Institute for International Studies in
Natural Family Planning, Georgetown University

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# Natural Family Planning:

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PHILIPPINES/FPOP

# 2

**Natural Family Planning — Methods for planning and preventing pregnancies by observation of the naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle, with the avoidance of intercourse during the fertile phase if pregnancy is to be avoided.**

WORLD HEALTH ORGANIZATION, *1982*

## Introduction

No single family planning method meets the wishes of all couples. Therefore, a range of options should be available to everyone. Whenever feasible, family planning programmes should offer as many methods as possible.

The term natural family planning (NFP) describes methods of planning or preventing pregnancy based on periodic abstinence. NFP is not in itself a method, rather it is a technique for determining the woman's fertile period. Abstinence during this period is what prevents pregnancy[1]. NFP methods are an effective and appropriate option for many couples who can use them to achieve or avoid pregnancies throughout their reproductive lives. This option is acceptable to diverse population groups with varied religious and ethical beliefs and to women who do not wish to use other methods for medical or personal reasons.

This booklet is designed to provide information about NFP methods to people who make and influence family planning policy at the national and international levels.

ORLD BANK

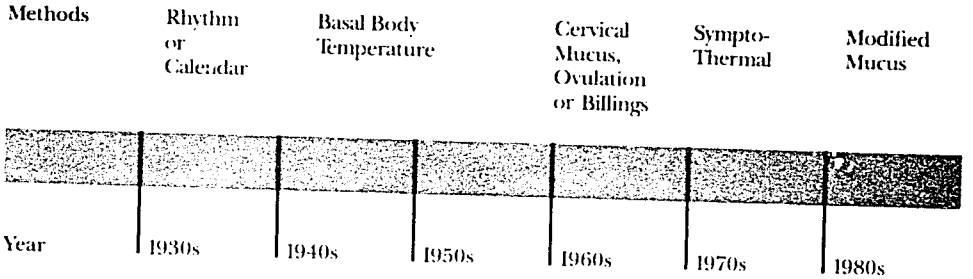
It provides accurate, up-to-date information and answers the most commonly asked questions about NFP.

## What is Natural Family Planning?

Research and the provision of services have led to the development of reliable NFP methods. *(See Figure 1.)* These methods rely on women's observations of naturally occurring signs and symptoms of the fertile and infertile phases of the menstrual cycle[2]. Simple ways of recording these signs and symptoms are used. Some women also use calendar calculations to determine the fertile period as a supplemental or double-check method[3]. Couples then use this information to time intercourse to avoid the woman's fertile days if they want to prevent pregnancy or to coincide with the fertile days if they want to achieve pregnancy.

***KENYA: The National Council for Population and Development provides financial support to NFP organizations in Kenya.***

*Figure 1:*
**Chronological Development of NFP Methods**




The rhythm or calendar method is the original and still most widely used method based on periodic abstinence, and many countries still use the term "rhythm" to report data on all NFP methods. *(See Box, page 4.)* Women using the rhythm method keep track of the lengths of previous menstrual cycles to establish the days they can become pregnant; couples wishing to avoid pregnancy abstain from intercourse on those days. Although effective for some couples, the rhythm method is less reliable than methods based on observations of menstrual cycles because it is based on statistical approximations of the fertile time. The accuracy of the calculation will be affected if the woman's menstrual cycles are irregular or if calculations of the woman's fertile period are made incorrectly. Therefore, today NFP programmes around the world prefer modern methods, described below:

- **Cervical Mucus Method.** The cervical mucus method (sometimes called the Billings or Ovulation Method) is based on the fact that the texture and quantity of the mucus produced at the neck of the uterus (cervix) change throughout the

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## The Origins of Natural Family Planning

The fact that the fertile period occurs approximately two weeks before the menses was not discovered until the 1930s. At that time, Drs Kyusaku Ogino of Japan and Herman Knaus of Austria independently showed that, although the interval between menses and the next ovulation can vary considerably, the interval between ovulation and the following menses is about 14 days. Both researchers used this information to develop formulae to estimate fertile and infertile days for menstrual cycles of varying lengths. This approach became known as the Ogino, rhythm or calendar method.

The rhythm method was promoted widely in the 1930s on the grounds that it was acceptable to the Roman Catholic Church. Since then the methodology has been passed along more often by family and friends than by medical or clinical personnel. As a result, many rhythm users are poorly informed about the method, use it incorrectly and experience high rates of unplanned pregnancy.

Newer methodologies developed over the last 30 years enable many women to identify the fertile period more accurately by observing the body's naturally occurring signs of potential fertility. Today, both private-sector and public-sector agencies in local, national and international programmes teach NFP methods.

menstrual cycle under the influence of different hormones and that these changes are detectable at the opening of the vagina (vulva). During the fertile phase, the mucus from the cervix tends to become more fluid so that it flows from the vagina and is felt on the vulva, where it may also be seen when present in sufficient quantity. At the time of greatest fertility this mucus is clear, wet and stretchy and produces a slippery, lubricative sensation. Couples who wish to avoid pregnancy abstain from intercourse from the time when the cervical mucus symptom is detectable at the vulva until three days after the end of the lubricative phase. The modified mucus method, developed in India in the 1980s, is a variant of this method. The modification includes simplifying the teaching methodology, eliminating the need to record signs and symptoms, and shortening the abstinence period[4].

■ **Basal Body Temperature Method.** Women using the basal body temperature (BBT) method identify the end of the fertile period by making daily observations of their resting temperature. The BBT is lower prior to ovulation and rises about 0.2 degrees Celsius (0.4 degrees Fahrenheit) after ovulation. A special BBT thermometer is commonly used; the temperature is taken before getting up each morning, prior to any activity. When couples use this method to avoid pregnancy, they abstain from intercourse from the onset of menses until after the woman's BBT has risen for three days, signifying the end of the fertile period.

■ **Sympto-Thermal Method.** The sympto-thermal method combines BBT as well as other fertility indicators such as the texture and quality of cervical mucus; breast tenderness; changes in the position, texture and opening of the cervix; and mid-cycle pain or bleeding that may accompany ovulation. Couples who wish to avoid pregnancy abstain from intercourse during the fertile period identified by all of these indicators.

■ **Breastfeeding.** The infertility associated with breastfeeding is natural and can be a form of family planning. Women who exclusively or almost exclusively breastfeed their babies, that is give no supplemental feeding, usually experience a delay in the return of ovulation and menstruation for several months postpartum and have very low rates of pregnancy (about 2%) during the first six months after delivery, in the absence of menses. Once menstruation has resumed, or about six months after delivery, breastfeeding may no longer be an effective family planning method.

## Who Uses Natural Family Planning?

Natural family planning is the method of choice for couples who want to manage their own fertility and who, for health reasons, cannot use or do not wish to use drugs, devices, chemicals or sterilization to avoid pregnancy. NFP is attractive to couples for a variety of reasons:

■ Couples can avoid contact with medical personnel and procedures if they so choose or they can avoid the possible side effects associated with some other methods.

■ NFP is inexpensive — few supplies or costs are associated with NFP use.

■ Some couples use NFP simply because they do not have access to other methods or because its use is consistent with their ethical or religious beliefs.

■ NFP helps couples understand how their reproductive systems work and promotes shared responsibility for family planning.

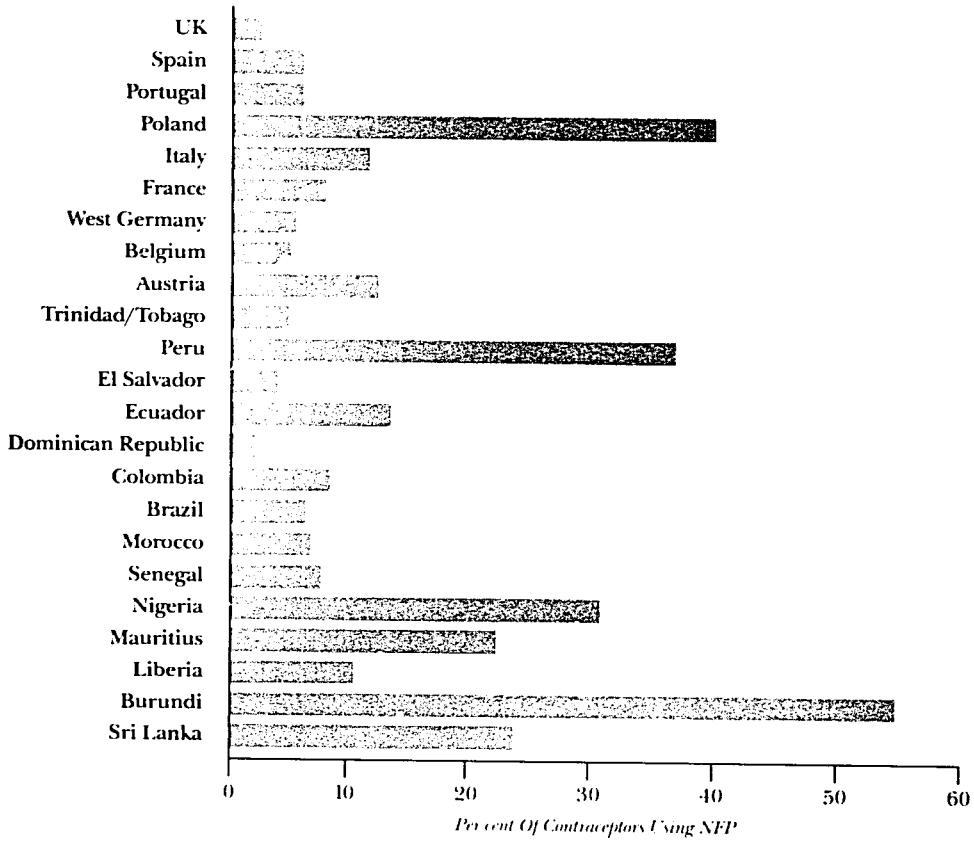
World-wide, somewhere between 10 and 15 million women use NFP methods, including rhythm[5]. This number, which was reported in 1981, is considered by many as an underestimate of actual NFP use. An effort made in 1987 by Drs Billings to estimate the number of couples using the cervical mucus method produced a figure of 50 million. Recent fertility and contraceptive surveys indicate that, in several countries, more than 20 per cent of women using family planning use a method based on periodic abstinence. *(See Figure 2, page 6.)* In certain countries, the percentages are higher among some religious and ethnic groups. However, since modern NFP methods are just beginning to be taught in many parts of the world, comparatively fewer women use modern NFP methods than the rhythm method.

A recent survey in the Philippines indicated that NFP was being used by 24 per cent of all couples who used family planning methods. Philippine users cited as its chief advantages the lack of side effects or health risks, convenience (no supplies are needed and there is no mechanical interference

**"NFP provides women a means to monitor their fertility and to plan their families. It is always at their reach, costs them nothing and does not require them to travel great lengths to health clinics. NFP teaches women about their bodies, a knowledge they can transmit to future generations."**

*Continuing education teachers at Home Economics Centres in Côte d'Ivoire*

*Figure 2:*
**Among Family Planning Acceptors, Proportion Using NFP by Country**
*(Contracepting women currently married or in union, ages 15-49)*




Source: Modified from Demographic Aspects of Natural Family Planning by Jeff Spieler and Suzanne Thomas. *International Journal of Obstetrics and Gynecology*, Supplement 1989 in press.

with intercourse) and perceived effectiveness. Compatibility with religious teachings or moral values, however, was not cited as a primary explanation for preferring NFP methods. These data also indicate that couples who use NFP methods are much more likely to continue using these methods for longer periods than are couples who use most other family planning methods[6]. Natural family planning methods are also an important factor in avoiding unintended pregnancies in many other countries. *(See Figure 3, page 8.)* For example, a recent demographic and health survey in Peru revealed that 39.8 per cent of currently married women who have ever used a family planning method had used a method based on periodic abstinence[7].

## Are Natural Family Planning Methods Effective?

NFP is effective among couples who fully understand the method and are committed to abstaining from intercourse during the woman's fertile period. Experience and research indicate that such couples are able to space their children and limit their family size effectively.

In 1976, the World Health Organization (WHO) initiated a carefully designed two-phase study of the cervical mucus method in five countries: El Salvador, India, Ireland, New Zealand and the Philippines. When taught by qualified teachers, 93 per cent of the volunteers in the study were able to recognize and record cervical mucus symptoms accurately and to identify the fertile period in the first cycle of observation. These women's levels of education did not

***USA: World-wide, somewhere between ten and fifteen million couples use NFP methods.***

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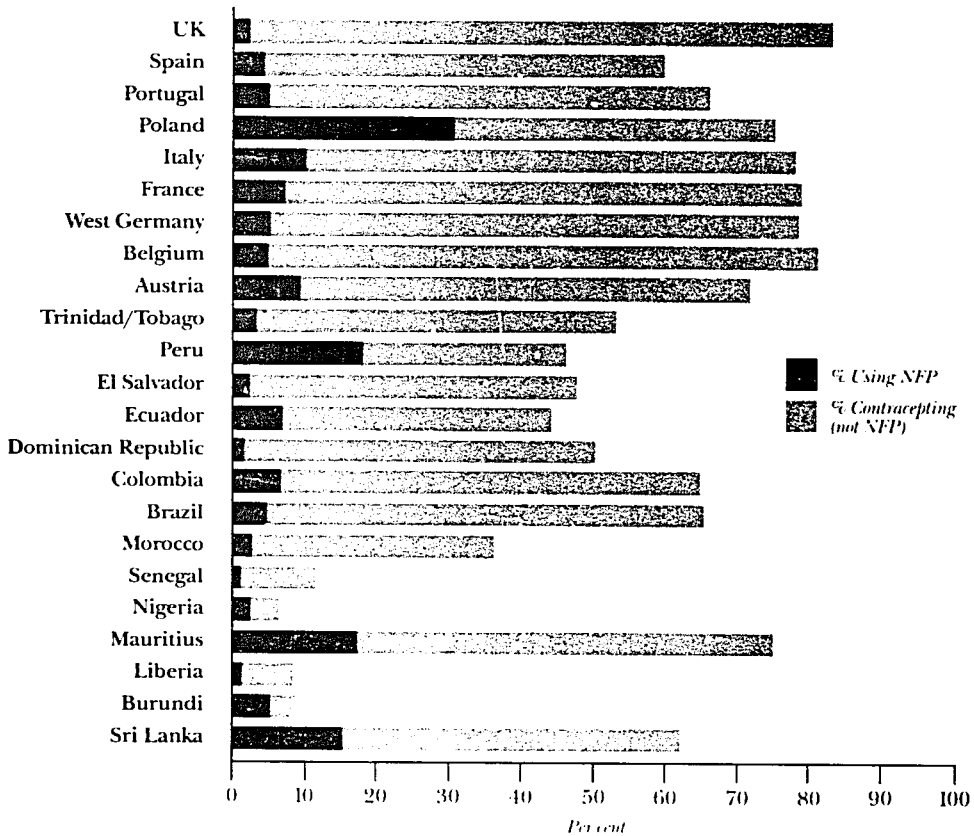
*Figure 3:*
**NFP's Contribution to Overall Contraceptive Prevalence by Country**
*(All women currently married or in union, ages 15-49)*




**Source:** Modified from Demographic Aspects of Natural Family Planning by Jeff Spieler and Suzanne Thomas. *International Journal of Obstetrics and Gynecology*, Supplement 1989, in press.

affect their ability to correctly observe and record their cervical mucus symptoms. Couples of varying socio-economic backgrounds who used the method correctly and consistently had very low rates of unplanned pregnancies; the overall method effectiveness rate was over 97 per cent[8].

Not all couples use the cervical mucus method correctly. Some couples take chances during the correctly identified fertile period, and a smaller number do not understand NFP instructions well enough to avoid unplanned pregnancies. Thus, for couples in the WHO study, the overall effectiveness rate for actual use was 78 per cent, and the continuation rate was approximately 65 per cent at the end of one year. In 1986, the reported effectiveness of NFP methods in seven other studies showed similar variation, ranging from 70 per cent to 95 per cent over a 12-month period[9]. A just-completed five-year

**"As the co-ordinator of the World Health Organization five-country study of the Ovulation Method of natural family planning, I am convinced that the method has applicability particularly in developing countries where the results of the study were most encouraging. Couples were well able to understand the method and accurately identify the fertile period. The majority of pregnancies that did occur resulted from the couples' conscious decision to disregard the signs and symptoms of fertility."**

DR HENRY BURGER, M.D., F.R.A.C.P., *Director, Medical Research Centre, Prince Henry's Hospital Campus, Monash Medical Centre, Melbourne, Australia*

study of NFP in Africa indicates 12-month unplanned pregnancy rates of 4.3 and 9.6 per 100 women in Liberia and Zambia (i.e., 95.7 and 90.4 per cent effectiveness rates for actual use), and continuation rates of 78.8 and 71.2 per 100 women respectively[10]. In Mauritius, which has had an NFP programme for more than 25 years, a recent retrospective study of 507 experienced users found a cumulative 36-month unplanned pregnancy rate of 8.7 per 100 women (91.3 per cent effectiveness rate for actual use) and a continuation rate of 69 per 100 women[11].

## How are Natural Family Planning Services Provided?

Natural family planning services consist of educating women and couples to use knowledge of the reproductive cycle to achieve or avoid pregnancies. Governments are beginning to include NFP services in their maternal and child health care services. Some private or church-supported groups also offer NFP instruction as part of family life education programmes. These services depend upon the availability of well trained and motivated instructors. The selection, training and supervision of instructors are critical to NFP programme success.

NFP services can be delivered by non-medical personnel in a non-clinical setting. Supply needs are modest and usually available; couples using NFP methods have few expenses — paper and pencil and perhaps a thermometer. Community volunteers who teach the methods and provide follow-up can greatly reduce the cost of providing NFP services. For example, couples who use NFP are sometimes recruited to provide teaching and follow-up to other couples.

Because the community must know what services are available in order to make use of them, NFP programmes should include a client outreach component to promote NFP services. Family planning

programmes around the world have used a variety of communication strategies ranging from television and radio shows to community plays, booths at health fairs and newsletters to legislators. NFP programmes can use similar strategies.

When potential clients show interest in learning about NFP, the advantages and disadvantages of these methods should be carefully explained. When couples decide to become programme clients, they usually receive intensive training and are provided with follow-up counselling during the early months of NFP use. The training and follow-up help assure that couples fully understand the NFP method they want to use and that they maintain their motivation to abstain from

CARLOS GAGGERO

***PERU:** A recent survey found that almost 40 per cent of women in Peru who have ever used a family planning method used a method based on periodic abstinence.*

**"There are people who want to practise NFP, and we must teach them how to practise it correctly. This requires quality and personalized instruction because the effectiveness of natural family planning depends a lot on the accuracy with which the woman identifies the signs and symptoms of fertility, so we are training a team of health professionals to provide NFP instruction in the hospital."**

*Administrators and physicians of a hospital in the Philippines*

intercourse during the woman's fertile period, if they wish to avoid pregnancy.

In recent years, several institutions have published training guides or manuals for NFP trainers and instructors. These manuals are usually developed around a core curriculum and are structured so that the teacher acquires the necessary technical knowledge and teaching skills to teach NFP to women and couples and to provide adequate follow-up [1,12,13].

## Can Natural Family Planning be Included in a National Family Planning Programme?

Informal contacts and co-ordination are often the first stages of collaboration between government agencies and private NFP providers. For example, two countries with well established NFP programmes, Mauritius and Zambia, began working informally with their ministries of health and other government agencies as well as with religious and local leaders.

This initial groundwork often leads to more formal collaboration. In Zambia, the population policy includes the need for NFP services. National population councils in Ghana, Peru and Liberia include representatives of private NFP organizations, while the National Council for Population and Development in Kenya has provided financial support to NFP organizations. In Mauritius, one of the seven directors of *Action Familiale*, the national NFP organization, serves as a representative to the Ministry of Health and Population Control. In Côte d'Ivoire, the Association for the Promotion of Family Life (PROVIFA) has a formal project with the Ministry for the Promotion of Women and maintains good relations with other ministries, private groups and local leaders. In Liberia, the former director of the main private NFP organization was elected to serve on

the National Population Commission. These formal relationships facilitate communication and collaboration between governmental and non-governmental institutions.

In several countries, long-established, church-supported, private health services provide NFP services with some support from the government and international donors. In Zambia and Liberia, for example, government staff provide NFP training and services in both private and government settings. In Canada, the United States and Australia, the collaboration consists of direct funding of some private and public NFP programmes by the government.

## What Steps can be Taken to Include Natural Family Planning in Family Planning Programmes?

NFP can be added to any family planning programme. If a programme has limited experience with NFP, a pilot or demonstration project could be initiated to develop experience, expertise and credibility. In addition, policy-makers and directors of family planning programmes can begin to integrate NFP into their services by taking the following steps:

- Inform all family planning providers about NFP methods and services. For example, NFP information and materials should be included along with other information provided on family planning methods and programmes.
- Develop and implement procedures for informing potential family planning clients about NFP and for referring interested clients to local NFP providers.
- Include local NFP leaders in population councils and advisory groups.
- Train current family planning service staff in NFP methods, or hire local NFP instructors to provide NFP services[2,12,13]
- Support national NFP centres to conduct research and to provide technical assistance and in-service training for family planning, medical and research personnel.
- Include NFP in family planning information campaigns.
- Incorporate information about the signs and symptoms of fertility and about NFP methods in the curricula of medical, nursing and midwifery schools and technical schools for men and women[2,12,13].
- Assist local family planning groups that provide NFP services to develop and update information on modern NFP methods.

## Conclusion: The Benefits of Providing NFP Services within Family Planning Programmes

Including NFP as an option in existing family planning services has many benefits for the couples who can take advantage of these services, for the family planning programmes themselves and for society at large.

**For the couples:**

- Couples who do not wish to or cannot use other methods of family planning will be able to prevent unplanned pregnancies.
- Using NFP can enhance couple communication and promote joint responsibility for family planning.
- Couples who choose NFP can gain a better understanding of how their reproductive systems work.
- Because NFP programmes also emphasize the importance of breastfeeding and optimum childspacing, couples who use breastfeeding as an NFP method will have healthier children than couples who do not use any family planning method.
- The financial cost to couples is low.
- Couples who wish to achieve pregnancy can also use these methods

**For the programmes:**

- NFP programmes can be inexpensive if volunteers or a combination of paraprofessionals and volunteers train and counsel new users.
- Offering information and training in NFP methods to programme staff can help increase their understanding of human fertility.
- Programme staff will have one more family planning option to offer couples to help ensure that everyone uses the method most appropriate for them.

**For society at large:**

- Public information about NFP helps to increase awareness about human fertility and the benefits of breastfeeding.
- Nation-wide, more couples will use family planning because those who find other methods unacceptable or who prefer natural methods will join the programme; thus, the fertility rate may decline.

ATLF

***PERU: NFP services depend upon the availability of well trained and motivated instructors.***

FPOP

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***PHILIPPINES: Using NFP can enhance couple communication and can promote joint responsibility for family planning.***

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## Technical Reviewers

Dr John J. Billings, M.D.
Dr Evelyn Billings, M.D.
*President and Vice President,*
Ovulation Method Research
Centre of Australia
Victoria, Australia

Dr Henry Burger, M.D., F.R.A.C.P.
*Director,* Medical Research Centre
Prince Henry's Hospital Campus
Monash Medical Centre
Melbourne, Australia

Dr Carlos Huezo, M.D.
*Director,* Medical Programmes
International Planned
Parenthood Federation
London, England

Mr John Kweri
*Manager,* Information and Planning
Project, Ministry of Health
Nairobi, Kenya

Dr Claude A. Lanctot, M.D.
*Executive Director,* International
Federation for Family Life Promotion
Washington, DC, USA

Dr Alfredo Perez, M.D.
*Professor of Obstetrics and Gynaecology*
School of Medicine, Pontificia
Universidad Católica de Chile
Santiago de Chile, Chile

Dr José Antonio Solis, M.D.
*Regional Advisor in Maternal and Child Health Care and Human Reproduction*
Pan American Health Organization
Washington, DC, USA

Dr Paul Van Look, M.D., Ph.D.
*Medical Officer,* Special Programme of
Research, Development and Research
Training in Human Reproduction
World Health Organization
Geneva, Switzerland

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Rosalia Rodriguez-Garcia, PHN, MSc
*Editor*