of steps which will increase significantly NFP activities. Some of these alternatives will have minimal budgetary and personnel implications. Others will require reductions in the level of effort among ongoing activities. This paper does not consider where such reductions might take place.

1. Policy/Strategy

A.I.D. continues to seek appropriate strategies to address the broad and often complex range of factors affecting fertility in developing countries. The Population Sector Council, pursuant to the guidance of the S&T Bureau, will emphasize NFP within its emerging Strategy Paper, while PPC is expected to incorporate NFP into the forthcoming Population Policy Paper. We would expect the NFP component of A.I.D.-supported family planning programs to be included in an integrated fashion along with other methods of family planning.

2. Research

There are a number of research activities that can be incorporated into ongoing projects. Some illustrative actions are:

a. The inclusion of special questions on NFP use in surveys where the prevalence of NFP use is sufficiently high for statistical analyses.

This issue will be presented to Westinghouse Health Systems, A.I.D.'s current contractor for conducting contraceptive prevalence surveys in the developing world. However, there are very few countries where the prevalence of NFP is sufficiently high for statistical analyses. Nevertheless it might be possible to include special questions on knowledge and use of NFP in the proposed contraceptive prevalence surveys in Haiti and Mauritius. Another country in which NFP is a significant method of fertility regulation is the Philippines. Recently, Filipino researchers and USAID have had discussions concerning a national survey that will examine in depth a sub-sample of NFP users. We believe that results from this survey may have implications for other countries contemplating NFP programs. No cost estimate has been made for this survey which will most likely be supported with USAID/Manila funds.

b. In settings where NFP is locally acceptable, operations research projects should test an NFP component.

There is very little known about a number of very important programmatic issues concerning NFP methods. For example, we do not know the cost effectiveness, acceptability, quality of teaching and real life use-effectiveness of the method or the best techniques for service delivery. Answers to these programmatic questions are crucial in deciding the best overall course for the Agency in this area.

The Research Division of the Office of Population intends to fund two operations research studies in FY 1982.

i Programmatic Research in Natural Family Planning - Brazil

The proposed operations research project in Brazil will evaluate a nationwide program on NFP (Ovulation Method). The national program is under the direction of MOBRAL which is a government-funded organization under the Ministry of Education and Culture. Even though the program is in the early stages of development, about 2,000 persons from the 28 Brazilian States have completed MOBRAL's five day training course in the Ovulation Method.

The evaluation of the management, logistics and costs of this program will result in the development of guidelines and techniques required for mounting large-scale NFP programs with special emphasis for rural populations. Other aspects of NFP use which will be examined are the acceptability of the method, motivation to continue its use, and reasons for discontinuation. The proposed research will take 3 years to complete with an annual budget of approximately \$200,000.

ii Operations Research Project - Kenya

One of the subprojects of the proposed operations research project in Kenya will fund expanded services and research for the NFP program of Karima Parish. The project will fund the expansion of the program, which is based on the Ovulation Method, from its present level of three instructor couples to complete parish coverage, or approximately 60 couples. The project also will examine the impact of alternative patterns of follow up for participating couples. The duration of the project is three years. Technical assistance will be provided by Johns Hopkins University and local consultants. Management support will be provided by CORAT, a non-profit management consultive organization for church groups, located in Nairobi. The overall project includes a second round of subprojects for implementation in the second year and CORAT has identified another NFP program which will be proposed for inclusion. Estimated subproject budgets are approximately \$40,000 per year, exclusive of management and technical assistance.

C. Research efforts to improve the ability to identify the fertile period should continue.

While a major technological breakthrough which would markedly improve current methods for the developing world is unlikely, we are planning one important study through the Program for Applied Research on Fertility Regulation (PARFR) to examine possible chemical markers in cervical mucous to predict ovulation. This proposed study will cost approximately \$25,000 and will take about a year to complete. We will remain alert to further opportunities in this area.

3. Training

Perhaps more than in any other form of family planning, training is critical to the effectiveness of NFP. NFP training can be categorized in two levels. First, training which gives sufficient knowledge to discuss NFP with potential acceptors and to make appropriate referrals. Second, a much higher level of training is required to teach trainees how to teach acceptors to correctly use NFP.

In order to ensure that A.I.D. can respond to government requests for such training programs, the Agency will work through contractors under the Paramedical, Auxiliary and Community project (PAC) and use their extensive domestic and international experience in family planning personnel training. This program is implemented through three regional contracts, Development Associates for the Latin American region, University of Hawaii School of

Public Health for Asia, and the University of North Carolina for Africa and the Near East. The primary goal of the project is to provide appropriate training for large numbers of personnel, other than physicians, who are needed to provide effective family planning services in A.I.D.-assisted developing countries. Office of Population staff will work with PAC contractors to ensure that they have sufficient technical expertise for NFP training.

4. Information Dissemination

The Agency has continued to support the Johns Hopkins Population Information Program in the promotion and dissemination of reports on NFP research. In addition to the FY 1981 publication on periodic abstinence, during FY 1982 a report on breastfeeding was published. Both publications will be translated into various languages. There have already been a large number of inquiries on NFP resulting from the dissemination of the reports. Thus, existing information dissemination on NFP seems adequate for the present. However, results from research and training activities will continue to be disseminated to the population and health communities. Additionally, under the new family planning I&E field support project, assistance will be provided at countries' request to ensure that couples have accurate information on NFP.

5. Service Programs

As indicated in Section III, under Areas of Central Support, A.I.D. is carrying out various types of NFP activities through the use of intermediaries such as Family Planning International Assistance (FPIA), Pathfinder, and others.

The Agency's plan with respect to this accelerated plan of action for program development are two-fold.

- a. To continue the dissemination/information on NFP to the Agency's professional personnel.
- b. To convene a meeting in April 1982 of all intermediaries under contract to A.I.D. to encourage those agencies to be more conscious of opportunities to include NFP as part of comprehensive family planning services, and more capable in understanding NFP program activities.

It is important to note that one of the intermediaries, the International Planned Parenthood (IPPF) which receives partial funding from A.I.D., is proposing to have a meeting of their International Medical Advisory Panel in June 1982 for the purpose of providing guidelines on NFP to the Federation. In addition, IPPF is presently preparing a publication on NFP in their Medical Handbook Series. This publication should come off the presses late in FY 1982 and will be available in English, French, and Spanish.

6. Constraints

There are resource constraints to increasing the level of effort in NFP in the immediate future. For the past several years, A.I.D.'s population funds have declined in terms of real dollars. Additionally, its population staff has been reduced by approximately 25%, and important technical vacancies exist. The current personnel hiring freeze constrains our capacity to respond most appropriately to NFP and other technical population program issues.

7. Conclusion

An accelerated plan of action for program development in NFP will be carried out in the areas of research, training, information/dissemination and services.

If NFP methods are to be made more widely available under public funding, more attention will have to be paid to the major programmatic issues facing program administrators and others who want to increase the availability of NFP. It is expected that the operations research projects will yield answers to some of the program issues such as the cost-effectiveness and acceptability of NFP.

Table 1

Percentage of Married Women Age 15-44 Who Experienced Unplanned Pregnancy During the First Year of Use, By Family Planning Method, United States, 1970-76

<u>Family Planning Method</u>	<u>All (%)</u>	<u>Using to Prevent Any Births (Limiters) (%)</u>	<u>Using to Delay Wanted Births (Spacers) (%)</u>
Periodic Abstinence	18.8	11.6	25.0
Foam, Cream, Jelly, Suppository	17.7	16.6	18.4
Diaphragm	14.4	11.4	17.2
Condom	9.6	7.1	12.3
IUD	4.8	2.4	7.1
Pill	2.5	2.4	2.5

Source: Liskin, L.S., "Periodic Abstinence: How Well Do New Approaches Work?" Population Reports, Series 1, No. 3, Sept. 1981, Figure 1.

Table 2

Pearl* Pregnancy Rates Among Philippines National
Family Planning Program Acceptors
By Method and Year Following Acceptance,
1976 National Acceptor Survey

<u>Year of Use</u>	<u>All Methods</u> (%)	<u>Pills</u> (%)	<u>IUD</u> (%)	<u>Rhythm</u> (%)	<u>Condoms</u> (%)
First	10	8	3	23	26
Second	9	9	3	21	18
Third	5	5	3	13	**
Fourth	5	8	2	**	**
Fifth	4	5	0	**	**
All Five	9	8	3	20	21

*A calculation based on the number of pregnancies per 100 women per year (100 woman-years).

**Number of users too small for reliability.

Source: Laing, J.E., and Alcantara, A.N. Final Report on the 1976 National Acceptor Survey, Philippines, Population Institute, University of the Philippines System, July 1980 - Table 7.

Table 3

Average Annual Cost Per Acceptors -
Beginning and Continuing and
Per Births Averted, By Method
Philippines Family Planning Program,
CY 1977

<u>Method</u>	<u>Cost per Beginning Acceptor</u> (U.S. \$)	<u>Cost per Continuing Acceptor</u> (U.S. \$)	<u>Cost per Birth Averted</u> (U.S. \$)
Rhythm	11.68	10.42	52.78
IUD	11.95	9.49	37.35
Condom	12.17	11.62	49.31
Pill	12.74	11.57	38.13
Sterilization	20.34	--	7.38

Source: Pernia, E.N. and Danao, R.A. Cost-Effectiveness Analysis and Optimal Resource Allocation: The Philippine Family Planning Program (Dilimam, Quezon City), University of the Philippines School of Economics, December 1978, pp. 38-39.

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